Managing Risk, Improving Livelihoods

Program Guidelines for Conditions of Chronic Vulnerability

2nd Edition

Developed by:

CARE East and Central Africa Regional Management Unit

With:

TANGO International

Acknowledgements

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Household Livelihood Security: A Framework for Analysis
CARE's Livelihood Security Model

***Annexes are available on CD in Acrobat format.**

To access documents on the CD, click the html text next to the Acrobat Reader symbol.

Please Note:

Sometimes the first time a CD-ROM is used, the html links have to be updated. To do this, place the cursor on the html link desired, and **right click** with the mouse. One of the menu of option is called **"! Update Field."** Select that one, and the html link will be updated for the machine in which the CD is being used.

Managing Risk, Improving Livelihoods: Program Guidelines for Conditions of Chronic Vulnerability

Overview

This is the second edition of this document (referred to here as the *Guidelines*) prepared by CARE's East Africa Food/Livelihood Security Working Group. The first edition, called "Program Guidelines for Chronically Vulnerable Areas," was published in early 2000. Both documents are intended for program planners and designers, project managers, and program staff working in the context of chronic vulnerability, or concerned with the question of how CARE programs differently in places where there is reason to think that, over the course of a three or five year planning horizon, some kind of shock or emergency is likely to happen that will put people's lives or livelihoods at significant risk. Neither deals directly with disaster response *per se*—for that there are many other documents and tool boxes. The first edition was oriented towards preparing for and mitigating the impact of shocks or disasters and post disaster recovery, regardless of the type of program being implemented. This edition updates the first one, but also focuses on the crucial question of not only dealing with chronic vulnerability, but also long-term strategies for overcoming chronic vulnerability.

This second edition of the *Guidelines* is broken up into three parts. Sections 1-3 are a conceptual overview of the issues of chronic vulnerability and the main lessons learned in the past three years of using these tools. Sections 4-8 are about the programming details of dealing with chronic vulnerability, with emphasis on protecting people and their livelihoods in such situations, through improved information systems, improved community-based preparedness, mitigation and rehabilitation. Section 9 deals with the thornier issue of overcoming chronic vulnerability, and includes a chapter on longer-term program strategies and a chapter on advocacy.

This document is intended to raise important issues that need to be taken into consideration when programming in the context of chronic vulnerability. However, the list of issues is much too long to present information on how each issue raised can be dealt with. Instead, the group that drafted and reviewed the *Guidelines* have assembled from a variety of sources what they believe to be the best tools and methodologies, as well as further conceptual papers and practical case studies related to each section of the main document. These are found on the CD-ROM that has come with each copy of the main document. The main document is also on the CD-ROM, and each of the tools, case studies and concept papers listed is linked by hypertext from the main document. Thus, for example, if someone would like look at the tools listed at the end of each section (or in some cases, embedded into the text), clicking on that title or hypertext will automatically open on the CD-ROM.

CARE developed some of these materials. In other cases, CARE has obtained permission to use these materials, **on the grounds that they are not sold**. Therefore, users of this document are free to print out copies of tools, case studies and concept papers for their own use, but by using this document, **all users agree not to sell any of its contents**, including both the main document and the contents of the CD-ROM.

How to use the Guidelines

The *Guidelines* are not intended to be read straight through. They are intended to be a useful reference for staff working in particular contexts. For busy senior managers, probably reading the following Executive Summary is sufficient to get an idea of what is here. Program directors, sector coordinators, and project managers would find it worth their time to read through the first three chapters, as well as taking a look at the last two chapters, and familiarizing themselves with some of the tools available. Program design teams working in the context of chronic vulnerability should use this document as a reference in designing programs—again not by reading the whole document, but by referring to relevant parts of it during the design process, and by making use of the appropriate attached tools. Emergency staff will also find the *Guidelines* useful, even though they do not go into details on response.

Overview of the Second Edition

Several sections of this document are rewritten but appeared in a different form in the original document. The main lessons learned are presented in Section 2. Section 3 is a conceptual review of our understanding of vulnerability itself, as well as the major sources of vulnerability in the Greater Horn of Africa region and more generally. Section 4 presents an overview of the kinds of information needed for managing risk in a context of chronic vulnerability and the way in which different information activities fit together into a logical and coherent information system. This section also reviews linkages between information and programmatic activities, and reviews some of the gaps between information and programmatic response. Sections 5 through 7 update and add to the first edition by reviewing a number of programmatic activities that deal with chronic vulnerability include community based preparedness, vulnerability reduction and risk management, mitigation and rehabilitation. Section 8 is on the critical topic of strategies to overcome the causes of chronic vulnerability. Section 9 is about advocacy and working in coalitions.

Each of the sections in this document presents the critical factors for consideration in analysis and development of programs for the topic being addressed. However, the document itself is not intended as a “how to” guide. Rather, at the end of each section, there is a collection of the best tools, concept papers, and case studies to enable programmers from the field level to the head office to be able to actually carry out any of the activities described here. This collection is deliberately eclectic. CARE developed some of the technical documents included, but many of them were developed by other organizations. Some important references could not, for copyright reasons, be reproduced, so are listed as references only. Thus each section is followed by a page that appears like the following:

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

Concept Papers

Case Studies

Please Note

Sometimes the first time a CD-ROM is used, the html links have to be updated. To do this, place the cursor on the html link desired, and right click with the mouse. One of the menu of option is called **"! Update Field."** Select that one, and the html link will be updated for the machine in which the CD is being used.

Useful Websites

Many of the documents on the CD-ROM have been downloaded from web-sites, and a partial list of these websites is noted below. In some cases, use of the material was conditional on providing this information.

1. **CARE International**

   www.care.org
   www.kcenter.com/care/

2. **Humanitarian Practice Network (HPN)**
   Overseas Development Institute
   111 Westminster Bridge Road
   London SE1 7JD
   U.K.

   Tel: +44 (0) 20 7922 0331/74
   Fax: +44 (0) 20 7922 0399
   Email: hpn@odi.org.uk

Note: HPN documents are also available in the following formats:

- The pdf can be downloaded free of charge from the HPN website
- A CD-ROM of HPN and HPG documents published between 1994 and March 2001, available free of charge from HPN.
- Print copies are available on request from HPN.

HPN publications are available free of charge to HPN members. Membership is offered free of charge to individuals and organizations working in the humanitarian sector. If you would like to join, go to www.odihpn.org or contact HPN.

3. **The FEWS Net Project**

   www.fews.net

4. **The International Food Policy Research Institute**

   www.ifpri.org

5. **The Office of Foreign Disaster Assistance (USAID)**

   www.usaid.gov/ofda/

6. **The Food and Agriculture Organization**

   www.fao.org

7. **The World Food Program**

   www.wfp.org

8. **The Feinstein Famine Center, Tufts University**

   www.famine.tufts.edu

9. **The Institute of Development Studies, University of Sussex**

   www.ids.ac.uk/ids/

Executive Summary

Section 1. Introduction to the Second Edition: Beyond the "Relief to Development" Continuum

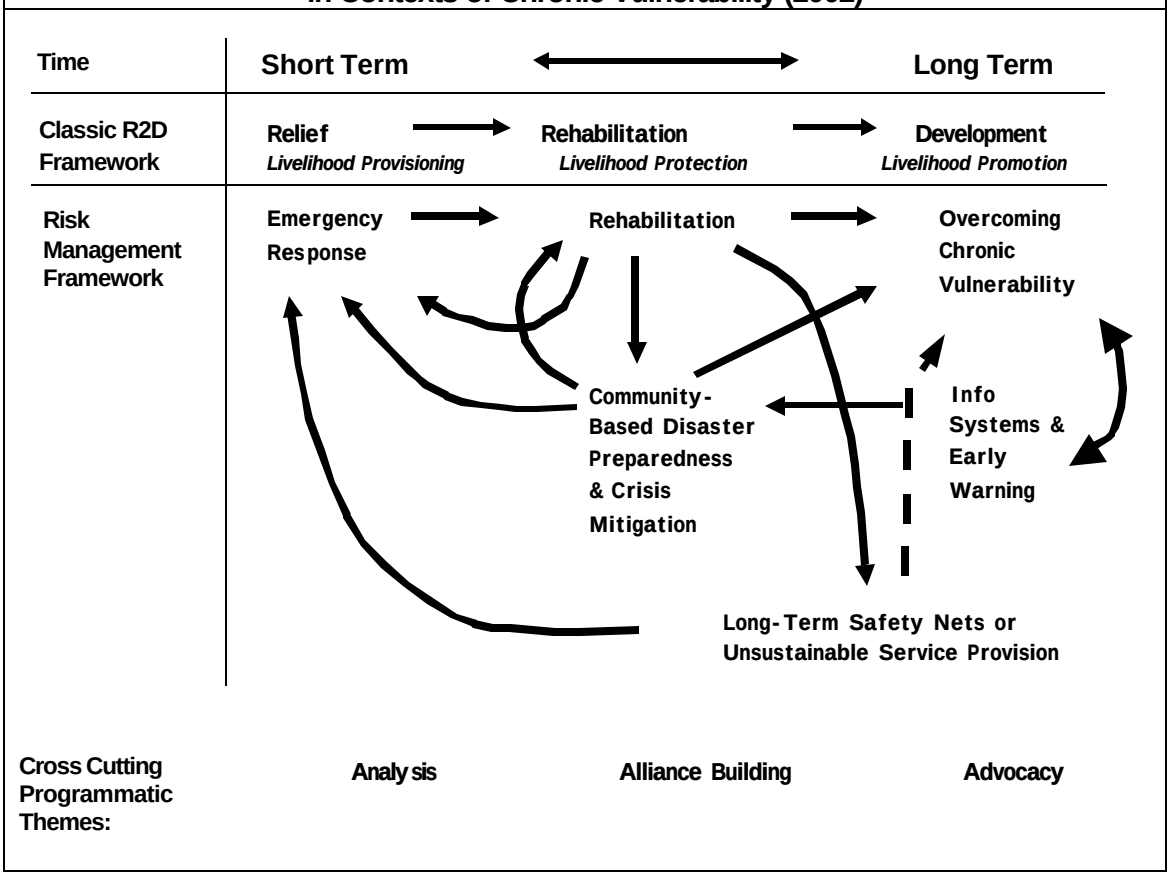
In the 1990s, a conceptual framework for linking relief to development (R2D)—or the "relief to development continuum"—became popular, and was widely adopted into the thinking and planning of operational agencies. CARE developed its own version of the R2D concept, noted in Figure 1.4, due to a number of misgivings about the continuum and because of some new programming directions within CARE. First and foremost, CARE has committed itself to adopting a rights-based approach (RBA) in all its programs over the time period of 2001-2006. While all the implications of this shift are still being worked out, several are immediately applicable to programming in the context of chronic vulnerability.

One of the principles of a rights-based approach is to understand and address underlying causes of poverty and vulnerability, in addition to rights violations that are expressed as symptoms. Additionally, the principles of a rights-based approach require new and higher standards of participation and accountability. Closely related to this, CARE has also recommitted itself to a principle of gender equity and diversity, and to work against all forms of discrimination. And in terms of programming modes, CARE has also committed itself to working much more at the level of policy advocacy in addition to its more traditional role in on-the-ground programming. All of these factors have a major impact on programming in the context of chronic vulnerability.

As a result, whereas *dealing with* chronic vulnerability was the theme of the first edition of this document, *overcoming* chronic vulnerability is the theme of this edition of the *Guidelines*—in effect, adding the dotted line in Figure 1.4. The emphasis here is on proactively managing risks, but it is critical to remember that these are not separate subjects: A normative pre-occupation with moving from left to right along the "relief-to-development" continuum was one of the factors that led to the continuum being abandoned as a useful concept in the first place. But a permanent preoccupation with disaster response and provision of safety nets is not an acceptable alternative in a rights-based approach.

This document attempts to carry on the search for realistic and workable alternatives between these two extremes, recognizing that overcoming chronic vulnerability and enabling communities to lift themselves out of poverty is the paramount long-term objective, but assisting communities to prepare for and deal with the short-term realities of a variety of forms of risk remains a necessary pre-requisite to achieving that long-term objective.

Figure1.4 Program Framework for Risk Management in Contexts of Chronic Vulnerability (2002)



Section 2. Lessons Learned

A number of lessons have been learned in recent years regarding programming that reduces chronic vulnerability. These include the conceptual framework itself; its application particularly in situations where political vulnerability is the salient form of risk; operational activities and interventions; partnership and cooperation; the implications of the HIV/AIDS pandemic; and important advocacy issues for donors. Section 2 of the *Guidelines* reviews these major lessons learned. The following is a list of the main lessons learned.

Conceptual/Analytical Lessons

1. Link relief to development, but be cautious.

2. Be aware of overlapping causes of vulnerability.

3. Recurrent shocks lead to a “poverty trap” and make a long-term perspective critical.

4. Vulnerability analysis requires differentiated and disaggregated information.

5. Greater priority must be given to *preventative* as opposed to *curative* interventions.

6. Chronic vulnerability is not just a rural issue: urban-based programming requires special considerations.

Program Strategy Lessons

7. Long-term presence is a major comparative advantage in programming for chronic vulnerability.

8. Higher operating costs may be justified.

9. Partnerships are critical to address chronic vulnerability.

10. Develop local organizational capacity.

11. Working with local government in chronically vulnerable situations is important.

12. Advocacy must become part of a program strategy.

13. A long-term perspective is critical for the environmental considerations of short-term interventions.

Design, Monitoring and Evaluation-Related Lessons

14. There are multiple considerations in program planning.

15. Community-based preparedness is critical.

16. Post-conflict rehabilitation requires certain minimal conditions.

17. Build in the costs of promoting social transformation through rehabilitation.

18. Long-term safety nets are required for orphans and other groups affected by HIV/AIDS.

19. Female-headed households are a special targeting consideration.

20. Analyze both the benefits and harms of interventions.

21. Special attention should be given in each locality regarding the advantages and disadvantages of particular risk mitigation tools.

Section 3. Definitions and Characteristics of Vulnerability

Vulnerability was classically defined as exposure to risk and stress, and the lack of ability to cope with its consequences. An important program distinction that has been made is distinguishing between the *symptoms* of vulnerability and the *causes* of vulnerability. Traditional relief programs have focused on treating the symptoms or outcomes of vulnerability such the malnourished, destitute and impoverished households that have experienced livelihood failure. Shifting the focus to addressing

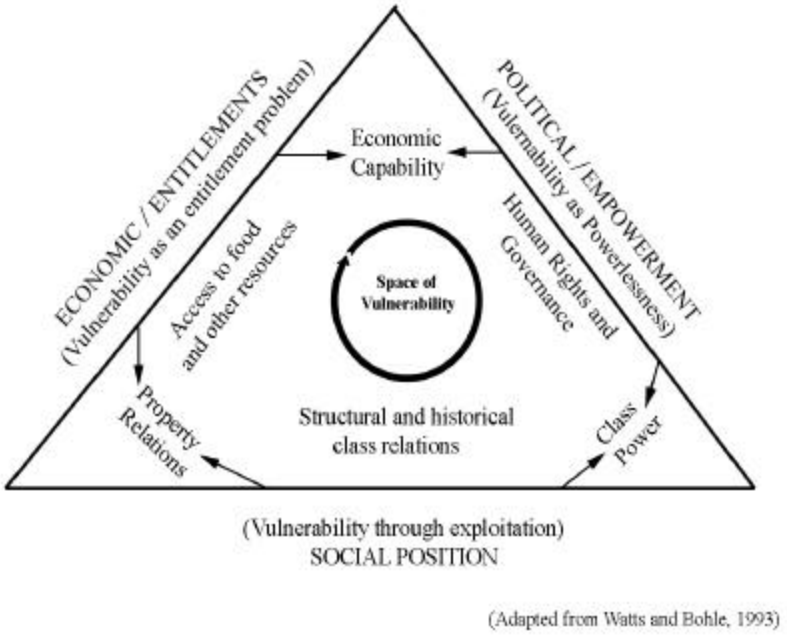
the causes of vulnerability allows for programs to have a greater long-term impact on livelihoods.

Contemporary understandings of vulnerability have multiple dimensions. The classically understood causes of livelihood insecurity were environmental, climatic and demographic factors. While environmental factors still affect farmers and pastoralists, their impacts on food security are now understood to be underpinned by policy considerations—they are not entirely "natural" phenomena. Contrasting the food security literature with the disaster risk assessment literature, some observers make a sharp distinction between vulnerability to hazards (which may or may not lead to disasters, depending on how the risk factors are dealt with) and vulnerability to negative outcomes such as malnutrition, destitution, starvation or death (which presume that a disaster has occurred). Their major point is that, by focusing on negative outcomes (which is without argument what either the food security enterprise *or* the disaster risk enterprise is ultimately trying to do), causal factors are largely overlooked when they need to be identified, understood, mitigated, and ultimately removed. In addition to the classic variables of vulnerability, the current context in Eastern Africa requires attention to HIV/AIDS as a major contributing factor. HIV/AIDS is not just another problem of health and under-development. It is unique by its nature and effects for the following reasons:

- It kills the most productive – and reproductive – members of society.
- It is hidden. The private nature and complex cultural attitudes towards sex lead to silence, denial, stigma, and discrimination at many levels.
- There is no cure, and drugs to combat AIDS are expensive and difficult to obtain.
- It has both rural and urban dimensions.
- It affects both the rich and the poor, though it is the poor who face the most severe impact.
- It affects both sexes but is not gender-neutral. Women are biologically more vulnerable than men to being infected in a given sexual encounter. Moreover, women are often left with few assets following the death of the husband.
- HIV/AIDS impacts at the individual, society/community and national levels with serious bearings on the economic, social and other sectors.
- HIV/AIDS has multiple "accelerating" effects on other risk factors (economic, social, and political).
- Finally, one of the most disturbing aspects of the pandemic is the fact that, as it intensifies, the local and national capacity to respond is decreasing.

Dimensions of vulnerability include the economic, social and political, as captured by Figure 3.1.

Figure 3.1 Political, Social and Economic Dimensions of Vulnerability



(Adapted from Watts and Bohle, 1993)

Section 4. Information Requirements and Chronic Vulnerability

Chronic vulnerability is defined in terms of a variety of categories of information and in turn, programmatic responses are driven by information. But often the kind of information sought may simply not be available or the available information is poor in quality, methodologically ad hoc, spotty in coverage, and interpreted out of context by external analysts. Information systems therefore constitute a major constraint to effectively dealing with chronic vulnerability. Part of the problem stems from the lack of an organizing framework for information systems, and partly from a lack of understanding of the linkages between information and programs or policies. As a result, information systems that are put in place to help meet emergency program requirements may be very incomplete, ineffective or inefficient.

This section of the *Guidelines* outlines the components needed for an adequate information system to deal with chronic vulnerability, and the links between the components. Table 4.1 outlines the major components of an information system, and the purpose of each component, presented in logical sequence. In practice, many components are missing, and systems are not necessarily organized in a logical manner—meaning that program decisions are often made on the basis of poor information, or even presumptions or complete ignorance.

Table 4.1 Components of Humanitarian Information System, Frequency of Analysis, and Major Questions Addressed

Component	Logical Sequence	Frequency of Analysis	Information Categories/Questions Addressed
1. Baseline Vulnerability and Poverty Assessment **(BVPA)**	↓	**Infrequent** (Every 5 years, or when context changes)	• What are the basic livelihoods of groups? • What are known or likely hazards: natural, social, economic and political? HIV prevalence? • What is the likelihood of these occurring, and what indicators would predict? • Who are the most vulnerable groups? • What capacities, services and resources (physical, human, social) exist to mitigate vulnerability? • What are coping and risk minimization strategies? • What baseline information is available against which to analyze trends?
2. Early Warning **(EW)**		**Continuous**	• Indicator trend analysis: is there a problem shaping up? • Where and how quickly is it developing? • What are the geographic dimensions of the problem? • In what areas should an in-depth assessment be concentrated?
3. Emergency Needs Assessment **(ENA)**		**As needed**	• What are the nature and dimensions of the problem? • How long is it going to last? • Who are the most vulnerable groups? • What and how much is needed; what is the best response? • To what extent is local coping capacity and provision of services overwhelmed? • What are major logistical and resource considerations?
		<< Programmatic Intervention (based on information generated, but not part of Information System per se) >>	
4. Program Monitoring **(PM)**		**Continuous** (While program is on-going)	• Are inputs accounted for (logistical accounting)? • Are outputs achieved (end-use monitoring)? • Pipeline analysis: is the pipeline "flow" adequate for meeting upcoming requirements?
5. Impact Evaluation **(IE)**		**Regular Intervals** (While program is ongoing)	• Is the intervention achieving the intended result? • What adjustments are necessary (response, quantity, targeting)?
6. Context Monitoring **(CM)**		**Continuous**	• What are the possibilities for exit, recovery, or transition for longer-term responses? • What are institutional capacities and vulnerabilities? • What are the risks of transition? • Does situation require re-assessment?
7. Program Evaluation and Lessons Learned **(PE/LL)**		**Periodic**	• How can overall program (information system, preparedness, response) be improved? • Are humanitarian principles being upheld by programs? • What lessons can be learned from experience and mistakes?

Section 5. Program Strategies: Preparedness

Emergency preparedness entails being in the best possible position to predict and respond appropriately to any emergency context – a food crisis, a complex political emergency, an economic shock or a natural disaster. In Eastern and Central Africa, and other areas characterized by chronic vulnerability, the integration of emergency preparedness into longer-term development programming can hardly be over-emphasized.

Despite extensive experience in community-based approaches and emergency response, these two programming areas are often viewed separately. A commitment to a rights-based approach (RBA) requires attention to the *process* of emergency programming, in addition to the *outcome* or service delivery side. The principles of a rights-based approach require addressing the underlying causes of vulnerability through participatory processes. In effect, the process of empowering communities to prepare for emergencies is a more holistic programming approach that integrates development and emergency initiatives within a common livelihoods framework.

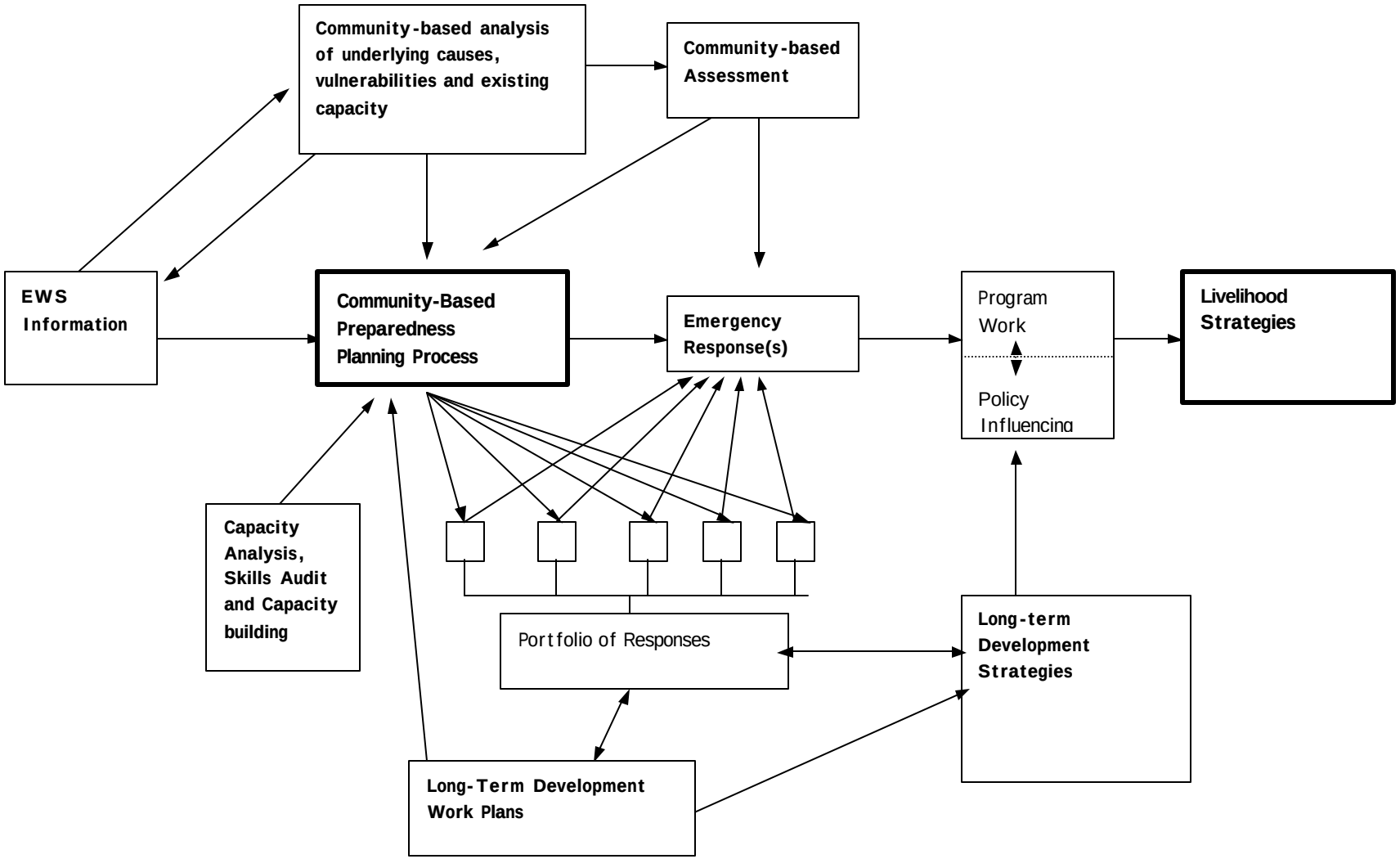
Based on CARE Eastern and Central Africa's earlier "Community Based Emergency Preparedness" paper, this chapter contains information on community-based early warning and preparedness; contingency planning; planning for community-based interventions and management; managing resources and exit strategies. The schematic overview of community-based preparedness is shown in Figure 5.1.

Section 6. Program Strategies: Social Protection and Approaches to Mitigating Shock

Social protection encompasses those activities that address (1) the causes of vulnerability through mitigation by protecting household assets and (2) the effects of shocks through the strengthening and supporting of formal and informal safety nets. This section discusses the short and medium term programmatic approaches to dealing with vulnerability by addressing both the causes (mitigation) and effects (safety nets) of shocks.

Interventions designed to mitigate shocks by addressing the causes of vulnerability should protect assets and should emphasize livelihood diversification. In addition, formal and informal safety nets should be strengthened and supported, because they offer essential kinds of insurance to buffer households against shocks. Social safety nets include short-term response mechanisms designed to deal with quick-onset shock-related events, and long-term responses that address crisis events with an ongoing dedication of resources for extended periods of time.

Figure 5.1 Community-Based Preparedness: Conceptual Framework (CARE 2001)



This chapter covers topics on programming considerations in social protection, reiterating the broader definition of vulnerability; different types and duration of shocks; resilience, empowerment and a rights-based approach to social protection. It emphasizes protecting households' assets as a key component of mitigation, and discusses exit and transition strategies.

Section 7. Program Strategies: Transition and Rehabilitation

Rehabilitation programming is about rebuilding and reinforcing people's capacity to resume pursuing their livelihood activities. In chronically vulnerable situations, it is typical that a recurring crisis could move an intervention from the rehabilitation stage back to emergency response or mitigation. Rehabilitation is part of a process of protecting and promoting the livelihoods of people enduring or recovering from crises. Rehabilitation should be a strategic or proactive process whose success is measured by its ability to protect household livelihoods by lessening vulnerability roughly in a post-disaster or post-conflict situation.

This chapter is based on CARE's earlier "Program Guidelines for Rehabilitation." It defines rehabilitation as that which "provides short-term income transfers, rebuilds household and community assets, and rebuilds institutions." Basically, rehabilitation programming serves to strengthen the recovery potential of an affected population by empowering households with the means to stabilize their livelihood systems. Rehabilitation lays the foundations for future development initiatives, notably those involving the improvement of household livelihood security. The vision of rehabilitation programmers should recognize the value of a diverse range of activities and operating principles in their programming to include conflict resolution, human rights and gender equality among others.

The chapter deals with post-conflict situations and transitional programming strategies; social and political challenges for rehabilitation programming; and important principles for rehabilitation programming. These include identifying the causes of vulnerability; promoting social and political transformation; sequencing of program phases; allocating and utilizing resources; institutional networking and community participation; gender equality and human rights; and civil society strengthening.

Section 8. Program Strategies: Development and Growth for Long-Term Vulnerability Reduction

The relationship between poverty and vulnerability depends upon the nature and severity of the risks being faced and what assets are available to the household for use as insurance against risk or in coping with shocks. This chapter identifies potential strategies that assist the poor to overcome chronic vulnerability by managing risk and increasing income. It focuses on improving productivity of assets, increasing their resilience and improving the predictability of benefit streams. This section lays out a strategy for overcoming these factors, with emphasis on some proven strategies for dealing with climatic and economic factors.

The chapter deals with the inadequacy of traditional approaches to development in situations of chronic vulnerability; lays out general principles for long-term reduction of vulnerability; and the use of area program strategic frameworks as a means of focusing on long-term objectives, even when stuck with short-term funding opportunities. It provides a detailed example of one program strategy developed to overcome factors that render households chronically vulnerable, rather than simply help households to cope with such factors (the REAP Program in Kenya). Finally, in highly vulnerable contexts, it shows that safety nets need to be incorporated into long-term strategies.

Section 9. Advocating in Situations of Chronic Vulnerability

This chapter is based on CARE's adoption of a rights-based approach, and is therefore primarily oriented at an internal readership—unlike the rest of the document. It is also based partially on CARE's Advocacy Guidelines and the Benefits/Harms Analysis Manual. CARE defines advocacy as the deliberate process of influencing those who make policy decisions. Advocacy is a means for holding governments (at all levels) and other institutions accountable. CARE's use of advocacy will always attempt to improve the livelihood of a significant number of people, including the most vulnerable and marginalized, target policymakers and implementers at levels above the household, and be rooted in CARE's field experience and core values.

This chapter covers the basics of a rights-based approach, and then discusses key issues in advocacy: understanding policy processes; the issue of "capture" or elite domination; and the development of an advocacy strategy and message. It addresses related issues such as coalition building; linking work in chronic vulnerability to the Poverty Reduction Strategy Paper effort; and some operational considerations.

Section 1
Introduction to the Second Edition

This is the second edition of this document prepared by CARE's Eastern and Central Africa Food/Livelihood Security Working Group. The first edition, called "Program Guidelines for Chronically Vulnerable Areas," was published in early 2000. After defining what was meant by "Chronically Vulnerable Areas," the document was primarily concerned with the question of how CARE programs differently in places where we have reason to think that, over the course of a three or five year planning horizon, some kind of shock or emergency is likely to happen that will put people's lives or livelihoods at risk. While the original guidelines were not concerned with disaster response per se, they were oriented towards preparing for and mitigating the impact of shocks or disasters and post disaster recovery, regardless of the type of program being implemented.

A number of factors have required that the document to be rewritten. This introduction outlines the changes in analysis and programming that have required the document to be rewritten and updated, and provides a brief overview of the rest of the document. The main factors that have changed include changes in thinking about the "Relief-to-Development" continuum; changes in both our understanding of the concept of vulnerability and a broadening of our understanding of the sources of vulnerability (which has meant less of a concern with *geographic areas* that are vulnerable, and a greater focus on *human populations* that are vulnerable); and changes in programming directions within CARE. These differences are discussed below. The conceptual changes are discussed in more detail in Section 3.

A. The "Relief to Development" Continuum

In the 1990s, a conceptual framework for linking relief to development (R2D)—or the "relief to development continuum"—became popular, and was widely adopted into the thinking and planning of operational agencies. The notion was that if relief activities could be tied to developmental objectives; better-designed development programs could protect people's assets better and reduce the need for relief in response to shocks; post-emergency recovery time would be reduced; and long-term improvements would be more sustainable. "Protecting livelihoods saves lives" was the theme (IDS 1994). The R2D framework also put greater emphasis on intermediate activities as a category of interventions in their own right, particularly rehabilitation and mitigation (Figure 1.1).

However, by the end of the decade, there were three generally perceived problems with the R2D framework. First, the continuum idea was driven by a normative perception that over time, programs *should* shift from left to right along the continuum (as depicted by the arrow in Figure 1.1). However, the observation of practical experience was that the tendency is anything but linear, and often cycles back towards emergency response, or gets "stuck" in permanent provisioning of relief or safety nets (which the classic continuum model did not recognize). The picture was much more complicated than the simple "continuum" model suggested, with a variety of different activities along the "continuum" taking place simultaneously.

Figure 1.1 A Classic View of the "Relief to Development" Continuum

Short Term	Medium Term	Long Term
Relief **(Livelihood Provisioning)**	***Rehabilitation*** **(Livelihood Protection)**	***Development*** **(Livelihood Promotion)**
Program Examples: • Safety and protection • Food and non-food distribution • Supplementary and therapeutic feeding • Emergency health • Emergency shelter • Emergency water and sanitation	***Program Examples:*** • Provision of food until harvest • Distribution of seeds and tools • Restocking of livestock herds • Restoration of services • Rebuilding of infrastructure	***Program Examples:*** • Small enterprise development/ credit • Agricultural/natural resource development • Development of rural services

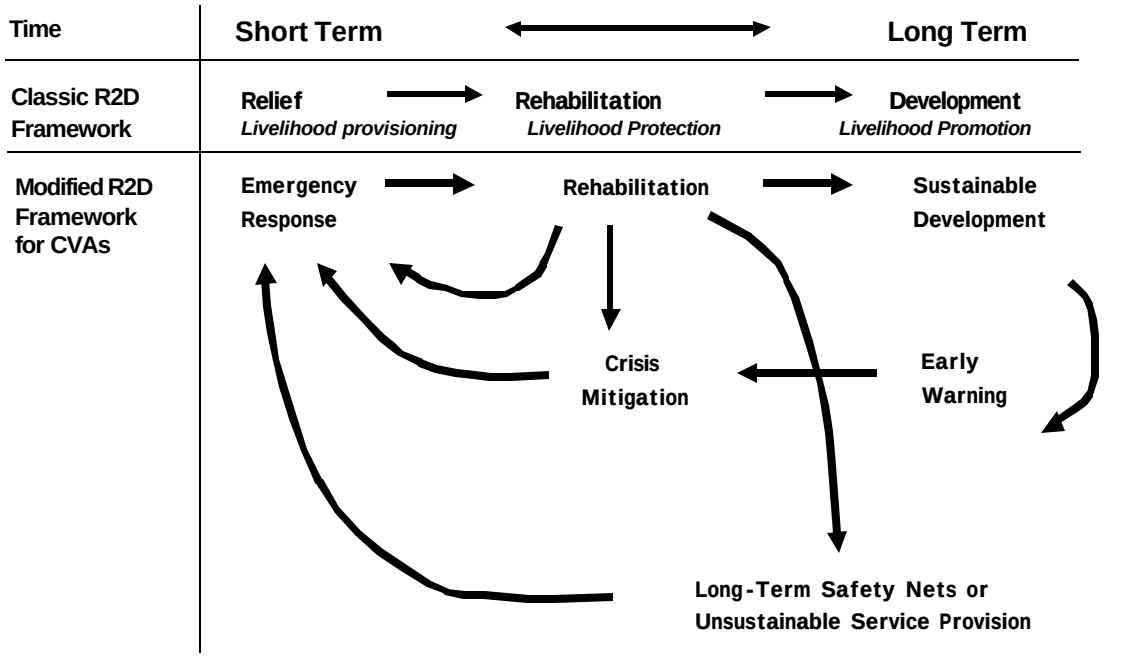
Second, the classic relief-to-development continuum also lacked a clear conceptual basis about the nature of livelihood shocks—the concept was based largely on experience with natural disasters, particularly drought in Africa. It was applied—sometimes too hastily—in complex political emergencies and other forms of disasters, often with perverse and very counter-productive results. Livelihoods themselves, and the institutions that supported them, are often targeted by combatants, meaning perversely that people with better livelihood assets found themselves more vulnerable to attack.

And third, the presumption of a shock or emergency with a clearly defined beginning and end (and therefore clearly delineated programmatic transitions points) clearly did not apply in situations where low-grade conflict continued for years or even decades. Given the different types of vulnerability, it was perhaps not surprising that "continuum" approaches to programming in complex emergencies proved more problematic.

The first edition of the Guidelines in 2000 attempted to update the R2D framework, taking into account these factors, and is outlined in Figure 1.2.

By the end of the 1990s the R2D framework had virtually been dropped by the research community as a useful analytical concept, but it is still frequently referred to in programming terms, if primarily only in a descriptive manner. Despite significant research on the topic, no alternative conceptual framework has yet emerged, although several other factors have been observed.

Figure 1.2 Modified Relief to Development Continuum Framework for Chronically Vulnerable Areas (2000)

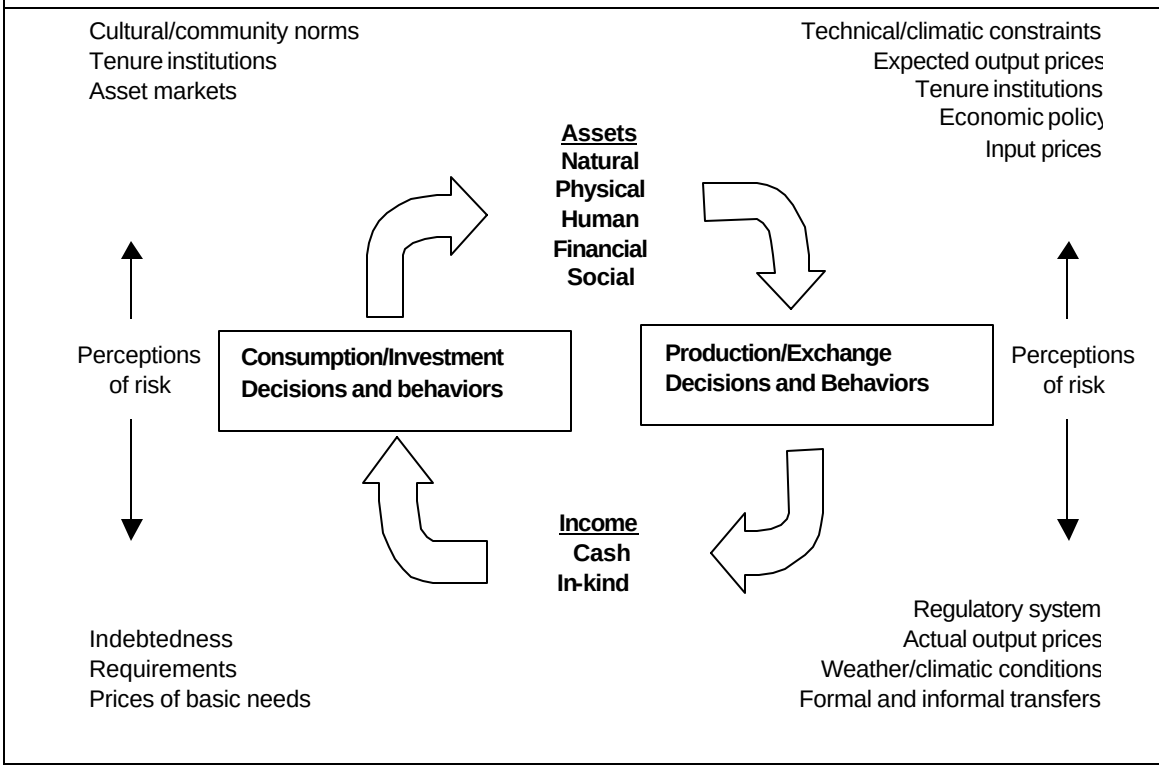


B. Changes in Understanding Livelihoods and Vulnerability

A broad understanding of the relationship between poverty and vulnerability also stretches back to the mid 1990s. Poverty itself is often thought of as some level of well being (or livelihood outcomes, in the language of the livelihoods framework) below which one is impoverished, and above which, one is not. It is thus about current status, and often heavily associated with material status, though social and political elements have slowly been incorporated in the general understanding of poverty. Vulnerability, on the other hand, has been understood to be concerned about the risk of exposure to a hazard, which may leave one impoverished (or worse), but the basic concept is more about risk, and the ability to cope with it, than it is about current material status. However, there are many linkages between material and social status and risk, and there has been much new thinking and writing on this topic, which are reviewed in greater detail in Section 3.

At it's simplest, the livelihoods analytical framework is concerned with the assets that people (usually in social units such as households) hold, the strategies that they employ, and the outcomes that they achieve. The household is always in some kind of context—both with regard to vulnerability or the risk factors it faces, but also the regulatory, institutional, social and political environment within which is operates. There may be overlap between the risk factors and the social/political context, but to some extent they are looked at separately in analysis. More recently, attempts have been made to understand livelihoods in a more dynamic context—looking for example at the way in which risk factors and the social/political environment impinge on both decisions that people make, and the way in which all these factors translate

Figure 1.3 Livelihoods, Risks and Constraints in a Dynamic Context

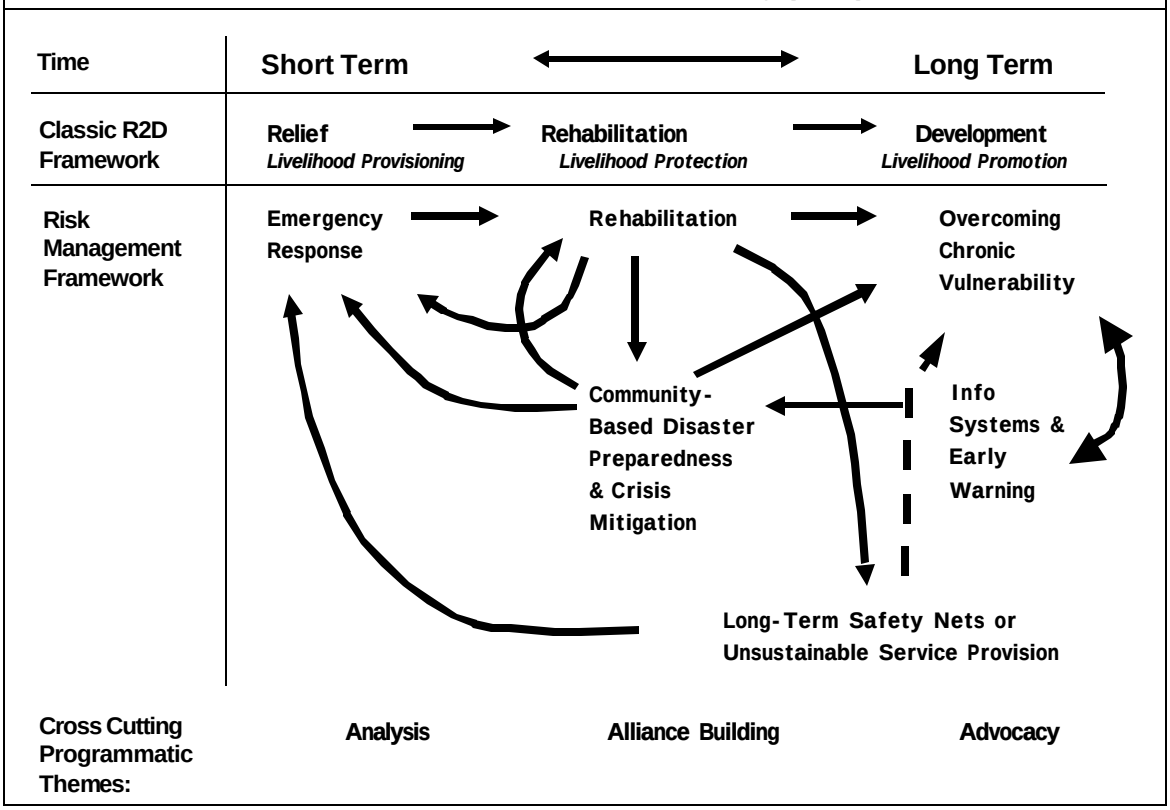


Adapted from Maxwell and Wiebe (1999)

"outcomes" from one time period into "assets" in the next (the time period may be an agricultural cycle as in implied in Figure 1.3, or it may be a single day if Figure 1.3 were modified to reflect the livelihood of a hawker in the urban informal economy).

The first edition of this document was primarily concerned with only two major sources of vulnerability: drought and conflict (and was largely perceived to be only about the former). This led to a focus on geographic areas that were characterized by these kinds of hazards/shocks and their consequences. It also led to overlooking the consequences of vulnerability to a host of other hazards or potential hazards, including other environmental/climatic factors besides drought; economic and market forms of vulnerability; political factors and institutional or policy failures in addition to just overt conflict; and increasingly, both the risk and the knock-on effects of the HIV/AIDS pandemic. Many of these factors are not specific to a geographic area, so the emphasis on geographic areas of vulnerability is greatly reduced in this edition.

Figure 1.4 Program Framework for Risk Management in Contexts of Chronic Vulnerability (2003)



C. Changes in Programming Directions in CARE

The Household Livelihood Security analytical framework informed the first edition. While HLS and an understanding of livelihoods remains a critical component of this edition, much has changed within CARE since the first edition was published. First and foremost, CARE has committed itself to adopting a rights-based approach (RBA) in all its programs over the time period of 2001-2006. While all the implications of this shift are still being worked out, several are immediately applicable to programming in the context of chronic vulnerability.[1]

One of the principles of a rights-based approach is to understand and address underlying causes of poverty and vulnerability, in addition to rights violations that are expressed as symptoms (see Annexes I and II). As a result, for example, in its new food aid policy, CARE commits itself to addressing underlying causes of food insecurity if and when food aid is provided either as part of an emergency response or as part of helping to provide long-term safety nets. Additionally, the principles of a rights-based approach require new and higher standards of participation and accountability. Closely related to this, CARE has also recommitted itself to a principle of gender equity and diversity, and to work against all forms of discrimination. And in terms of programming modes, CARE has also committed itself

[1] The defining characteristics or principles of a rights-based approach as articulated by CARE to date are included in Annex I.

to working much more at the level of policy advocacy in addition to its more traditional role in on-the-ground programming. All of these factors have a major impact on programming in the context of chronic vulnerability.

As a result, whereas *dealing with* chronic vulnerability was the theme of the first edition of this document, *overcoming* chronic vulnerability is the theme of this edition. In effect, adding the dotted line in Figure 1.4. The emphasis here is on proactively managing risks, but it is critical to remember that these are not separate subjects: A normative pre-occupation with moving from left to right along the "relief-to-development" continuum was one of the factors that led to the continuum being abandoned as a useful concept in the first place. But a permanent preoccupation with disaster response and provision of safety nets is not an acceptable alternative in a rights-based approach—with its emphasis on addressing underlying causes of poverty.

This document attempts to carry on the search for realistic and workable alternatives between these two extremes, recognizing that overcoming chronic vulnerability and enabling communities to lift themselves out of poverty is the paramount long-term objective, but assisting communities prepare for and deal with the short-term realities of a variety of risks remains a necessary pre-requisite to achieving that long-term objective.

Section 2
Lessons Learned

A number of lessons have been learned in recent years regarding programming that reduces chronic vulnerability. CARE has learned much about the conceptual framework itself and its application particularly in situations where political vulnerability is the salient form of risk; operational activities and interventions; partnership and cooperation; and important advocacy issues for donors. This section of the guidelines reviews these major lessons learned. Sections 3-9 address many of these issues in more detail. Main lessons learned are presented below, grouped as conceptual/analytical lessons, program strategy lessons, and lessons related to the design, implementation, monitoring and evaluation of programs.

A. Conceptual/Analytical Lessons

Link relief to development, but be cautious. Using emergency relief for developmental purposes and designing long-term development strategies to minimize the impacts of shocks (and therefore minimize the need for emergency relief) are both worthy goals to strive for. But they may not represent compatible strategies for working in all kinds of chronically vulnerable contexts. The analytical capacity to determine the best course of action is critical; programs should not be normatively oriented toward "development" if the possibility of transition from emergency response to rehabilitation or development does not exist. On the other hand, livelihood activities and their protection can be important for survival even under acute emergency conditions. Judging the timing and criteria for transitions is crucial. The bottom line is that there is no good substitute for careful analysis, good judgment, and participatory decision-making.

Be aware of overlapping causes of vulnerability. The causes of chronic vulnerability are varied, and major differences exist between programming in a context where recurrent natural disasters are the basic cause of vulnerability, and a context where civil, political, or military conflict are the basic cause of vulnerability. But other dimensions of vulnerability need to be taken into account such as entitlement (economic) failure, political marginalization and social exploitation and discrimination. Vulnerability as a result of HIV-AIDS may cut across all of these. Because vulnerability is multi-faceted, it is important to determine how a given hazard interacts with each dimension of vulnerability.

Recurrent shocks lead to a "poverty trap" and make a long-term perspective critical. Households or communities threatened with repeated shocks faces greater risks of destitution, because they have less time and fewer resources that enable them to recover from shocks. Furthermore, these populations are additionally impacted by the fact that recurrent shocks that lead to asset divestment increase the vulnerability of a population to future risks. Mitigation strategies need to act to prevent these initial losses of assets in a timely and equitable manner.

Vulnerability analysis requires differentiated and disaggregated information. Differences in vulnerability may be expressed at the household level, so to adequately understand and identify vulnerability, it is necessary to differentiate

between different kinds of households—on the basis of demographics, livelihoods, assets etc. So it is important to have information and data that differentiate households accordingly. But differences in vulnerability may also be expressed at the individual level, or in terms of groups (such as gender, age) that cut across households. So it is equally important to have disaggregated information that identifies and analyzes the condition and position of these groups.

Greater priority must be given to *preventative* as opposed to *curative* interventions. Although it is often difficult to determine the best interventions and the timing of their implementation, long-term development activities are both more sustainable and cost-effective than disaster relief programs. This change in approach not only empowers vulnerable populations to protect their productive assets, it encourages resiliency by allowing them to play critical roles in analyzing, planning and implementing mitigation programs.

Chronic vulnerability is not just a rural issue: urban-based programming requires special considerations. Programs need to address specifically urban livelihood needs. First, urban livelihoods demonstrate a dependency on the market and are thereby made more vulnerable to the effects of inflation. Urban households also face added problems of securing adequate housing and proper sanitation given the overcrowded and deteriorating conditions of urban spaces. Individuals also face the increased risks of contracting HIV because of the generally higher prevalence rates among urban poor populations. Finally, a lack of security in urban areas due to relatively higher rates of violent crime and the fact that most political violence takes place in urban areas.

B. Program Strategy Lessons

Long-term presence is a major comparative advantage in programming for chronic vulnerability. Longevity of presence in programming activities with vulnerable people is important to understanding local livelihood systems and improving participatory decision-making. It lowers the cost of emergency response when required, and permits transition back to previous activities in longer-term programming when a crisis subsides. Long-term presence may also enable more rapid mobilization in the case of an emergency, puts emergency resources to some developmental purposes, and strengthens the capacity of civil society organizations—which may be a major longer-term objective of programming to reduce vulnerability.

Higher operating costs may be justified. Because of long supply lines, poor communications, and often because of security concerns, the cost of operations in areas where chronically vulnerable people live may be higher than other developmental contexts. Where populations are relatively sparse, this may make the cost of operations per beneficiary very high in comparison with programs in less vulnerable areas. However programmatic presence should be aimed at reducing long-term vulnerability—making emergency responses less likely, and making emergency responses quicker and more appropriately targeted when required.

Partnerships are critical to address chronic vulnerability. Capacity building and partnership with local organizations are crucial for transition and exit strategies.

However, in complex emergencies, civil society organizations may be specifically targeted by combatants, and may be severely weakened or destroyed by conflict. Identifying local capacities and knowledge are an important component of emergency preparedness, as well as transition and exit strategies. Working in partnership with local organizations and communities in emergencies may require extra effort in planning and emergency preparedness, which requires on-going (pre-emergency) presence in chronically vulnerable situations.

Develop local organizational capacity. The capacity of local institutions may be a constraint on rehabilitation and development activities, particularly in complex emergencies. Rehabilitation and development activities can themselves be destructive if carried out at inappropriate times, or if civil society institutions are not involved from the beginning (Harvey, Campbell and Maxwell 1997). However, under the correct circumstances, working with indigenous civil society organizations is an extremely effective strategy for all activity categories in the conceptual framework.

Working with local government in chronically vulnerable situations is important. Collaboration with local government may be necessary to achieve complementarity in technical areas, to influence government policy, and to avoid marginalizing local government. However, in complex emergencies, government will almost certainly be one of the parties to the conflict, and collaboration could jeopardize neutrality. Even in the absence of militarized conflict, government policy may be a cause of the marginalization of populations. Yet collaboration with other agencies in rehabilitation is critical.

Advocacy must become part of a program strategy. Because chronically vulnerable populations may be found in marginalized areas, interventions require not only program activities but also advocacy with donors, governments, and other important actors (See Section 9). Many of these power relationships will be threatened by empowerment activities and conflict may be an outcome, especially if the status quo is being challenged. Awareness of potential political sensitivities or backlash is important to ensure that advocacy efforts do not result in backlashes against the very marginalized communities on whose behalf advocacy is undertaken.

A long-term perspective is critical for the environmental considerations of short-term interventions. Environmentally unsound practices in short-term mitigation responses can have long-term negative impacts especially when these responses involve the utilization of natural resources. Mitigation responses need to consider these impacts so that the work during the rehabilitation phase to rebuild the natural resource base can be reduced (See Section 6).

C. Design, Monitoring and Evaluation-Related Lessons

There are multiple considerations in program planning. In addition to emergency response, rehabilitation and long-term development activities (which constituted the traditional continuum from relief to development), other program considerations are needed to address chronic vulnerability include safety nets, early warning and information systems generally, and emergency preparedness and mitigation strategies. Other programming themes cut across all of these particular activities: particularly good analysis, alliance building, and advocacy.

Community-based preparedness is critical. Community-based approaches and emergency preparedness/response tend to be viewed separately. Commitment to a rights-based approach (RBA) demands attention to the process of emergency programming, in addition to the outcome or service delivery side. The process of empowering communities to prepare for emergencies is a more holistic programming approach that integrates development and emergency initiatives within a common livelihoods framework (see Section 5 and various case studies).

Post-conflict rehabilitation requires certain minimal conditions. Rehabilitation in chronically vulnerable situations is complex, because of the continually unstable and crisis-weakened context in which to lay groundwork for future development activities. However, there are minimal conditions for the transition from relief to rehabilitation to take place. These include the cessation of conflict, increased political accommodation to guarantee a reasonable level of security, a certain level of respect for human rights and accommodation of humanitarian groups, and acceptance of the controlling political authority by donors (see Section 7).

Build in the costs of promoting social transformation through rehabilitation. Rebuilding without transformation inevitably leads to a return of the traditional status quo and may serve to reproduce the same conditions of power that led to the original emergency. For a rehabilitation project to be transformative it must challenge the status quo, which can have transitional costs associated with it. Challenges to the status quo may compromise the security of projects and personnel during an emergency as they become targets for reprisals from enforcers of the traditional status quo. The human and material costs of transformation during the rehabilitation process raise important issues about accepting loss and assuming responsibility for loss that are difficult for humanitarian agencies to deal with (see Section 8).

Long-term safety nets are required for orphans and other groups affected by HIV/AIDS. The issue of who will care for AIDS orphans falls under the rubric of both informal and formal safety nets. AIDS orphans are generally unable to provide for themselves, and at the moment are supported, if at all, by a combination of relatives, their communities, and limited charity programs run by churches and NGOs. However traditional support systems are increasingly strained, and while one wants to avoid duplicating community support, some kind of carefully designed program that reinforces the grandparents, communities, and NGOs that are struggling to cope with the growing number of orphans almost certainly needs to be part of the safety net strategy. Other groups may not be as acutely vulnerable as orphans, but orphans are not the only vulnerable group affected by HIV/AIDS (see Section 8).

Female-headed households are a special targeting consideration. Female-headed households often constitute a significant minority of any population and often represent a disproportionate number among the poor. Such households suffer triple-jeopardy in this regard: (1) they have fewer potential adult workers than other households; (2) there are more demands on the primary adult breadwinner - because she also has primary responsibility for childcare and household management; and (3) she is – by custom (and often because of lower education levels)- less readily employable outside the household, and as a result, is typically paid less when she is employed.

Analyze both the benefits and harms of interventions. Especially in complex emergencies, experience shows that there is the potential for interventions to have unintended harmful impacts as well as beneficial impacts. Importantly, both the unintended negative impacts (such as the misuse of aid for military purposes) and the failure to achieve minimal requirements of intended impacts must be viewed as "harms." A good analysis of potential harmful impacts, the means to mitigate or prevent these impacts, and a judgment as to whether the harms outweigh the benefits, are all crucial components of program design, as well as a necessary component of on-going monitoring.

Special attention should be given in each locality regarding the advantages and disadvantages of particular risk mitigation tools. For example, labor migration is a common strategy employed by households coping with shock. However, the risk of contracting HIV may be greater for migrating individuals and this risk is subsequently passed to individuals who comprise the sexual network of the returning migrant. Women are the ultimate victims of this risky coping strategy, because they are most vulnerable to contracting the disease and may infect their children during pregnancy, childbirth or while breastfeeding.

Section 3
Definitions and Characteristics of Vulnerability

Vulnerability was classically defined as exposure to risk and stress, and the lack of ability to cope with the consequences of risk (Chambers 1989, Webb and Harinarayan 1999). Chronic vulnerability in the region was described in the original edition of this document as characterized by one or more of the following:

- The deterioration or destruction of primary livelihood systems
- The loss or depletion of productive assets
- Long-term dependence on unsustainable coping mechanisms
- Environmental degradation and deterioration of natural resources to the point that carrying capacity may be exceeded and production has declined below recovery levels
- Increasing impoverishment of community and households
- Geographical isolation (in terms of infrastructure and communication)
- Dependence on relief assistance
- Breakdown of social institutions and relations

While these still provide a partial description of vulnerability, there is clearly much more to a complete understanding of the concept, and an understanding of its causes—both in the Greater Horn of Africa region and more broadly. A substantial body of recent research has been devoted to understanding vulnerability (Dilley and Boudreau 2001; Bankoff 2001; Boyce 2000; Watts and Bohle 1993).

An important program distinction that has been made is distinguishing between the *symptoms* of vulnerability and the *causes* of vulnerability. Traditional relief programs have focused on treating the symptoms or outcomes of vulnerability such the malnourished, destitute and impoverished households that have experienced livelihood failure. Shifting the focus to addressing the causes of vulnerability allows for programs to have a greater long term impact on livelihoods.

A. The Multiple Dimensions of Vulnerability

Concern traditionally focused on resource-poor farmers, landless laborers, pastoralists, and women (particularly widowed and women headed households). These were primarily rural categories, and food insecurity (and poverty or livelihood insecurity generally) was primarily thought to be a rural phenomenon. Increasing attention has been paid over recent decades to refugees and internally displaced groups—not only at immediate risk of death and disease, but also separated from their means of livelihoods—often for extended periods of time. Newer categories of vulnerable include the urban poor, the rural destitute (individuals or households with no productive assets, and who are food-insecure even in “good” years), and particularly HIV/AIDS affected individuals and households.

The classically understood causes of livelihood insecurity were environmental, climatic and demographic factors—long-term resource degradation, poor rainfall, land/population pressure, resulting in poor yields, small holding size, a declining rural economy, and a high degree of variance in rural incomes from year to year—much of

which contributed to the causes of urban migration. While environmental factors still affect farmers and pastoralists, their impacts on food security are now understood to be underpinned by policy considerations—they are not entirely "natural" phenomena. Many factors make people vulnerable. It has now become apparent that identifying the causes of vulnerability and addressing those causes is more complex.

Contrasting the food security literature with the disaster risk assessment literature, Dilley and Boudreau (2001) make a sharp distinction between vulnerability to hazards (which may or may not lead to disasters, depending on how the risk factors are dealt with) and vulnerability to negative outcomes such as malnutrition, destitution, starvation or death (which of course presume that a disaster has occurred). Their major point is that, by focusing on negative outcomes (which is without argument what either the food security enterprise *or* the disaster risk enterprise is ultimately trying to do), causal factors are largely overlooked when they need to be identified, understood, mitigated, and ultimately removed. The questions of *"vulnerability to what?"* is thus crucial to any discussion about vulnerability. Thus, in the language of the food economy analysis (as adopted by the FEWSNET project):

Vulnerability	**+ Hazard**	**= Risk**
(internal susceptibility)	+ (an external event)	= (negative outcome such as food insecurity or malnutrition)

Economic Factors and Vulnerability. The work of Sen (1981) brought to the attention of the food security community the importance of economic factors. These include the purchasing power of households; the assets and strategies on which households rely to give them purchasing power; the market relationships that underpin access to food that is not produced by the household or individuals that produce it (and the other legal means by which people acquire adequate food). As the proportion of primary agricultural producers to total population drops, these factors have become increasingly important, and explain a lot about the increasing vulnerability of groups like the urban poor, the rural destitute, and the HIV/AIDS affected.

When households accumulate surpluses above their basic food requirements, they divert these resources into assets (both tangible and intangible) that can be drawn upon in times of crisis. Access to employment opportunities and assets will determine a household's vulnerability. As the poorest households have the fewest assets, they will be the most vulnerable (Maxwell and Frankenberger 1992). Successive crises deplete the scale and depth of buffers available to a household. Vulnerability will increase in relation to the frequency, intensity, and duration of previous crisis exposure.

Although globalization can create more opportunities for the poor, it also increases vulnerability due to greater exposure to the macro-economic conditions that influence markets (Ellis and Seeley, 2000). Additionally, the poor may not have the skills or the support of their communities to participate in these markets. The ability to adapt quickly to changing market conditions, negotiate complex bureaucratic structures, and deal with negative attention from local officials may act as hindrances

to participation. As globalization becomes more predominant, policies impacting the poor are increasingly influenced by factors that extend beyond country borders.

Although entitlement theory has made great advances over traditional approaches to vulnerability, it does not take into account long-term structural and historical processes by which resources and rights come to be recognized and distributed. A particular household's vulnerability can be related to their socio-economic situation that may include their particular religious, cultural or political affiliation.

Social Factors and Vulnerability. Social factors, including the way in which households and communities cope with poverty and food insecurity, are a closely related set of underlying factors, and also probably more weakly understood by the development community than environmental or economic factors. Gender inequality and the social position of women, the lack of widows' inheritance rights, and lower levels of labor and income underpin the continued vulnerability of women-headed households—partly a function of socio-cultural factors and partly the result of weak political institutions that could influence change.

The level of vulnerability will depend on a society's social order and the relative position of advantage or disadvantage that a particular group, household or individual occupies (Bankoff 2001). It is important here to distinguish between the vulnerability of an individual or group (a state that a person or population might be in) and marginalization (a state that a person or population is put into by someone else). Marginality and exclusion can be determined by class, caste, gender, age, ethnicity, religion or disability. Social factors contributing to vulnerability are deeply entrenched in hierarchical systems. Analysis must focus on the historical and social dimensions of hazards, not just the physical. It is these structural conditions that maintain people in a constantly vulnerable state because they can reproduce inequality, exclusion and exploitation. Such processes impinge upon poor people's choices and room to maneuver (Seeley 2002).

In fact, some people, often the powerful in a community, can benefit from a risk or disaster by turning a vulnerable situation to their advantage because of their entitlement to scarce resources and their ability to gain access to benefits. For example, richer households can accumulate assets at reduced prices because the poor are forced to sell such assets to cope with the hazard. Similarly, the better off households also gain access to cheap labor due to the increase in the number of people competing for limited wage opportunities.

Political Dimensions of Vulnerability. Vulnerability can also be politically determined, where people are powerless in their command over basic necessities and rights (Watts and Bohle 1993). Political rights are central to the process by which claims can be made over public resources. From this perspective, hunger and food insecurity can be seen as major violations of basic human rights. To address this dimension of vulnerability, it is important to determine how rules and rights are defined, legitimized and contested.

The links between good governance and the reduction of child malnutrition has been established by a cross-country study carried out by Smith and Haddad (2000). Good governance, in this study defined as the strength of democratic political institutions, contributes to the reduction of malnutrition by improving access to services and

increased availability of food. Similarly, Gerring and Thacker (2001) show that political and civil rights significantly and positively correlate with declines in infant mortality. In situations where poor populations were denied their basic civil liberties (Guatemala and South Africa), they suffered disproportionately from social injustices, hunger related diseases, mortality and food insecurity (Heggonboughen 1995). In recent participatory research carried out by the World Bank (2001 World Development Report), the importance of political voice was highlighted as one of the major factors contributing to the well-being of the poor.

B. A Comprehensive Approach to Understanding Vulnerability

From the previous discussion it is apparent that different people are vulnerable in different ways to varying sources of vulnerability. Because vulnerability is multi-faceted, approaches addressing vulnerability need to take into account this diversity. In most cases, people can face multiple vulnerabilities at the same time. The model (Figure 3.1), adapted from Watts and Bohle 1993, tries to capture the various dimensions of vulnerability that need to be taken into account in designing interventions.

Figure 3.1: Dimensions of Vulnerability

The model identifies three sources of vulnerability that affect a given population. Vulnerability can be increased through economic (entitlement) failure, political powerlessness or social exploitation and discrimination. Many poor people are affected by a combination of these factors. In the face of a particular hazard, it is important to determine how the particular hazard interacts with each dimension of vulnerability. Response planning should be based on the manifestation of vulnerability affecting communities in a particular context (McLean 2001). Economic and social vulnerability are more important aspects in drought situations, whereas political and social vulnerability take precedence in conflicts (McLean 2001). The shock of HIV/AIDS can cut across all three dimensions (See below). The important point to underline about Figure 3.1 is the compounding nature of vulnerability (an

economic entitlement problem is exacerbated by being politically powerless, for example).

It is the interactions between these different types of vulnerability that will determine poor people's capacities, access to resources, and ability to realize rights. In rights–based programming, it will be important to take these aspects into account in diagnosis and analysis to design appropriate programs.

Vulnerability Resulting from the HIV/AIDS Pandemic. HIV/AIDS is one of the leading cause of death in Eastern and Southern Africa. Life expectancy has dropped to 47 years. There are seven countries in the region where more than twenty percent of the adults are infected with HIV, and a further nine countries where the infection rates exceed ten percent. Poorer households are especially impacted by HIV/AIDS. Eastern and Southern Africa is one of the poorest regions in the world, where half of the 16 countries in the region rank among the lowest on the Human Development Index. As impoverished families try to cope with the morbidity and mortality associated with the disease, a significant divestment of assets usually occurs, threatening the dissolution of the family unit itself. Community safety nets are slowly breaking down due to the number of households that need assistance in meeting care, food, cash and labor needs and their inability to repay assistance in kind. Community members that are left caring for a large number of orphans are poor themselves, making care for these a children a heavy burden.

HIV/AIDS and food insecurity are intertwined in a vicious cycle. HIV/AIDS precipitates or exacerbates food insecurity and malnutrition, as sickness and death cause declines in work, in income, in food availability, and in time available for care of younger children at a time when more money is required for health care. As food insecurity worsens, the risk of HIV transmission is likely to increase as households are forced into riskier livelihood strategies. Malnutrition increases the likelihood of opportunistic diseases associated with HIV/AIDS and hastens the onset of full-blown AIDS and ultimately death.

Why HIV/AIDS is different. HIV/AIDS is not just another problem of health and under-development. It is unique by its nature and effects for the following reasons:

- It kills the most productive – and reproductive – members of society in the 15-49 year age bracket, thus increasing household dependency ratios, reducing household productivity and caring capacity, and interrupting the transfer of local knowledge and skills from one generation to the next. The effect on the household may be permanent. Loss of the productive younger generation can have severe economic impact/livelihood insecurity issues for the country as a whole. According to UNAIDS, heavily affected countries could lose more than 20% of GDP by 2020 as a result of the pandemic.

- It is hidden. The private nature and complex cultural attitudes towards sex lead to silence, denial, stigma, and discrimination at many levels.

- It has a long incubation period between infection and major illness, although the virus can be transmitted during this time. This, coupled with the fact it is hidden, significantly increase the chances of HIV transmission. There is no cure, and drugs to combat AIDS are expensive and difficult to obtain.

- It has both rural and urban dimensions. For example, many migrant workers who become infected in cities come back home to their village to die, while the death of one or more income-earners in rural households often forces survivors to migrate to seek work in cities.

- It affects both the rich and the poor, though it is the poor who face the most severe impact. Poverty drives HIV epidemics, while AIDS in turn prolongs and deepens poverty, making it harder to escape from deprivation.

- It affects both sexes but is not gender-neutral. To the extent that women are marginalized and powerless, they are more at risk of being exposed to HIV and less likely to seek health care. Women, especially younger women, are also more biologically vulnerable than men to being infected in a given sexual encounter. Moreover, women are often left with few assets following the death of the husband.

- HIV/AIDS impacts at the individual, society/community and national levels with serious bearings on the economic, social and other sectors.

- HIV/AIDS has multiple "accelerating" effects on other risk factors (economic, social, and political).

- Finally, one of the most disturbing aspects of the pandemic is the fact that, as it intensifies, the local and national capacity to respond is decreasing. Organizations that are located in areas with high HIV/AIDS prevalence are characterized by high absenteeism, high turnover, a loss of institutional memory, and reduced innovation. As individuals in government and non-governmental organizations continue to die, the capacity gap—between what is needed and what can be delivered—is becoming an abyss (see Annex III).

Vulnerability in Situations of Chronic Political Instability. Conflict or complex political emergencies are a pervasive threat to life and livelihood in the Greater Horn of Africa. In the past two years alone, one major inter-state war has occurred in the region; civil wars have raged in at least three countries; low-level conflict between competing groups has affected at least four more; and virtually every country in the region plays host to refugees from a conflict in another country. Conflict factors thus explain the rapid increase in refugees and internally displaced persons (IDPs). But conflict also has more broad reaching impacts: it hampers economic growth and investment; it has led to fragmented national politics and the rise of a set of economic actions based on plunder rather than production; and it directly destroys people's livelihoods, assets and institutions—sometimes deliberately, sometimes as a by-product. Conflict is often related to food security in that competition for scarce resources underpins some of the local conflicts—particularly in pastoral areas; competition for other resources (oil, mineral wealth) underpins larger scale conflict. In addition, conflicts in the Greater Horn Region have resulted from ethnic and religious differences, political exclusion, and the phenomenon of "failed states."

Conflict is one example of a political factor; others include policy factors and institutional failures. Poor institutional capacity and inappropriate policies, particularly agricultural and financial policies, were widely blamed for the food shortage crises of

the 1980s. Structural adjustment (liberalization) policies, largely aimed at the earlier deficiencies, were blamed for much of the "new" poverty and food insecurity seen in the 1990s. Broader institutional and policy failures—up to and including "failed states" have been implicated in many of the problems outlined above. In addition to policies that have either undermined development or failed to create conducive conditions for it, an entire set of institutions and policies were set up—largely in the wake of the catastrophic famines in the mid-1980s in the Greater Horn of Africa—to improve preparedness and response capacity for large-scale disasters (related to both food and diseases). While famine early warning and information systems generally are now much improved, there remain large-scale gaps in the linkage between information and the institutional response required to prevent disasters, with severe malnutrition and excess mortality virtually always preceding major responses to disasters.

To strengthen a livelihood analysis to take into consideration power relations and politics, a political economy analysis–looking and who "wins" and who "loses"—should be incorporated into the design process. This can help to determine who gains and who loses in a war economy and resulting instability. The analysis would help specify who is doing what to whom and why (Schafer 2001). A political economy approach also helps to analyze what patterns of incentives have to change in order for the group benefiting from and sustaining conflict to be convinced to accept peaceful alternatives. This will enable a more complete analysis of the structures of exploitation that deprive others of livelihoods.

Vulnerable Groups in Urban Areas. Currently, over 40 percent of Africa's poor live in urban areas. Because people's livelihoods in urban areas are tied to employment opportunities generated by the market, they are particularly vulnerable to market fluctuations. This is especially true for those that are working in the informal sector (Bonnard 2000). During periods of inflation, upward surges in food prices seriously compromise household income and food security. In addition, because households are more economically independent, the risk of shocks and food insecurity are more unevenly distributed throughout the urban population. This diversity makes targeting interventions more difficult.

Although mortality rates tend to be lower in urban areas, morbidity tends to be higher. This is primarily due to the fact that urban slums can have very poor hygienic conditions that lead to the spread of disease. In addition, HIV/AIDS deaths are more common in cities, and infection rates tend to be higher. Acting as shock absorbers, households are taking on a rapidly growing number of orphaned and abandoned children from extended family members, increasing their vulnerability through time.

In the face of high unemployment and resulting high rates of crime, women are very vulnerable. Due to these risks, women's opportunities for group formation, training and participation in credit and savings associations is seriously curtailed.

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

The Political Economy of War: What Relief Agencies Need to Know
Philippe Le Billon, et. al. 2000. Humanitarian Practice Network

CARE Household Livelihood Security Assessments Toolkit
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Concept Papers

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Section 4
Information Requirements and Chronic Vulnerability: Components of an Information System and Linkages to Programs

Chronic vulnerability is defined in terms of a variety of categories of information and in turn, programmatic responses are driven by information. But often the kind of information sought may simply not be available or the available information is poor in quality, methodologically ad hoc, spotty in coverage, and interpreted out of context by external analysts. Inadequate information systems therefore constitute a major constraint to effectively dealing with chronic vulnerability. And insofar as chronic vulnerability and recurrent shocks are a constraint to sustainable development, information systems are a constraint to development as well. The catalogue of complaints against information systems in chronically vulnerable areas is long: Many approaches and methods exist, with few tools for integrating them; terminology may be ill-defined and confusing; many of the existing tools and methods are used ineffectively or inefficiently because they were designed for one particular application but are used in many others; existing information is difficult to access; and in general, humanitarian information systems are poorly equipped to analyze political causes or deal with political constraints to response and very few if any have yet to take the HIV/AIDS crisis fully into account. Similarly, information systems are often poorly linked with response planning, making response too late or inappropriate for serving the most basic of objectives (saving human lives, and protecting livelihoods and assets).

Part of the problem stems from the lack of an organizing framework for information systems, and partly from a lack of understanding of the linkages between information and programs or policies. As a result, information systems that are put in place to help meet emergency program requirements may be very incomplete, ineffective or inefficient.

The conventional components of a system are early warning and response monitoring. The former monitors the processes that might trigger an emergency. The latter supports the management and delivery of relief supplies. Increasingly, emphasis on needs assessment means that this component has been slotted into information systems between early warning and response. To deal with the chronic vulnerability and recurrent emergencies that characterize the Greater Horn region, a much broader set of components is needed and a more comprehensive understanding of their linkages.

Key to an information system that is tracking vulnerability is the requirement for differentiated and disaggregated data and information—to differentiate different types or grouping of households (by demographic or livelihood factors) and to disaggregate groups (such as gender and age) that likely face different risk factors, but cut across household groupings. A second key point—often over looked in situations of chronic vulnerability—is participatory information collection and analysis. For more on this, see Section V).

This Section of the Chronic Vulnerability Guidelines outlines the components needed for an adequate information system to deal with chronic vulnerability, and the links between the components. The following section deals with linkages between

information and programs. This section is based on a much longer paper (Maxwell and Watkins, 2002), which is included on the CD-ROM. While the model presented here is an ideal, the argument is that effective programming in a state of chronic vulnerability requires *all* the components or types of information discussed below. If systems do not provide this kind of information, such information must either be sought elsewhere, or else simply presumed. There are costs of improving information systems but the cost of poor or inadequate information is higher.

A. Minimum Components of an Information System

The components of any information system have to be understood logically (what purpose each is intended to serve) and temporally (how they relate to each other—and to real events on the ground—over time). Such a system is sketched out here. For presentation and logical purposes, the components are described as if the process of information gathering and analysis—and the actions that follow from analysis—were both sequential and linear. In actual fact, of course, the process is rarely either. The framework presented here is neither a consensus view of an information system, nor does it represent an empirical norm. Rather, it specifies a minimum configuration of the components necessary for kinds of information needed to responsibly predict, mitigate, respond to and transition from the range of shocks expected in the Greater Horn of Africa, while maintaining information on long-term trends and long-term program objectives.

Table 4.1 sketches out the logical components and flow of a Humanitarian Information System (HIS), the frequency of information collection and analysis required, and the information each component logically must provide. Table 4.2 describes linkages among the components of the information system. Table 4.3 notes the links between components of the information system and programmatic response. Briefly, the components of a HIS include:

1. Baseline Vulnerability and Poverty Analysis (BVPA). Baseline analysis is the process of understanding existing conditions and livelihoods, existing risks, and capacities for dealing with risk. Although frequently an ignored component of HIS, BVPA is the fundamental building block of a rational information system. The conventional purpose of poverty assessment is formulating and targeting poverty reduction and social safety net programs. Combined with vulnerability analysis, BVPA provides the basic information against which information generated by the rest of the system can be judged—the basic indicators for early warning systems, and an overall understanding of livelihood systems and constraints. Baseline analysis is expensive and need not be repeated frequently. But it not only informs the rest of the information system, it also informs long-term development planning, and a broad range of mitigation and emergency preparedness planning. Generically, Baseline Vulnerability and Poverty Analysis is very similar to what CARE refers to as a Household Livelihood Security Assessment, described in the next section—but with some extra emphasis on identifying specific indicators for tracking the onset and impact of shocks.

Table 4.1 Components of Humanitarian Information System, Frequency of Analysis, and Major Questions Addressed

Component	Logical Sequence	Frequency of Analysis	Information Categories/Questions Addressed
1. Baseline Vulnerability and Poverty Assessment (BVPA)	↓	**Infrequent** (Every 5 years, or when context changes)	• What are the basic livelihoods of groups? • What are known or likely hazards: natural, social, economic and political? HIV prevalence? • What is the likelihood of these occurring, and what indicators would predict? • Who are the most vulnerable groups? • What capacities, services and resources (physical, human, social) exist to mitigate vulnerability? • What are coping and risk minimization strategies? • What baseline information is available against which to analyze trends?
2. Early Warning (EW)		**Continuous**	• Indicator trend analysis: is there a problem shaping up? • Where and how quickly is it developing? • What are the geographic dimensions of the problem? • In what areas should an in-depth assessment be concentrated?
3. Emergency Needs Assessment (ENA)		**As needed**	• What are the nature and dimensions of the problem? • How long is it going to last? • Who are the most vulnerable groups? • What and how much is needed; what is the best response? • To what extent is local coping capacity and provision of services overwhelmed? • What are major logistical and resource considerations?
		<< Programmatic Intervention (based on information generated, but not part of Information System per se) >>	
4. Program Monitoring (PM)		**Continuous** (While program is on-going)	• Are inputs accounted for (logistical accounting)? • Are outputs achieved (end-use monitoring)? • Pipeline analysis: is the pipeline "flow" adequate for meeting upcoming requirements?
5. Impact Evaluation (IE)		**Regular Intervals** (While program is ongoing)	• Is the intervention achieving the intended result? • What adjustments are necessary (response, quantity, targeting)?
6. Context Monitoring (CM)		**Continuous**	• What are the possibilities for exit, recovery, or transition for longer-term responses? • What are institutional capacities and vulnerabilities? • What are the risks of transition? • Does situation require re-assessment?
7. Program Evaluation and Lessons Learned (PE/LL)		**Periodic**	• How can overall program (information system, preparedness, response) be improved? • Are humanitarian principles being upheld by programs? • What lessons can be learned from experience and mistakes?

Table 4.2 Information Linkages Among Components of HIS

Component	Forward Linkages (in the logical sequence)	Backward Linkages (in the logical sequence)
1. Baseline Vulnerability and Poverty Assessment	• Defines critical hazards, and therefore defines contents of EW • Provides the information against which EW trends can be analyzed • Provides analysis of livelihood systems, strategies and assets for both contingency planning and development planning	• Must incorporate previous lessons learned
2. Early Warning	• Provides the basis for geographic targeting and deployment of NA • May provide direct information to program design and Context Monitoring	• Must be linked to baseline information (see Ethiopia case study)
3.Emergency Needs Assessment	• Information to intervention (program design) and targeting, therefore directly linked to both Program Monitoring and Impact Evaluation. • May also provide information that serves as a baseline for Context Monitoring	• Must be informed by good EW, though is often informed by a variety of other sources of information (see Burundi case study)
	<< Programmatic Intervention >>	
4. Program Monitoring	• Program input and output information is a pre-requisite to evaluating the impact of interventions	• Must ensure that assessed needs are fulfilled by program outputs • Must cross-check on targeting criteria and efficiency, and thus feed back into reformulating NA
5. Impact Evaluation	• Information about the impact of specific interventions is a critical input to overall Program Evaluation • If programs do not achieve the desired impact, the implications of Context Monitoring for transitions are changed	• Impact cannot be evaluated in the absence of good information about program activities and outputs • IE ultimately determines whether assessed needs have been met • Impact indicators can be systematized to become EW indicators in the absence of interventions (food security indicators, for example)
6. Context Monitoring	• Informs the possibility of transition, and thus informs the rest of the HIS cycle • Systematic exploration of institutional structures provide context for understanding conflict risks	• Must be predicated on assessment of impact • Strong backward linkages to EW—much of the same information requirements • Must inform the requirement for on-going NA
7. Program Evaluation and Lessons Learned	• Reformulation of the Information System itself	• Should examine each of the components of entire system for both accuracy of information and relevance of information

Table 4.3 Linkages of HIS Components to Programs and Policy

Component	Linkages to Program and Policy
1. Baseline Vulnerability and Poverty Assessment (BVPA)	• Long-term development/vulnerability reduction planning • Emergency Preparedness planning • Mitigation planning • Community-based preparedness activities
2. Early Warning (EW)	• Activates and focuses needs assessment • Contingency and scenario planning • Activates mitigation plans • Geographic targeting • Mobilizes community/public awareness
3. Emergency Needs Assessment (ENA)	• Detailed emergency response plans and programs • Detailed targeting • Mobilizes resources • Mobilizes public awareness
	<< Programmatic Intervention >>
4. Program Monitoring (PM)	• Adjusts inputs or logistics • Adjusts targeting • Adjusts pipeline
5. Impact Evaluation (IE)	• Increases or decreases levels of delivery • Changes targeting criteria • Changes activities
6. Context Monitoring (CM)	• Transition to rehabilitation/development programming • Re-assesses situation • Institutional capacity building
7. Program Evaluation and Lessons Learned (PE/LL)	• Improvements to overall system: • Preparedness • Response capacity • Program • Protection • Basic Needs and Rights • Benefits and Harms

2. Early Warning (EW). Early warning systems provide the information needed to predict and mitigate the impacts of shocks in order to prevent the shock from resulting in a humanitarian crisis, or failing that, to enable a rapid response to that crisis. Early warning is a continuous activity that by definition has to cover all geographic areas potentially affected by shocks, and to be useful it must be disseminated and digested in a timely manner. Because coverage has to be broad, EW has tended to consist of trends analysis in a few specific indicators, in comparison with baseline information. Traditional indicators include rainfall and vegetation mapping, crop production estimates, markets, and prices. Over time, EW has come to include measures of human welfare and livelihood indicators, and more recently indicators of conflict, political, and macro-economic shocks. EW is directly linked into activating emergency needs assessment, to targeting, and to activating contingency plans, set up in response to baseline vulnerability information.

3. Emergency Needs Assessment (ENA). The primary purpose of ENA is to quantify immediate needs for emergency assistance, so that response programs can

be quickly designed. This quantification entails the estimation of beneficiary numbers, duration of assistance, type of assistance, targeting, and quantities required. More in-depth approaches consider both an assessment of basic needs and an analysis of causal factors with a focus on both immediate life-saving interventions, and interventions that protect livelihoods and assets. Particularly in the later stages of an emergency, assessments may explore options for post-disaster recovery, reconstruction, and rehabilitation. Logically, ENA should be triggered and geographically focused on the basis of early warning information, but in the absence of EW information, may be based on a host of other criteria. ENA also logically feeds information into the design of programs and of monitoring and evaluation systems.

Note: Between Assessment and Program Monitoring there is an assumption that program activities—described in later chapters—will be designed and implemented.

4. Program Monitoring (PM). Program monitoring is meant to ensure that the outputs of humanitarian interventions reach the intended target group in quantities that reflect assessed requirements. The emphasis on commodity tracking is understandable, as broader issues of cost-efficiency and impact are often seen as secondary in an emergency situation. The primary issue is whether assistance is reaching the people it was intended for, and thus the information linkages have been seen mainly as backward links to ENA. However, while it is unrealistic to expect program monitoring to achieve any higher objectives than accounting for inputs and outputs in the early phases of an acute emergency response, this argument does not hold in the prolonged operations in chronic emergencies in the Greater Horn region. Programs must also begin to track a broader range of indicators of efficiency, performance and impact, which is logically the next component of a logical system.

5. Impact Evaluation (IE). Impact evaluation is the measurement of the outcomes of an intervention in comparison to its objectives. The purpose of good evaluation is to ensure that programs are managed in such a way as to maximize positive outcomes. In that sense, evaluation under emergency circumstances is no different than evaluation under "development" circumstances—only the time frame is shorter. However, there is often little actual evaluation carried out to measure the impact of emergency programs (with the exception of monitoring, for example, the status of individuals in an intensive program such as therapeutic feeding, for example). Some practitioners argue that the need for impact evaluation is diminished by both the urgency of response in emergency situations, and the presumption of a straightforward link between service delivery and impact.

However, the lack of evaluation information—and the critical feedback loop to program management that this provides—constitutes a significant gap in the information needed to deliver and manage an effective, rational response to shocks or emergencies. And as noted above, much of this kind of programming in the Greater Horn region is actually carried out in the context of response to long-term, chronic emergencies.

6. Context Monitoring (CM). Context monitoring during an emergency is little different than early warning prior to the onset of a shock. The main purpose is to monitor trends in the operating environment, so as to be able to adequately foresee

transitions—in this case toward rehabilitation and development. Thus the information content of CM is similar to EW (which, in any case, does not stop when an emergency begins), but with one important difference. Emergency operations are necessary when institutional and organizational structures, whether household, community, or government, collapse and/or fail to cope with negative external events, so some monitoring of local institutional capacity is the added component. There is considerable debate on whether the "relief development continuum" is—or should be—applicable in the kinds of chronic emergencies that characterize the Greater Horn region, but there is little question that the capacity of civil society organizations constitutes a critical resource for both recovering from crises and overcoming chronic vulnerability. At times in the past, emergency operations have undermined the development of self-reliant local organizations. Thus, in addition to monitoring the same trends as EW, CM must take into account the capacity of local institutions, and causal factors that explain this.

7. Program Evaluation/Lessons Learned (PE/LL). Program evaluation is broader than impact evaluation in two senses: First it attempts to measure the impacts of a whole range of interventions, rather than a specific one. Second, there is increasing emphasis on measuring both the intended (presumably positive) impacts of a program, as well as the unintended (and often negative) impacts. Traditionally, little emphasis was put on post-hoc evaluation, particularly of the type that could increase the effectiveness of future interventions. However, studies of "lessons learned" are increasingly common in the environment of contemporary emergencies. Taken broadly, this kind of activity—often undertaken after an emergency program has wound down, or in some other way outside of the immediate "project cycle"—constitutes the final component of HIS, and is the critical feedback loop for the whole programmatic response, including HIS.

B. Information-Program Linkages

Information is not an end in itself—information systems exist to enable good quality programs that both mitigate or respond to the short-term impact of shocks and emergencies, and deal with the longer-term underlying causes of these. In fact it is unrealistic to have cost-effective targeting and an adequate program response without reliable information. Maintaining a reliable IS will help in reducing the cost of program response and the timeliness of response, to make better utilization of scarce resources. The bottom line is that program response must be linked to an effective IS output in order to have timely and adequately designed interventions that help addressing chronic vulnerability and pressing livelihood needs. Often however, responses are not adequate to either alleviate the short-term consequences of shocks, or deal with the long-term underlying causes—the so-called "information/response gap." The remainder of this section discusses this gap, and suggests means of pro-actively dealing with it.

C. The Information/Response Gap: What is it and why does it happen?

The information/response gap occurs when adequate and timely information is generated and disseminated to decision makers but very little and/or very late

response or actions is taken to address the identified livelihood problems. It basically means the gap between the identified quantity, quality and timing of livelihood needs and the actual assistance provided to meet these needs—if any. In acute emergencies, the gap is between the vulnerable groups and their needs on the one hand, and the response from both donors and governments. Often the latter is well below the identified needs and often arrives late, leaving a large portion of the need unmet. This leads to both short-term human suffering, and increases long-term vulnerability as affected populations are forced into coping strategies that often involves the forced sales of assets, increased environmental destruction, and other unsustainable practices.

The inadequate response happens for several reasons the most important of which are scarcity of resources, "donor fatigue," political constraints, inadequate infrastructure, logistical constraints, unnecessary bureaucratic procedures, inaccessibility of the affected areas/groups, lack of confidence and/or political will to respond.

Buchanan-Smith and Davies (1995) analyzed the classic "missing links" between early warning (which they would define broadly to include both baseline assessment and assessment) and response. Their analysis includes examining the information system itself; the institutional context into which the early warning information is fed; the political actors and political environment; and, logistical constraints. Their analysis suggests two major questions:

- Can the system respond to genuinely *early* warning, or does it have to wait until there is a serious problem before it can mount a serious response?

- What are the relations between international donors and national governments, and what are the implications of the relationship for EW and emergency response?

Very often, while logistical and capacity constraints affect delays, the major reasons for the slow response are primarily to be found in the institutional context and the political environment.

Implications of the response gap. Several major implications of the response gap must be highlighted: First, in most cases limited or late responses will have less impact on saving lives of vulnerable groups and often will not protect their livelihoods. Therefore, the amount of resources put into HIS and follow-up action planning are not invested well if the response is far below the expected and the impact on people livelihoods is very limited if at all. However, there are some other views which see that the HIS have to be a separate entity with its objective limited to generating information only but not necessary linked to triggering response. However, inadequate response, in fact, raises a critical question of spending on HIS if it does not lead to an adequate and timely response to the identified livelihood problems.

Second, given that most information is collected from or with vulnerable groups, raising expectations of a response. Slow responses negatively affect the relationship and mutual trust between communities and field staff.

Third, the morale of field staff can be affected as community members start suspecting and questioning the importance of data collection that result in no action and bring no benefit to them. Often, field staff may feel embarrassed when they have to visit frequently communities that have already been identified as chronically vulnerable, but which have received no assistance.

Lastly, organizations have built credibility with both the government and communities they are working with through effective IS and program response. As the organization continues to collect and provide regular information with no or very limited response, this will further reduce its credibility.

How to address the response gap problem. Some of the important factors that help in addressing response gap problem are the following:

1. Create trust and confidence between the different partners, especially donors and governments and establish mechanisms that enable them to interact more often in terms of ownership of the system, exchange of information and discussion of response issues. For example, to ensure the ownership of information by all partners, it is important to involve all partners (including donors and the affected communities) in the information generation and recommendation processes.

2. Utilize local and national networks to make alliances and to lobby and advocate to donors and governments on behalf of vulnerable groups. Provide as much information and awareness as possible to all stakeholders and utilize media to raise the profile coverage of the vulnerable population as necessary.

3. Promote preparedness and contingency planning, especially in case of response to disasters, with clear accountability lines. Extensive contingency planning should include ways and means of how to overcome all the perceived constraints during the implementation process and how to account for any possible times of delays due to bureaucracy or logistic constraints.

4. Encourage local communities to take more proactive role with their respective governments or with donors. This has to be undertaken carefully in such a way that it will not reflect negatively on the community or agency.

Networking with other agencies. Networking is a mechanism/forum that involves a number of institutions/entities who may share a common goal and work towards achieving similar objectives, working in collaboration and sharing information, learning, experiences, resources, systems/equipment to complement each other and to achieve target objectives. Networking can go beyond this to making alliances and/or advocacy on behalf of vulnerable and marginalized groups.

Networking is a crucial element of HIS sustainability. To establish and maintain a sustainable system that is capable of generating reliable and timely information to meet adequate response, a functional inter-agency and government networking and collaboration mechanism will be very helpful. Such a mechanism serves as a framework for collaboration; a means to exchange of information and experiences, and to share resources, systems and methodologies. It serves to complement each

other's efforts. This mechanism has been found useful in optimizing the utilization of resources and promoting trust and cooperation among concerned partners. It is also found to be helpful and important in stimulating donors and government counterparts in moving forward in response to identified needs.

Networking can be problematic if the various partners have no common goal and each tries to divert the network efforts and utilize it for their own benefit. In fact in such cases, networking mechanisms can be very damaging to partners' relations and may result in mistrust and misunderstanding.

A common objective of networking and a joint ownership of its output are the pillars in the success of any network forum. Collaboration and coordinating activities will reduce the effort duplication and will result in better resource utilization. Therefore, networking in the area of IS and response is crucial and could be maintained on the following basis:

1. An open, sharing approach to working together—networks fail if one party tries to dominate
2. Identification of objectives, terms of reference, duration and membership of the network
3. Determination of responsibilities and contribution of each member
4. Development of an agreed upon process and operation systems
5. Establishment of coordination mechanisms internally and externally
6. An agreed upon method for sharing, publication and utilization of outputs
7. An agreed upon system of assessment and evaluation of the network forum

The most challenging issue with networking is sustainability. Often, the networking forums are established for tactical objectives and are rarely thought of strategically, so they discontinued as soon as the tactical objectives are achieved. Therefore, it is important to think carefully about long-term objectives of IS network forums so that they become sustainable.

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

Early Warning Primer: An Overview of Monitoring and Reporting.
Charles Chopak. 2000. FEWS-Net

FEWS Current Vulnerability Assessment Guidance Manual.
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Section 5
Program Strategies: Preparedness

Emergency preparedness entails being in the best possible position to predict and respond appropriately to any emergency context – a food emergency, a complex political emergency, an economic shock or a natural disaster.[2] In East Africa, and other areas characterized by chronic vulnerability, the integration of emergency preparedness into longer-term development programming can hardly be over-emphasized.

Despite extensive experience in community-based approaches and emergency response, these two programming areas are often viewed separately. A commitment to a rights-based approach (RBA) requires attention to the *process* of emergency programming, in addition to the *outcome* or service delivery side. The principles of a rights-based approach require addressing the underlying causes of vulnerability through participatory processes. In effect, the process of empowering communities to prepare for emergencies is a more holistic programming approach that integrates development and emergency initiatives within a common livelihoods framework.

From an operational perspective, a number of linkages are central to this new way of working in emergency contexts. First, preparedness requires the proactive integration of emergency and development programming. Second, programmers should understand and capitalize upon linkages between affected communities and the various humanitarian actors at the local, national and regional levels. Additionally, preparedness should be linked to early warning systems (EWS), integrating information systems at all spatial levels. While humanitarian actors have invested in building the capacity of *agencies* to prepare for and cope with emergencies, it is equally important to build upon and develop the capacities of *communities*.

Preparedness involves a number of inter-related activities, including vulnerability and institutional assessments, the preparation of an emergency plan, and capacity building. This section of the guidelines provides an overview of key concepts of community-based preparedness, with particular attention to community-based preparedness in chronically vulnerable settings.[3] References to useful tools and insights from case studies inform the underlying objective of improving country office Emergency Preparedness Planning from a disaster management perspective.

[2] The distinction between the words *disaster* and *emergency* is not clearly defined. Many in the field use the words interchangeably. Both are defined as an event that overwhelms, at least for a time, the capacity of the affected community to cope with the consequences of the event.

[3] Concepts and methods related to community-based preparedness are drawn principally from a longer paper included on the CD-ROM, *Community-Based Emergency and Preparedness: A Review of Practice and a Model for Piloting* (CARE 2001).

A. Preparedness: Concepts and Definitions

Preparedness is a process, not a single activity. Preparedness requires more than simply identifying the types of disaster interventions the country office will implement and drafting an Emergency Preparedness Plan document (CARE 2001). It involves the development and maintenance of all the systems that support the response including decision making, finance, logistics, transportation, staffing, information management and reporting at many different levels. Many of these systems already exist to support ongoing development programming, but will require adjustments during times of emergency response; other systems will need to be created. Additionally, preparedness must account for various emergency situations, characterized principally by timeframe (slow vs. sudden onset), and by typology (e.g., natural disaster, political conflict, economic shock) (see FEWS 2000).

> **Preparedness**
> A planning process that links an early warning system to response(s). It involves the development and maintenance of all the systems that support the response including decision making, finance, logistics, transportation, staffing, information management and reporting.

Agencies involved with early warning and preparedness planning may also need to advocate with agencies (government, donors, NGOs) to ensure that early warning information is acted upon, and preparedness plans at community, national, and regional levels are linked. This requires a number of inter-related tasks, outlined in the first edition of these guidelines:

- Inter-agency coordination (during planning, assessment and response)
- Core-staff training in planning for emergency preparedness, assessment, and rapid implementation of mitigation plans
- Annual review of preparedness plan
- Identification of local emergency response capacities within communities
- Understanding local coping strategies, and strengthening them where appropriate
- Planning to mitigate the loss of household and community assets in emergencies
- Ensuring project activities contribute to disaster mitigation

Levels of Preparedness: Regional, Country, and Community-Based

Regional level. Regional preparedness planning should examine the regional context, taking into account the types of risks that populations are exposed to (i.e. HIV/AIDS, conflict, natural disasters, unstable macro-economic conditions) and attempt to articulate a coherent regional scenario and caseload. Based on this, the regional planning exercise should evaluate best practices for regional office support of country offices – through financial and human resource mobilization, assisting with administrative needs, and the provision of training and 'backstopping'. The regional plan must also correspond with a realistic timeframe, one that accurately reflects the complexity of the regional context and the potential for sudden change. Participation of a broad range of humanitarian actors – representatives of country and regional offices, UN and donor agencies, governments and NGOs – benefits the regional planning process, rendering a more inclusive plan that facilitates coordinated action among agencies. Planning at the operational level remains the responsibility of the

humanitarian community in the affected country. District and community-level preparedness feed into regional plans through country-level scenarios.

Country-office level. Comprehensive guidelines for emergency preparedness already exist for the country-office level (CARE 2001). These guidelines state that effective country-level planning requires, at minimum:

- an understanding of the disaster threats and impacts in a country;
- a clear definition of response;
- an ability to activate local, regional, and international resources; and
- a willingness to adjust priorities as needed in crisis situations (CARE 2001).

Only rarely do country offices have a full-time position dedicated to emergency preparedness and response; rather, the responsibilities are often distributed to existing staff. Even when such a position does exist, the range of input required to develop the systems and plans is best shared by a group or 'task force' (CARE 2001, FEWS 2000). Alternatively, as emergency and development programming moves towards greater integration, the activities associated with the preparedness planning process will also become a more integral part of ongoing development work.

Community level. Community-based preparedness (CBP) is an integral part of sustainable livelihood development. CBP is a local capacity development and community empowerment process through which communities are supported to establish, own and manage an emergency preparedness system. In this way, communities prepare for and respond to inevitable shocks in chronically vulnerable situations.

CBP is a mechanism through which communities respond to emergency situations in a more structured and timely way. More importantly, CBP provides an opportunity for integrative planning of short-term responses in the context of longer-term development. This allows shifts of emphasis in programming and operating systems rather than complete changes in direction that often undermine longer-term processes (CARE 2001). Figure 5.1 presents a summary framework of CBP. Table 5.1 provides a model that highlights primary steps, tools, and tasks associated with community-based preparedness and response.

> **Community-based preparedness**
> CBP 'implies that the community, or their close representatives, has the major stake in generating and implementing the preparedness plans, but also that there are linkages to other actors including government, national/ international NGOs and donors and donors that help to support responses.'
>
> CARE 2001:1

B. Components of Emergency Preparedness

An emergency preparedness system has six inter-linked components:

1. Early Warning Information Systems
2. Contingency planning: Scenario building and response options
3. Mitigation

4. Managing resources: Community-based targeting
5. Implementation capacity and institutional linkages
6. Exit strategies

1. Early Warning Information Systems

Preparedness relies upon information and Early Warning Systems (EWS). The various systems have different functions and operate at different complementary levels. Early-warning systems range between initiatives such as FEWS-Net that collate general information over a large geographic area, the national and district-level programs such as Drought Preparedness Intervention and Recovery Programme (DPIRP) of the Government of Kenya, and community-based EWS. In preparedness planning, the key question is how these systems can be utilized to provide the most appropriate response at the right time. Section 4 provides a complete review of Information Systems and Early Warning Systems.

Community-Based EWS. Generally, communities situated in chronically food insecure areas have developed their own warning systems, based on environmental, social or market indicators and years of experience in their specific local context (CARE 2001). However, the frequency and scale of emergencies have intensified. Similarly, many communities now cope with a host of new hazards such as complex political and economic emergencies and the HIV/AIDS pandemic. In some cases, recurring disasters and conflict have undermined community structures and early warning mechanisms. (Refer to Annex VI for a more detailed description of early warning systems and preparedness in complex emergencies.)

Key findings on community-based EWS indicate the following:

- Community-based EWS must be articulated such that people outside of the community will understand the situation and support community requests for assistance.
- Community EWS must be linked to national/ regional information systems and attached to a response.
- While Community-Based Preparedness (CBP) does not necessarily depend upon a local EWS, the community does need to have access to EW information from some source, in order to activate preparedness plans.
- Community-based early warning is particularly challenging in complex emergencies due to the sensitive nature of the information; the biases and, in some cases, involvement of community members; and the unpredictable and rapid-onset nature of violent conflict and economic crises. However, community level political economy analysis is imperative for understanding the local context in conflict settings (see Annex VI).

Livelihood assessments allow better understanding of the level of household vulnerability; baseline vulnerability assessments enhance understanding of the nature of risks and emergencies and the capacity of various entities within communities to cope; early warning information facilitates predictive ability and thus improves response planning. At the community level, trends analysis, resource mapping, gender analysis and wealth ranking are valuable tools for emergency preparedness planning (refer to CARE's Household Livelihood Security

Assessments Toolkit, 2002). The design phase of CARE Rwanda's Community Contingency Capacity Initiative (2002), for example, takes into account that different households are affected in different ways during emergencies. Similarly, incorporating gender analysis into project monitoring and evaluation activities will ensure that increased responsibilities for community preparedness activities do not place extra burdens on women. Participatory analyses at the information gathering stage help to ensure that projects benefit community members without discrimination.

Together, the various levels and types of information systems inform community and household livelihood profiles, which in turn feed into preparedness and response plans. As noted in Section 4, however, information systems that are put in place to help meet emergency program requirements may be incomplete, ineffective or inefficient. The challenge for EWS and preparedness plans is to provide the humanitarian community with accurate predictive information that stimulates a response that is both appropriate to community needs, capacities and resources, and attempts to address causal factors of vulnerability (CARE 2001).

2. Contingency Planning: Scenario Building and Response Options

Contingency plans help to synthesize information into a formula for action. Specifically, contingency planning refers to the identification of scenarios, objectives, and actions to facilitate the design of interventions in an emergency situation (UNHCR in CARE 2001). There are a number of useful resources that provide guidance on contingency planning and assist programmers in thinking through the inter-related stages and tasks involved in emergency preparation at the regional, country and community levels.[4] Scenario building and the development of a response portfolio are specific to various levels (e.g., regional, national, local) and contexts (e.g., rural versus urban).

Regional level. The Regional Contingency Plan for the Great Lakes highlights a number of issues relevant to regional preparedness planning. The international community recognizes that the various conflicts in the Great Lakes area have a regional dimension. No single country exists in isolation, and developments in the political and humanitarian situation have to be examined in a regional context. The conflict in the Democratic Republic of the Congo, for example, involves several external state armies, internal factions and armed non-state forces. In formulating a regional plan, the humanitarian community in the Great Lakes addressed three primary constraints to effective emergency preparedness:

- Insufficient funding and resources to meet current and potential contingency needs. Often, country offices perceive competition between funding allocated for development versus emergency assistance. Other key funding issues include limited flexibility in the application of resources, and the inability of donors to release funds quickly.

[4] Detailed steps for developing a conventional contingency plan (e.g., slow onset, natural disaster) that can be adapted to other emergency contexts are presented in the Framework for Food Crisis Contingency Planning and Response (FEWS 2000, pp. 5-14) included in the CD-ROM.

- Problems of access to humanitarian assistance (security, political and administrative limitations, lack of adequate infrastructure).
- Lack of coordination among the various humanitarian actors and with local communities. Coordination is particularly difficult in complex emergencies when information networks and local community structures may no longer exist or the context is highly politicized.

Country-office level. New Emergency Preparedness Planning procedures for Country Offices are currently being developed. Older tools may be found in Operationalizing Emergency Preparedness and Planning at Country Office Level (CARE, 2001) that offer guidance on a range of preparedness activities at the operational and logistic level, such as Disaster Risk/ Threat Analysis Matrix (Tool 2); External Agency Capacity analysis (Tools 3 and 4); Infrastructure and Logistics Checklist (Tool 6); and Information Management Matrix (Tool 10). These are the key steps to follow for contingency planning at the country-level:

Step 1. Identify scenarios. At minimum, 'best case' and 'worst case' scenarios should be developed by each disaster type the country office has chosen to prepare for. It is generally easier to focus on a specific geographic location rather than the country as a whole.

Step 2. Establish sector objectives. In the early stages of emergency response, there is little time for careful analysis and interventions tend to address immediate needs rather than root causes. Therefore, it is important during the contingency phase to identify objectives that key into underlying causes and are strategically linked to longer-term programming.

Step 3. Identify possible activities to achieve objectives. At this stage, a list should be generated of possible activities based on specific conditions of the emergency, as well as a list of support requirements (e.g., monitoring and reporting, financial control).

Step 4. Determine necessary staff, equipment and materials. When dealing with abstract planning (e.g., based on scenarios), it is best to determine logistic needs in terms of 'modules of service', on a population basis for each scenario (see CARE 2001, Tool 7).

Community level. Community-based planning assists communities in responding to emergencies and protracted vulnerability in the context of a longer-term livelihoods framework. The first stage in community contingency planning is 'scenario building'. The scenarios typically describe a potential crisis, rather than the underlying causes of vulnerability. Thus, the second stage entails identifying and addressing root causes.

Figure 5.1 Community-Based Preparedness: Conceptual Framework (CARE 2001)

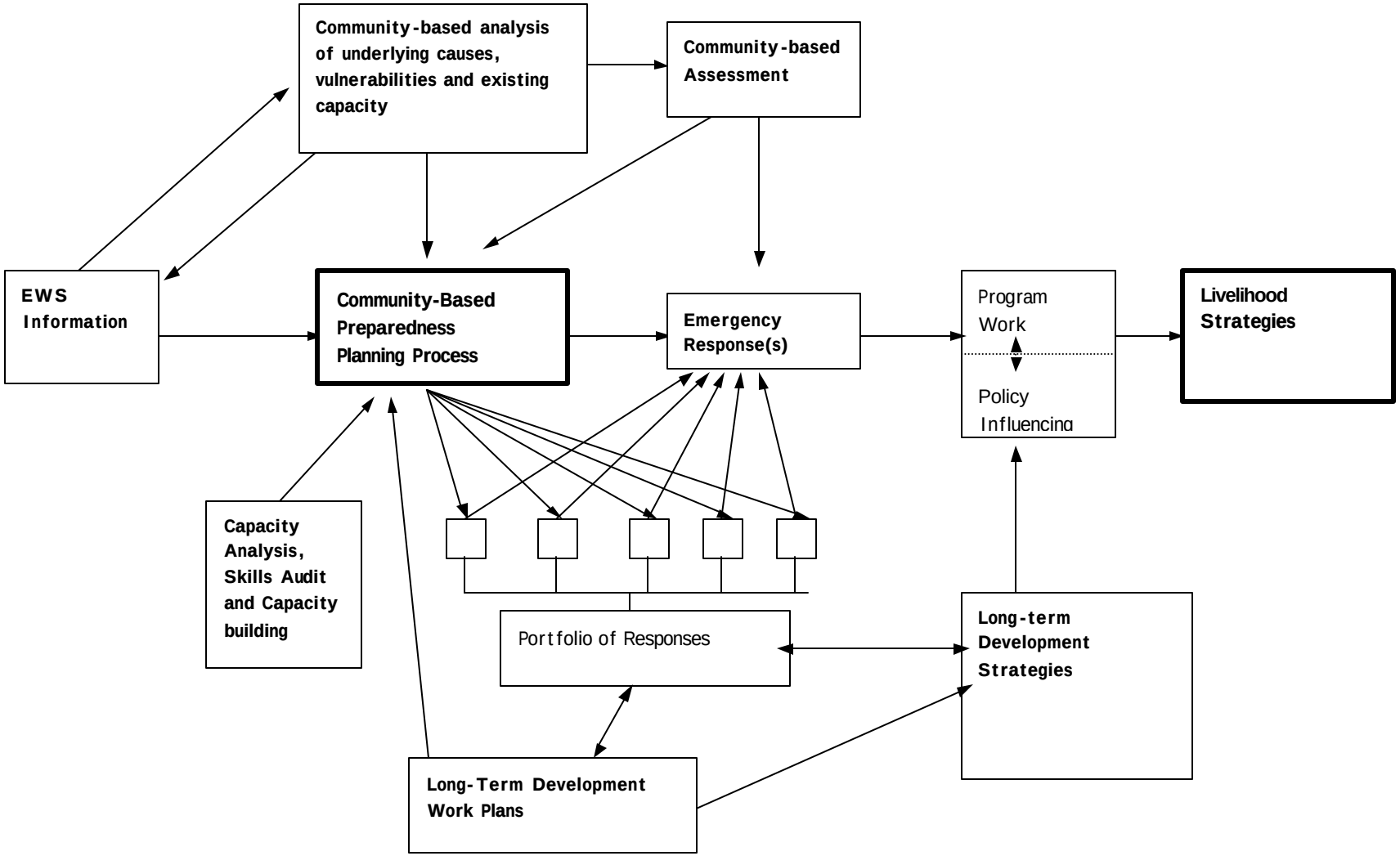

Table 5.1 Community-Based Preparedness and Response Model – Steps, Tasks, and Issues to be Resolved (Developed by CARE Rwanda)

Phase	**Preparedness**				**Response**	
Steps	Baseline Vulnerability Analysis	Scenario-Building and Response Planning	Early Warning and L-T Programming	**On-set of shock**	Community Response	Partnership for External Response
Task	Identify hazards, risks, and vulnerable groups	Ask "what might happen if…?" and "what should the response be?"	Monitor indicators of hazards; implement programs		Mobilize community-based resources	Manage externally-based resources
Tools	**Vulnerability analysis, HLS/RBA assessment tools (causal analysis, responsibility mapping)**	**Strategic planning tools, PRA tools (social mapping, Venn diagram, historical trends…)**	**Community based monitoring and evaluation tools**		**Behavior change monitoring tools (with regards to emergency preparedness)**	**Advocacy, partnership (institutional mapping) tools)**

Table 5.2 Scenario building for a drought EWS

	Alert Level	Description (fictitious example)	Actions
	Normal	Normal rainfall, pasture available, water available, milk yields normal, normal migration patterns, animal condition good and stable, human welfare good.	On-going vulnerability reduction and livelihood development work
EWS	Alert	One year failed rainfall, pasture scarce around permanent water, milk yields declining, normal migration patterns, animal condition declining, human welfare declining, but no malnutrition, market prices of livestock declining.	Review preparedness plans with community; conduct assessment with community members; intensify monitoring; prepare proposals for funding; and link with national level planning.
	Alarm	Second season rain failure, pasture scarce and non-existent around permanent water, water resources under stress; no milk, migration patterns abnormal, animal conditioning worsening, market prices very low for livestock, some sign food stress among herders	Mitigation responses kick in, such as livestock off-take, market interventions, cash-based projects as per the preparedness plan. Continue dialogue with community and develop plans for larger level assistance. Links with national level important here.
	Emergency	Third season rain failure, no pasture, water sources stressed, no milk, large numbers of animals dying, market prices collapsed, women and children settling around settlements, malnutrition and mortality among young and elderly etc.	Coping strategies and other assistance not enough maintain lives. Full scale food relief distribution, especially to drop-outs.

CARE 2001: 20

Often, the causes of vulnerability are linked to wider policy issues that need to be incorporated into an advocacy strategy (see Section 9) and linked to longer-term development programming. At the third stage, it is possible to elaborate on each phase of a scenario and describe the existing coping strategies of various community members, as well as alternative livelihood options. Finally, communities can develop and prioritize a portfolio of response options (discussed below). Responses will vary according to community-based criteria, resources and long-term objectives. Table 5.2 presents a model of the process for a drought EWS.

Community-based plans must reflect the needs, aspirations and capacities of the community (as the primary stakeholder). Implementation of the community approach requires that locally-generated plans are linked to the wider development and humanitarian community; other actors such as the government and support agencies must be aware of the plans and their respective roles, and committed to support the community plan. Community planning and capacity building is more difficult in

complex emergencies than in natural disaster situations. While the same general model applies to communities situated in conflict-prone environments, there are differences in the process and the complexity of responses (see Annex VI for a detailed description).

Preparedness in Urban Settings. Emergency preparedness in urban areas is particularly challenging, due to the heterogeneity of urban settings and the high mobility of urban dwellers. Vulnerable populations in urban areas may be difficult to identify, as the urban poor are often distributed in pockets throughout urban centers, and many are homeless that may be overlooked by formal safety net programs. Certain shocks are more likely to adversely impact urban populations – or more immediately – than rural communities, such as market fluctuations and economic or political crises. Scenario building and response portfolios in urban settings must account for shocks that are specific to urban populations as well as the heterogeneity of urban areas. (See Annex IV for a summary of targeting issues in urban areas.)

3. Mitigation

In developing a contingency plan, an agency or community generates a portfolio of responses, some of which can be implemented as preventive or mitigative response interventions designed to protect assets and support social safety nets (see Section 6). Households generally seek to protect their livelihoods wherever possible; therefore, the most appropriate responses to crisis situations will facilitate this process within a longer-term livelihoods framework. Timing is a crucial consideration for effective mitigation responses. Four main types of response include the following (summarized from CARE 2001):

- **Market interventions.** Aimed at maintaining or restoring purchasing power with the objective of reducing asset depletion. One example is the establishment of a grain bank that reduces the price of grain and increases the capacity of people to access food.

- **Cash-based inputs.** Involves a 'cash injection' into a community that has access to basic commodities through local markets, such as cash-for-work schemes. Recent variations involve communities choosing their own projects and organizing their own labor (see Oxfam-Uganda Mid-term Review 2001, cited in CARE 2001).

- **Resource protection and development.** Mitigating the effect of a crisis on productive assets, or other assets such as housing. One example is flood-proofing programs in Bangladesh.

- **Food-based inputs.** Direct food assistance, either as emergency relief or as monetized development assistance. A review of current practice suggests that communities seek food assistance after other coping strategies and response mechanisms give out.

Preparedness plans should incorporate a range of possible scenarios and mitigation responses that take into account the array of vulnerabilities present within a region or community.

4. Managing Resources: Community-Based Targeting

Identifying vulnerable populations is most possible in the case of slow-onset natural disasters, caused in particular by drought and related factors (FEWS 2000). Similarly, community-based targeting is more successful in stable political environments, where the crisis is relatively slow to onset. In community-based targeting, household or individual beneficiaries are selected by community members themselves. During this process, it is important to ensure that communities are not excluding anyone based upon social position (i.e. marginalized households that community members do not consider to be part of the community).

Participatory tools such as wealth ranking are often used as a basis for targeting criteria, though the processes vary widely. In the case of a community-based monitoring system for food security in Ghana, the community targeted different interventions for different wealth categories, inclusive of all community members based on difference levels of need (ActionAid in Bawku, Ghana, cited in CARE 2002).

While community-based targeting plays an important role in preparedness planning, it is notably difficult to achieve whether targeting criteria and selection are determined by the community or an outside agency. Other targeting mechanisms include market-based targeting, self-selection, and administrative targeting. [Annex IV provides an overview of targeting approaches adapted from Sharp (2001) and CARE (2001).]

5. Implementation Capacity and Institutional Linkages

Supporting communities to implement and manage interventions is a complex and long-term activity that must begin with the community's existing capacity. A participatory analysis of current capacities as they correspond to the various skills required to plan and manage emergency interventions will highlight strengths and weaknesses. Community-level training, coupled with regular updates of the community plan and resource requirements will inform capacity building needs. Because local stakeholders may become threatened as communities gain a voice, Advocating with local communities to address this vested interest can help to ensure that resources are distributed to the intended recipients.

Community capacity is inextricably linked to external institutions and stakeholders, such as local governments or NGOs. Stakeholder analysis and institutional assessments are key components of conventional preparedness planning. Adapted to a community approach, such assessments will allow communities to critically evaluate the interests and capacities of other humanitarian actors to influence the livelihood systems of a given community. Experience to date indicates effective CBP planning is correlated with the long-term and active presence in an area (CARE 2002). There are a number of tools available to facilitate assessments of both

community implementation capacity institutional linkages. A primary resource is CARE's Household Livelihood Security Assessments Toolkit (2002).

6. Exit Strategies

Preparedness planning must take into account realistic criteria for determining when it is necessary or appropriate to 'exit' a situation or a program intervention. As part of the planning process, staff and community representatives should establish firm guidelines, or 'bottom lines', on when and how to exit from an emergency response situation. Exit criteria are also necessary to indicate when to initiate a transition from emergency programming to rehabilitation and the withdrawal phase of a longer-term integrated development program. This involves defining the terms under which programs will operate, and include staff security, humanitarian consent and access, the ability to program, non-interference and non-harassment (by combatants), and protection of assets. In CBP, there should be clear and mutually agreed upon expectations as to the level of external assistance and criteria for withdrawal. Each response option written into a contingency plan should include an exit strategy.

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

Contingency Planning Guidelines: A Practical Guide for Field Staff
UNHCR-Division of Operations Support (1996).

Framework for Food Crisis Contingency Planning and Response.
FEWS. 2000.

Household Livelihood Security Assessments Toolkit
CARE USA. 2002.

Operationalizing Emergency Preparedness and Planning at Country Office Level
CARE Emergency Group. 2001. CARE USA.

Guidelines for Country Office Disaster Planning
CARE USA. 1997. Emergency Group.

The Community Planning Website: http://www.communityplanning.net/

Concept Papers

Community-Based Emergency Preparedness: A Review of Practice and a Model for Piloting.
CARE. 2001. CARE East Africa / Middle East Regional Management Unit.

An Overview of Targeting Approaches for Food-Assisted Programming
Sharp, K. 2001. CARE USA, PHLS Unit.

NGO Initiatives in Risk Reduction: Disaster Mitigation and Preparedness.
Chapters: 1 2 3 4 5 6 7 References
British Red Cross and DFID. 2001.

CARE Rwanda SCORE-AIDS Concept
CARE Rwanda

Case Studies

USAID/Ethiopia Contingency Plan for 2003 Drought Emergency
Laura Hammond, 2002

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Section 6
Program Strategies: Social Protection and Approaches to Mitigating Shocks

The Risk Management Framework for chronically vulnerable populations (Figure 1.4) situates mitigation after emergency response and in parallel with rehabilitation. Social protection encompasses those activities that address (1) the causes of vulnerability through mitigation by protecting household assets and (2) the effects of shocks through the strengthening and supporting of formal and informal safety nets. This section discusses the short and medium term programmatic approaches to dealing with vulnerability by addressing both the causes (mitigation) and effects (safety nets) of shocks.

This chapter recommends that interventions designed to mitigate shocks by addressing the causes of vulnerability should protect assets and should emphasize livelihood diversification. In addition, formal and informal safety nets should be strengthened and supported, because they offer essential kinds of insurance to buffer households against shocks. Social safety nets include short-term response mechanisms designed to deal with quick-onset shock-related events, and long-term responses that address crisis events with an ongoing dedication of resources for extended periods of time.

A. Social Protection

"Social Protection refers to the public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society" (Conway et al., 2000). Social protection can also be viewed as "a collection of measures to improve or protect human capital, ranging from labor market interventions, publicly mandated unemployment or old-age insurance to targeted income support. Social Protection interventions assist individuals, households, and communities to better manage the income risks that leave people vulnerable" (World Bank, 2002). The primary goal of social protection is to assist poor individuals, households, and communities to reduce their vulnerability by managing risks better.

Social protection is designed to proactively help the poor invest in higher return livelihood activities that make them less vulnerable to risk. This approach allows people to move out of poverty while still providing support for those in most severe need (World Bank, 2002). This framework is particularly useful when addressing asset protection at the household and community levels. The objectives of social protection are to:

- reduce the vulnerability of low-income households with regard to basic consumption and services;
- allow households to shift income efficiently over the life-cycle, thus financing consumption when needed; and

- enhance equity particularly with regard to exposure to, and the effects of adverse shocks.

B. Programming Considerations in Social Protection

Incorporating a Broader Definition of Household Vulnerability. Approaches to programming need to respond to a wider array of shocks than what has traditionally been done. Programs need to broaden their awareness of how shocks fundamentally impact the social, political, and economic aspects of the household that lead to increased vulnerability. The kinds of crises that have become especially relevant include economic and political instability, ethnic and religious conflict, and HIV/AIDS. AIDS is a particularly complex shock, because its effects can be observed in health, nutrition, and livelihood both immediately and in the long term. Cross-border and urban migration deserve increased attention in situations where populations are being displaced. Urban population growth and the contribution of the rural exodus demand increased attention to the needs of the urban poor and the socioeconomic variations of this category in terms of livelihood systems and responses to crises. A broader definition of vulnerability also calls for the incorporation of a rights-based approach to targeting populations and defining the importance of mitigation as a human rights issue.

Duration of Shock Events. Besides the type of shock event, programming needs to account for that fact that some shocks are quick-onset while others take place over the long-term. It is critical that programs make important distinctions between immediate disasters, seasonal shocks, and longer-term trends. Shocks can be recurrent, such as recurring droughts or annual short-falls in food stocks of poor households prior to harvests. Others are singular events, such as old age and death. The more severe, prolonged, or repeated the shocks are and the fewer the assets owned by the household, the less the household can protect its consumption level or avoid divesting itself of its assets to counter the drop in its income. The severity and duration of AIDS is another reason why it has become such a serious obstacle to household livelihood security (World Bank, 2001b).

For instance, policies and programs that prove effective in dealing with the effects of quick onset hurricanes or floods may not be adequately designed to address the labor surpluses and food shortages associated with seasonal variations or political instability. Similarly, family nutrition programs and micro credit associations must be responsive to longer-term needs and account for the activities of their borrowers by evaluating environmental and economic sustainability.

Cyclical and Deteriorating Economic Effects of Shock. Programming needs to recognize that for chronically vulnerable populations, shock events tend to be cyclical and have a deteriorating effect on household livelihood security over the long term. The debilitating effects of shocks and the recurrence of shock events lead to the loss of productive assets over time. This inevitably makes the households increasingly vulnerable to the effects of future shock events. Households or communities threatened with repeated shocks face greater risks of destitution, because they have less time and fewer resources that enable them to recover from shocks.

Programs need to act quickly to prevent the initial loss of assets in a timely and equitable manner. The best approach is to provide resources that can buffer a household's productive asset base so that it can continue to meet its basic needs in a sustainable manner. The goal of these asset protecting efforts is to address the causes of shocks by increasing the preparedness and resiliency of households. The social protection framework discussed below is especially equipped to address the issue of divestment.

Social Variations in Vulnerability and Resilience to Shock. Programs should take into account the significant variations among households and communities regarding their relative degrees of social, economic and political vulnerability. Assessing vulnerability needs to examine the relationship between specific shocks and the kinds of factors that generate vulnerabilities among households. For example, minimizing vulnerabilities against AIDS should account for the variations in socioeconomic status and exposure to risk. The shock of AIDS may have a greater effect on women whose husbands die of AIDS, because their economic entitlements are at risk. These women may loose their resource base to their in-laws, because of patriarchal inheritance rights. The vulnerability to economic destitution can leave many women widowed by AIDS without a means of pursuing their livelihood. Programs need to make a concerted effort to address the needs of marginalized populations through processes of empowering and capacity building. Given the large numbers of poor and the scarcity of public resources, policymakers and development institutions need to target the most severe risks faced by vulnerable populations. If interventions efforts are not appropriately targeted to specifically incorporate marginalized populations, the level of poverty and destitution is likely to increase (World Bank 2001).

Political Empowerment and a Rights-Based Agenda. A third aspect of vulnerability that programs should account for is political, encompassing empowerment issues, and usually involves promoting a rights-based agenda. Based on work in Burundi with integrating rights into a household livelihood security assessment, Rand (2002) suggests that programs seeking to reduce vulnerability need to investigate the reasons why certain households are in a chronic state of poverty. Getting participants to talk freely about political disempowerment and social oppression as causes of poverty can be difficult. Programs seeking to reduce vulnerability should account for the effects of political disempowerment that often become manifest through human rights abuses and bad governance. The assets preserved through mitigation activities need to be protected from capture by elites or other social groups by attending to the political vulnerabilities of the poor.

Minimizing Harm and Protecting Sustainability. Since the health of the natural resource base is essential to most rural livelihoods, interventions should strike a balance between fulfilling the immediate needs of at-risk populations and ensuring the environmental quality necessary to reduce vulnerability, and enable recovery in times of post-disaster stress (WFP 1998). Environmentally unsound practices built into short-term responses can have long-term negative impacts especially when these responses involve the utilization of natural resources. Programming responses should be thought out in advance to adequately consider these impacts so that the work during the rehabilitation phase to rebuild the natural resource base can be

reduced (CARE 1998). Interventions directed toward specific sectors can easily exacerbate a pending crisis in other sectors. For instance, distributions of food aid or subsidized food may improve the immediate nutritional security of individuals, however, in the long-term it can have a detrimental effect on the agricultural sector.

C. Mitigating the Causes of Vulnerability: Protecting Household Assets

Ideally, mitigation should help people affected by shock to protect their productive assets in the short and medium-term while promoting measures to ensure continued security in the likelihood of a future crisis. While the long-term objective is to diversify both assets and income, the emphasis of immediate measures is on preventing or minimizing the divestments of productive assets (WFP 2000; OFDA 1998).

The poor typically depend on a range of existing strategies to manage risk. Households try to anticipate the occurrence of different types of shocks and engage in mitigating behaviors in which they forego some income in exchange for an insurance payout for a shock that occurs in the future. These mitigation strategies are all an attempt to sustain consumption levels in the face of a sudden income shock or persistent poverty.

Certain mitigation responses designed to improve household resources so that they may better be able to respond to future shocks may have unforeseen consequences that can lead to increased vulnerability. Labor migration is a common strategy employed by households coping with shock. However, the risk of contracting HIV may be greater for migrating individuals and this risk is subsequently passed to individuals who comprise the sexual network of the returning migrant. Women are the ultimate victims of this risky coping strategy, because they are vulnerable to contracting the disease.

Populations in disaster-prone areas are less capable of recuperating from recurrent shocks. For agro-pastoral households, a typical response to famine, drought, or HIV/AIDS may be to sell off livestock, land, or other productive assets. In the face of repeated shocks, these households face a difficult choice between short-term survival needs and long-term livelihood protection. Therefore, it is important, particularly for the rural poor, to develop mechanisms that encourage increased investment in durable assets as well as in human and social capital necessary to secure diverse, non-agricultural income strategies.

Protecting critical productive household assets is an important way in which programs can help mitigate shocks. Interventions should focus on diversification of both assets and livelihood options while paying close attention to inherent rights and responsibilities of at-risk populations. Reducing the causes of vulnerability to shock entails the construction and maintenance of structures to protect productive assets, limit the accumulation of debt, as well as measures that strengthen existing informal mitigation strategies (World Food Program, 2000):

- Flood control, small dams, dikes, irrigation systems;
- Measures to combat deforestation, soil depletion, desertification;

- Establishment of grain banks managed by local communities to reduce storage need and assist needy households during crop shortfalls;
- Accumulation of small livestock (proven particularly effective in protecting female-headed households); and
- Education of community leaders, officials and vulnerable populations concerning precautionary measures to reduce vulnerability.

D. Addressing the Effects of Shocks: Safety Nets

Formal and informal safety nets are important mechanisms for reducing the effects of shocks on the household by utilizing outside resources to buffer the negative outcome of crisis situations. It is important for social protection programs to recognize early on that programs should seek to strengthen linkages between informal and formal safety nets, drawing on the knowledge that both are critical to protecting vulnerable populations throughout the region. In particular, strategies should support safety net measures that respond to shocks by allowing households to maintain their productive assets. It is critically important to (1) identify safety nets that 'do no harm' to the future of household livelihood security, and (2) strengthen and support those safety net structures.

To ensure that interventions are appropriate to highly variable local contexts, programs should focus first on strengthening household and community coping strategies rather than supplanting them with externally derived initiatives that are not based on local needs, capacities and resources. It is important to understand the coping mechanisms of people who have lived in disaster-prone areas and to support those mechanisms that have a positive impact and to reduce reliance on strategies that have a negative long-term impact on livelihood security and the environment (WFP 2000).

However, there is a growing concern in that informal household and community short-term safety-nets tend to sacrifice long-term sustainability in favor of immediate security. For example, households may cope with quick-onset risks through short-term safety net measures such as removing children from school or selling off livestock, both of which have the unintended long-term consequence of leading households into a 'poverty trap'. Additionally, recurring shock events and the high demand for assistance created by multiple households or entire communities commonly cause informal short-term safety net strategies to become strained to the point of collapse. For instance, communities with high a prevalence of HIV/AIDS will experience a burdening of informal safety nets. The demands of care, both time and economic expense, which are widespread in the community will quickly consume the resources available through informal safety nets. As these safety nets begin to shrink, vulnerability among infected households will increase and inevitably crisis will set in.

Formal safety net measures commonly used to mitigate risks usually fall into either employment programs or cash/food transfers. Most often, these measures are targeted at the 'ultra-poor' as a temporary cushion in the aftermath of severe shock. An example may be a public works program that sets the wage rate for created jobs below the market rate, thereby discouraging the non-poor from applying. A distinct advantage of a poverty alleviation program associated with infrastructure development would be that emergency assistance could be provided without creating a dependency, a problem encountered by many social protection measures.

Formal safety net programs are subject to both technical and political constraints. There are important challenges in designing programs that utilize administrative, community and self-targeting mechanisms efficiently and effectively. Safety nets will only succeed if the government is committed to assisting the poorest groups and engaging in debates necessary to build political support for focusing assistance on vulnerable groups rather than on the non-poor or political allies (World Bank 2001a).

The provision and support of safety nets presents numerous opportunities to further define development initiatives built on respect for the rights of marginalized individuals and communities. For instance, formal (government promoted) safety nets often reflect the norms of gender, class and ethnic privilege. In so doing, they are frequently influenced by factors that exclude many of those most in need of public assistance (women, orphans, HIV/AIDS afflicted). Informal safety nets, based on traditional associations or reciprocal exchange networks, can guarantee preparedness at the community level and are critical to protecting vulnerable families.

Advantages of Public or Formal Safety Nets

- State/public programs are more effective than both self-insurance and informal insurance in dealing with concurrent shock in that they can spread risks throughout wider constituencies.
- Social protection programs can provide the marginal security necessary for poor households to make long-term investments in productive assets and human capital.
- Through proper targeting, social safety nets can take a rights-based approach that provides for marginalized populations (HIV/AIDS afflicted, women, landless, unemployed) that are often excluded by informal networks.

Disadvantages

- Public and/or private risk management measures (insurance programs) run the risk of undercutting or displacing self-insurance and informal insurance structures.
- Inappropriate targeting of social safety nets may actually leave some vulnerable households in worse situations than they were previous to the intervention.
- Public resource allocation necessarily involves competing demands from different sectors of society. Inappropriate or misguided social protection measures can contribute to political instability and allow for government corruption.
- States often cannot afford to finance formal systems, or justify the lack of systems on the basis of resource constraints.

E. Exit Strategies and the Transition to Rehabilitation

Transition and exit strategies are important to map out from the beginning. Transition strategies should include partnerships with local organizations and be prepared to make internal changes in terms of personnel, objectives and capacities. The rebuilding of trust and civil society may be the first major step toward transitioning into rehabilitation.

Well-defined exit strategies provide programs with an approach to making the transition from safety-net to more long-term programming interventions. Exit strategies need to be implemented after a crisis has subsided and households begin to resume thinking about the future.

Exit strategies are also important to consider to prevent long-term dependency on short-term relief responses. If a situation begins to deteriorate beyond the point of relief intervention, exit strategies with a 'bottom-line' on when and how to withdraw are essential to ensuring the protection of personnel and assets.

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

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World Food Programme. 2000.

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World Food Programme. 2000. *Guidelines for WFP Assistance to Disaster Mitigation* Rome.

Section 7
Program Strategies: Transition and Rehabilitation

Rehabilitation programming is about rebuilding and reinforcing people's capacity to resume pursuing their livelihood activities. This phase of intervention commonly overlaps with mitigation and long-term development. In chronically vulnerable situations, it is typical that a recurring crisis could move an intervention from the rehabilitation stage back to emergency response or mitigation. Rehabilitation is part of a process of protecting and promoting the livelihoods of people enduring or recovering from crises. Where complex emergencies and/or natural disasters are recurrent, households are perpetually vulnerable to periodic shocks and the boundary between relief and development is blurred. The best-designed rehabilitation programs are those which combine emergency relief responses, intended to rebuild lost or damaged natural and social assets, with an approach that addresses the fundamental social, economic and political causes of vulnerability. Therefore, rehabilitation should be a strategic or proactive process whose success is measured by its ability to protect household livelihoods by lessening vulnerability roughly in the period after relief has been delivered and before the process of development has begun.

The framework outlined above differs from the model of rehabilitation traditionally employed before the 1990s when rehabilitation was viewed as a quick and short-term transitional step from natural disaster relief to development. Rehabilitation was typically limited in its scope to infrastructure repairs and the typical timeframe did not exceed one or two years. The objective was to bring about short-term stability, however, its limited perspective often led to changes of the physical landscape without creating positive fundamental social or economic changes in the ability of households to protect their livelihoods from future crises.

The purpose of current rehabilitation programming should be to promote vulnerability reduction within a two to three year timeframe. Rehabilitation "provides short-term income transfers, rebuilds household and community assets, and rebuilds institutions" (CARE 2000:1). Basically, rehabilitation programming serves to strengthen the recovery potential of an affected population by empowering households with the means to stabilize their livelihood systems. Rehabilitation lays the foundations for future development initiatives, notably those involving the improvement of household livelihood security. The vision of rehabilitation programmers should recognize the value of a diverse range of activities and operating principles in their programming to include conflict resolution, human rights and gender equality among others.

A. Post Conflict Situations and Transitional Programming Strategies

Post-conflict situations require a unique transitional programming approach that recognizes the importance of political empowerment in reducing household vulnerability through initiatives that address human rights and governance. There are several critical aspects of working in post-conflict situations. First, conditions following a war do not usually accommodate much deliberation, as the pressures to

address humanitarian issues and establish a context in which peace can prevail are intense. The media, funding parameters, the extensive needs of the population, donors, constituents, and organizational protocols all demand that programs respond quickly and demonstrate a positive effect. Thus, the fast-paced, emergency environment necessarily limits the time and details that might otherwise be incorporated into conducting an initial appraisal of community needs. Also, areas recovering from extreme violence are politically and socially unstable, and tend to experience continued retributions from the conflict and a rising crime rate. Working under conditions of instability can constrain a program's geographic access, reduce the amount of time available for working in communities due to imposed curfews, and limit access to certain individuals. Communities recovering from violent conflict also suffer from serious infrastructure damage, psychological trauma, severe mistrust, and social divisions within the community. Added to this context may be the burden of large numbers of internally displaced families, a condition that may continue for an extended period of time. Working in post-conflict settings, programs face the difficult task of attempting to gather this troubled, dispersed, and disunited membership into a viable decision making body. Additionally, attempts to build local capacity to make decisions and advocate for community needs can be threatening to authorities and the elite still responding to a conflict situation (USAID 2000).

USAID has made transitional programming a critical focus of their rehabilitation programming in chronically vulnerable situations and have developed a set of useful recommendations:

- Allow for flexibility within community-based programs.
- Define the objectives of community engagement, whether reconciliation and

Rebuilding Livelihood Security through Economic Entitlements in Tambura, South Sudan

An ongoing civil war between the government of Sudan and the Sudanese People's Liberation Army creates a situation of chronic violence, displacement and livelihood disruption amid an atmosphere of human rights violations and widespread insecurity. CARE's work in Southern Sudan demonstrates the transition from relief to rehabilitation, and is an example of how these activates are structured within chronically vulnerable situations.

In 1993, CARE opened an emergency mitigation program to care for civil war refugees and to deliver relief packages that included food and household kits. The aim was to act quickly to save lives and prevent further humanitarian abuses.

By 1994, the emergency situation eased and the refugees resettled to rebuild their agricultural livelihoods. CARE redirected its mitigation work to begin a rehabilitation program. A CARE 'barter shop' was established where agricultural produce could be exchanged for essential goods procured with relief money. The purpose was to develop local capacities and restore household livelihood security. Despite chronic war conditions, the goals of the CARE program include:

- Enhancing household livelihood security of the population, both directly and indirectly at the community level, by rebuilding economic entitlements through access to food and essential resources.
- Encouraging the overall resiliency of project participants against stresses caused by personal and economic insecurity and adverse political, social and environmental conditions.
- Strengthening the community network by encouraging community involvement in all programs.
- Supporting the community to produce a constant and reliable source of food beyond domestic consumption, so that a marketable surplus can be traded thereby providing the economic means to obtain resources beyond the farm level.

political empowerment, or community engagement and project development.
- Plan for longer-term engagement with communities.
- Plan for consistent funding and program approaches to post-conflict community programming - a more coherent and continuous commitment to using local structures, supporting local capacities, and building on them through advocacy development, training, and capacity building.
- Recognize the influence of international organizations on the community.
- Understand local cultures - conduct a conflict analysis to include an examination of specific, local issues and relationships prior to, or at the early stage of project design. Work towards a greater understanding of regional politics and influences, as well as a deeper recognition of the root causes of the conflict.
- Promote better donor coordination - create a common, country- or region-wide vision that can help to direct resources, diminish the funding and programmatic gaps, and influence the central/local government (USAID 2000).

B. Social and Political Challenges for Rehabilitation Programming

One of the greatest challenges of rehabilitation programming in chronically vulnerable situations is the imminent threat of future complex emergencies. The potential for resumed crisis raises the question about the long-term durability of assets, infrastructures, and institutions that are being rebuilt and transformed during rehabilitation projects. Frequent periods of instability plague rehabilitation projects and threaten the ability of these operations to function. It is difficult for agencies to accept that fact that their efforts could be destroyed and continue to make substantial commitments of time and resources.

The conditions of unrest, recurring crisis and general lack of security present rehabilitation programming with additional obstacles not normally encountered in the course of livelihood rebuilding. “Humanitarian access has been hampered by general insecurity arising from the conflict, an inability or unwillingness on the part of the State or non-State actors to allow such access and in some cases by deliberate attempts to obstruct humanitarian assistance. Frequent interruptions of assistance to victims in Sudan and Afghanistan reflect the difficulties of maintaining humanitarian access even where the parties have agreed on the need for humanitarian assistance” (WFP 1999:5). In countries where conflict makes humanitarian assistance difficult, successful rehabilitation programming may be possible in pockets of relative peace (i.e., northern Burundi).

When established government structures and service delivery programs designed to respond to public needs become incapacitated during times of crisis, “international organizations or ad hoc bodies representing the international community have to take responsibility for many policy-making and coordination as well as operational aspects which, in a ‘normal’ emergency, would be the responsibility of the government” (WFP 1999:6). In areas of armed conflict, the status of humanitarian groups has not always been respected and has resulted in the targeting of development workers for acts of violence.

Assessment and monitoring during conditions of constant social upheaval and population disruption create difficulties in collecting data and assuming these data are reliable enough to make programming decisions. Estimating the numbers of people requiring rehabilitation assistance is particularly difficult because of limitations on collecting demographic information.

Targeting and distributing rehabilitation resources is especially problematic in situations where insecurity is high and where resources can be captured by a local elite for personal profit. A compromised ability to deliver resources inevitably leads to misappropriation. Direct distribution of resources is sometimes an option, but can be complicated due to a lack of reliable and willing partners.

Rehabilitation without transformation inevitably leads to a return of the traditional status quo and may serve to reproduce the same conditions of power that led to the original emergency. For a rehabilitation project to be transformative it must challenge the status quo. Challenging the status quo has transitional costs associated with it. Challenges to the status quo may compromise the security of projects and personnel during an emergency as they become targets for reprisals from enforcers of the traditional status quo. The human and material costs of transformation during the rehabilitation process raise important issues about accepting loss and assuming responsibility for loss that are difficult for humanitarian agencies to deal with.

C. Important Principles for Rehabilitation Programming

The following set of principles is drawn from agencies working on rehabilitation projects in chronically vulnerable situations and may help to better identify important factors to consider.

Reducing Economic Vulnerability in Northeastern Kenya through Food for Work (FFW)

In 1995 CARE designed and implemented a transitional emergency-to-development program. Designed to take one year, populations that had been affected and displaced by the drought would be re-established back into pastoralism. The program focused principally in rehabilitating infrastructure, like roads, bridges and schools, through food for work.

Three pastoralist groups were targeted by the program: those who had dropped out of pastoralism and were destitute and living primarily on handouts from the development community; those who had taken up alternative means of livelihood; and those who were still in the pastoral system but were deemed vulnerable.

Different interventions were put in place to address the three groups. Infrastructure rehabilitation aimed at pulling people out of the feeding centers established by development organizations. Food for work was established as the only mechanism to get food and therefore only those who were willing to work in FFW programs had access. Rehabilitation focused on de-silting dams and other livestock-supporting infrastructure. It also aimed to rehabilitate or establish social services infrastructure.

The government established disaster management committees at the district level. They took the primary responsibility of coordinating relief efforts in their respective districts. They were however understaffed and inefficient, and inter-agency committees were formed to bolster their efforts.

Local communities were organized into food distribution committees to facilitate food distribution at the household level. The committees served primarily as a conduit for food rations rather than decision-making units. Leadership at the local committees actually came mainly from government administration officials at the local level.

Identifying the Social, Political and Economic Causes of Vulnerability

- Review government policies with regard to rehabilitation and other stakeholders' involvement.
- Assess damage to social, natural, and physical resources and the implications for scope of rehabilitation interventions.
- Analyze the structure of vulnerability of the communities (exposure, capacity, potentiality) and the implication to rehabilitation strategies.
- Analyze the priorities of the affected people and the commitment to strengthen civil society.
- Plan and implement activities including short-term income transfers, rebuilding lost household assets, rebuilding lost community assets, and rebuilding institutions.
- Monitor and evaluate to measure the outcome and effectiveness of rehabilitation measures.

Understanding Social and Political Transformation

- A comprehensive view that considers the full range of political, social and economic factors in the rehabilitation spectrum is important (see practical applications and tools).
- The process of reconstruction should go beyond rehabilitation in its scope. Rather, it should be designed to transform the response mechanisms of an area to ensure that lessons learned today can improve the capacity to respond to future disasters (Maxman 1999).
- This transition can be hindered by bureaucratic inertia as well as corruption that drains rehabilitation resources. Capture of resources and trade-offs in the investment process can present obstacles. There are transitional costs associated with challenging the traditional status-quo.
- Rehabilitation in chronically vulnerable situations should accept the likelihood of future crises and therefore need to include elements of early warning and emergency preparedness.

Sequencing of Project Phases

- There are minimal conditions for the transition from relief to rehabilitation to take place. These include the cessation of conflict, increased political accommodation to guarantee a reasonable level of security, respect for human rights and accommodation of humanitarian groups, and acceptance of the controlling political authority by donors (Maxwell 1999).
- Complex emergencies require interventions that begin early and provide inputs (material and social) to assist a population to cope with and adapt to their new situation (Maxman 1999).
- It is important to seek a 'window of opportunity'. In complex emergencies, these windows of opportunity may intensify as conflict subsides.
- Programs should stress principles of flexibility and process planning in their sequencing of activities.
- Always have a contingency plan in the event of insecurity. Reversals during complex emergencies need to be anticipated.

Resource Utilization and Allocation

- Rehabilitation projects with long-term perspectives are often handicapped by short-term funding constraints. Agencies can overcome this by breaking down long-term programs into fundable components while still making their long-term visions clear to donors.
- Small-scale, low-cost interventions may be more appropriate in order to prevent exacerbating conflicts over resources and to protect the security of investments.
- One of the aims of rehabilitation should be to minimize the dependence on continued relief resources from donors and to feed local level interventions into national level policy to ensure a continued flow of resources.
- Food-for-work projects have provided an important additional coping strategy for vulnerable households that have helped to reduce the pressure to sell productive assets to meet immediate consumption needs.
- Projects should aim for equitable rehabilitation among different household types. Although crises affect households differently, distributing resources evenly and providing equal access will help reduce jealousy and stigmatization.

Institutional Networking

- Cooperation and coordination are needed between specialized agencies. An integrated macro-micro framework is ideal for addressing the discontinuities within the relief to development continuum.
- Agencies should seek to collaborate with governments in order to influence policy, legitimize and facilitate programming, to avoid marginalizing government agencies, and to help develop capacity.
- Agencies should form strategic alliances with other NGOs, local government, the private sector, and/or national level institutions.

Strengthening Civil Society through Community Participation

- The destruction of civil society is a major constraint to rehabilitation. The rebuilding of trust, a fundamental element of social capital, within civil society is a significant first step towards rehabilitation and essential for social transformation (Maxwell 1999).
- Participatory measures play a critical role, especially if individuals have been traumatized by conflict and self-confidence and trust needs to be rebuilt.
- Foster community ownership by ensuring that the community's priorities take precedence over donor priorities to promote a sense of ownership.

Social Priorities: Gender Equity and Human Rights

- At the very minimum, rehabilitation projects should not cause additional harm and should aim to strengthen the processes of social rebuilding facilitated by the security of human rights. This 'do no harm' principle should be incorporated into the planning process through a benefits/harms analysis.
- Build on the capacities of women that may have been extended by the crisis, or, conversely, may have worsened.
- Human rights principles of equity should be followed, promoted and never compromised. Agencies should consider suspending projects and withdrawing on matters of human rights.
- While women may be a particularly vulnerable group in some situations, they may also have special capacities and dynamic abilities that should not be overlooked.
- During complex emergencies, safeguard the physical security of agency staff and assets and to ensure that humanitarian principles are made explicit and never compromised.

Rehabilitation for Complex Political Emergencies

- Unique opportunities for rehabilitation often arise as conflict abates, while operating in the midst of conflict creates problems of security.
- Avoid introducing large-scale development programs before communities are ready or able to absorb them.
- Major programming challenges include identifying legitimate political partners, working with incapacitated state institutions, determining how to deal with the emergence of parallel economies, targeting the most vulnerable groups, prioritizing and sequencing interventions based on the state of the emergency, and minimizing risks of working while conflict is ongoing.
- Rehabilitation for refugees should consist of discrete short-term activities for people who wish to return home and resume their livelihoods.
- The major challenges in a resettlement context are how to avoid perpetuating the dislocation of a population from their homes and livelihoods.
- Consider the environmental sustainability and potential damage of relocating large numbers of refugees in areas that are limited in resources such as water and arable land (CARE 1998).

Incorporating Peace Building and Conflict Resolution

- While underlying causes of conflict must be dealt with in the long term, empowering communities to deal internally with conflict is extremely important in transition period when small misunderstandings can easily erupt into conflicts.
- These activities *may* involve the introduction of outside methods, but often are a matter of rediscovering or valuing traditional processes that may have been lost or marginalized as a result of a larger conflict.

Political Empowerment through Civil Society and Institutional Rebuilding

- The importance of strengthening civil society is that it serves as a counterweight to the human rights abuses of a powerful predatory militia and government structure, it can support peace building, encourages popular participation and institutional capacity building, and is a source of social capital that serves to empower individuals and households in their livelihood activities.
- As programs transition out of emergencies, the building of community partnerships is essential. This first requires the strengthening institutional capacities of civil society.

- The investment in civil society requires a substantial investment of time and resources that may continue well into the development phase once rehabilitation work is complete.
- Absorptive capacity is a critical constraint. Avoid introducing large-scale projects before an area is ready. Some rehabilitation efforts can be incapacitating for local institutions if civil society is not involved from the beginning.
- Building human capital with training and skill transfer is critical. Whereas institutions can collapse, individual skills are more durable. These individuals become community leaders and can lend to support to different projects over time.

Investing in Social Capital

- The health of civil society, improving its ability to participate in rehabilitation and to contribute to social transformation can be done by strengthening social capital.
- A social capital analysis will help programs to work more effectively with existing institutions.
- The kinds of diagnostic questions that need to be asked include (1) what types of social capital exist, (2) who is participating in those civil society institutions that generate social capital, (3) how have social networks changes since the onset of crisis, and (4) if social capital has eroded, what other resources are available?

D. The Rehabilitation Spectrum

The Rehabilitation Spectrum (Campbell and Maxwell 1997) (Table 7.1) is conceptual scheme for categorizing the types of rehabilitation projects that can be implemented to address different thematic spheres and levels of social organization. Projects tend to fall in the social and economic spheres and are targeted toward the household and community levels. However, a holistic approach that accounts for each sphere and level is probably the best approach towards effective and sustainable post-crisis rehabilitation.

Table 7.1 Political, Economic and Social Rehabilitation Interventions by Area and Level of Organization

POLITICAL	Household	Community	District	National/International
Electoral reform				Technical assistance in elections. Monitors.
Human rights	Promote gender equity	Rights education and promotion	INGO cooperation.	Commissions. Support to human rights organizations. INGO lobbying.
Conflict resolution		Training community leaders.	Support for traditional mechanisms.	Radio and other media services promoting peace. Regional initiatives.
Security	Cash or in-kind grants. Training.		Support for police force.	
Government capacity-building			Support to local government.	Salary support. Training. Technical assistance to ministries.
ECONOMIC	**Household**	**Community**	**District**	**National/International**
Macro-economic reform				Program aid. Liberalization. Advocacy on structural adjustment.
Demining			Mine removal.	Public awareness. Build local capacity.
Agricultural production	Seeds. Tools. Restocking.	Irrigation. Grain banks.	Extension veterinary services EWS.	Land rights and land reform.
Income generation market access and environment	Income generation projects. Credit.	Public Works. FFW & CFW environment.	Barter shops.	
Physical infrastructure	Shelter. Housing.	Sewage. Water.	Energy. Telecommunications. Roads.	Airports.
SOCIAL	**Household**	**Community**	**District**	**National/International**
Refugees and displaced	Psycho-social counseling. Seeds. Tools.			Repatriation programs. Property rights.
Social infrastructure and services		Schools. Health Centers. Training. EPI.	Regional hospitals.	
Vulnerable group assistance	Income transfers. Food distribution.	Feeding projects.		
Gender projects	Support for sexually abused.	Support to women's groups.		
Social capital building		Support for clubs . Local NGOs. Elders.	Encouragement for local NGO networking	

Adapted from Campbell and Maxwell, 1997

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

Program Considerations for Rehabilitation.
CARE 1999.

Guide to Program Options in Conflict-Prone Settings.
Office of Transitional Initiatives. 2001. USAID.

Concept Papers

Roundtable Report: Community Based Reintegration of and Rehabilitation in Post-Conflict Settings.
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Section 8
Program Strategies: Development and Growth for Long-Term Vulnerability Reduction

While much of the emphasis in the first edition of this document dealt with preparing for and dealing with chronic vulnerability, this section deals with programming approaches and considerations for household livelihood development and growth initiatives that should be considered when designing interventions aimed at decreasing long-term vulnerability. The relationship between poverty and vulnerability depends upon the nature and severity of the risks being faced and what assets are available to the household for use as insurance against risk or in coping with shocks. This chapter identifies potential strategies that assist the poor to overcome chronic vulnerability by managing risk and increasing income. It focuses on improvement of productivity of assets and increase in their resilience and predictability of benefit streams. Many factors contribute to high levels of chronic poverty and vulnerability: AIDS and other epidemics, macro-economic shocks, conflicts, repeated droughts and seasonal food shortages, all of which can undermine the livelihoods of entire communities. This section lays out a strategy for overcoming these factors, with emphasis on some proven strategies for dealing with climatic and economic factors.

As a basic principle, development and growth interventions should be aimed at improving household livelihood security by increasing and diversifying a household's asset base (land, labor, skills, etc.) and benefit streams (income—in-kind or cash). Safeguarding and enhancing components of a household's livelihood system improves its ability to cope with shocks and adapt to changes. This basic principle can be approached in a number of ways.

Development and growth initiatives should also work to strengthen and diversify potential safety nets. Informal safety nets usually rely on social relations between households, for example, reciprocal food exchange, gifts of cash, or collective labor. Finally, this approach to programming should be dedicated to supporting a human rights perspective by ensuring that interventions not only improve livelihoods, but also enable people to live a life of dignity.

A. Traditional Approaches are Inadequate

In the context of chronic vulnerability situations, implementing effective and sustainable development and growth projects, rather than long-term relief programs, is made increasingly difficult by recurring crises that reduce a household's asset base and compromise the integrity of its benefit streams to a point where it is no longer possible to maintain a livelihood system. Emergency response interventions are not designed to address underlying vulnerability. They are intended to anticipate and buffer temporary consumption shortfalls for the duration of a seasonal or short-term crisis event. However, in situations where shocks have depleted productive assets, relief interventions that mainly focus on consumption will not address future vulnerability resulting from the loss of these assets. To prevent such future vulnerability, the key strategy is to protect and enhance the asset mix available to

households. Interventions that replenish assets also must reach some minimum threshold to sustain household livelihood in order to address future susceptible of assets to shocks.

Investments that reduce vulnerability and safety nets that smooth out consumption are both required. Social protection should be regarded as a development investment rather than welfare or relief. To do so, however, requires that social protection be linked directly to other interventions. This section outlines what some of those "other interventions" might be.

Three basic concepts form the main thesis of this section: First, human beings are vulnerable if the underlying asset base on which they rely for their livelihood is vulnerable to shocks. Secondly, structural transformation is required to ensure sustainable risk management. Thirdly, viable market-based interventions are possible within contexts of chronically vulnerable households.

Strategies for growth initiatives under conditions of human chronic vulnerability must address the productivity of assets on which chronically vulnerable households depend. Households are vulnerable when there is systemic failure that adversely affects the viability of assets: for example, when the production and marketing system do not provide internally consistent risk management to guarantee a return on investments.

B. General Programming Challenges and Components of a Strategy

Several challenges face any type of programming under conditions of chronic vulnerability. These include:

- Designing programs that support **livelihood diversification** strategies goes in such a way as to create a sense of ownership over programming through participation.
- Stimulating **rural micro-finance systems:** credit, insurance, and savings. Without widespread access to financial services, capital constraints will continue to trap the poorest households into low-return, high-risk livelihood strategies.
- Protecting **human capital** in the face of the HIV/AIDS pandemic and recurring violence in many chronically vulnerable situations. HIV/AIDS and conflict also compete for scarce public funds with under-funded primary and secondary education systems necessary to train students capable of taking on more remunerative jobs in towns.
- Making **non-farm opportunities** accessible and attractive to the rural poor. This includes not only the usual physical infrastructural improvements, but also institutional innovations that help reduce entry costs through the introduction of grades and standards and public price reporting systems, and the relaxation of burdensome licensing and regulatory requirements on micro-enterprises (Barrett, Reardon and Webb 2001). Such regulatory requirements can encourage corruption.
- Developing **program strategies** with the long-term objective of overcoming chronic vulnerability in contexts where donors are only willing to support emergency (i.e. very limited-term) projects.

General components of a strategy to overcome these challenges may include:

Building a viable asset base. A key reason for chronic vulnerability at the household level is that repeated shocks or chronic poverty may have left households with such a limited asset base that they cannot rebuild, and cannot take advantage of new opportunities, or even renewed rainfall or a post-conflict transition. They lack an asset base from which to work, and this is certainly a significant reason why poorer households have less diversified portfolios. This may entail the full range of livelihood assets:

- Natural assets: Land, water resources, grazing and forest access, etc.
- Physical assets: Tools, livestock, housing, etc.
- Financial assets: Savings, access to credit
- Human assets: Labor, ability to work (health) education and skills, etc.
- Social assets: Kinship or community networks for risk and asset sharing

Generally, lack of access to financial services—credit, savings, and business management—is a major constraint to participation in the non-cropping sector. Experience has shown that working with savings-led programs is a more appropriate intervention in situations of chronic vulnerability because, in effect, credit is yet another form of risk that many poor households don't want to take on. Under conditions of chronic vulnerability, the CLASSE approach—a model developed by CARE Rwanda working with communities left highly vulnerable in the wake of the genocide—develops savings and credit groups help to build financial assets as well as social solidarity and trust (see case studies).

However, with regard to asset transfers, there are critical thresholds, which, if not met, generally mean that the assets are insufficient to pull a household up to a higher level. For example, a pastoralist household might require a minimum of 20-25 units to survive, while a pastoral production unit might require 1,000 units, with a ratio of one household for every 50 animals to attract private sector investments and long term forward contracts. This analysis will need to be linked to the appropriate economy of scale depending on the asset base and the context in which production is being conducted.

Livelihood Diversification. Diversification of livelihood strategies stabilizes incomes by taking advantage of counter-cyclical earnings from different activities. Studies of diversification in Ethiopia shows that diversification is an effective livelihood decision, because households surviving from famine with higher than average income and food consumption levels also had more diversified benefit streams and a more valuable assets base (especially livestock). Greater income diversification (out of cropping) was positively associated with per capita income level, higher dependency ratio, location in the highlands, and ownership of non-farm assets. Most households believed that earning income outside of cropping (non-farm employment and livestock activities combined) was a key to reducing risk. Yet, not all households could reap the benefit of this insight (Block and Webb, nd).

The major point of diversification is to select alternative livelihood strategies that are not subject to the same risks, or in the same time frame as primary livelihoods. For

example, a farming household that diversifies into livestock keeping, while having a more diverse asset base, would find that both the asset base and the livelihood strategy are subject to the same risks (climatic factors) in the same time frame (dry seasons or drought). This is the source of much of the strategic impetus for rural non-farm livelihood diversification—into such activities as trade and natural resource extraction.

Accessing markets. Many times chronically vulnerable households potentially have the means of dramatically increasing their income (and hence the ability to diversify their assets) but are insufficiently organized to take advantage of markets. The REAP Program developed by CARE Kenya facilitated small-holders in a chronically drought-prone and impoverished area to form groups that could produce an adequate quantity of horticultural crops to attract exporters, and then worked with these groups to secure the necessary forward contracts to guarantee them a return on investments and labor (see following section). This relatively simple combination of factors enabled farmer groups to lease land, take on loans for investment in irrigation and other infrastructure, and even hire the expertise to assist in production planning and quality control—and enabled farmers to increase their earnings eight-fold in a single year. The key was to analyze the market for potential sources of this kind of earnings, and then plan systematically to address all the constraints facing such groups.

Funding and Programming Strategies. One of the major constraints faced at the agency level is that, in contexts of chronic vulnerability, it may be extremely difficult to obtain funding for any kind of activity that is oriented at long-term improvements or development. This has long been the case in drought-prone areas, and is increasingly the case in conflict-affected and even HIV/AIDS affected communities. Funding for humanitarian assistance may be readily available, and resources for addressing the immediate effects of the HIV/AIDS pandemic may be available. However as noted, humanitarian interventions alone are often inadequate to addressing underlying vulnerabilities, and programs that deal with the immediate effects of HIV/AIDS may not deal with the longer term vulnerabilities resulting from the pandemic, at either the household or community level. Although, HIV/AIDS programs are becoming more successful at incorporating the cross cutting impacts of the pandemic.

In other circumstances, program staff are learning that having a clearly defined long-term set of program objectives at the area or district level provide a framework for both developing specific interventions—even if they may be labeled “emergency” in terms of their funding. Program objectives also are a means to convince donors that a coherent strategy exists for addressing vulnerability and that it is worth the investment of their funds. CARE Kenya has developed one such approach to a Regional Strategy in Northeastern Province (see case studies).

Policy and Regulatory Constraints. As always, there are some barriers to overcoming chronic vulnerability that are a result of policies, or the regulatory environment, in which livelihoods take place. Much of the urban informal economy in Africa, for example, is in technical violation of municipal statutes dating from the colonial era, which make certain activities illegal or confine them to certain areas. But the legal areas or activities are often not the best sources of the limited income

available, and thus are not followed, leaving many informal workers—hawkers, street food venders, petty traders, etc.—at the mercy of predatory urban officials. More information on policy advocacy as an intervention strategy is offered in the following section.

To effectively mobilize the poor to improve governance, there is a need to focus on the enabling environment provided by government to production systems. This will include tolerance of local government for poor people's voice, the credibility of public officials, the predictability of government programs, and the respect of poor people's rights (Moore and Putzel 1999). One of the main constraints related to governance in chronically vulnerable areas is that the local participatory arrangements often fail to include the poorest people. Aside from the fact that the poor often do not have time to participate, the poor may be excluded or deliberately marginalized by the local elites. Thus for true participation of the poor to occur, institutional mechanisms must be in place to ensure these groups are included. This will involve mobilizing the poor into networks of organizations and contributing to the economic and political resources possessed by these groups.

C. Structural Transformations to Reduce Vulnerability to Climatic and Economic Shocks: The REAP Program

Makueni District in Southeastern Kenya is the classic case of a subsistence production system that depends on external resources to sustain each cycle of production since the return is inadequate to fund the next cycle. Systemic failure is also when production is structured in ways that skew entry into an industry because of sub-optimal economies of scale (e.g. unsustainable herds or unviable land sizes); lack of synchronization between production systems and market requirements (products are neither the right quantity, quality or right production time required in order to respond to market demand); production is under management and technology regimes that cannot reduce production risks; inadequate protection of financial input because of instability in returns.

The approach developed was not designed to address the symptoms of systemic failure, for example, low and unstable prices for products, or marketing through brokers who offer long-run average prices that are below return of assets. Neither does it deal directly with vulnerability of assets to external factors. It approaches the problem by creating the appropriate system that ensures internally consistent mechanisms to contain risk management at each level of production. It also applies a sector-wide approach to ensure that consistency. The premise is that the failure in any system results in a threat to asset productivity and increases the risk of not getting adequate returns.

A common theme across all households defined as chronically vulnerable is the low and unpredictable return on assets that households depend on for their livelihood. This is further compounded by high susceptibility of assets (land, labor, livestock, etc.) to external shocks (disease, drought, insecurity, floods, etc.). The low return to assets tends to be unattractive to long term investment. The chronic vulnerability also tends to be compounded because with each cycle of shock, assets and their productivity deplete further. CARE Kenya has developed a strategy of interventions

that could transform these environments into viable investment opportunities that utilize the existing resources to meet household needs, while managing production and other risks that make investments in such conditions unviable.

This is not about rehabilitation, or "long term development", but rather structural/system transformation to create conditions that make it possible for households living under such conditions to be an attractive investment. Under the "right conditions" investments in productivity, markets, skills, etc. have been shown to provide stable and attractive returns (cash and in-kind) that give immediate results and are sustainable over the long term. The strategy therefore necessarily addresses the creation of these conditions.

Three hypotheses underpin this strategy: The first is that return on investments in conditions that generate chronic vulnerability can be as high as that found in other areas considered of "high potential" as long as the right conditions are established that enable viable investment opportunities. The second is that achieving acceptable levels of risk requires holistic interventions that address all structural problems by transforming inappropriate systems and establishing the appropriate economies of scale and return on investments at each level in the "production to market" chain. The third is that households that can benefit from this system already supply/produce for the markets but within unpredictable and unsustainable systems. The question that this strategy proposes to answer is whether subsistence agriculture can be structured viably and in ways that would reduce the impact of external shocks on productivity of assets to predictable and manageable risks.

A market led-solution for vulnerable and food-aid dependent households.
The most vulnerable households/communities in the Horn of Africa (pastoralists, resource-poor farmers) are linked to their primary markets through unpredictable marketing systems characterized by brokers and marketing systems that skew terms of trade against their products. Both face long run average prices for their products below investment returns.

The REAP (Rural Enterprise and Agribusiness Promotion) Project is a commercialization of agriculture project. It is currently targeting a district that was ranked 40 out of 41 in a poverty index sample survey by Government and NGOs of districts in Kenya in 1998. At least one third of the population receives food-aid for a period each year. The land is semi-arid, low rainfall, which leaves the principle asset—land—an unproductive and unreliable source of income. Even for households with access to irrigation water, the returns have been sub-optimal and families have continued to rely on food aid. The key to the intervention has been solving systemic problems of production and marketing for households to increase return on investments. The area is suitable for the production of non-traditional agricultural export crops (particularly high value horticultural crops), but local farmers had not been able to take advantage of this.

CARE conducted an analysis and found that the smallholder farmers played the role of "buffer suppliers" – the export marketing firms only sourced from smallholders through brokers when they could not meet their export contracts through their own production. This resulted in a highly volatile price situation since the farmers tended to plant the crops that fetched the highest prices in the last season, while the reason

for the high prices was a temporary shortfall in supply from the formal system. The smallholders operated with minimum investments and therefore had erratic quality and quantity that made them unviable as stable suppliers of the export market. The farm units were also operating below the economies of scale that could not enable exporters and service providers to work with them directly.

CARE Kenya designed an intervention that restructured the marketing, production and transport economies of scale, irrigation and management technology, supply of inputs and financing mechanisms. The target was to make each aspect viable. The intervention is based on creating the economies of scale that have enabled exporters to provide commercially viable forward market contracts. The intervention reorganizes production at the farm level by assisting smallholders to assess land units of between 30 and 60 acres, which is the viable land unit that attracts viable forward market contracts.

CARE then loans the smallholder farmers against the forward contracts adequate resources, using a venture capital investment model (shared financial risks with smallholders) and the management capacity and technology to facilitate reliably supply of forward contracts on time with the right quality and quantity. All the interventions are tied to business plans based on forward contracts and market requirements.

Inputs are contracted from suppliers in bulk, which has enable suppliers to reduce prices while delivering at farm-gate. The exporters collect produce directly from the farm gate and provide prices that are adequate to guarantee a very profitable return on investments. The income for each household has increased from about US$150 a year to an average net income of US$1,000 per farmer per year. Within the first four months the participating households have adequate income to eliminate the need for food aid. This is a fully commercial model with no subsidies and therefore all CARE resources, including the extension, is on commercial terms, and generates income for the project.

In terms of growth, from an initial forward contract of US$150,000 the market has increased to US$1million with options to take on capacity to about US$3 million within the next two years. This has been generated from an initial investment of US$300,000 by the project. This has established a predictable and consistent return on investments, and has already gone through drought cycles without affecting incomes of participating households. It is in the process of expansion to cover at least 3,000 households in the next three years, with each household, guaranteed at least US$1,000 with the ratio of one farmer to one acre.

How replicable is this example? Making this shift to a structural transformation of sectors in order to promote viable and sustainable growth with returns on investments requires interventions that overcome several constraints. Since chronically vulnerable households by definition are dependent on highly vulnerable assets, they do not lend themselves to immediate and easy solutions. There are still very few examples of successful transformation of communities from chronic vulnerability to a self-sustaining community/households. Most communities that are vulnerable have only continued to become more so with time.

Designing appropriate development and growth interventions depends on the following:

- Identifying structural problems that hinder efficient and viable production and marketing of products from a given asset base (e.g. distorted livestock or agriculture marketing systems; poor terms of trade; poor economies of scale in production/ transport/ technology and marketing; inappropriate policy framework).
- Ensuring the capacity to design interventions (by communities, government and development agencies) that respond to both the structural problems and production/ marketing problems in order to maximize returns.
- Maintaining ownership by poor households of the assets and production systems once successful interventions are identified and benefits/returns from investments are established.
- Providing viable commercial financing strategies that are sustained through return on assets, and that are within the risk profile.

There are many challenges in designing sustainable interventions under these conditions. The first is the skill base within the "development community." Another challenge is identifying a model for rural financing without trapping resource-poor households into low-return, high-risk livelihood strategies that only increase their debt. A third challenge revolves around human capital formation while maintaining high productivity in challenging environments. The fourth challenge is how to tie on-farm with off-farm opportunities to provide attractive options to different groups of rural poor. Another problem is the ability to scale rapidly to have systems that cover the national or affected populations/regions effectively within reasonable timeframes. The lack of viable institutions to facilitate participation of resource-poor households in productive systems as the sector evolves is another constraint. The fifth challenge is identifying sources of funding for investment in new commercial models in areas that have traditionally attracted relief interventions. Each of these has to be addressed in a successful strategy.

D. Long-Term Social Safety Nets

Besides investing in the benefit streams and asset bases of households, development and growth programs should consider how they could improve the long-term durability of informal and formal social safety nets. Programs should evaluate these systems to determine if lending support could help contribute to reducing the vulnerability of chronically vulnerable groups. Safety nets fall into three general categories (1) smoothing out consumption streams and protection and rebuilding of assets for those who are vulnerable to shocks, (2) care for the physiologically vulnerable (elderly, disabled), and (3) support for the chronically poor (e.g. women and child-headed households). HIV/AIDS-affected households could fall into any of the three.

Strengthening Informal Safety Nets to Manage Risk. In terms of strengthening informal safety nets, programs should consider how to build on existing supplies of social capital within the community. Adequate resources must be available and evenly distributed within the community to provide the capacity for intra- and inter-household community safety nets. Social capital is critical for generating social

assistance as a direct response to help mediate risks and proactively can help create opportunities for livelihood advancement by generating new benefit streams.

Strengthening Formal Protection Programs. The public sector with the assistance of NGOs can help the poor manage risk more effectively by (1) reducing or preventing the risk itself (2) insuring better coverage and lowering the cost of insurance against risk (3) promoting low-cost coping mechanisms during their times of need. To set priorities, development institutions need to focus on the most severe community-wide risks affecting a region. In addition, they should concentrate on preventing the need for informal risk coping mechanisms that reinforce social inequality and future vulnerability (e.g. taking children out of school, having older children take care of younger children). Another factor that needs to be taken into account is to identify which groups are likely to be the most vulnerable so that programs can be targeted to these groups. To ensure that public interventions are used in cost-effective ways, there is a need to take into consideration effective informal risk management strategies implemented by households and communities. Public interventions should supplement or strengthen these informal strategies, not replace them.

The HIV/AIDS Priority. HIV/AIDS is making a direct impact on rural people's core assets and is a major long-term threat to their livelihoods. It adversely affects human capital (loss of labor, erosion of skills, curtailed access to education), social capital (reduced mutual support, increased number of dependents, exclusion of the sick), financial capital (loss of remittances, scarce labor directed to food production, declines in savings, sale of assets), natural capital (increased use of common property resources for cash, less sustainable land use practices) and physical capital (reduced maintenance of housing, sale of capital goods, increased demand for water and sanitation facilities). The key question becomes: Is rural or agricultural growth possible given the effects of this epidemic? HIV/AIDS deeply affects the vulnerability/livelihoods context and will exacerbate the affects of other calamities such as drought, war and floods.

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

Household Livelihood Security Assessments Toolkit
CARE. 2002.

Sustainable agricultural/rural development and vulnerability to HIV/AIDS
Topouzis and du Guerny 2000.

Concept Papers

Social protection for the poor: Lessons from recent international experience.
Devereux, S. 2002. Institute of Development Studies.

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Barrett, C., T.Reardon and P. 2001.

Case Studies

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Section 9
Advocacy in Situations of Chronic Vulnerability[5]

A. Importance of Advocacy

CARE defines advocacy as the deliberate process of influencing those who make policy decisions. Advocacy is a means for holding governments (at all levels) and other institutions accountable. CARE's use of advocacy will always attempt to improve the livelihood of a significant number of people, including the most vulnerable and marginalized, target policymakers and implementers at levels above the household, and be rooted in CARE's field experience and core values (Beckwith 2000). Advocacy is an approach that CARE uses to complement its efforts to strengthen capacity for self help, provide economic opportunities, deliver relief in emergencies, and address discrimination in all of its forms (Beckwith 2000). In brief, advocacy is a very powerful tool for the implementation of a rights-based approach.

Advocacy is also important to livelihood analysis in the following ways. First, a livelihood analysis facilitates the identification of a broad hierarchy of causes, including the policy dimensions of poverty. Second, advocacy interventions can expand the means and strategies for addressing policy-related root causes of livelihood insecurity. Third, through the livelihoods framework, advocacy may improve the support of donors towards investing in a holistic approach to solutions to poverty. Through good problem analysis and program design, advocacy strategies and activities may expand our options for finding solutions (Beckwith 2000).

B. The Rights-Based Approach

CARE's adoption of the rights-based approach (RBA) encourages more effective programming in chronically vulnerable situations because the underlying causes of vulnerability, poverty and discrimination are addressed, rather than just the symptoms. CARE has defined human rights as "entitlements [that] all people have to basic conditions supporting their efforts to live in peace and dignity and to develop their full potential as human beings." Shifting from a basic needs approach (which focuses on delivery of goods and services), to one that incorporates rights-based perspectives brings in concepts such as empowerment, justice, accountability and governance (Frankenberger and Cogill 2001). This is not to say that CARE's traditional on-the-ground programming won't continue. Rather, CARE programs will be deliberately broadened to work with communities and other relevant actors to help individuals claim their rights as well as carry out their responsibilities (Jones 2002).

The rights-based approach recognizes that households' ability to access assets and entitlements are impacted to a great extent by power relationships that have political, social and economic dimensions. Therefore, fulfillment of rights by households

[5] This chapter is predicated heavily on CARE's adoption of a Rights-Based Approach (See Annexes I and II), and therefore its focus is much more on CARE as an organization and its own internal capacities, policies and programs. While other organizations may find this material useful, this chapter is admittedly more CARE-centered than the rest of this document.

requires transforming power relationships among stakeholders and removing the exclusionary mechanisms that prevent rights-realization by the poor (Frankenberger and Cogill 2001).

In addition to developing programs that strategically address rights of the poor and marginalized, the rights-based approach requires a higher level of participation by CARE in policy advocacy. In order to do this, CARE must analyze and understand the policy process and the stakeholders who influence, create and/or implement policy. In CARE's "Advocacy Tools and Guidelines: Promoting Policy Change," (See Tools at end of section) completing a policy analysis is the first step in choosing how to advocate most appropriately in a given situation. Sprechmann and Pelton (2001) indicate that the purpose of the analysis is to:

- understand the social and political context;
- identify policy causes of poverty and discrimination, or policy issues;
- identify key actors and institutions that make decisions about policies, as well as those who can influence policy makers;
- analyze the distribution of political power among key actors; and
- understand the formal and informal policy making processes.

C. Understanding Policy Processes

Implementation of effective programs requires both the organizational ability to distribute resources as well as the political ability to ensure those resources are directed to the appropriate beneficiaries (Johnson and Start 2001). Many governments are not pro-poor in their allocation of goods and services and therefore are not adequately fulfilling their role as duty bearers. The poor are often viewed as a hindrance to development rather than viewed as part of the solution. It is important to recognize that changing government policy is not enough. Therefore, understanding the policy process involves not only *evaluating* whether or not a policy is effective, but also looking at *how the policy is being implemented.* Often times, there is a gap between the two, the result of vested interests that various stakeholders have in resource distribution.

A stake-holder analysis identifies the key actors and institutions that have a stake in decisions about policies as well as those that can influence policy makers. From this analysis, it is possible to identify allies with whom to work, as well as those individuals or institutions that will resist advocacy efforts or actively oppose it, or oppose the efforts of the poor to advocate for their own rights.

Capture. At the policy implementation level, one of the ways that advocacy can promote change is through identifying and addressing the issue of capture. Johnson and Start (2001) define capture as "the interception of resources" by powerful stakeholders, or through resource distribution that does not benefit the poor and marginalized.

Capture exists at many levels:

1. Within the household, gender inequity can undermine the impacts of poverty programming through the redirection of resources (intended to benefit females) to male members of the household.
2. At the regional level, resources and programs may be allocated towards more affluent areas where there are large landholders or areas where there is strong political support for the current governmental regime. Another reason for regional bias of resource distribution is the extent to which current infrastructure exists in an area. Areas of chronic vulnerability may be seen as "low potential" regions and therefore are not allocated the necessary development resources to reduce vulnerability and increase food and livelihood security.
3. At the national level, economic priorities also impact where resources are concentrated, and often times particular sectors will gain the majority of development resources (Johnson and Start 2001).

CARE Advocacy Case Study: Sudan

CARE used advocacy to address conflict-based vulnerability is in Sudan. Over two million people have died in Sudan's civil war over a thirty-year period. CARE and other international NGOs have provided humanitarian assistance to both sides of the conflict, yet a devastating famine in 1998 prompted CARE to complete a policy analysis to look at the root causes of the periodic famines. CARE determined that fundamental change in Sudan could not take place unless international policy makers made increased efforts to end the civil war. CARE, in collaboration with Oxfam Great Britain, Save the Children Fund and Medecins sans Frontieres, met with members of the UN Security Council to share their perspectives.

Over the course of a year, the coalition issued statements and participated in talks with Sudanese officials, UN peace negotiators and the U.S. Government. In addition, CARE USA lead a coalition of organizations in lobbying the U.S. government, including a meeting with Secretary of State Madeline Albright, urging her and other U.S. officials to support the peace process. Despite the lack of progress in ending the civil war, the efforts of CARE and other NGOs brought increased awareness to the humanitarian plight of the Sudanese people. Importantly, it also demonstrated the ability for effective coalition-building and action among NGOs[6].

[6] From *Bringing a new dimension to CARE's Programs: Advocacy Experiences in Nicaragua, Ecuador, Philippines and Sudan.* CARE USA Policy and Advocacy Unit. 2000.

D. Developing an Advocacy Strategy

CARE's advocacy strategy in chronically vulnerable situations will depend upon the type of policy issues being addressed and the underlying causes of the vulnerability in the area. Some advocacy strategies may be higher in profile and involve broad-based public awareness building or increasing pressure on stakeholders to initiate changes in policy or implementation. Other strategies may be focused on working with key officials and involve quiet diplomacy (O'Brien 2002).

CARE's advocacy strategies will work to address social exclusion and assist communities in gaining political recognition and realization of their rights. Strategies at the regional, national or international level often involve coalitions between organizations and institutions (see below). These strategies may work to advocate for changes in macro-economic policy at the national and international level (e.g.

addressing the negative impacts of globalization) or encourage resolution of conflict situations (see CARE's Advocacy Case Study: Sudan).

Advocacy issues at the community level may be addressed largely through participation by community members. For instance, CARE can support communities in addressing capture at the local level by working with them to gain a voice in how resources are allocated and used. These efforts enable the poor to create their own political capital by pressuring for the right to information, exposing discriminatory action to gain rights, and protesting against corrupt officials (Frankenberger and Cogill 2001).

Examples of Advocacy Issues in Chronically Vulnerable Situations

In areas where vulnerability is primarily caused by climate-related hazards, advocacy issues may center around:

- implementing appropriate agro-ecological systems,
- programs focusing on investment in human capital,
- mitigation strategies,
- strengthening informal safety nets,
- ensuring there are adequate social protection programs in place, and especially
- creating the policy environment for overcoming chronic vulnerability.

In areas where conflict-based vulnerability is prevalent, CARE may choose to focus on:

- conflict resolution,
- mitigation strategies,
- security, and
- social protection.

Agreater emphasis on Benefits/Harms Analysis (see Tools) is also crucial to ensure that advocacy efforts or programs do not have unintended consequences that harm beneficiaries or increase their vulnerability.

E. Creating the Advocacy Message

Advocacy messages should capture the essence of what CARE is trying to say to a target audience. In a short format, the message should communicate why the issue is important and what CARE wants others to do on behalf of the cause. The message should also give the target audience a clear choice of actions and suggest the consequences of those actions. The message should also be appropriate to the social and cultural context.

As CARE country offices develop the content of their advocacy messages, knowledge of the target audience is critical. Each message should take into account the interests, ideas, and knowledge of the people receiving the message. In addition the message should be kept simple with focused supporting arguments.

When delivering the advocacy message, it is important to determine who will be the most credible source in the eyes of the target audience. Usually a combination of messengers might be useful—one person who knows the audience and one person who knows the subject matter.

The following is a checklist to consider in creating advocacy messages:

- Pick the best format. What format is most likely to reach your target audience and be the most effective at telling the story?
- Craft a good advocacy message. Has CARE staff addressed the what, why and impact of the advocacy proposal? Has staff thought about how the audience is likely to receive the message? Are there ways to simplify the message?

- Know the target audience. What does the audience already know and what are their biases; what are their political interests?
- Check the message for clarity. Will the target audience know exactly what to do next if they agree? Are the benefits of the proposal clear?
- Make sure that the message is credible. Does CARE have good documentation supporting the message? Has the best messenger been picked?
- Follow up. Respond to any concerns expressed by your audience. Has the message been delivered more than once?

F. Building Coalitions

As CARE's Advocacy Case Study on Sudan illustrates, participation in coalitions is one way for CARE to be more effective in advocacy. By working cooperatively, each organization benefits from the others' comparative advantage, avoiding duplication of efforts and more efficiently using limited resources (Johnson and Start, 2001). Coalitions are particularly useful when they bring together various groups and constituencies for the first time, or in new ways. Coalitions can also help different groups agree on their positions before approaching their target audiences.

CARE Advocacy in Uganda

As CARE Uganda began to operationalize the rights-based approach, the mission was concerned about how advocacy efforts would be perceived and whether or not CARE staff would be put in harms way as a result of confronting corruption and vested interest.

CARE Uganda decided to design its advocacy efforts by first working on issues that were "closer to home," such as promoting social and economic rights in sectors that CARE had worked extensively with in the past and working in coalitions so as to not work on confrontational advocacy issues alone.

From *Rand, 2002*

Coalitions, unlike partnerships, may be short-term arrangements. Typically coalitions form around a particular issue or set of advocacy goals. When the issue has been resolved, the coalition may dissolve, or may choose to focus on other issues for which members have an interest in working (Sprechmann and Pelton, 2001). It is important to keep in mind that coalitions are not always the best strategies for advocacy. Coalitions are only effective when their members can truly agree on their goals. Many coalitions fail because they do not reach consensus on strategy, purpose, or how to share credit.

Before devising an advocacy strategy and building a new coalition, it is advisable to see what others are already doing. The following are key questions for determining whether CARE would want to join an existing coalition:

- Do the other member organizations have a good reputation? Will an association with them hurt CARE in the eyes of the target audience?
- Who is in charge of the coalition? Do they have good leadership skills? Can CARE work with them?
- What is the purpose, advocacy strategy, and approach of the coalition? Is there a strong consensus on these members among the members?
- Do the members of the coalition have good relationships?

- Does the coalition have the resources it needs to carry out its agenda? What kind of resource requirement is required of CARE?
- What role is being offered to CARE as a coalition member? Who in CARE will attend the meetings?

Building a new coalition is a considerable task. CARE country offices must first consider whether or not they have the time, energy and commitment required to undertake this endeavor.

When forming a coalition, make sure that careful thought is given to who is invited to join but also who might be left out. It is all too easy to make an enemy by excluding someone from the group.

Coalition-Building

When building a coalition there are a number of actions that can help CARE maintain coherence and success. These include:

- Seek opportunities to build trust and confidence among members.
- Decide how to share credit--agree on procedures that will allow members to participate and share in any public benefits that result from the coalitions activities.
- Agree on goals immediately.
- Stay focused on what forms the coalition's common advocacy agenda.
- Establish structure through creating roles and leadership responsibilities.
- Be consistent concerning who is authorized to speak on behalf of CARE.

Linking Chronic Vulnerability and Poverty Reduction Strategy Papers (PRSPs). Working in coalitions with other partners, CARE needs to advocate that risk and vulnerability issues need to be at the core of the PRSP and Highly Indebted Poor Countries (HIPC) Initiatives. Such advocacy efforts would include identifying the potential livelihood gains from the creation and reform of social safety net programs that reduce risk and vulnerability. Sector strategies also need to mainstream issues of risk and vulnerability. In addition, inter- and intra-sector expenditure allocations which protect public spending on basic education, health and other services utilized primarily by the poor are important to building the asset base of the poor and reducing risk in the future. Finally, for poor households living in inadequately serviced rural areas of Africa, it has been demonstrated that investments in infrastructure, communications, transportation and storage strengthen market linkages and reduce transaction costs. Given the direct and indirect risk reducing benefits of these investments, undertaking such rural infrastructure projects is important even if unit costs are higher than for comparable investments in areas that already have access to markets (World Bank 2001).

G. Operational Considerations for Advocacy and the Rights-Based Approach

In an effort to operationalize the rights-based approach and undertake advocacy, CARE must be aware of both the opportunities and the risks associated with moving towards this new paradigm.

Obtaining Information. In order to get at a contextual understanding of political capital, discrimination, or marginalization, CARE will need different ways to collect information since much of this information may be contentious and people will not

always be truthful about it. Key informants that are knowledgeable about these power issues may have to be interviewed in private settings so that their safety is not compromised. Community participation may not get at the issues.

Risk of Conflict. Many of these power relationships will be threatened by the kinds of empowerment activities that CARE will promote. Conflict and violence will likely be possible outcomes in the transition process, especially if the status quo is being challenged. How much conflict is acceptable to bring about changes in poor peoples rights? The use of risk management tactics will be required to deal with potential political sensitivities or backlash, and CARE needs to ensure that as a result of advocacy efforts, beneficiaries are not met with undue harm.

Factoring in Corruption. Corruption is often not factored into project designs. To take it out of the assumption box and actually create designs with corruption explicitly acknowledged involves a good analysis of corruption, a topic that can put CARE staff or consultants in harm's way.

Inequality Among Poor. Much of the rights abuses involve poor people that have allegiance to powerful elites attacking or abusing other poor people. Thus it is important to understand this differentiation among the poor when doing program design. Some poor are more equal than others. Additionally, poor people have competing solidarities that may make it difficult to organize large groups (Johnson and Start 2001).

Long-Term Commitment. Some of the rights-based issues will not change quickly, especially if they are imbedded in cultural tradition. What are the constraints facing CARE in the ability to do longer-range programming? Does priority go to those advocacy issues that will result in more immediate change? How can CARE work with donors to take into consideration the need for longer-term programming?

Resources

To access documents on the CD, click the text next to the Acrobat Reader symbol.

Tools

CARE Advocacy Tools and Guidelines: Promoting Policy Change- A Resource Manual for CARE Program Managers

Spechman and Pelton. 2001.

- Chapters 1-4
- Chapters 5-7
- Chapters 8-10

CARE Benefits-Harms Handbook

O'Brien. 2001

- Handbook Tools

- Facilitation Manual
- Workbook
- Workbook Appendices

Institute for Development Research (IDR)

- Charting Advocacy Impact
- Guidelines for Developing Policy Advocacy Campaigns
- 12 Steps for Developing a Policy Advocacy Campaign.
- Organizational Diagnosis for Advocacy

Concept Papers

Rights, Claims and Capture: Understanding the Politics of Pro-Poor Policy.
Johnson, C. and D. Start. 2001. Overseas Development Institute.

Improving Policy Analysis and Management for Poverty Reduction in Sub-Saharan Africa: Creating an Effective Learning Community.
Bennel, P. et al. 2001. Poverty Reduction Learning Network Interim Steering Committee

Case Studies

Bringing a New Dimension to CARE's Programs: Advocacy Experiences in Nicaragua, Ecuador, Philippines, and Sudan.
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