



Strategy for Disaster Risk Reduction CARE International

FY12 to FY15

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Table of content

Acronyms	2
Executive summary.....	3
1. Introduction.....	4
1.1 Disasters and disaster trends.....	4
1.2 Disaster Risk Reduction	5
1.3 DRR and the international community	6
2. DRR and CARE	7
2.1 Core values of CI DRR programming	8
2.2 Aims of CI DRR programming.....	9
2.3 Overview of the approach of the CI DRR strategy.....	9
2.4 The organisational structure of DRR within CI.....	10
2.5 Monitoring and evaluation	11
2.6 Overall time plan of the strategy.....	11
2.7 Resourcing strategy.....	12
2.8 Budget	12
Annex 1: Key indicators of a resilient community.....	13
Annex 2: Summary of the HFA.....	14
Annex 3: Overview mainstreaming DRR in the 'Program shift'	15
Annex 4: Overview mainstreaming DRR in the project cycle	16
Annex 5: Organisation chart DRR for CI.....	17

Acronyms

CCA	: Climate Change Adaptation
CEG	: CARE International Emergency Group
CI	: CARE International
CNL	: CARE Nederland
DRR	: Disaster Risk Reduction
EPP	: Emergency Preparedness Plan
FTE	: Full-Time Equivalent
FY	: Fiscal Year
HFA	: Hyogo Framework for Action
M&E	: Monitoring and Evaluation
MDG	: Millennium Development Goals
NGO	: Non-Governmental Organisation
PECCN	: Poverty, Environment & Climate Change Network
UNISDR	: United Nations International Strategy for Disaster Reduction
WASH	: Water, Sanitation and Hygiene

Executive summary

CARE is moving towards a programme approach that is aiming to achieve, through the development of coherent programmes, a more profound, long-term, and broad benefit for impact groups. The more the perspective changes to a larger geographic scale and a longer timeline, the more critical it is to include disaster risk in programme design and development as disasters are bound to affect programmes at some point, therefore CARE needs to integrate management of risk in its overall programming. Risk encompasses all stresses and potential shocks that may affect the societies; this includes both natural hazards and man-made hazards.

The CI DRR strategy will initially focus on disasters caused by natural hazards (including climate change) as this is the starting point of DRR. However, the strategy will include approaches that will gradually link the DRR methodology and stakeholders with methodologies and stakeholders associated with man-made disasters. Ultimately, it will be in CARE's interests to ensure that DRR is conceptualized in a more holistic manner in terms of being more of a generic 'risk management' approach that will address all stresses and shocks that can potentially have a negative impact on society and thereby aim to increase the resiliency of the populations with whom we work.

The overall goal the CI DRR strategy contributes to the overarching goal of ***Increased resilience of communities vulnerable to risk***

The objectives of CI DRR programming are:

1. A high level of quality of DRR is maintained in CI programming and systems are in place for continuous improvement of quality.
2. DRR is fully integrated in CARE International programming and is considered to be a major feature within CARE's overall program approaches.
3. CI DRR programming adds to the global body of knowledge on DRR

To achieve resilience of community partners of CARE, several programming elements need to be addressed:

- I. In areas where the probability and potential impact of disaster events are high CARE programming will reduce vulnerabilities towards, and improve capacities against, risks caused by slow- and rapid-onset events.
- II. Where probability and potential impact of disaster events are less pronounced, the expected outcomes of CARE's programming will reflect the intention to ensure greater resilience against potential slow- and rapid-onset hazard events and stresses.
- III. Participants and partners of CARE programming need to be resilient to shocks and accumulating stresses to ensure operations can be maintained, and that an adequate response is possible to reduce the impact of slow- and rapid-onset disasters on society. This requires preparedness and response capacities of all stakeholders of CARE programming.

Core values of CI DRR programming

CI DRR programming will consistently follow specific core values:

- Maintain and enhance quality
- Innovation and learning
- Building on partnerships
- Integration of DRR in a holistic approach toward risk and development
- Attention to gender and diversity
- Contribute to external policies

1. Introduction

CARE International is a leading international humanitarian relief and development organisation fighting global poverty worldwide. CARE has identified Disaster Risk Reduction (DRR) as one of the priorities within its Humanitarian Mandate for humanitarian assistance, reconstruction and development¹. This document is written for CARE staff and gives the rationale for integrating DRR in CARE programmes, and describes the strategy that will be used to further strengthen the quality and integration of DRR in CARE programming.

1.1 Disasters and disaster trends

Between 2000 and 2008, an average of 392 disasters occurred per year, with around 216 million people affected per year and causing a total damage of 104 billion USD per year² (nearly 9 times the development aid of the European Union³).

Figure 1 shows, the trends over the last 35 years show a rising number of disaster events, people affected, and damages occurred. With the continuing population growth, climate change, increasing urbanisation, environmental degradation and economic globalisation it is expected that this rising trend will continue. Several of these elements play out at a global level, and this will have an impact on the scale of future disasters.

In general, developing world countries are most exposed to the risk of rapid- and slow-onset disasters, and are least able to deal with the consequences of these as they don't have the structures or systems in place to manage them properly. Within these countries it is often the most marginalised, the ultra-poor, women, and children, who are most affected by disasters. While the humanitarian sector has become better at saving lives in the wake of a disaster, it is not yet very good at saving livelihoods. Hazard events often have a huge negative impact on the livelihoods people depend upon; assets are destroyed, vital services disrupted, infrastructure damaged, and the environment people need degraded.

While there is no Millennium Development Goal (MDG) linked to disasters, disastrous events are increasingly recognised as one of the main obstacles on achieving the MDGs⁴. Disasters have a strong negative impact on the impact groups the MDGs try to assist (e.g. the poor, women and

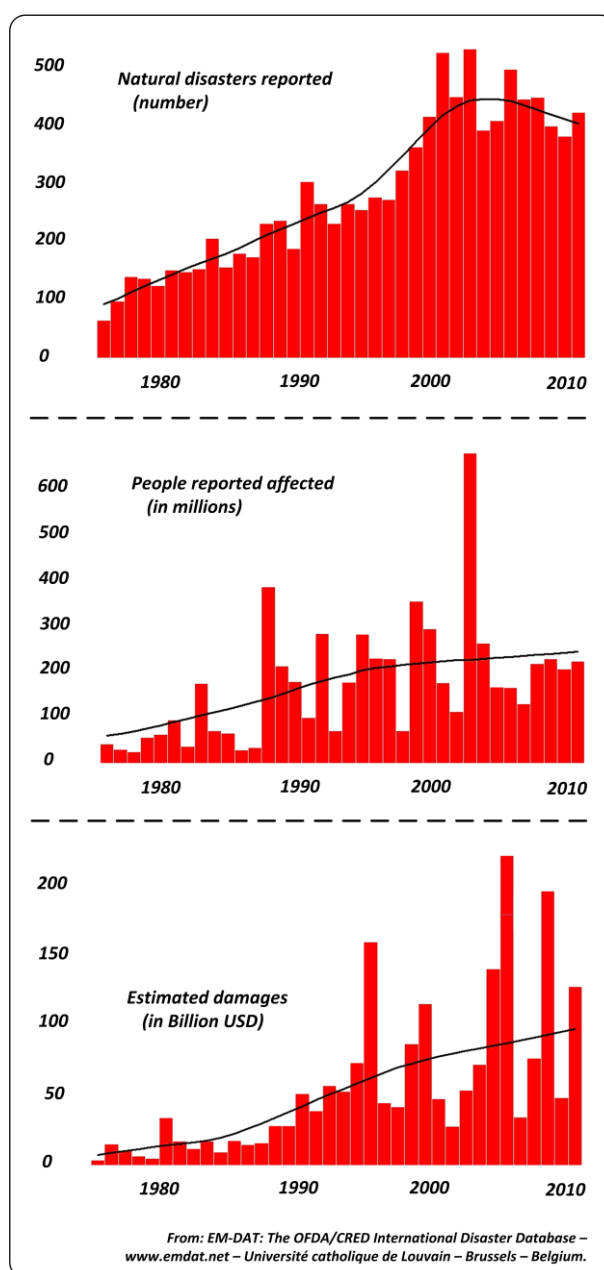


Figure 1: Trends in 'natural disasters'

¹ <http://www.care-international.org/Humanitarian-mandate/care-internationals-humanitarian-mandate.html>

² Adapted from <http://www.emdat.be/>

³ Adapted from <http://www.oecd.org/dataoecd/47/25/41724314.pdf>

⁴ http://www.undp.org/cpr/whats_new/rdr_english.pdf

children) and targeted services (e.g. schools, health services, environment). Disasters also divert resources from development programmes to relief operations, thereby putting further pressure on the MDGs achievements⁵.

Development initiatives will not automatically reduce the vulnerability of communities towards disasters. These initiatives have at times not considered risk and vulnerability towards disasters, and the progress made has been lost in hazard events. Occasionally communities have been left more vulnerable to disasters because of humanitarian or development actions and sometimes the initiatives have introduced new vulnerabilities or reinforced existing ones. Disaster events are not the symptoms of 'under development', but are symptoms of inadequate development; development that doesn't consider the vulnerability, the full range of risks and capacities of communities.

1.2 Disaster Risk Reduction

Disasters are the result of exposure of a community to a hazard event (e.g. earthquake, tropical cyclone, flooding) and the vulnerability of the community towards this event. The impact of hazard events can be reduced by building capacity at community, local and national levels. Increasing capacity and addressing hazard threats is what the discipline of Disaster Risk Reduction aims to achieve. DRR⁶ is a cross-cutting issue; it is an approach where disaster risk is systematically assessed in a holistic way, and where relevant and possible, addressed through the development of activities that will increase the resilience of the community. These activities can consist of actions that prevent hazard events from happening (prevention), that reduce the impact disasters have (mitigation), and that prepare societies so as to deal with the effects of a disaster when they happen (preparedness). These activities will often integrate several sectors (e.g. food security, water, sanitation and hygiene, shelter) and cross-cutting issues (e.g. environment, gender).

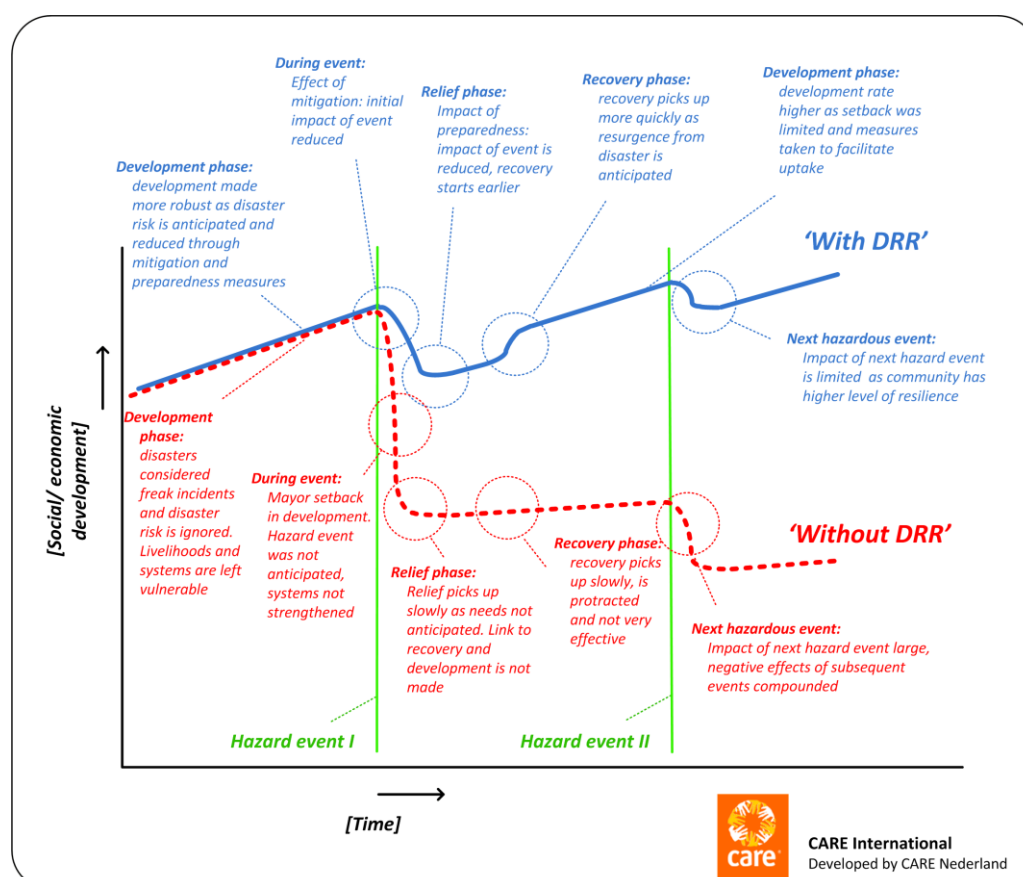


Figure 2: The effects on society 'with' and 'without' Disaster Risk Reduction

⁵ <http://www.preventionweb.net/english/professional/publications/v.php?id=1070>

⁶ The UNISDR definition of a **Disaster Risk Reduction** is 'The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.'

The general aim of DRR is to create resilient⁷ systems, communities and societies. In this strategy resilience means that systems, communities and societies are able to 'take' the shock of a hazard event or that there is capacity to deal with longer-term stresses, that they are able to (quickly and) fully recover from it efficiently, all while improving on the original situation of the community or society. Annex 1 presents the key indicators of community resilience.

DRR is one of the pillars of poverty alleviation by strengthening livelihoods and in linking relief rehabilitation and development. A model of what DRR aims to achieve is presented in Figure 2.

With climate change being one of the main drivers of disaster risk in the future, and DRR and Climate Change Adaptation (CCA) having a large overlap both in domain and approach; good DRR does integrate the effects of climate change, and adaptation to climate change.

Traditionally DRR only covers disasters triggered by natural hazards (natural processes like movements of tectonic plates resulting in earthquake or climatological processes that result in drought) and not man-made disasters (e.g. complex emergencies). This segregation in risks is artificial though, and an approach is necessary that will address all risks that women, girls, boys and men face.

1.3 DRR and the international community

The international community is more and more interested in Disaster Risk Reduction, and it is becoming more and more recognised as good practice in programming.

In January 2005, the World Conference on Disaster Reduction adopted the 'Hyogo Framework for Action (HFA), 2005 – 2015: building resilience of Nations and Communities to Disasters'. The UN and other institutions were called to integrate DRR into development frameworks. This included the Common Country Assessments, the United Nations Development Assistance Framework and poverty reduction strategies. The box below presents the five priorities for action of the HFA. Annex 2 presents a summary of the HFA. There is currently a move towards convergent approaches to risk that integrate DRR, climate change adaptation and environmental sustainability.

The five priorities for action of the Hyogo Framework for Action⁸:

- 1. Ensure that Disaster Risk Reduction (DRR) is a national and a local priority with a strong institutional basis for implementation*
- 2. Identify, assess and monitor disaster risks and enhance early warning*
- 3. Use knowledge, innovation and education to build a culture of safety and resilience at all levels*
- 4. Reduce the underlying risk factors*
- 5. Strengthen disaster preparedness for effective response at all levels*

These priorities for action shows the shift in perspective from viewing disasters as unpredictable and unavoidable events that have to be addressed by emergency specialists to a more holistic and pro-active approach that analyses disaster risk and addresses the underlying causes of disasters. While some advancement has been made on national policy level, the roll out of the HFA (Hyogo Framework for Action) at local and community levels, and especially to the most vulnerable to disasters, is proving much more challenging⁹. It should be noted that the HFA will only run up to 2015, the successor of the HFA will hopefully take a more holistic view with regard to risk (i.e. focus more widely than only on natural hazards), and will thus be more in line with the direction CARE International wants to take.

⁷ The UNISDR definition of a **resilience** is 'The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.'

⁸ <http://www.unisdr.org/eng/hfa/docs/HFA-brochure-English.pdf>

⁹ <http://www.crid.or.cr/digitalizacion/pdf/eng/doc17597/doc17597-a.pdf>

2. DRR and CARE

CARE is moving towards a programme approach that is aiming to achieve, through the development of coherent programmes, a more profound, long-term, and broad benefit for impact groups. The more the perspective changes to a larger geographic scale and a longer timeline, the more critical it is to include disaster risk in programme design and development as disasters are bound to affect programmes at some point, therefore CARE needs to integrate management of risk in its overall programming. Risk encompasses all stresses and potential shocks that may affect the societies; this includes both natural hazards and man-made hazards. The CI DRR strategy will initially focus on disasters caused by natural hazards (including climate change) as this is the starting point of DRR. However, the strategy will include approaches that will gradually link the DRR methodology and stakeholders with methodologies and stakeholders associated with man-made disasters. Ultimately DRR will have to merge into a more generic 'risk management' approach that will address all stresses and shocks that can potentially have a negative impact on women, girls, boys and men, the systems they depend upon, and the communities and society they live in.

CARE International has identified DRR as a critical element within its mandate regarding humanitarian assistance, reconstruction and development. DRR is in line with CARE's programming framework and principles^{10,11}. The code of conduct¹² includes two principles referring to DRR, namely that Humanitarian aid '*shall attempt to build disaster response on local capacities*', and '*Relief aid must strive to reduce vulnerabilities to future disaster...*'.

These elements, combined with the increased risk of disasters as described above, make it imperative that the DRR approach is integrated into CARE programmes. For background as to how DRR has to be integrated into programming: the annexes 3 and 4 present overviews of CARE's approach to mainstreaming DRR in programming and in the project cycle.

DRR as developed by CARE International needs to fully integrate climate change and CCA. Where DRR is mentioned, we mean 'convergent DRR/ CCA'; DRR that considers the current and future effects of climate change, and that supports the adaptation of society to these changes.

Mainstreaming, or integrating, DRR in programming is not new to CARE. CARE International has a long history of DRR programming; of specifically reducing the vulnerability of communities to hazard events, and of making development progress more resilient to hazard events.

As an example, Figure 3 shows a raised handpump installed by CARE in India that is able to withstand flooding, and that ensures that the community has access to safe water, even if there would be flooding up to a certain level.



Figure 3: Handpump protected from flooding installed by CARE India

CARE International's experience with DRR goes back to the early 90's, and this strategy will build upon this large experience.

¹⁰ 'Principle 3: Ensure accountability and promote responsibility': where disaster risk is high it would be unaccountable from CARE towards community and donor to ignore disaster risks in its programming.

¹¹ 'Principle 6: Seek sustainable results': results from CARE actions are not sustainable if these are not made resilient against hazardous events.

¹² The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

2.1 Core values of CI DRR programming

CI DRR programming will consistently follow specific core values:

- *Maintain and enhance quality*: DRR-related programming in CARE International will consistently be of high quality. This means that standards will be maintained in all DRR-related actions. These standards are based on good practice within DRR, and on general standards with regard to quality programming (e.g. The CARE International Humanitarian Accountability Framework¹³). Direct and indirect technical support and guidance materials to support programming staff in maintaining these standards will be made available. Capacity building of CI DRR programme stakeholders will be one of the pillars of building and maintaining high quality.
- *Innovation and learning*: innovation is used here as adding to the 'Body of Knowledge' of DRR and DRR-related subjects. This can be in technical content (e.g. linking DRR to specific sectors) and in process (e.g. mechanisms for learning and development of approaches). CARE is committed to innovation and will support learning initiatives. A knowledge management and learning plan will be developed so that lessons learnt are fed back into CI programming and beyond. This plan will describe how lessons learnt will be captured from programming, and will link to other knowledge management and learning plans (e.g. from PECCN).
- *Building on partnerships*: in line with CARE's second programming principle of working in partnership. Potential partners for CI DRR programming are many: impact groups of CARE programmes, communities, Community Based Organisations, authorities (local, provincial, national), NGOs (local, national, international), multilateral organisations, donor organisations, research institutes and private sector. CI DRR programming will rely heavily on working in strategic and local partnerships with these stakeholders.
- *Integration of DRR in a holistic approach toward risk and development*: to maximise impact on societies, a more holistic approach towards risk and development is needed. Natural hazard events often occur in combination with man-made hazard events and conflict. CI DRR programming will work towards convergence of approaches that address risk whatever the cause. A holistic approach towards risk will be developed, working explicitly on risk reduction, and on integrating risk reduction in general programming to make development more resilient. This will be done through the integration of DRR into our programming approaches undertaken. Climate change adds a new dimension to risk. Approaches and activities used in DRR and climate change adaptation (CCA) are very similar. In CI DRR programming a convergent approach will be taken towards DRR and CCA to maximise impact of programming. CI DRR programming will reach out to specialists and units working with sectors (e.g. WASH, food security, shelter), cross-cutting issues (e.g. gender, climate change adaptation, environment, accountability) and other units within CI that deal with specific domains (e.g. CEG, agriculture, and natural resource management) to ensure integration of DRR in programming in other domains. The natural link that exists with the Emergency Preparedness Plan (EPP) initiative will also be strengthened. DRR is one of the approaches that link humanitarian relief and development work.
- *Attention to gender and diversity*: the vulnerable in society are disproportionately affected by disaster events. Women, children, the elderly, the disabled, ethnic or religious minority groups can be at high risk of shocks and accumulating stresses, and have difficulties in dealing with their consequences. At the same time, different groups have different experiences and capabilities to bring to the DRR work. As made clear in the CI gender policy, CARE International is committed to gender equality and women's rights. The development of the CI DRR strategy will be in line with the policy and strategy on gender of CI, and vulnerable groups will be at the centre of CI DRR programming.
- *Contribute to external policies*: building on the elements listed above lessons learnt will be gained that will benefit overall development and humanitarian programming. These insights will have to be shared through (policy) dialogue with key stakeholders (e.g. donor organisations, authorities, UN, implementing agencies, research institutes) so as to improve the overall global DRR approach and programming. This capacity will have to be built in CI DRR programming over the period of this strategy and maintained.

¹³ <http://www.care-international.org/Accountability/>

2.2 Aims of CI DRR programming

The overall goal the CI DRR strategy contributes to the overarching goal of **Increased resilience of communities vulnerable to risk**

To achieve resilience of community partners of CARE, several programming elements need to be addressed:

- I. In areas where the probability and potential impact of disaster events are high CARE programming will reduce vulnerabilities towards, and improve capacities against, risks caused by slow- and rapid-onset events. This also includes the capacity to adapt to climate change. This is explicit DRR programming; actions that specifically address disaster risk, and that develop activities that will reduce risk. Examples of the type of activities that could be developed are constructing stormwater drainage systems to reduce the risk of flooding, setting up early warning systems, or making community emergency preparedness plans.
- II. Where probability and potential impact of disaster events are less pronounced, the expected outcomes of CARE's programming will reflect the intention to ensure greater resilience against potential slow- and rapid-onset hazard events and stresses. This is DRR integration. Actions that will work on issues that are not directly linked to disaster risk, but of which the results of the interventions are made more resilient. Examples are ensuring that shelter options or water supply systems set up through CARE programming are able to withstand stresses and hazard events, or that the effects of a potential disaster are considered when setting up Village Savings and Loan Associations.
- III. Participants and partners of CARE programming need to be resilient to shocks and accumulating stresses to ensure operations can be maintained, and that an adequate response is possible to reduce the impact of slow- and rapid-onset disasters on society. This requires adapted and adequate preparedness and response capacities of all stakeholders of CARE programming.

The impact CI DRR programming has on community partners depends on the quality of the activities and on the coverage of the programme. The programme can also amplify its impact beyond direct community partners of CI programming by feeding lessons learnt and approaches developed into the general body of knowledge on DRR and risk reduction.

The objectives of CI DRR programming are:

1. A high level of quality of DRR is maintained in CI programming; systems are in place for continuous improvement of quality.
2. DRR is fully integrated in CARE International programming.
3. CI DRR programming adds to the global body of knowledge on DRR.

2.3 Overview of the approach of the CI DRR strategy

DRR needs to be an integral part of CI programming, and the approach of the CI DRR strategy will be to achieve this. What this means in practice is presented in Annex 3. The outputs that will have to be realised are listed in the table below. Several outputs will contribute to more than one strategic objective; outputs have been placed under the objective they will add most to.

Strategic objective	Outputs
1. A high quality level on DRR is maintained in CI programming; systems are in place for continuous improvement of quality.	<ul style="list-style-type: none">1.1 Staffing positions that incorporate DRR into their job responsibilities within CI are mapped, and capacity and needs are identified.1.2 A model for mainstreaming a convergent DRR/ CCA approach in programming is developed1.3 Quality standards for convergent DRR/ CCA programming are developed.1.4 Training materials on DRR and DRR-related subjects are developed and made available.1.5 Accessible and practical reference materials for developing good practice convergent DRR/ CCA are developed.1.6 Key CI programme staff at all levels are trained/ coached on convergent DRR/ CCA.1.7 The level of awareness on convergent DRR/ CCA, its approaches, and

	<p>quality standards within CI is high.</p> <p>1.8 A system for training/ coaching of key stakeholders of CI DRR programming (e.g. partner organisations, authorities) is in place.</p> <p>1.9 An effective system for technical assistance delivery carried out by several members for CI programming on convergent DRR/ CCA is in place.</p> <p>1.10 Effective collaboration systems of CI DRR programming with external specialists are present.</p> <p>1.11 Effective systems of learning on convergent DRR/ CCA are developed and in place.</p> <p>1.12 An effective and efficient system of M&E on convergent DRR/ CCA is operational.</p>
2. DRR is fully integrated in CARE International programming.	<p>2.1 A widely known and adopted CI DRR strategy is in place.</p> <p>2.2 An accessible approach on the integration of convergent DRR/ CCA that can be easily incorporated into overall program approach(es) is developed.</p> <p>2.3 A guidance document on integrating DRR in policies and strategies within CI is produced.</p> <p>2.4 The convergent DRR/ CCA approach is widely known and accepted with CI actors.</p> <p>2.5 A significant number of CI program staff are actively engaged in supporting DRR programming.</p> <p>2.6 Specialists and units within CI are integrating DRR into their field of operation.</p> <p>2.7 An effective resourcing strategy for CI DRR programming is developed.</p> <p>2.8 A strategy for involvement of external actors (e.g. donors, multi-lateral organisations) is developed.</p> <p>2.9 Operational DRR networks are in place at different levels in CI DRR programming.</p>
3. CI DRR programming adds to the global body of knowledge on DRR.	<p>3.1 A system for consolidating CI experiences and learning is in place.</p> <p>3.2 A system for exchanging experiences, learning and materials with international actors on DRR is operational.</p>

2.4 The organisational structure of DRR within CI

Disasters could potentially affect all stakeholders in CARE's programmes, and most elements of CARE's programming. Disaster risk, and DRR is therefore everybody's business. While stand-alone DRR actions will be developed, the bulk of DRR-related activities will be part of general programming (e.g. linked to livelihoods and/ or sectors), and as such will have to integrate in the day-to-day activities of existing programming staff at all levels.

DRR should be considered as a fundamental feature in CARE's humanitarian and development programming. As such, in order to be able to "deliver on the strategy", we consider it essential that DRR be elevated to a higher level of priority and attention in the organization with a supporting structure that enables enhanced integration with other priorities as well as underpins the ability to ensure higher level prioritization and action. To that end, we propose that we actively seek to establish a Steering Committee to work closely with the DRR Reference Group which would hopefully include the Program Director and a key representative of CEG. The Program Director and CEG would jointly report on progress made on DRR within our humanitarian and programming domains to the Program and Operations Committee. The DRR Reference group would coordinate closely with other units of CI actively engaged in risk-related domains including emergency capacity building (the EPPs), PECCN, conflict teams, the CEG emergency sector specialists, food security , and others.

The DRR core team for support to CI DRR programming will be headed by the DRR Programme Director based at CARE Nederland. There will be a Technical DRR Coordinator who will coordinate policy, technical support to the country offices and capacity building, supported by the equivalent of 2 full-time-equivalent (FTE) DRR Advisors and a DRR PM&E Officer. The DRR Liaison and Advocacy Coordinator will deal with communication and linking of DRR and DRR-related initiatives, both internal and external to CI. The DRR Liaison and Advocacy Coordinator will also assist in institutional and public donor acquisition for DRR programming in CARE International and will coordinate closely with the Advocacy Task Force as well as in other program related fora (e.g. PACT). For this (s)he will be assisted by a DRR Acquisition Officer whilst a DRR Media officer will support with relations with the media. When the capacity of the team is deemed adequate, the DRR

Liaison and Advocacy Coordinator will also focus on advocacy related to DRR, assisted by a DRR Advocacy Advisor.

Annex 5 shows the suggested set-up of the organisation of human resources working directly on DRR programming in CI. This overview presents the structure that would be proposed to address the perceived needs for the coming 4 years to be able to roll out the strategy. It would take time to arrive at this organisational structure, and it will be dependant on availability of funding and advancement of the CI DRR strategy.

Ideally these positions would be filled by multiple members, and based in various locations (e.g. member offices, regional hubs, country offices). It is expected that positions mentioned here would be filled by a variety of CARE staff occupying different positions; thus, a single 'position' can be filled by various persons in different locations.

It is expected that several of the positions listed are, to some extent, already present within CI. A mapping of positions within CI that already have responsibilities with regard to DRR CI will be done in FY12. Based on this map, a review of the organisation, the capacity, and the needs, will be made.

2.5 Monitoring and evaluation

A specific M&E framework still needs to be developed for DRR programming in CI. This framework will be developed after approval of the CI DRR strategy, and will cover programming from project level up to overall CI programming. This framework will be linked to existing initiatives within CI.

2.6 Overall time plan of the strategy

Below the overall time plan of the CI DRR strategy is presented. Based on this time plan annual work-plans will be made with clear milestones that will lead into the outputs.

Strategic objectives and outputs	FY 12		FY 13		FY 14		FY 15		
		2012		2013		2014			
1. A high quality level on DRR is maintained in CI programming; systems are in place for continuous improvement of quality.									
1.1 Staffing positions that incorporate DRR into their job responsibilities within CI are mapped, and capacity and needs are identified.									
1.2 A model for mainstreaming a convergent DRR/ CCA approach in programming is developed									
1.3 Quality standards for convergent DRR/ CCA programming are developed									
1.4 Training materials on DRR and DRR-related subjects are developed and made available.									
1.5 Accessible and practical reference materials for developing good practice convergent DRR/ CCA are developed.									
1.6 Key CI programme staff at all levels are trained/coached on convergent DRR/ CCA.									
1.7 The level of awareness on convergent DRR/ CCA, its approaches, and quality standards within CI is high.									
1.8 A system for training/ coaching of key stakeholders of CI DRR programming (e.g. partner organisations, authorities) is in place.									
1.9 An effective system for technical assistance delivery carried out by several members for CI programming on convergent DRR/ CCA is in place.									
1.10 Effective collaboration systems of CI DRR programming with external specialists are present.									
1.11 Effective systems of learning on convergent DRR/ CCA are developed and in place.									
1.12 An effective and efficient system of M&E on convergent DRR/ CCA is operational.									
2. DRR is fully integrated in CARE International programming.									
2.1 A widely known and adopted CI DRR strategy is in place.									
2.2 An accessible approach on the integration of convergent DRR/ CCA that can be easily									

<i>incorporated into overall program approach(es) is developed.</i>									
<i>2.3 A guidance document on integrating DRR in policies and strategies within CI is produced.</i>									
<i>2.4 The convergent DRR/ CCA approach is widely known and accepted with CI actors.</i>									
<i>2.5 A significant number of CI program staff are actively engaged in supporting DRR programming.</i>									
<i>2.6 Specialists and units within CI are integrating DRR into their field of operation.</i>									
<i>2.7 An effective resourcing strategy for CI DRR programming is developed.</i>									
<i>2.8 A strategy for involvement of external actors (e.g. donors, multi-lateral organisations) is developed.</i>									
<i>2.9 Operational DRR networks are in place at different levels in CI DRR programming.</i>									
3. CI DRR programming adds to the global body of knowledge on DRR.									
<i>3.1 A system for consolidating CI experiences and learning is in place.</i>									
<i>3.2 A system for exchanging experiences, learning and materials with international actors on DRR is operational.</i>									

2.7 Resourcing strategy

A solid longer-term resource-base will be needed to maintain CI DRR programming. To increase the sustainability and resilience of resourcing of the programme, diversification of funding will be needed.

Several approaches will have to be explored; these approaches will have to be developed in a way that is coherent with the CI DRR strategy:

- Creating longer-term, multi-partner programmes. While field-based and research projects will remain an important source of funding, the development of strategic programmes that are developed in partnership with multiple partners will become the preferred model of operation. Ideally these programmes will involve several CARE members and country offices.
- Diversification of the DRR portfolio. If impact in communities is to be maximised, a holistic approach will be needed. This can be achieved through developing linkages with sectors, other cross-cutting themes and domains. Using this approach will maximise impact, bring innovation, and will open up funding opportunities.
- Exploring the possibilities for getting stronger involvement of the private sector, and of setting up strategic partnerships that involve the private sector.
- Field initiatives feed into CI DRR programming, and CI DRR programming will feed into the field initiatives. It is easier to obtain funding for projects than for operating expenses of the core CI DRR team. A well functioning core CI DRR team will bring benefits to field initiatives, and therefore systems have to be put in place where projects cover to some extent the costs of the core CI DRR team. The geographical location and organisational place of positions of the CI DRR team will have to be decided strategically.
- The amount of unrestricted funding that is attributed by members to DRR in CI should be reviewed with a strong voice of encouragement to promote greater CI commitment to DRR through allocation of unrestricted resources where possible
- Good, and creative, linking of DRR and DRR-related initiatives within CI and our partners. This will improve the coherence of the different actions of the DRR programme, but will also reduce the amount of unrestricted funds that are necessary to run DRR actions.

2.8 Budget

To be defined when activities, outputs and time planning have been agreed upon.

Annex 1: Key indicators of a resilient community¹⁴

Below the indicators of a community resilient to natural hazards. This overview will at a later point be used to define programming indicators for CI DRR programming at community level.

Organisation, planning and coordination

- *A functional and representative system of community organisation that takes into consideration the needs of women, girls, boys and men.*
- *Plans are present on how to reduce the disaster risk through prevention/ mitigation and preparedness measures. Development plans integrate DRR, and describe how risks are analysed. These plans are supported by the authorities, and linked to higher level plans*
- *Linkages with local authorities and other relevant organisations (e.g. NGOs) on dealing with disaster risk have been made*
- *Where this does not result in an increased risk to society or specific groups, reliable data on population, organisational structures and geography is made available*
- *There is a good knowledge and understanding of both current and potential future risk for disasters and measures that can be taken to reduce the risk and improve preparedness in women, girls, boys and men*
- *Community-based early warning systems are present for relevant hazards*
- *Community members are trained, equipped, and organised for specific risk and impact reduction tasks: e.g. risk assessment, search and rescue, first aid, relief distribution, fire fighting, safe construction methods, emergency coordination and communication*
- *There are systems for mutual support that cover women, girls, boys and men*

Services and infrastructure

- *Where this does not result in an increased risk to society, reliable data on services and infrastructure for women, girls, boys and men is made available*
- *Critical services the community depends upon are resilient to natural hazard events. Examples of these services are: health and education, water and sanitation, energy supply, transport, communication and market access systems.*
- *There are adequate access structures to the community that allow it to be reached in case of issues arising*
- *Housing is adapted to potential hazard events (e.g. location, resistance, ease of reconstruction, alternative housing e.g. through refuges)*

Livelihoods

- *Livelihoods of women, girls, boys and men are resilient (e.g. location, resistance, ease of restoration, diversification)*
- *Livelihood strategies employed by the community are sustainable (e.g. from an environmental and economic point of view),*

Resources

- *Women, girls, boys and men have access to resources for prevention/ mitigation, response and recovery activities*
- *Financial resources/ materials/ tools required to cope with the immediate effects of a hazard event are present to women, girls, boys and men. The community has a role to play in the attribution and control of these resources, and needs of vulnerable groups are covered.*

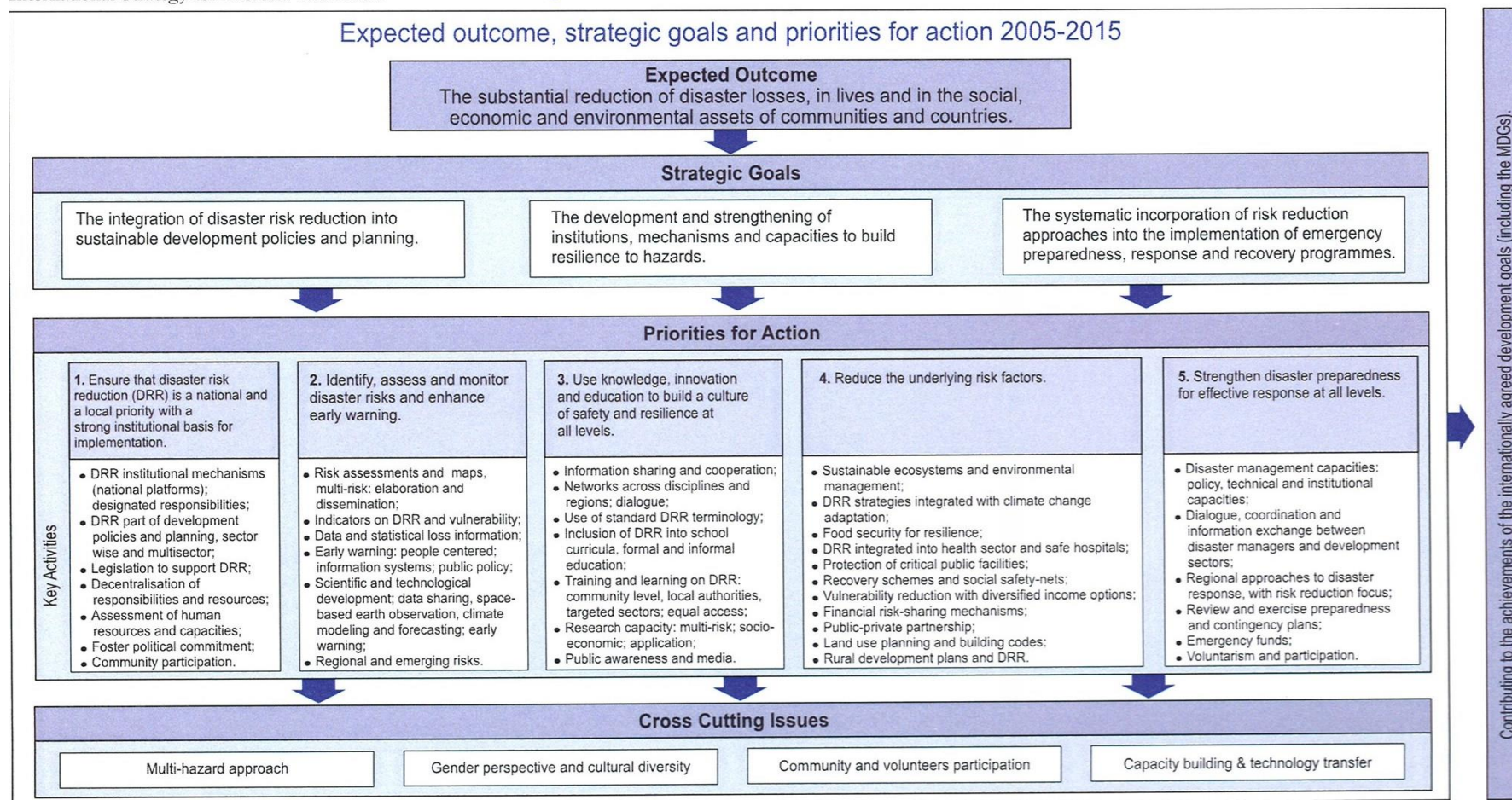
¹⁴ Adapted from Twigg, John (2007) Characteristics of a disaster-resilient community: a guidance note. DFID Disaster Risk Reduction Interagency Coordination Group.

Annex 2: Summary of the HFA



United Nations
International Strategy for Disaster Reduction

SUMMARY of the Hyogo Framework for Action 2005-2015: *Building the Resilience of Nations and Communities to Disasters*



DRR= disaster risk reduction

www.unisdr.org

Annex 3: Overview mainstreaming DRR in the 'Program shift'

The programme design

I. Conduct a situational analysis I

The situational analysis will clarify the underlying causes of poverty and vulnerability, and the power relations related to these. Potential groups will be identified that are particularly vulnerable to poverty or other fundamental risks. The analysis will cover multiple levels i.e. go from household up to global level; will include multiple stakeholders; and will cover scenarios based on potential risk. When the impact group(s) of the programme become clear the underlying causes of poverty and vulnerability that have to be addressed to achieve an enduring and fundamental improvement for the impact group are identified and prioritised.



II. Define the impact group(s)

The impact group(s) are the specific population group(s) whose lives should show a measurable enduring improvement through the effects of the programme. The impact group is not the same as the target group. The target group are the stakeholders who will benefit directly from the action (e.g. urban resource poor households with no access to land); the impact group are the stakeholders whose conditions the action ultimately aims to improve (e.g. urban resource poor young women who lack productive assets).



III. Develop the Theory of Change

The Theory of Change (ToC) is a set of elements and assumptions that are expected to lead to the change the programme aims for. The ToC follows a causal logic, and consists of 'if-then' statements. The pathway is not necessarily predictable, linear or run in sequential order; in practice the pathway will be fluid, and will be adaptive to changes and opportunities that occur. Key stakeholders will have to be involved in the definition of the ToC. The ToC serves as guidance, and is not necessarily prescriptive.

There is no standard format to present the Theory of Change; but the following elements need to be described:

III - a. The current situation/ major underlying causes of poverty and vulnerability

This description is based on the situational analysis. The process of definition is as important as the result as it ensures common understanding of the current situation and the fundamental issues at play.

III - b. The long-term impact goal

The long-term impact goal of a programme is a 10-15 year ambition that specifies, at a broad scale, the kind of enduring impact that needs to be achieved in the lives of the impact group. The goal should either address underlying causes of poverty or vulnerability (e.g. overcoming chronic rural food insecurity) or specify a desired change (e.g. access to political processes).

III - c. The domains of change

The domains of change are the main areas in which change must occur to reach the long-term impact goal. The domains identified based on the underlying causes of poverty and vulnerability, and should address the root causes. Usually 2 to 4 domains of change are specified.

III - d. Pathways of change

The pathways of change is a map that represents the changes that are needed to reach the desired long-term impact goal. It is represented as major breakthroughs that build upon incremental changes. An example of a major breakthrough would be the 'enactment of a law that gives women the right to own property'.

III - e. Stakeholders

Programmes will as a rule have a number of stakeholders (e.g. community groups, community based organisations, government agencies, national and international NGOs, research institutes, donors, international financial institutions). The stakeholders have to be identified, and their accepted roles and responsibilities in reaching the desired long-term impact goal be clarified.

III - f. Indicators

Indicators are needed to recognise the advancement through the pathway of change and to measure the success of the programme. Indicators have to be defined for the prioritised breakthroughs, and for the long-term impact goal.

III - g. Assumptions

There will always be assumptions that a programme will depend upon for its success. These assumptions will have to be made specific. Assumptions can be linked to how the underlying causes of poverty and vulnerability and the problems stakeholders are trying to address are related; to the logic of the pathway of change; to the context in which the programme is developed; and to how activities and breakthroughs are related.



V. Design the programme strategy

Based on the Theory of Change the strategy of the programme is defined. The strategy is the detailed planning and reflection tool; it makes operational how the pathway of change will be gone through. Elements that need to be described in the programme strategy are the initiatives that need to be developed to reach the breakthroughs, how this will be linked to change in society and in the impact group, how organisational and social learning will be achieved in the different stakeholders that are part of the programme, how accountability will be ensured, resourcing needed, and the strategy used for resourcing of the programme.

In practice, the programme strategy will largely consist of projects and other initiatives that will aim for the incremental changes and achievement of breakthroughs that are necessary to obtain the long-term impact goal

Because reality never develops as planned, the way the strategy is rolled out, and the pace at which it is being developed, has to be reviewed constantly.



Version 2.0
CARE International
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(Adapted from <http://p-shift.care2share.wikispaces.net> and Khaled, Mohamed and Pinault, Delphine (2010) Program Shift and Disaster Risk Reduction: How can a disaster risk reduction approach bridge the gap between relief and development efforts)

DRR Mainstreaming

I. Conduct a situational analysis I

Elements that have to be covered in the situational analysis: natural hazards present; probability of hazard event happening; potential impact of hazard event; elements of vulnerability and capacity (i.e. human, social/ cultural, physical/ environmental, political/ governance, economic/ financial factors); projections of future disaster risk taking into account climate change, population growth, urbanisation, environmental degradation, economic globalisation. Groups in society that are particularly exposed to disaster risk have to be identified and the root causes identified. There will usually be policies and systems in place with regard to disaster risk and disaster response; these will have to be identified and assessed on current and future appropriateness. Useful tools are Pressure And Release (PAR) model; hazard analysis; vulnerability analysis.

II. Define the impact group(s)

If disaster risk is an issue in a society where a programme is developed, or if there is a possibility that it will become an issue (e.g. because of climate change, demographics, ecosystems degradation, economic dynamics), then the Theory of Change will have to incorporate elements of Disaster Risk Reduction. Some risk to hazard events may have to be accepted in the programme, but this has to be clarified, and strategies for making the risk manageable have to be developed.

It should be clarified how disasters have affected impact groups in the past, and how they may affect them in the future. Scenarios of how different sub-groups of the impact groups will be affected in case of disasters must be developed, and awareness, attitude and (potential) coping mechanisms of these sub-groups to specific hazards and hazard events should be studied.

IV. Develop the Theory of Change

If disaster risk is an issue in a society where a programme is developed, or if there is a possibility that it will become an issue (e.g. because of climate change, demographics, ecosystems degradation, economic dynamics), then the Theory of Change will have to incorporate elements of Disaster Risk Reduction. Some risk to hazard events may have to be accepted in the programme, but this has to be clarified, and strategies for making the risk manageable have to be developed.

For the different elements described besides mainstreaming DRR in the Theory of Change means:

IV - a. The current situation/ major underlying causes of poverty and vulnerability

Disasters play a major role in creating conditions of poverty and vulnerability. Under this heading the role past disasters have played, and the potential role future disasters could play have to be documented.

IV - b. The long-term impact goal

In the time span and the geographic scale of a programme it is often likely that impact groups, target groups or the organisation will be hit by disasters. The sustainability of the results of the programme will be dependant on the resilience of these results to the effects of hazard events.

The long-term impact goal needs to address the root causes and dynamic pressures of vulnerability.

IV - c. The domains of change

Where the disaster risk (i.e. probability and potential impact of a hazard event) the impact group is exposed to is high, one of the domains of change may be to address disaster risk.

IV - d. Pathways of change

As described under IV - b. The long-term impact goal, incremental changes and breakthroughs will have to be made resilient against natural hazard events if the effects are to be enduring. The pathway of change needs to factor in disruption by hazard events, and has to build resilience into the programme through mitigation and preparedness measures.

IV - e. Stakeholders

With the integration of disaster risk, and a dynamic context (e.g. climate change, demographics) additional stakeholders may have to be involved in the programme. These may be researchers, civil protection agencies, and/ or emergency response organisations.

IV - f. Indicators

One of the elements that need to be measured is the resilience of the advancement through the pathway. For this indicators will be needed that measure this; examples could be the integration of DRR elements in school curriculum, or in national development policy

IV - g. Assumptions

Assumptions are often made that natural hazard events will not occur, or that they will have limited impact on the action proposed. In a long-term/ large coverage programme this is often not realistic, and strategies will have to be developed to mitigate the effects of disasters, and/ or prepare for these.

Another type assumption that has to be looked at, and dealt with, in the ToC is that actions will not negatively affect society.

V. Design the programme strategy

It is very likely that the programme strategy will have to incorporate elements related to disaster risk or Disaster Risk Reduction. This could be through explicit DRR projects (projects that specifically aim to reduce disaster risk in a society); through integrated DRR projects (projects whose objective is linked to other domains (e.g. food security, WASH) but where activities or results are made resilient to hazard events); through the continuous monitoring of disaster risk in the society where the programme is developed; through the linkage of (potential) humanitarian actions with longer term initiatives; or through the involvement of stakeholders who are knowledgeable on, or who play a role in, Disaster Risk Reduction or elements linked to disasters. For more information on mainstreaming DRR in projects please refer to the overview 'mainstreaming DRR in the project cycle'

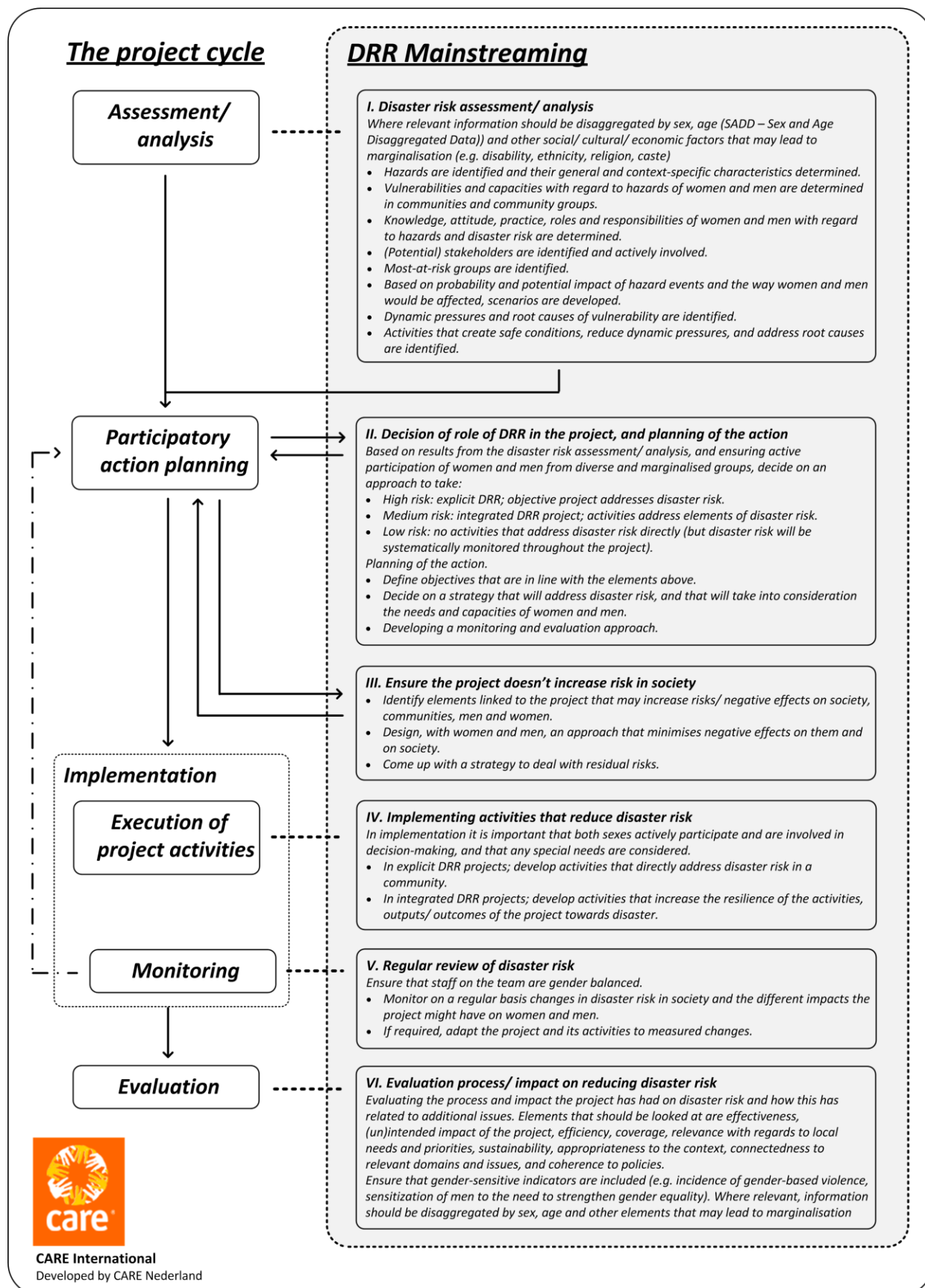
Disaster risk management will have to be part of the programme strategy.

In the strategy, the role of the communities, impact groups and other stakeholders in adding to the understanding of the context and bringing relevant knowledge, in decision-making, and in engagement in implementation, monitoring and evaluation have to be given adequate importance.

In the implementation of programmes new risks are sometimes introduced, or existing risks are strengthened. In the design of the strategy this issue will have to be considered, and systems will have to be in place that detect negative effects, and that address these when they occur.

The strategy will have to look at mechanisms that will integrate relevant external experiences with regard to disaster risk and DRR in the programme

Annex 4: Overview mainstreaming DRR in the project cycle



Annex 5: Organisation chart DRR for CI

