

PEER

South Asia



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Program for Enhancement of Emergency Response

Institutionalization Assessment Tool

Emergency Response Capacities in South Asian Countries

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ASSESSMENT TOOL

PEER Institutionalization in South Asia

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Program Background

The Program for Enhancement of Emergency Response is a regional capacity-building program supported by the USAID Bureau for Humanitarian Assistance (USAID-BHA), formerly known as Office of the U.S. Foreign Disaster Assistance (OFDA), since 1998. The program's current phase aims to strengthen national and regional partners' institutional and technical capacity to accelerate the institutionalization and sustainability of the PEER Program in six South Asian countries. The current program countries include Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka, together with Bhutan and the Maldives in regional engagements.

The Asian Disaster Preparedness (ADPC) officially assumed responsibility as the regional implementing organization of the 5th phase of the "Strengthening Institutionalization of the Program for Enhancement of Emergency Response in South Asia" that commenced on 1 July 2019 to 30 December 2022. After more than two decades of implementation in Asia, the PEER Program focuses on strengthening the institutionalization of emergency response capacities beyond training with qualified human resources sustained using local resources for long-term program sustainability. Regional and national program interventions will be prioritized to strengthen institutional capacities to facilitate more substantial national and institutional ownership to accelerate the integration of PEER courses as part of the routine institutional preparedness programs. In addition, the program interventions will develop fundamental technical competencies of emergency responders and reinforce the national healthcare management system and infrastructure, specifically hospital resilience, from the impact of disasters.

The process of institutionalization

The PEER Program has provided significant resources and efforts to the countries for more than two decades in enhancing the capacities of national partners in responding to emergencies and large-scale disasters. However, despite all these efforts, the program has not fully achieved the intended impact to fully integrate PEER as part of its regular programs using local resources. Even though some partners have demonstrated meaningful progress on institutionalization, the majority are still yet to integrate fully PEER interventions and still considered the program an externally funded project that will end once support has finished. Such an approach is not sustainable, and there's a likelihood of losing the programs' achievements if not fully integrated with partners.

Therefore, PEER defines institutionalization as the process by which PEER training components become an integral and sustainable part of institutional systems, programs, and budgets. In addition, nodal agencies provide the enabling environment and leadership to guide, support and advocate for PEER institutionalization. As a process, this can be a sequence of events leading to "new knowledge, skills, and methodologies in working together becoming standard practice as part of national norms promoting seamless interoperability of different response organizations during emergencies and disasters."

The PEER Program identified nine essential conditions to measure the success of institutionalization of PEER in the countries. These conditions provide a framework wherein critical entry points for each condition are presented for nodal agencies and implementing partners to consider in planning priority interventions to enhance PEER institutionalization in the program countries.

PEER Institutionalization: Essential Conditions and Entry Points



Nationally Adapted Training Curricula

National Standard Curricula	Institutionally Adapted Curricula
Regular review and update of curricula	Locally translated training curricula
Sub Nationally adapted curricula	



National Standards Established and Endorsed

Training System Standards Documented <small>(Preparation, methodology, instructors, participants, monitoring, evaluation)</small>	National Response Standards and Guidelines <small>(Triage, response plan, assessment, volunteers, USAR)</small>
Integration of standards in emergency operational plans, procedures and SOPs	System to regularly review and update standards
Simex to validate and test standards	



Integration in DRR Strategies

Linkages in existing national policies, strategy and plans	Engagement in the review and updating of national strategy and plans
Integration in DRR Action Plans on capacity development on emergency response	PEER contribution in achieving targets of global frameworks documented and shared
Integration in national frameworks (SAR, Pre hospital care, EMS, volunteer)	



Identified Funding Sources to Rollout Courses

/ Integration in Annual Budgets

Allocation from Annual budget of insitutions	Fee based training
Leveraging resources from other partners and similar programs	Support from other donor agencies
Support from the private sector	



Integrated Into Institutional Programs and Plans

Inclusion in annual work program or training plan	Integration in existing training or academic curricula
Use of PEER materials in existing training	PEER materials used to train new staff of insitutions
PEER materials used to train other response organizations	



Minimum Required Instructors Maintained

Refresher training and updates provided to instructors	Instructors development training as part of insititutional program
Engagement plan of trained instructors	Available reference materials for instructors (books, journals, reserach)
Extends support for other insitutions by sharing instructors	



Courses Accredited by Professional Association, Institutes or Government

Accrediting Bodies

Accreditation by professional associations (Medical Council, medical specialty associations, engineering association, hospital association)	Accreditation by academic institutions (University credits, certificate courses, short courses)
Accreditation by government standards agencies	Regional accreditation (SAARC, BIMSTEC)
International Accreditation (ISO, INSARAG, IAEM)	



Engagement Plan for Trained Personnel Established and Endorsed

Activation and mobilization procedures of trained responders	Maintains database of trained responders
Conducts Simex of trained responders	Position description of trained responders updated
Support for responder welfare and safety	



Established Community of Practice for Learning and Sharing

Conducts After Action Reviews of major incidents	Document and share lessons learned
Document and share best practices	Emergency response discussed in DRR Platforms & conferences
Conducts operational research to improve response procedures	

Purpose of the Tool

The primary purpose of the measurement tool is to provide an overview of the status of PEER institutionalization where measurable and sustained human and institutional capacities in the countries are identified. In addition, the tool quantifies the significant systemic changes, critical processes, and achievements of countries in integrating PEER according to the essential conditions of PEER institutionalization. The initial result will act as a baseline for countries to assess where they stand and provide information on areas that require more attention to strengthen institutionalization. Every six months, the assessment will be repeated to monitor the country's progress to provide guidance and insights where attention is required for nodal agencies and implementing institutions to focus and prioritize.

The tool will also guide the program and national partners to dissect and critically analyze issues and challenges that affect countries' progress and facilitate discussions among partners to collectively identify solutions and strategize in approaching stumbling blocks for institutionalization.

Procedures and Recommendations for Assessing Country Institutionalization

General Coordination

The group responsible for general coordination (the authorizing entity) and oversight of the institutionalization assessment is made up of mid-level managers and focal points at the decision-making level from nodal agencies and implementing institutions (e.g. national disaster management agency, civil defense, fire department, disaster response force, uniformed services, ministry of health, red cross/red

crescent national society, training, and academic institutions). The authorizing entity should include organizations and people who are responsible for strategic decision-making, development of policies, programs, and plans, and resource allocation for capacity development on emergency preparedness for response. The assessment of institution-specific institutionalization may also be authorized by the senior management of the institution as a planning tool to identify priority interventions to enhance the integration of PEER in its institutional systems and processes.

The nodal agency and lead implementing institution are authorizing entities that will initiate the assessment process for each PEER training component. It is also responsible for selecting participants in the discussion from senior instructors, program managers, and focal points, forming the assessment teams. It will collect and review the results of the assessment, calculate the scores for each module and develop and maintain databases of the outcome, among other duties. The authorizing entity has overall responsibility for reviewing recommendations from the assessment team and carrying out the agreed actions for enhancing the institutionalization of PEER training components for program sustainability.

Organizing the Assessment team

Once the PEER training component is identified to be assessed, the assessment team is formed by the authorizing entity, considering the institutional engagement and memory of the individual. Each team must have a coordinator, ideally the designated program focal point from the lead implementing institution or chosen by the assessment team. Depending on the country context, implementing institutions may have more than one implementing institution. In this situation, it is recommended that representatives of each institution should be represented in the assessment team.

The team coordinator's responsibilities include the following:

- Provide documentation or other means of verification pertinent to the assessment, organize interviews, and subgroups, as necessary for the assessment.
- Provide assessment team members with copies of the Assessment Tool and collect these when comments and recommendations have been made.
- Manage the process until the formal presentations of the assessment are made to the authorizing entity.
- Contact national and/or international experts should the team require assistance.

Note: ADPC country program managers and program country leads will support organizing consultation and assessment meetings and guide how the scoring will be made and computed for final reporting.

The evaluators' responsibilities are:

- Evaluate the PEER training component following the nine modules of the PEER Institutionalization and the indicators.
- Collect and analyze relevant documentation as means of verification and collaborate in filling out and signing the assessment form
- Provide technical input to the final recommendations.

Using the Assessment Form

Before starting the assessment, it is essential to determine the time required to complete the assessment and the availability of the valuation team. In addition, the assessment should be interactive and dynamic and should have input from the members of the assessment team and other institutions as deemed necessary.

Items to be evaluated are grouped into modules. Each indicator is weighted differently according to its importance in achieving the specific condition for PEER institutionalization. Modules can be assessed in the following ways:

1. Individual modules to generate an institutionalization condition-specific score
2. Training component to generate course specific institutionalization score
3. Combined to obtain an overall score of the country in which the scores from each module are integrated to give a single measurement

Time must be scheduled for assessment meetings in addition to the time required for any additional consultation needed to get more information or validate the initial results. These organizational meetings should be arranged to include members of the assessment team and representatives from the nodal agency.

Each item in the checklist must be answered, and corresponding means of verification provided. If there is doubt about rating an item, it is preferable to give a lower rating than a higher one. Any item classified as having a low score will be recommended for priority attention. All members of the assessment team must agree on the final score.

Evaluators should make notes about their observations for comments in the checklist, in the row about a specific item. These comments are helpful when compiling the assessment report. While they do not form part of the numerical calculations of the module or the institutionalization tool, comments are included in the recommendations made by the evaluators. For example, in the comments section, an evaluator may justify a high or low rating, have questions raised in the meeting, or emphasize measures that should be taken to improve institutionalization. The comments section can also include general references not included in the assessment modules or warrant another opinion.

Finalizing the Assessment

Once the assessment is completed, the members of the assessment team share, consolidate, and discuss their findings. Members of the team make general observations about the data collected at this meeting. Subsequent discussion and suggestions will be used to make changes to the assessment documents, or comments can be noted. If there is a disagreement between the assessment team, this should be pointed out as an observation.

The final assessment document is signed and dated by members of the assessment team, and a copy is shared with the nodal agency. Finally, the group prepares the final report, which includes recommendations made by the assessment team.

The final report should be presented in a meeting with the high-level working group on PEER institutionalization with interested parties. At that meeting, feedback is expected from the evaluated institution regarding the general assessment process so that improvements can be made to improve future assessment.

Following the presentation of the final, the next tasks and responsibilities will emerge for both groups. First, the nodal agency and lead implementing institutions must diligently follow the measures deemed necessary to improve the institutionalization condition set for PEER. Second, the immediate improvements that fall under the implementing institutions' responsibility must be carried out within the recommended timeline. Third, the implementing institutions must then inform the nodal agency if recommendations have been acted upon.

A copy of the final report will be filed by the nodal agency and supporting documentation in a file identified with the name of the PEER institutionalization and subdivided into dates of assessment. The database will be updated, and dates will be agreed on for the follow-up process. The assessment will be repeated every six months to monitor progress and make adjustments if required.

Calculating the Score

The first step in calculating the PEER Institutionalization score is for the assessment team to evaluate and complete the checklist process concerning the nine modules.

The second step of the assessment is to enter the results from the checklist into the MS Excel calculator, a table with a series of formulas that assign specific values to each item. The calculations are based on how the evaluators rated each item and the relative importance of each module.

PEER INSTITUTIONALIZATION MEASUREMENT TOOL																	
Module No.	Institutionalization Conditions	Indicators	Weight	HOPE			MFR			CSSR			CADRE			Average Score	EVALUATOR COMMENTS
				Scale 1-5	Indicator Score	Module Score	Scale 1-5	Indicator Score	Module Score	Scale 1-5	Indicator Score	Module Score	Scale 1-5	Indicator Score	Module Score		
1	Nationally adopted PEER curricula	1.1 PEER curricula reviewed, adopted, and revised according to national context or institutional needs 1.2 Nationally adopted and standard PEER curricula endorsed by the national steering committee/ nodal agencies/ implementing institution 1.3 Locally translated PEER curricula 1.4 System to regularly review and update national or institutional standard curricula	0.4 0.2 0.2 0.2	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0.0			
2	National PEER standards established and endorsed	2.1 National Training System Standards (Preparation, methodology, instructors, participants, monitoring, evaluation) documented and endorsed 2.2 National Response Standards and Guidelines documented and endorsed (stage, response plan, assessment, volunteers, USAR, etc.) 2.3 Simulation exercise to validate, test and practice operational standards 2.4 System to regularly review and update standards and guidelines	0.35 0.30 0.15 0.15	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0.0			
3	PEER integrated in ODR strategies	3.1 Linkages for PEER in existing national policies, strategy, frameworks, and plans identified 3.2 PEER Courses integrated as part of priority capacity building interventions in ODR strategies and action plans	0.5 0.5	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0.0			
4	Identified funding sources for integration in annual budgets	4.1 PEER courses are identified in the annual budget of nodal agencies/ implementing institutions. 4.2 Partners secured support from other donors and development partners to support the rollout of nationally adopted PEER Courses.	0.7 0.3	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0.0			
5	Integration in institutional policies/programs	5.1 PEER courses are identified in annual work plans/training plans/operating or nodal agencies/ implementing institutions. 5.2 Adapted PEER courses (complete or selected modules) integrated into training or academic curricula of implementing institutions	0.5 0.5	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0.0			
6	Minimum required PEER instructor equipment established	6.1 Adequate number of local PEER instructors trained and connected with respective implementing institutions 6.2 Database of instructors and engagement plan by implementing institutions 6.3 Plan for regular refresher training for existing instructors 6.4 Established instructors' development training program 6.5 Minimum required equipment available with each institution as part of training roll-out	0.3 0.15 0.2 0.2 0.15	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0.0				
7	Accreditation and Certification of PEER courses	7.1 National Accreditation and Certification of training from academic institutions, professional associations, or government accreditation institutions 7.2 International Accreditation (ISO, INSARAG, IAEM)	0.7 0.3	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0.0			
8	Engagement plan for PEER graduates established and endorsed	8.1 Database of PEER graduates / trained responders available and used to mobilize human resources for response 8.2 Activation and mobilization procedures of trained responders documented and endorsed 8.3 Conducts regular Simulation exercise of trained responders	0.3 0.5 0.2	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0.0			
9	Established PEER community of practice for learning and sharing	9.1 Communication platform (WhatsApp group/ webpage/working group/etc.) for PEER alumni to share and learn from each other 9.2 Best practices and lessons learned from PEER shared at National / Regional / Global ODR Platforms and conferences 9.3 Mechanism to collect information and document best practices to share PEER related information with stakeholders and beneficiaries 9.4 Participation and learning opportunities for PEER instructors and graduates to recognize their national and regional contribution locally	0.3 0.3 0.2 0.2	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0 0	0.0			
Course Specific Institutionalization Score				0.0			0.0			0.0			0.0				
OVERALL COUNTRY INSTITUTIONALIZATION SCORE 0.0																	
CLASSIFICATION OF COUNTRY INSTITUTIONALIZATION																	

Picture 1: Assessment Tool Calculator

Measurement

The questions for assessment are intended to enable the measurement of progress and/or comparison across the timeline of programs, projects, and contexts. To be meaningful, responses need to be measured in a way that is consistent across time and location. Questions in the toolkit use Likert-type scales as a five-point bipolar response ranging from a group of categories—least to most¹.

A Five-level assessment rubric is given below for use in qualitatively ranking the toolkit indicators.

1. Achievements are negligible or minor

Achievements are minor, and there are few signs of planning or forward action to improve the situation

2. Achievements are incomplete

Achievements have been made but are relatively small or incomplete, and while improvements are planned, the commitment and capacities are limited.

3. Achievements moderate

There is some commitment and capacities to achieving institutionalization, but progress cannot be considered positive

4. The substantial achievement has been attained, but with some recognized deficiencies

The substantial achievement has been attained, but with some recognized deficiencies in commitment, financial resources, or operational capacities.

5. The comprehensive achievement has been attained

The comprehensive achievement has been attained, with the commitment and capacities to sustain efforts at all levels.

These provide ordinal data as ranked responses. A nonparametric procedure based on the rank and frequency of answers for each rank can generate bar and radar charts when responses to individual questions are considered.

Individual indicators: Where the analysis is required to ascertain whether a response to a particular indicator was high, moderate, or low; literature advocates the median should be taken to be rank 3.² A score of 3 or below 3 should be taken as a negative perception. This will require interventions for enhancement. A simple Bar Chart may be used to indicate the scores.

Relative weight and standardization of indicators and modules

The indicators are grouped into modules based on each of the institutionalization condition. Each module is comprising between 2-4 indicators with individual weight.

¹ <http://asq.org/quality-progress/2007/07/statistics/likert-scales-and-data-analyses.html>

² Jamieson S. Likert scales: how to (ab)use them. Med Educ. 2004;38(12):1217-1218

The value of each indicator is multiplied by its relative weight in a section. Thus, the sum of values of all the items of a submodule gives 100% of that module.

Because it is possible to distinguish the results for modules, courses, and the average of each condition, it is easier to identify those areas of institutionalization which rate low and thus require attention and prioritize in future programming and support.

Presenting the Results

There are several ways for the assessment results to be presented in the final report depending on the requirements of the nodal agency and implementing institutions' needs.

When all data have been entered into the calculator, the results available may be presented as follows:

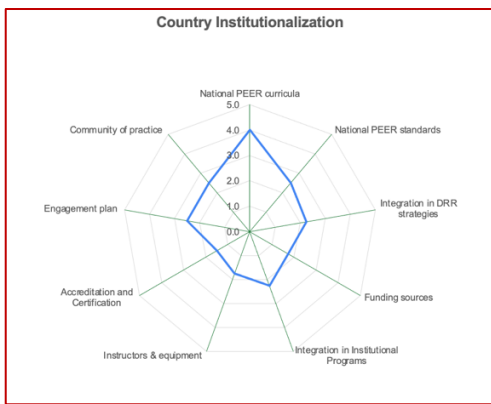
1. A course-specific institutionalization score for each of the module/conditions (between 0 and 5)
2. A module/condition-specific institutionalization score for each module/condition (between 0 and 5) with an assigned classification: a, b or c.
3. An overall Institutionalization Score (between 0 and 5) with an assigned classification of A, B, or C
4. The institutionalization classification (alpha): A, B, or C., The advantage of the institutionalization score is that it provides a classification for each condition or course-specific score, which is simple to communicate.

When a group of institutions is being assessed, the nodal agency may review all institutions either by the overall classification, by each module/condition, or by courses. This may be useful for prioritizing and allocating resources. There are often significant differences in the costs of improving the different areas, be it training activities, simulation exercises, or series of planning meetings to develop or review existing policy documents or plans. As the assessment using the PEER Institutionalization Assessment Tool serves as a preliminary diagnosis, more targeted and detailed discussions are recommended to obtain a more definitive assessment as the basis for prioritizing the allocation of resources.

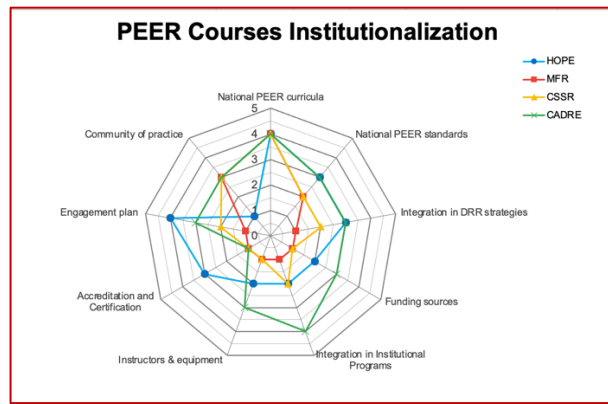
General Recommendations for Interventions

Institutionalization Average Score	Classification	Recommendations
<3	C	Urgent intervention measures are needed by nodal agencies and implementing institutions. The level of PEER institutionalization is low, and the current program implementation is not sustainable. Therefore, there is a high probability that country achievements and program activities initiated by the program might not continue without external funding support.
3	B	Intervention measures are needed in the short term by nodal agencies and implementing institutions. The institutionalization level is moderate that institutions demonstrate substantial achievements in putting in place institutional systems and processes to sustain PEER courses but with some identified deficiencies to

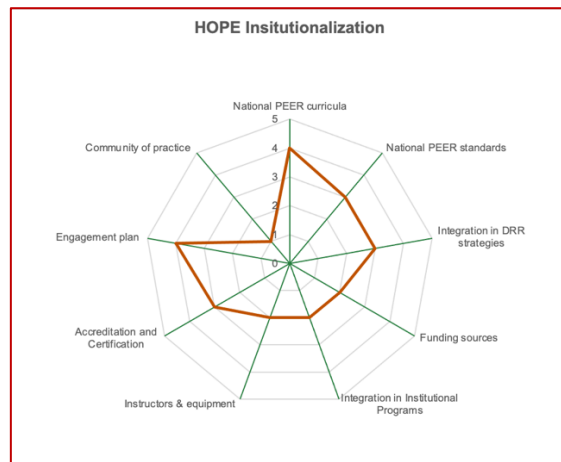
		ensure full integration, most especially in annual budget programming
>3	A	<p>Implementing institutions will likely continue PEER training as an integral component of its program using its annual budget allocation and available support from other donors or other development partners.</p> <p>However, it is recommended to continue steps to improve institutional and technical capacities in the medium and long-term to improve program sustainability.</p>



Picture 2: Example of radar chart of a national institutionalization



Picture 3: Example of PEER courses Institutionalization



Picture 4: Example of course specific institutionalization

Description of the Measurement Tool & Key Indicators

The tool comprises the nine modules linked to the essential conditions described in the institutionalization process section. Each condition has a set of indicators in which the country needs to rate or put a score for every PEER training component of CADRE, MFR, CSSR, and HOPE.

The following are the detailed description of the indicators from the essential conditions of PEER institutionalization:

1. Nationally Adapted Curricula

1.1. PEER curricula reviewed, adapted, and revised according to national context or institutional needs

The regional PEER standard curricula will be used to adapt the training materials at the national level considering the unique country context and address the training needs of emergency responders from professional response organizations, volunteers, and hospitals. Specific contextualization may include local examples and case studies, national response systems, hazards, roles and responsibilities of response agencies, response coordination, and national policies and guidelines. Adaptation may also occur at the institutional level. National partners from training and academic institutes, including development partners like Red Cross / Red Crescent National Societies, local humanitarian organizations, NGOs, and UN Agencies. Adaptation may be required to address specific institutional programs of partners that target a particular audience, including its official mandate and missions. A PEER course can be adapted and used as a whole training package or partially using only specific modules/lessons to address the training needs of individual institutions. In some instances, partners may decide to retain the name of the training or use other names as they see appropriate to promote more substantial ownership of the curricula.

1.2. Nationally adapted and standard PEER curricula endorsed by the national steering committee/ nodal agencies/ implementing institution

As part of fostering substantial ownership of the PEER curricula by nodal agencies and implementing institutions, partners need to own the process and consider the adapted curricula as their own and not as an externally driven product. Ownership entails acknowledging the adapted PEER curricula as national standard curricula. The nodal agency can promote its use with other stakeholders outside the PEER program and be used in similar capacity development programs in the future, including support from other donors.

1.3. Locally translated PEER curricula

PEER acknowledged that the use of the English language in PEER countries is secondary. The uniqueness of each country involves local traditions and the use of local dialects that influences how capacity development programs are implemented. This indicator also reflects distinct local needs. The nationally adapted PEER curricula need to be translated in the national language or even to sub-national (regional) and local dialects to facilitate learning in the different parts of the country. At the sub-national and local level, specific adaptation may address the needs of the particular geographic area, local culture, religious beliefs, emergency systems, and local stakeholders.

1.4. System to regularly review and update national or institutional standard curricula

The practice of emergency management is an evolving science, especially with the increasing need for evidence-based procedures used in emergency response. Such emergency tactics, processes, systems are supported by research and universally accepted by professional associations and communities of practice as standards and norms. Therefore training of emergency responders must keep up with the evolving science of practice to ensure that quality and standards are maintained in managing emergencies and reduce unnecessary loss of lives and disabilities of disaster-affected communities.

Under the leadership of nodal agencies and support from national technical agencies, a system needs to be in place to regularly review, update and revise national standard curricula. A national working group needs to be in place to lead the review process or a committee if it's an institutional level review, ideally after every 2-3 years. Quick updates and minor revisions might also occur immediately after a training activity as part of continuous improvement of the training materials. It also includes if there are important updates that require immediate changes, such as lifesaving procedures like first aid, essential life support, and CPR, including triage and INSRAG procedures and alike. Developing after-training reports should be a standard practice to document lessons from individual activities and recommendations on how the overall training activity can be improved next time.

2. National Standards Established and Endorsed

2.1. National Training System Standards (Preparation, methodology, instructors, participants, monitoring, avaluation) documented and endorsed

One of the most vital aspects of PEER is its observance of a stringent set of training principles to ensure the delivery of standardized and quality training activity. These training principles have transformed how training is conducted in the countries and have created strong advocates from the emergency response community, especially PEER alumni. Such training standards have even gone beyond PEER training applied to other training programs implemented by partners. However, having such rigid training standards also has some downside in which not all implementing institutions can comply. This led to the creation of parallel training of the same theme to separate PEER standards and what the partners consider the practical application of the standards. To address this issue and promote having standard training by the country and institutions, PEER training standards need to be adapted according to the capacities and current training system set up of implementing institutions. Therefore, PEER advocates for establishing minimum training standards that nodal agencies will endorse and promote, and implementing institutions can adapt. Furthermore, such measures should be established and documented to encourage implementing partners to apply to ensure quality and standardize implementation of training activities in the country.

2.2. National Response Standards and Guidelines³ documented and endorsed (triage, response plan, assessment, volunteers, USAR, etc.)

One of the enabling conditions to promote standardization in the practice of emergency management is having in place national guidelines that will direct operational response elements to a communal direction and goal during emergencies. When PEER started in the early part of 2000,

³ Response guidelines that will support the operationalization of CADRE, MFR, CSSR and HOPE

such national guidelines are in varying degrees of development. The practice of disaster risk management is at the early stages of its evolution at the national level. The absence of national operational guidelines was evident in PEER curricula that mainly reflected in its training materials universally accepted norms usually used in western countries.

As part of enhancing more robust integration of national operational standards in the adapted PEER curricula, upgrading such standards in line with minimum global norms is critical for training activities to be institutionalized at the national level. This will enable emergency responders to get trained on national operational standards through the PEER courses. Standardization also promotes interoperability of national and local response, including from international disaster response teams, during large-scale disasters.

2.3. Simulation exercise to validate, test and practice operational standards

A simulation exercise is one of the practical tools in Disaster Risk Management to maintain a minimum level of readiness in emergency response in the absence of a real-life incident. Exercises are also used to test and validate new plans, procedures, and SOPs to ensure their practical application during an actual response.

Simulation exercise planning requires different developmental processes; therefore, preparing for an exercise does not happen overnight depending on the type of exercise⁴ to be used, preparation, planning meetings, human resources, exercise documents present in varying degrees. The country needs to integrate exercises as part of its emergency preparedness culture regularly conducted. An adequately documented exercise plan, available expertise to design, conduct and evaluate exercise through an After Action Review are fundamental elements that need to be in place in simulation exercises.

As part of PEER institutionalization, the program encourages national partners to test and validate new or revised operational standards and not just remain a government record but rather a living document that is evolving and ensures its applicability in real-life scenarios.

2.4. System to regularly review and update standards and guidelines

A system and plan need to be in place to review and update existing standards and guidelines regularly. Such review exercises should be included in the annual planning process of nodal agencies and implementing institutions to determine if specific standards and guidelines need to be updated to reflect new developments in emergency response practice and science.

3. Integration in National DRR Strategies

3.1. Linkages for PEER in existing national policies, strategy, frameworks, and plans identified

PEER countries have a wealth of DRM policies, strategies, and national plans, including in the health sector. This is exemplified because of many years of work by the DRM community. As part of the integration, nodal agencies and implementing institutions need to identify specific areas from the national policy documents where PEER can be anchored. This will facilitate the inclusion of PEER

⁴ Exercise types include discussion-based exercises like workshops, games, tabletop exercise or operations-based exercise like command post functional exercise, drill and full-scale exercise.

courses in institutional work programs of national partners and contribute to achieving targets from the said national policy documents. Furthermore, some countries have national frameworks related to emergency response (e.g. USAR, Prehospital Care, Incident Management System, Emergency Medical Service, volunteer management, etc.). Therefore, PEER can be integrated into the capacity development program for volunteers, professional responders, and hospital personnel.

Regional agreements like the [SAARC Agreement on Rapid Response to Natural Disasters](#) under Article V Standard Operating Procedures on preparedness provide string linkages on the country's commitment. The provision stipulates the development of individual or joint plans to facilitate regional cooperation on response. PEER countries can consider future programming as part of the country's commitment as a signatory in the agreement. The agreement is one of the objectives in the [SAARC Comprehensive Framework on Disaster Management](#) that provide a platform for regional cooperation on disaster mitigation, preparedness, response, and recovery.

3.2. PEER Courses integrated as part of priority capacity building interventions in DRR strategies and action plans

National Action Plans and priority activities to implement national policy documents are developed at the national level. It indicates specific activities and identifies lead and supporting agencies. In addition, the document guides responsible agencies to include in their annual programming specifically on capacity development to operationalize national policy documents and plans. This will facilitate institutions to secure funding from national sources and seek support from development partners and donors when required.

4. Identified Funding Sources to Rollout Courses

4.1. PEER courses are identified in the annual budget of nodal agencies / implementing institutions.

Nodal agencies and implementing institutions go through an annual programming process to identify priority activities for the upcoming fiscal year, including appropriating the corresponding budget from its annual allocation from the government financial system. As part of the integration of PEER in yearly work programs and budgets of national partners, appropriate resources to support the implementation of adapted PEER training curricula should be included. In doing so, partners can assimilate PEER training, whether the entire course or partially using selected modules, as an integral part of institutional programs.

4.2. Partners secured support from other donors and development partners to support the rollout out of nationally adapted PEER Courses.

Several similar programs like PEER exist in the countries that deal with capacity development on emergency response as part of supporting emergency preparedness of institutions, local NGOs, and vulnerable communities. These programs are supported by donor agencies implemented through various stakeholders ranging from Red Cross / Red Crescent National Societies, local NGOs, training, and academic institutions, including the private sector. Having national standard training curricula, partners can strongly advocate for its use to leverage resources outside PEER. In doing so, the country and the beneficiaries of training activities can promote the national standard curricula regardless of who is leading or funding the program.

A possible strategy that implementing institutions can explore is to engage the private sector through its corporate social responsibility program that mainly involves community outreach. The private sector's best interest is to support preparedness activities to reduce disaster impact in their business. It can be in the form of well-trained personnel on lifesaving skills, safety in the workplace, and other preparedness activities to support SMEs in protecting the business supply chain or the surrounding communities where most employees reside. A partnership can be explored with private⁵ hospitals on preparedness and enhance disaster resilience like what public hospitals are benefiting from HOPE. Private hospitals can reduce disruptions and continue operating even after a significant disaster impact and increase national treatment capacity for emergency patients considering that more than 50% of hospitals in the countries are privately run.

5. Integration in Institutional Programs and Plans

5.1. PEER courses are identified in annual work plans/training plans/programing of nodal agencies/ implementing institutions.

This indicator is related to [indicator 4.1](#) on having resource allocation by national partners in their annual budgets. The official endorsement of a national standard curriculum by nodal agencies and national technical agencies will pave the way for implementing institutions to integrate and adapt the standard curricula institutionally and use the training to address partners' mandates and needs. In this way, implementing institutions can include PEER training as part of its annual work programing and implement the training as a regular activity of the institute.

5.2. Adapted PEER courses (complete or selected modules) integrated into training or academic curricula of implementing institutions

Training and academic institutions have ongoing programs directly or indirectly related to the PEER Courses. Whether it's for basic training of new personnel, educational or degree programs, continuing medical education, refresher training, or part of a broader government or institutional⁶ program on developing technical capacities of emergency responders. The PEER program does not intend to replace existing training programs but for PEER courses to add value and enhance it. This can be used as the national standard training materials entirely as a whole course and adapt according to institutional requirements or partially using only selected modules or lessons. As part of advocating more substantial ownership of implementing institutions, partners are not required to maintain the original PEER course name, especially when integrating it into existing training programs. This is to keep the identity of institutional programs that already exist. Having acknowledgment of the use of the PEER training materials is adequate to meet the program's requirements. If implementing institutions decide to take on board fully the national standard course adopted from PEER, partners are welcome to modify its course name as they see it appropriate.

⁵ Private hospitals include facilities operated either for profit by business corporations or nonprofit like foundations, religious congregations including NGOs like the system in Afghanistan.

⁶ Non-government institutional programs like CBDRM and DRM by Red Cross / Res Crescent NS, Scouts Movement, or other volunteer organizations.

6. Minimum required instructors/training equipment maintained

6.1. Adequate number of local PEER instructors trained and connected with respective implementing institutions

One of the critical elements for implementing institutions to integrate PEER training in their respective programs is to develop their team of qualified instructors to deliver the course that adheres to the minimum training standards endorsed by the nodal agency and technical institutions. The adequate number is defined as having the appropriate number of instructors based on existing institutional programs' demands, targets, and deliverables. The instructor team comprises 6-8 instructors in each type of training where skills-based training like CADRE, MFR, and CSSR requires more instructors than a more theoretical and academic-based training like HOPE. Different training management and technical skills should also be considered in establishing instructors' teams wherein course monitor, course coordinator, primary instructors, and assistant instructors are assigned in the instructor group.

6.2. Database of instructors and engagement plan by implementing institutions

For more than two decades of PEER implementation, the program has trained instructors through various instructors' development training⁷ in the countries and master trainers to support new program countries as regional instructors. These instructors need to be organized and include in a shared database by the government and accessed by implementing institutions. The information from the database will support countries to develop a plan to continuously engage qualified instructors as an essential human resource in the country. It includes maximizing its full potential by providing an opportunity to be part of the instructor team and allocate instructors to support new institutions as they develop their programs.

Implementing institutions will also be able to use the database as a monitoring tool to track the level of engagement of national instructors and plan if refresher training is required, including provide updates through communication outreach.

The PEER Program has developed a regional database to be hand over for nodal agencies to manage and maintain by the 3rd quarter of 2021. The countries will be able to use the said database for this purpose.

6.3. Plan for regular refresher training for existing instructors

Trained human resources, if not utilized systematically, will reduce its effectiveness in delivering training. New instructors require experiential learning and are part of the instructor team to develop their capacity further. Learning by doing is an effective way to ensure that minimum capacity and readiness are maintained. Therefore, partner institutions should include in their plan to provide refresher training and a system to continuously share information and update instructors to keep them up-to-date even without an active training engagement.

6.4. Established instructors' development training program

⁷ Instructor development training include Training for Instructors (TFI), Instructors Workshop (IW) and Master Instructors Workshop (MIW). Each PEER courses have a specific instructor course to develop its instructor team.

Aside from delivering PEER training, implementing solutions should consider developing its capacity to train future instructors. This will address the quick turnover of trained instructors as most government staff changes positions and post even in the same organization. In this way, implementing institutions will maintain a constant number of minimum instructors required to deliver training activities. Instructor development training is an essential component of any capacity development and training program, which can be included in the annual work programming of institutions.

6.5. Minimum required equipment available with each institution as part of training roll-out

The PEER Program initially invested in providing a standard set of training equipment for each course to initiate the training in the program countries. The training equipment was kept under the care of major national training institutes to roll out the training. As an initial investment of the program, the country needs to adapt the standard list and analyze how training institutes will sustain such equipment considering its availability in the country for future procurement and after-sales service maintenance and repair.

A standard training equipment set should be part of the national training standards endorsed by the country's nodal agency and technical institutions. Furthermore, implementing institutions should consider the normal wear and tear of the said equipment and include its future procurement in annual programming and budget planning.

7. Accreditation and Certification of PEER Courses

7.1. National Accreditation and Certification of training from academic institutes, professional associations, or government accreditation institutes

Accreditation and certification are both quality management processes but have two different uses. Generally, certification is given to individuals, and accreditation applies to organizations or institutions.

As an integral part of PEER institutionalization driven to maintain quality and excellence of education and learning, institutions and programs accredited by official accrediting bodies and professional associations demonstrate that an institution operates according to established qualifications or standards. It also emphasizes quality assurance and a commitment to continuous quality enhancement. Furthermore, having such accreditation adds value to the graduates in recognizing that the accredited institution maintains standards required for its graduates to gain admission to other reputable higher learning institutions or achieve credentials for professional practice.

On the other hand, individuals require certification that can be part of ongoing requirements, such as continuing medical education or retesting, maintaining the certification, renewing professional licenses, or securing education credits for post-graduate degree programs. Certification represents a written assurance by the institution that educational or learning activity confers to the specified requirements and standards by the accrediting body.

Therefore, accreditation authorized the institution to issue certification and use the name of the accrediting body in its certificates. An example of this is a training institution accredited by a university. The training conducted by the institution will be able to provide certification using the name of the university and award specific education units that the graduates can use to pursue

higher education studies. Similarly, suppose a professional medical association provides accreditation to a training institution in conducting HOPE. In that case, that accredited institution will give certification to graduates and use the logo of the professional association. Award continuing medical education units that the graduate will be able to use in renewing professional licenses to practice medicine as a profession. Each country needs to explore its national accreditation and certification system and targets to get accredited to provide certification for its graduates of PEER courses.

7.2. International Accreditation (ISO, INSARAG, IAEM)

Accreditation from international accrediting bodies provides another level of standards for institutions implementing training activities on emergency management and response. The standards set are universally accepted globally related to the quality of training, minimum standards for international disaster response teams, and emergency management. Depending on the levels set by accrediting bodies like the [International Standard Organization \(ISO\)](#), [International Search and Rescue Advisory Group \(INSARAG\)](#), and [International Association of Emergency Management \(IAEM\)](#), training institutions will be able to demonstrate and issue a certification that the training activities met the standards set by the accrediting body and certify graduates which in turn can be used to pursue higher studies and professional career advancement.

Regional cooperation bodies through their respective disaster management centers and programs of the [South Asia Association for Regional Cooperation \(SAARC\)](#) and [Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation \(BIMSTEC\)](#) are possible areas of cooperation that can provide accreditation which can be further explored.

8. Engagement Plan of trained Graduates Established and Endorsed

8.1. Database of PEER graduates / trained responders available and used to mobilize human resources for response

The PEER regional database is currently under development as mentioned in Indicator [6.2 Instructors' database](#) and its planned turnover to the nodal agencies. Once available, the countries will integrate existing databases of trained responders and other human resources on DRM. The information from the database will enable nodal agencies to mobilize trained responders as part of their response management plans. Arrangements can also be developed to engage them during the pre-disaster phase, whether training others or community mobilization as part of advocacy on safety and preparedness. The database also acts as a monitoring tool to check the availability and readiness of responders for immediate deployment during response.

8.2. Activation and mobilization procedures of trained responders documented and endorsed

Plans should be in place to activate, mobilize, coordinate, and recall trained responders as part of stand-down procedures in the national response system, including arrangements for responder well-being and safety. The plan needs to be documented, shared, trained, and practice to ensure its practical use and application in disaster situations.

8.3. Conducts regular Simulation exercises of trained responders

To maintain a minimum level of readiness, an exercise program to engage responders needs to be in place as a regular program of the nodal agency and implementing institutions. The exercise program will assess and validate key response mission capabilities and determine where the trained responders are mobilized. Critical response areas may include early warning, activation, mobilization, field coordination, incident management, crisis communications, search and rescue, medical support, mass fatality management, etc.

The exercise program should include debriefing and After Action Review (AAR) to identify key lessons that require improvements. Key actions should be recognized as part of the Corrective Action Plan (CAP) and responsible agencies that will lead in acting on the recommendations. Documentation is essential in the exercise program that requires institutions to have exercise plans and AAR to reference future exercises and emergency planning meetings.

9. Established Community of Practice for Learning and Sharing

9.1. Communication platform (WhatsApp group/ webpage/working group/etc.) for PEER alumni to share and learn from each other

PEER has trained emergency responders and qualified instructors for more than two decades. For the nodal agency and implementing institutions leading training activities to engage and connect with trained human resources continuously. In the absence of actual activities like training, exercises, conferences, etc., partners can still communicate through various communication platforms by sharing technical updates, newsletters, advocacy materials, and resource materials. It can be through social media, messaging platforms, or online discussion on partners' websites. Such communication platforms will also serve as a feedback mechanism that will provide valuable information to improve capacity development programs of partners and address specific training needs of human resources for response. Such preparedness activities can be included in partners' annual programming and budgets.

Another platform that can be considered is the formation of an alumni association or group. Such groups have been established in other PEER countries like the Philippines and Indonesia. Alumni and instructors are part of a group that continuously discusses essential issues and shares views and experiences. The group officers act as an intermediary and represent the group in any discussions with the nodal agency.

9.2. Best practices and lessons learned from PEER shared at National / Regional / Global DRR Platforms and conferences

One of the weakest areas in the field of emergency management and response is documentation. Having an operations-orientated mentality, the focus of field personnel is more on response actions and less on documentation. Yet, there is a wealth of experiences, best practices, and lessons learned in countries worth sharing and learning from. Not only within the country but across countries that go beyond the South Asia region.

There are numerous platforms wherein these learnings and best practices can be shared through conferences, conventions, panel discussions, and symposiums from national, regional, and global DRR platforms.

9.3. Mechanism to collect information and document best practices to share PEER related information with stakeholders and beneficiaries

Having excellent information to write about is one thing but a system to continuously be on the lookout for relevant news and events is another thing. The appropriate documentation system emphasized the importance of having a mechanism to systematically collect information through various platforms and feedback mechanisms mentioned in [Indicator 9.1 on Communication Platform](#). Nodal agencies and implementing institutions should include learning management and sharing systems integral to its functions in their programs.

9.4. Participation and learning opportunities for PEER instructors and graduates to recognize their national and regional contribution locally

The PEER Program recognizes the importance of the contributions of alumni and instructors in the field of emergency management and capacity development in emergency response. This is the primary reason why the program encourages partners to document these contributions and share them with a broader audience outside the country's border. Such information act as an inspiration to others, be it an individual or an organization worth emulating.

As part of strengthening the community of practice of PEER, partners are encouraged to provide an opportunity for trained responders and instructors to advance their learning and share their contribution in international learning exchange platforms to provide motivation. Global events like conferences, symposia, and meetings, including training events. Such events can be under the PEER program or other related DRR programs by other organizations and academic institutions.

Annex 1: PEER Institutionalization Assessment Tool

Tick (✓) your response as appropriate

PART 1: General Background

1. Country Profile	
Name of the Country: _____	
Nodal Agency: _____ Focal Point: _____	
Lead Implementing Institutions:	
a. CADRE: _____ Focal Point: _____	
b. MFR: _____ Focal Point: _____	
c. CSRR: _____ Focal Point: _____	
d. HOPE: _____ Focal Point: _____	
Years in the Program: <input type="radio"/> > 20 years <input type="radio"/> 15-20 years. <input type="radio"/> 10-15 years. <input type="radio"/> 5-10 years. <input type="radio"/> < 5 years	
Geographic coverage of the program: <input type="radio"/> National <input type="radio"/> Provincial <input type="radio"/> District <input type="radio"/> Village	
Number of trained responders using PEER training:	
<input type="radio"/> CADRE _____. <input type="radio"/> MFR _____. <input type="radio"/> CSSR _____. <input type="radio"/> HOPE _____.	
Number of qualified instructors trained under PEER training:	
<input type="radio"/> CADRE _____. <input type="radio"/> MFR _____. <input type="radio"/> CSSR _____. <input type="radio"/> HOPE _____.	

PART 2: Institutionalization Indicators

Tick (✓) your response as appropriate

In the Table below, circle what is appropriate. 1= *Achievements are negligible or minor*; 2= *Achievements are incomplete*; 3= *Achievements are moderate*; 4= *Substantial achievement*; 5= *Comprehensive achievement*

1. Nationally Adapted PEER Curricula							
1.1	<p>PEER curricula reviewed, adapted, and revised according to national context or institutional needs</p> <p>Date of last update (Month/Year):</p> <p><input type="radio"/> CADRE _____ <input type="radio"/> MFR _____</p> <p><input type="radio"/> CSSR _____ <input type="radio"/> HOPE _____</p>	1	2	3	4	5	
1.2	<p>Nationally adapted and standard PEER curricula endorsed by the national steering committee/ nodal agencies/ implementing institution</p>	1	2	3	4	5	
1.3	<p>Locally translated PEER curricula</p> <p>Specify what language:</p> <p>Specify PEER training translated?</p> <p><input type="radio"/> CADRE <input type="radio"/> MFR <input type="radio"/> CSSR <input type="radio"/> HOPE</p>	1	2	3	4	5	
1.4	<p>System to regularly review and update national or institutional standard curricula</p>	1	2	3	4	5	
2. National PEER Standards Established and Endorsed							
2.1	<p>National Training System Standards (Preparation, methodology, instructors, participants, monitoring, evaluation) documented and endorsed</p> <p>Please specify details:</p>	1	2	3	4	5	

2.2	National Response Standards and Guidelines documented and endorsed (triage, response plan, assessment, volunteers, USAR, etc.) Please specify details and its relation to specific PEER training:	1	2	3	4	5	
2.3	Simulation exercise to validate, test and practice operational standards related to the PEER training being assessed. Please specify details of last exercise: (type/standard/guidelines tested/plan for next exercise)	1	2	3	4	5	
2.4	System to regularly review and update standards and guidelines. Please specify details of the last update: (name of guideline or standard/date of update/)						
3. PEER integrated into DRR strategies							
3.1	Linkages for PEER in existing national policies, strategy, frameworks, and plans identified Please provide details related to the PEER training being assessed: (name of the policy document and specific section)	1	2	3	4	5	
3.2	PEER Courses integrated as part of priority capacity building interventions in DRR strategies and action plans Please provide details: (name of strategy/action plan)	1	2	3	4	5	

4. Identified funding sources for rollout/integration in annual budgets							
4.1	PEER courses are identified in the annual budget of nodal agencies / implementing institutions. Please specify what institution/s have allocated budget, what PEER training component, and in what fiscal year:	1	2	3	4	5	
4.2	Partners secured support from other donors and development partners to support the rollout out of nationally adapted PEER Courses. Please specify the PEER training supported / name of donor/name of the program:	1	2	3	4	5	
5. Integration into institutional policies/programs							
5.1	PEER courses are identified in annual work plans/training plans/programing of nodal agencies/ implementing institutions. Name of institution, related PEER training component and in what fiscal year:	1	2	3	4	5	
5.2	Adapted PEER courses (complete or selected modules) integrated into training or academic curricula of implementing institutions Name of institution or academic institution/name of program/use of PEER taring is partial or complete	1	2	3	4	5	
6. Minimum required PEER instructors/equipment sustained							
6.1	Adequate number of local PEER instructors trained and connected with respective implementing institutions	1	2	3	4	5	

	The number of institutions that maintain a minimum no. of instructors on a specific PEER training component. Name of institutions						
6.2	Database of instructors and engagement plan by implementing institutions	1	2	3	4	5	
6.3	Plan for regular refresher training for existing instructors	1	2	3	4	5	
6.4	Established instructors' development training program	1	2	3	4	5	
6.5	Minimum required equipment available with each institution as part of training roll-out	1	2	3	4	5	
7. Accreditation and Certification of PEER courses							
7.1	National Accreditation and Certification of training from academic institutes, professional associations, or government accreditation institutes Course/s provided accreditation and name of the accrediting body:	1	2	3	4	5	
7.2	International Accreditation (ISO, INSARAG, IAEM) Course/s provided accreditation and name of the accrediting body:	1	2	3	4	5	
8. Engagement plan for PEER graduates established and endorsed							
8.1	Database of PEER graduates / trained responders available and used to mobilize human resources for response	1	2	3	4	5	
8.2	Activation and mobilization procedures of trained responders documented and endorsed	1	2	3	4	5	
8.3	Conducts regular simulation exercises with trained responders	1	2	3	4	5	

	Please specify details of last exercise: (type /emergency functions tested / plan for next exercise)						
9. Established PEER community of practice for learning and sharing							
9.1	Communication platform (WhatsApp group/ webpage/working group/etc.) for PEER alumni to share and learn from each other Please provide details:	1	2	3	4	5	
9.2	Best practices and lessons learned from PEER shared at National / Regional / Global DRR Platforms and conferences. Please provide details:	1	2	3	4	5	
9.3	Mechanism to collect information and document best practices to share PEER related information with stakeholders and beneficiaries Please provide details:	1	2	3	4	5	
9.4	Participation and learning opportunities for PEER instructors and graduates to recognize their national and regional contribution locally Please provide details:	1	2	3	4	5	

After the Assessment

1. As a team, discuss any areas of disagreement, seeking to find consensus on the Five-level assessment (rankings) given for each question.

2. After completing the assessment, give a narrative based on Part 1.
3. Separately tabulate the score for each question using the tool calculator in Microsoft Excel sheet. This will provide you with discrete areas which are vital (with a score of 4 and 5) and discrete areas that need strengthening (Score of 3 or lower). By identifying the areas of greatest need, you will be better equipped to focus on areas of concern.
4. Then calculate the score for each segment of the tool. This will inform of areas of strength and weakness.
5. Identify needs for further improvement.
6. The calculation for the whole tool will give the status quo of institutionalization of PEER, which could be used to compare incremental improvements over time.
7. The assessment team should brainstorm on the results and conceptualize the institutional and technical capacity initiatives needed and the stakeholders to be engaged for a determined time duration. It is desirable to get the viewpoint of an external expert to develop capacity-building initiatives.
8. It is recommended to present this assessment outcome to a larger group of internal and external stakeholders engaged in the capacity development work for further discussion, inputs, and validation.
9. An action plan with a timeline should be developed with proper funding and resource inputs.
10. Decide on re-taking the assessment in consensus after six months.

Annex 2: Institutionalization Assessment Report Template

1. Executive Summary
2. Background
3. The Evaluation Team
4. Preparatory Activities
5. Key Findings of the Evaluation
(Description of critical findings and graphical representation of the score for each module / condition)
 - 5.1. Nationally Adapted PEER Curricula
 - 5.2. National PEER Standards Established and Endorsed
 - 5.3. PEER integrated into DRR strategies
 - 5.4. Identified funding sources for rollout/integration in annual budgets
 - 5.5. Integration into institutional policies/programs
 - 5.6. Minimum required PEER instructors/equipment sustained
 - 5.7. Accreditation and Certification of PEER courses
 - 5.8. Engagement plan for PEER graduates established and endorsed
 - 5.9. Established PEER community of practice for learning and sharing
6. Key Issues and Challenges
7. Recommendations and Way Forward
(Priority actions / targets for the next 6 months with assigned responsibilities, timeline, and technical support required, a target date for repeat assessment)
8. Conclusion
9. Annexes
 - 9.1. Completed and signed assessment form
 - 9.2. Participants List and contact information
 - 9.3. Pictures of the Meeting



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