LEARNING FROM CRISIS:

STRENGTHENING HUMANITARIAN RESPONSE
SINCE THE 2004 INDIAN OCEAN TSUNAMI

care®

CONTENTS

A woman in Phongsaly Province, northern Laos, where CARE is working with remote ethnic communities to create opportunities to earn money and improve their health. ©Jeff Williams/CARE

CARE'S VISION

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

CARE'S MISSION

CARE's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility.

We facilitate lasting change by:

› strengthening capacity for self-help
› providing economic opportunity
› delivering relief in emergencies
› influencing policy decisions at all levels
› addressing discrimination in all its forms.

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

COVER IMAGE: A mother and child stand amidst the damage caused by the 2007 Cyclone Sidr in Bangladesh. ©Peter Caton/CARE

1   INTRODUCTION

On December 26, 2004, a massive earthquake triggered a series of devastating tsunamis that crashed into the shorelines of 14 countries across the Indian Ocean. More than 228,000 people were killed.[1] Almost two million were left homeless. Houses, schools, hospitals and roads were washed away. The scale of the disaster and the brutal speed with which lives were abruptly destroyed was something the modern world had never seen before. Within hours, governments, aid agencies and people around the world responded with an outpouring of donations, emergency teams and goodwill. The tsunami was a turning point for the global aid community; never before had such a massive, coordinated emergency response and reconstruction program been launched across so many countries in response to a natural disaster. The world succeeded in helping the affected countries rebuild and recover, and the way we respond to and prepare for crises was altered forever.

Ten years on, the world continues to change. Humanitarian crises are becoming more frequent and more severe, resulting in more lives lost, homes destroyed, people displaced. Urban growth, climate change and environmental degradation have led to more frequent disasters and increased people's vulnerability.[2] Old conflicts that continue to cause widespread human misery, such as those in the Darfur region of Sudan, Somalia and the eastern Democratic Republic of the Congo, have endured. New crises that will have a long-term impact on millions more, in Syria, South Sudan and elsewhere, have arisen.

Alongside this growing need, there are emerging challenges both for people affected by disasters and for the humanitarian actors, such as CARE, who respond.

These require aid organizations to be more flexible, be able to operate in new ways, and be committed to fostering and deepening relationships with local communities, civil society, governments, the public, the private sector, the media and all those who have a stake in responding to humanitarian crises.

For all members of the CARE International confederation, this evolving humanitarian sphere means the organization must work with communities, partner organizations, governments and the wider humanitarian community to ensure that it maintains free and safe access to those who need assistance, in a world where this is increasingly threatened.[3] CARE must strive, as is its commitment, to see that in every emergency response the needs of the most vulnerable or at risk – especially women and girls – are met and lasting impact is achieved.

This report looks back at the ten years since the Indian Ocean tsunami and marks the key milestones and innovations from CARE and the broader humanitarian community as we strive to constantly improve our emergency response and preparedness work in a fast-changing world.

In the lead-up to the first-ever World Humanitarian Summit in 2016[4], it is particularly critical for all humanitarian actors to reflect on lessons learned, as well as how we can respond more effectively together in the face of future humanitarian crises.

An Acehnese boy carries a box with supplies from CARE following the 2004 Indian Ocean tsunami. ©CARE

2   CARE IN EMERGENCY RESPONSE

With 70 years of experience and long-term presence in many of the world's poorest and most vulnerable countries, CARE takes a comprehensive approach to emergency response: working with communities to prepare for and mitigate the impact of disasters; partnering with local groups to provide immediate assistance when an emergency hits; and working with survivors to help them recover after the crisis has passed. CARE's emergency response is part of a long-term commitment to fighting poverty and social injustice and helping those affected by crises, and CARE places great importance on building local capacity and long-term resilience to external shocks.

CARE plays an active role in the wider humanitarian community and engages with others who participate in humanitarian action, seeking greater collaboration and adherence to shared standards.

> Each new humanitarian crisis is a challenge for CARE, a test of its capacity and skills in helping save lives and support those people affected to build a better future.

Balanced with the urgent need for a speedy emergency response is CARE's commitment to working with communities to help them recover, prepare for future shocks, and ensure the continuity of their long-term development. CARE's goal for the year 2020 is to have strengthened our humanitarian work to have a lasting impact on women, men, boys and girls affected by humanitarian crises, with a special focus on women and girls who are disproportionately affected by disasters. By 2020, CARE commits to reach 20 million disaster-affected people with quality, life-saving humanitarian assistance.

In the decade since the Indian Ocean tsunami, CARE has responded to many more humanitarian crises, large and small. It has responded to earthquakes, cyclones, typhoons and floods from Haiti to Pakistan; it has maintained a humanitarian presence in the midst of conflicts in Afghanistan, Somalia, Sudan, Yemen and elsewhere; and it has supported people across sub-Saharan Africa affected by recurrent drought and food shortages. In the past year alone, CARE has provided emergency response and recovery support to more than four million people in nearly 40 countries.

INTEGRATING PREPAREDNESS INTO EMERGENCY RESPONSE (PAKISTAN 2010 FLOODS)

Following a series of disasters in Pakistan, including the massive floods in 2010, CARE worked to strengthen emergency preparedness in the communities where it works by supporting stronger national coordination and collaboration between the local, provincial and national governments, international and national civil society groups, and communities between and during crises. This work was made possible thanks to flexible donor funding, which affords a dedicated preparedness team and a pool of available funding in country. CARE also invested in the preparedness capacity of its local partners, which are critical for response. As a result, CARE, its partners, and local communities are now better prepared to respond in the hours after any new humanitarian crisis. Emergency response is a continuum: helping people prepare for and mitigate the impact of disasters, providing life-saving assistance during a crisis, and working with communities to recover afterwards.

Distribution of relief goods during the 2010 Pakistan floods. ©CARE

3   LOOKING BACK: CARE'S EVOLUTION SINCE THE INDIAN OCEAN TSUNAMI

The 2004 tsunami was a turning point for CARE and the global humanitarian community. The geographic scope of the disaster, the astonishing number of lives lost and people left homeless, the suddenness of the devastation, the challenge of coordinating multiple aid groups and governments, and the enormity of the reconstruction needed made the Indian Ocean tsunami an unprecedented event.

> The complexities of the crisis and the global public scrutiny that followed laid the foundation for a new era in emergency response.

An aid worker prepares CARE relief kits following the 2004 Indian Ocean tsunami. ©Josh Estey/CARE

OUR CHANGING WORLD: THE CONTEXT IN WHICH CARE NOW RESPONDS TO HUMANITARIAN CRISES

A decade on from the Indian Ocean tsunami, CARE finds itself responding to more frequent and complex humanitarian crises in a world that is increasingly dynamic and unpredictable. Inequality, mass displacement and insecurity are on the rise. In 2014, the number of people displaced by conflict or disaster – 51.2 million – is higher than at any time since the end of World War II[5]. A rise in terrorism and the so-called global "war on terror" is destroying lives and creating new divisions, and also significantly affects aid agencies' status as impartial humanitarian actors[6] while exposing their staff to greater risk of being targeted. Underlying all these changes are the twin irreversible trends of the 21st century: climate change and urbanization.

At the same time, humanitarian coordination has improved and there is a growing number of committed actors in humanitarian response, from the private sector to community groups to aid agencies. The amount of funding for humanitarian crises has also increased[7] – though many United Nations appeals remain critically underfunded and there are insufficient resources available for forgotten crises, recovery and resilience work, and for supporting integrated efforts of response and recovery.

As a result of this changing context, CARE's work has evolved. With each new emergency CARE has developed new and innovative ways of working that have changed the way CARE and other actors respond to emergencies and how we think about the link between humanitarian response, resilience and long-term development.

CARE's new global Program Strategy, launched in 2014, articulates these connections and provides a new blueprint for our work in terms of how CARE can ensure a focus on resilience, humanitarian response and long-term sustainability, and the "multiplier effect" – taking good practice to scale, advocating for change, and working with partners.

Key to this evolution is how CARE relates to other actors, such as civil society organizations, the private sector, national governments, donors, and emerging charities. Civil society organizations include CARE's local partners, which give CARE far greater access, the ability to respond quickly and the scope to build local resilience to disasters. The private sector is an increasingly prominent actor in emergencies, offering services and inputs such as mobile phone-based early warning systems, using a market-based approach and harnessing private resources to respond to local needs in a way that traditional non-governmental organizations cannot. National governments of the countries where aid groups work are developing increasing capacity and control over emergency response activities that take place on their soil. This greater control by sovereign entities is appropriate and necessary; however, in practice there is work to do for international non-governmental organizations such as CARE in adjusting to new ways of working and ensuring continued, impartial access to the most vulnerable people in any humanitarian crisis.

At the global level, the Indian Ocean tsunami prompted a shift in how the traditional humanitarian community coordinates with the multitude of new actors. The Cluster System[8], which today brings UN and non-UN aid agencies together in sector-specific groups to coordinate emergency responses, was being piloted during the tsunami response but had not been institutionalized. Without it, information sharing and adherence to quality standards was limited. As this early trial during the 2004 tsunami showed, when aid agencies come together and when they work better with national governments, the quality of the response is improved and a greater number of vulnerable people are reached.

> It was also after the Indian Ocean tsunami that the Humanitarian Reform Agenda[9], the product of the UN-led Humanitarian Response Review of 2005, determined that clusters should be a mainstay in every large-scale humanitarian crisis.

This new approach had been triggered by concerns around the weak international response to the humanitarian crisis in Darfur, although its timing meant that it could also absorb and act on lessons learned from the tsunami response.

Clusters are now a core component of global emergency response operations and are, as time passes, growing in their effectiveness. In every large crisis since the Indian Ocean tsunami CARE has engaged in these clusters by participating in sectoral assessment and planning processes, sharing information, helping to define technical standards, and often seconding staff to coordination teams as well as to the clusters themselves. CARE also continues to influence and support clusters between emergencies so that they become more efficient, more inclusive and more accountable. CARE was instrumental in creating the new Food Security Cluster, which was launched in late 2010, to improve coordination in emergency response on issues relating to food availability, access and use.

Coordination is critical, but so too are the standards that guide the work during emergency responses. CARE now works routinely on inter-agency initiatives to improve standards and professionalism across the humanitarian community.

CARE served as the lead agency for the Emergency Capacity Building Project, a multi-year, joint project between CARE, Catholic Relief Services, Mercy Corps, Oxfam, Save the Children and World Vision that focused on building staff skills, improving accountability and impact measurement, and integrating disaster risk reduction into our work. The project worked across several countries and produced a range of practical field tools and resource guides, and improved the ability of staff to ensure that minimum and recognized standards are followed in responses to all humanitarian crises.

THE POWER OF PARTNERSHIP (INDONESIA YOGYAKARTA EARTHQUAKE 2006)

On May 26, 2006, a massive earthquake struck the region around Yogyakarta, Indonesia, destroying more than 350,000 homes and killing 5,780 people. Nearly three million people were affected, including 1.5 million people left homeless. Without an existing presence in Yogyakarta, CARE launched its emergency response through a local organization, Dian Desa. Responding to an emergency through a partner was a new approach for CARE Indonesia, and at the beginning, Dian Desa was treated as more of a sub-contractor than a partner. As the response progressed, discussions between the two partners resulted in closer collaboration and the joint decision-making of a true partnership. Dian Desa's existing local knowledge and networks resulted in fast procurement and distribution of emergency supplies. The response, which reached 200,000 people, was rapid and effective. This experience lead to the development of partnership guidelines outlining roles and responsibilities that would be used in future CARE responses worldwide.

A CARE employee meets with women and children following an earthquake in Yogyakarta, Indonesia. ©Martin Hardiono/CARE

A year after Typhoon Haiyan devastated the Philippines, survivors like Josa May learn to cope with recurring floods and more severe seasonal storms. ©Tom Platzer/CARE

CLIMATE CHANGE

As well as contributing to dramatic long-term changes such as glacial melt and rising sea levels, human-induced climate change is modifying patterns of extreme weather, including floods, cyclones and droughts. In many cases, climate change is making these hazards more intense, more frequent, more widespread, less predictable and longer lasting. As the world warms further, climate change will continue to result in yet more extreme temperatures, heavier rainfall and shifting wind patterns[10]. Climate change magnifies the risk of disasters everywhere, particularly in those parts of the world where people are already poor and vulnerable and where extreme weather events tend to occur.

Despite the clear impact of a rapidly changing climate on the lives of the most vulnerable, the international community is not yet investing sufficiently in activities that improve people's preparedness, build their resilience to new crises and mitigate against changing risks. There has to be a balance in each and every humanitarian crisis between providing life-saving assistance, helping people recover, and building capacity to cope with the next shock. For example, where there is more frequent drought and hunger, people need food to prevent starvation, but they also need to protect their livestock and assets and to learn how to grow more drought-resistant crops so the next crisis doesn't force them to sell all their assets to buy food or watch their crops fail and their animals die.

> CARE knows that if fragile livelihoods are allowed to erode in times of crisis, people will become more vulnerable to future disasters.

CARE also sees, through its long-term development work, how climate change makes it harder for the very poorest people to achieve and maintain productive and secure livelihoods[11]. When droughts, floods or cyclones hit already vulnerable people with increasing intensity and frequency, the impact is likely to be greater. That is why CARE helps people to protect their livelihoods before, during and after emergency response, why it invests in community-based early warning systems and preparedness, and why it sets its sights on developing longer-term impact and resilience to the growing impacts of climate change.

SUPPORTING LOCAL BUSINESSES (INDONESIA TSUNAMI 2004)

As part of its recovery work after the Indian Ocean tsunami, CARE supplied food through local shops in areas where local markets were functioning. This was a relatively new method at the time, yet it had been proven that a market-based approach can contribute to the recovery of local businesses and economies. Rather than distribute a standard food package, CARE provided survivors with vouchers for basic food items that could be exchanged for food at pre-approved local shops. In this way, CARE not only helped local businesses to get back on their feet but also helped recipients of the vouchers make choices in leading their own recovery and meeting their needs. This approach has been replicated in emergency responses around the world, and is now recognized as an effective solution to meeting people's needs for food and basic supplies in communities where markets are functioning.

CARE helped businesses in Aceh get back on their feet after the Indian Ocean tsunami. ©Josh Estey/CARE

URBANIZATION

In 2007, the world's demographic scale tipped: for the first time in history more than half the human population, 3.3 billion people, resided in cities. By 2050 this number is predicted to reach 6.25 billion, with 80 percent of the increase concentrated in less developed countries, particularly in Asia and Africa[12]. While these statistics are not all bad – they point to the development of poor national economies that thrive in urban areas – it is the pace of unplanned growth that causes concern. Of those 6.25 billion urban dwellers in 2050, unless decisive action is taken, it is projected that three billion will live in disease-ridden slums and be extremely poor, malnourished and vulnerable to the smallest of shocks. They will face challenges such as lack of access to clean water, safe housing, education, social services, employment and legal status[13]. Social vulnerabilities will be heightened because inequalities, which tend to be more marked in urban areas, can also trigger exploitation and violence[14].

> CARE has responded to humanitarian crises in urban environments, for example post-election violence in Kenya in 2007-2008 or the earthquake in Haiti in 2010.

It understands that it is not one shock that leads to crisis, but rather factors such as poor infrastructure, poor access to services, existing social inequality, substandard housing, haphazard city planning and weak emergency preparedness. In Nairobi during the election violence, 500,000 people, many of them already poor and vulnerable, were forced to flee their homes and 1,200 were killed. In Port-au-Prince and nearby areas after the earthquake, more than 200,000 people died and two million people were left homeless. In countries with high levels of existing poverty, the impact of one earthquake or one outbreak of violence can be devastating.

The rising challenges of climate change and urbanization, the increased complexity of global crises, and the increasing number of stakeholders in emergency response require CARE and other aid groups to be more innovative, flexible and adaptable to ensure that we respond quickly and effectively to emergencies. For CARE, this means there is more work to be done in understanding and responding effectively to the spectrum of needs, especially those of vulnerable women and girls. It is essential that emergency response is thus built on good evidence of those needs; that there is close collaboration with all actors engaged in the response; that quality standards are followed; and that CARE's work has a lasting positive impact, one that will help build people's resilience in our changing, more dangerous world.

NEW STANDARDS FOR SAFE HOUSING (PERU EARTHQUAKE 2007)

On August 15, 2007, an earthquake in southern Peru killed 595 people and destroyed 75,000 homes. Nearly 300,000 people were affected. While much of the wider emergency response operation focused on the city of Pisco, CARE switched its attention to marginalised communities living in rural areas. CARE established a Safe and Secure Housing Group that brought together donors, local universities with special expertise and national and international aid agencies to share knowledge on earthquake-resistant housing technologies. After three years, CARE's initiative and perseverance had led to the reconstruction of 4,600 safe and healthy permanent houses as well as a considerable increase in related knowledge and skills amongst local people. Thanks to this emergency response and the multi-party housing group that it created, there now exists a simple, practical and locally relevant design for earthquake-resistant housing that has been used ever since across rural Peru and is even incorporated into Peruvian housing law.

A woman stands amongst the rubble following an earthquake in southern Peru. ©Alan Clinton/CARE

4 CARE'S CHANGING APPROACHES

Since the Indian Ocean tsunami, CARE has redefined how it will make a lasting difference in the lives of the world's most vulnerable women, men, boys, and girls. Its Program Approach[15] and Program Strategy[16] affirm that all of CARE's work must be based on a thorough analysis of the underlying causes of poverty and vulnerability, and that CARE must first understand the context as well as the needs and capacities of those it seeks to support. CARE's emergency work, as also outlined in CARE's Humanitarian and Emergency Strategy 2013-2020, is linked to long-term development and involves building resilience of vulnerable communities both before and after crises.

> CARE's strategic commitments, rewritten in the decade since the Indian Ocean tsunami, demonstrate its holistic approach to overcoming poverty and social injustice.

CARE's experience, together with that of its local implementing partners in both. emergency response and development, should be multiplied through efforts to influence broader social change and through the sharing of lessons, evidence and innovation that promotes this social change on as wide a scale as possible. Also essential to CARE's strategy is the belief that no significant impact can be made if the social inequality that underlies poverty, especially the unequal status of women and girls, is not addressed.

Gleaning lessons from each of its emergency responses so that it can improve its quality of response and achieve ever greater impact are thus crucial to strengthening CARE's humanitarian mission.

EMPOWERING WOMEN IN HUMANITARIAN CRISES (SOUTH SUDAN 2014)

There are few places in the world where it is more dangerous to be female than in South Sudan. Most women will survive at least one form of gender-based violence – rape, sexual or physical assault, forced or early marriage, denial of resources or access to services, or psychological abuse. Very few of these women will report these crimes and even fewer will receive the support they need. Since the outbreak of conflict in late 2013, the situation has worsened. Building on existing long-term women's empowerment programming, CARE's emergency response work in response to the conflict also began providing emergency sexual and reproductive health services to women and girls, ensuring that these can be accessed safely. A new campaign, which engages men, women and young people, helps communities recognise and prevent gender-based violence.

In South Sudan CARE is providing emergency sexual and reproductive health services to women and girls, ensuring that these can be accessed safely. ©Tom Perry/CARE

UNDERSTANDING NEEDS

A volunteer at the Mafraq refugee centre in Jordan collects information from a Syrian refugee. ©Laura Hill/CARE

In the Indian Ocean tsunami response, the humanitarian community had to deliver huge volumes of aid to hundreds of thousands of people affected in a very compressed timeframe. This "tyranny of the urgent" affected how well survivors' needs were understood and the quality of response plans. Although vast numbers of people were reached in record time, there were gaps and duplications and, most seriously, some of the most vulnerable people were missed. Multiple evaluations pointed to a lack of timely, in-depth analysis that incorporated the views of people affected and also to the lack of coordination between humanitarian actors in needs assessment processes[17]. It was agreed then that future needs assessments be standardized and findings shared to contribute to emergency response plans built on more rigorous evidence of need.

> Since the Indian Ocean tsunami, CARE has made progress in its own needs assessment practice, with some notable examples. It has also emphasized the inclusion of gender – the varied needs of women, men, boys and girls – in its processes of assessment, analysis and project design.

A recent external evaluation of CARE's response to the Syria crisis described how CARE has an "impressive system of needs identification" and exemplary vulnerability criteria that have been replicated by other aid agencies[18].

Similarly, CARE was commended for building its response to the 2011 food crisis in Kenya on strong analysis drawn from close communication with communities[19]. CARE also works to improve practice across the humanitarian community, for example, by engaging with the Assessment Capacities Project (ACAPS), which has been promoting coordinated humanitarian needs assessments and developing related skills across the humanitarian community since 2009. CARE supports the Multi-Cluster Initial Rapid Assessment approach[20] that was launched by the Inter-Agency Standing Committee in the same year. The assessment, which now takes place in the first two weeks following a sudden-onset disaster, enables all those involved in the relevant emergency response to build a shared understanding of needs, priorities and appropriate strategies for action.

CARE's commitment is to ensure that every emergency response is planned according to careful assessment and analysis of the context and the specific vulnerabilities and capacities of those affected. It recognizes that needs are complex and deep-rooted and that the better understood they are the better it can respond. It helps, of course, that CARE works with local staff and partners who have good local knowledge and the ability to communicate effectively with local people. With their contribution, if CARE plans, monitors and assesses what it does on the basis of a good understanding of needs, an understanding that comes from listening to those people in the midst of crisis, its positive impact will be far greater and far longer-lasting.

BUILDING RESILIENCE

Resilience is core to CARE's Program Strategy. It underpins its development work and is a key consideration in every humanitarian crisis. Resilience-building, which is about reducing the long-term needs and vulnerabilities of the people in crisis, is linked intrinsically to CARE's emergency response approach. Over the last decade, CARE has, in responding to crises, contributed significantly to people's capacity to cope with current and future disasters.

Where CARE has rebuilt houses after typhoons in the Philippines or floods in Bangladesh, for example, it has also invested in improving local knowledge about safer construction so that people can build back safer homes. CARE has also focused efforts on drought resilience in parts of Africa where protracted food crises reflect factors such as climate change and conflict, but also simply serve to demonstrate that the poorest people often do not have the capacity to prepare for, cope with, and recover from recurrent shocks on their own. They live in a vicious cycle of food insecurity in which many have, in the last ten years, only become more vulnerable.

CARE has demonstrated its commitment to achieving longer-term impact during humanitarian crises such as the 2010 Pakistan floods and the ongoing Syria Crisis. In Pakistan, CARE provided cash to vulnerable women, as it has done in many other contexts, following careful analysis of local markets and applying principles of "do no harm", which means not exposing people to adverse consequences or to increased danger or abuse. Women who received cash were connected to banks for the first time and were empowered to make decisions in leading their own recovery from crisis[21]. In Jordan, where CARE has so far supported nearly 275,000 Syrian refugees, it has provided urgent cash assistance but also sought to promote recovery and independence amongst a population with no imminent prospect of return to their homes. This deliberate effort to strengthen people's resilience through additional activities such as psychosocial support and referral to local health and other services has been recognized by external evaluators as particularly important and effective[22].

In the context of a protracted food crisis in the Sahel region of Africa, CARE also continues to build expertise and practical methods to link emergency response to resilience. Here it maintains a long-term development presence, but also engages in emergency response when drought or food crises hit the region on a two-three year cycle. CARE has a regional resilience strategy that complements its Program Strategy and commits the organization to working with the most vulnerable people not only to help them stay alive after each shock, but also to recover and to build on their existing resources. CARE focuses on a wide range of issues in this endeavour, including health and nutrition, natural resource management and women's empowerment. It works to diversify livelihoods, improve natural resource management and build capacity, particularly with regard to community early-warning and preparedness systems. A comprehensive awareness of risk and early warning can help people, just as it can help CARE and the wider humanitarian community, to react before food stocks run out, resources are depleted and people are dependent on emergency support to survive.

BUILDING RESILIENCE
(NEPAL CIRCA 2011)

CARE works in areas of Nepal that are badly affected by flash flooding. Here most men of working age migrate for work, leaving women to run households. Thus local disaster risk reduction committees set up by CARE are dominated by women. Through these committees women have been involved in risk assessment and mitigation activities. They have built drainage systems to keep floodwaters away from the roads that connect them to health services, schools and markets. And they have conducted awareness-raising throughout their communities so that people know how best to protect themselves in the event of severe flooding. In terms of enhancing gender equality, these women have developed new skills that they have since shared with their husbands, and they have also lobbied local government for more resources to continue their work. Through CARE's flood mitigation activities rural Nepalese women have been empowered and have made themselves and their communities less vulnerable to disaster.

CARE staff rescuing children during flooding in Nepal. ©CARE

BEING ACCOUNTABLE

CARE's response to the 2004 tsunami response reviews pointed to strengths and weaknesses in communicating with those people CARE sought to help. Where there had been good communication from the needs assessment stage onwards, and when this was followed by careful program design, projects ran more smoothly and provided better results and more positive outcomes for the people affected by the crisis.

In one post-tsunami livelihoods project in Sri Lanka, for example, a project that encouraged crop diversification as a means of building resilience to the impact of climate change would have been more effective, staff later reflected, had the views of farmers, their needs and knowledge gaps been better understood[23]. In contrast, government representatives in Indonesia urged that CARE's community outreach model be replicated by other aid agencies in the tsunami response. There, CARE's outreach teams met daily with survivors to share information and receive feedback. There were also complaints hotlines, information boards and other mechanisms that ensured that people receiving support from CARE and those in the wider community could contribute to improving CARE's programming and ensure any problems were promptly addressed, resulting in more positive results for the people affected.

Learning from such experiences, CARE now sets out to engage with communities consistently and better as it plans and implements its response. In the Dadaab refugee camps in Kenya, for example, where CARE has been providing essential support to people displaced by conflict for more than 20 years, staff have devoted considerable efforts in the last three years to review and improve accountability practice. CARE has invested in dedicated staff time and training and has made accountability a core and constant component in its daily work. Information on CARE's purpose and activities is now provided through noticeboards, megaphones and meetings with community leaders. CARE also maintains a range of feedback channels including food and water committees, suggestion boxes, and log books. All of this work has led to significant improvements in the relationships CARE has with those people it supports, and resulted in greater positive impact on the lives of people in the camps. Strengthened engagement between CARE and the community enhanced the quality of services received by the community, not least in the response to the 2011 regional food crisis, when numbers of refugees in Dadaab swelled.

Across CARE's emergency responses, accountability, particularly to people in crises, is now more firmly embedded. Where participatory methods had once been ad hoc, they are now institutionalized. This progress on accountability is in part due to CARE's Humanitarian Accountability Framework, a statement of its commitment to accountability at all stages of emergency preparedness and response. This framework, which was finalized in 2008, affirms that CARE is accountable to all stakeholders, but primarily to disaster-affected women, men, boys and girls. The framework sets accountability benchmarks to be achieved in each emergency response, defines wider response targets and enables regular and systematic reviews of CARE's performance. Central to CARE's emergency response ethos is ensuring that those in crisis have a say in planning, implementing and evaluating CARE's work.

Besides investing in its own accountability, CARE also seeks to influence the wider humanitarian community to be more accountable. One way it has done this is in helping to set up the Communicating with Disaster Affected Communities network, a group that shares best practices and helps coordinate information to populations affected by a disaster. CARE is also an active member of the Humanitarian Accountability Partnership network.

BUILDING HOMES TOGETHER
(PHILIPPINES TYPHOON HAIYAN 2013)

Shelter is urgently needed after a disaster, but shelter is more than just a roof over your head: it is where you can feel safe and at home. To help people be part of their own recovery and design their own shelters according to their own needs, CARE and its partners worked with people to design their own shelter kits, decide who would receive a kit, provide guidance on how to "build back safer", and establish complaints handling procedures. Trained community representatives provided technical support and ongoing monitoring for construction. "CARE's shelter programme is both innovative and exemplary in its approach to ensuring quality and accountability... Building the capacity of community members to undertake these roles increased the acceptance of the project and "building back safer" messages because they were promoted and encouraged internally by familiar people, rather than by outsiders." – *Disasters Emergency Committee external review[1].*

RESPONDING TO THE NEEDS OF WOMEN, MEN, BOYS AND GIRLS

In the Indian Ocean tsunami, up to three times as many women than men were killed[24], and children and the elderly were twice as likely to die than adults[25]. These sobering facts are a reminder of how men, women, girls and boys are impacted differently by disasters, and the importance of how existing inequalities or vulnerabilities, traditional power dynamics, and roles and responsibilities within the community affect the ability of women, men, boys and girls, young and old, to cope with a crisis in different ways. In the case of the tsunami, most women didn't know how to swim, wore cumbersome clothes that made it hard to escape the waves, and in many cases, instead of running away from the danger, ran back to beaches in search of missing children after the first wave receded[26]. In CARE's emergency response and preparedness work, it is therefore critical to address how different groups can be affected in order to address their specific needs.

CARE's Humanitarian and Emergency Strategy commits it to having "lasting impacts on the needs of poor women, men, boys and girls affected by humanitarian crisis" and to being a leader in reaching and empowering women and girls in emergencies. In support of this goal, CARE developed a Gender Action Plan tool that requires CARE and encourages partner organizations to carefully integrate gender in their work as they prepare for and respond to new emergencies. This tool has led to more refined and comprehensive needs assessments, stronger emergency response plans and better results for women, men, boys and girls. CARE has also developed its own Gender Marker, which builds on the Inter-Agency Standing Committee Gender Marker that has been an industry standard since 2010, extending it to be useful not only at the planning stage, but throughout an emergency response. This enables CARE to measure the extent to which its activities are meeting the needs of women, men, boys and girls, as well as whether they are contributing to increased gender equality. The Gender Marker has allowed CARE to chart improvements that it is making in planning and implementing gender-sensitive activities in more recent emergency responses.

In responding to the current Syria crisis, notably, these gender commitments and tools have meant a considerable emphasis on responding to the varied needs of women, men, boys and girls. Rapid gender analysis, gender-sensitive needs assessments and the collection of sex and age disaggregated data are routine in this response and have contributed significantly to the quality of CARE's work. CARE has also gathered and shared with the wider humanitarian community

useful data on the increased numbers of pregnancies amongst displaced women, which helps agencies meet the unique needs of that particular group. The influence that women have had on shaping CARE's response is clear[27] as inputs such as hygiene kits have been redesigned following discussions with women and men. There are also key activities – relating to sexual and reproductive health, women's leadership and the prevention of and response to sexual and gender-based violence – that are intended to support immediate needs but also lead to lasting positive change. It is too soon to say how great CARE's impact on long-term gender equality has been in the Syria crisis, but it is CARE's intention to realize a positive long-term impact and, as per its Program Strategy, to multiply this impact through ongoing dissemination of data and evidence and through advocacy.

> A very visible and disturbing example of the specific and differing needs related to women and girls, boys and men in emergencies is gender-based violence.

In emergencies, CARE works to prevent cases of sexual assault and violence, and to work with other agencies to ensure survivors of sexual violence access the medical and psychological care they need. As part of CARE's prevention efforts, CARE has long championed working with women and girls, but also working in close partnership with men and boys. In Sri Lanka, years of conflict followed by a devastating tsunami led to widespread violence against women. CARE's "Prevention of Gender-based Violence" project started women's and men's groups to monitor violence in their communities, refer cases, and also intervene directly to stop the violence. The project also helped government officials build capacity needed to address violence in the community.

In emergency response, CARE works to address the specific needs and capacities of young and old, male and female, drawing from a growing toolkit of best practices, lessons learned and field tools. CARE knows that rigorous needs assessments and targeted consultation with all segments of the population throughout the response are essential. Opportunities to reduce gender inequalities in the long-term must be sought. The increased risk of violence and abuse of those affected by humanitarian crises, which CARE has witnessed particularly in situations of conflict, must be considered and responded to.

> For CARE, reaching the most vulnerable women, men, boys and girls in emergency response, as with supporting resilience and committing to accountability, is simply part and parcel of doing the job properly.

GENDER AND EMERGENCY RESPONSE (HAITI 2010)

After the devastating earthquake that killed more than 200,000 people, CARE's emergency response not only saved lives, but also worked to combat gender-based violence and reduce mortality and morbidity amongst women and girls in Haiti. CARE trained community members, health services providers, police officers, judges and government officials to provide improved sexual and reproductive health services and to better prevent and respond to gender-based violence. CARE established fathers' clubs, youth groups and women's groups to share information about resources available. Improved use of services, particularly by pregnant women and women with newborn babies, showed that local awareness of key issues increased and that health service provision was strengthened.

CARE worked to combat gender-based violence and reduce mortality and morbidity amongst women and girls in Haiti following the earthquake. ©Kate Holt/CARE

PREVENTING GENDER-BASED VIOLENCE (SRI LANKA 2003–2011)

In Sri Lanka, years of conflict followed by a devastating tsunami lead to widespread violence against women. CARE's Prevention of Gender-based Violence project started women's and men's groups to monitor violence in their communities, refer cases, and also intervene directly to stop the violence. The project also helped government officials build capacity needed to address violence in the community. "I used to be a violent man at home, with a temper that flared over the slightest thing. I used to regularly beat my wife. Now I am a different person altogether, answerable to my own conscience. I now help my wife with the housework – washing clothes and sometimes even cooking. I help my children with their school work. I listen to my wife and we take decisions together. I no longer feel I should have more power than women." – Project participant.

In Sri Lanka, CARE started women's and men's groups to monitor violence in their communities, refer cases, and also intervene directly to stop the violence. ©CARE

5   CARE'S FUTURE IN EMERGENCY RESPONSE

> CARE has a clear goal for 2020: to be a leading humanitarian agency whose work has lasting impacts on the needs of poor women, men, boys and girls affected by humanitarian crises, and to be known for its particular ability to reach and empower women and girls in emergencies.

This goal is aligned with CARE's transformative Vision 2020, a global commitment to fight the injustice of poverty by saving lives in emergencies, promoting lasting change and multiplying impact through advocacy and collaboration.

Humanitarian crises are not one-off events, but are both causes and consequences of poverty and vulnerability. CARE plans its responses, therefore, not as brief exercises in aid delivery alone, but with deliberate intent to build resilience, help communities recover, and empower women.

CARE and the wider humanitarian community have faced significant challenges in the ten years since the Indian Ocean tsunami. In addressing these challenges, CARE and the humanitarian community have improved the quality of their response and the impact on people's lives. Looking ahead, CARE strives to continue to improve its efforts and work more closely with new and existing partners to share resources, experience and expertise.

A significant opportunity for this is the upcoming World Humanitarian Summit in 2016. Organized by the United Nations (UN), it is a global initiative to bring together the views, concerns and expertise of all stakeholders, from communities and local businesses, to governments and the UN, to international aid agencies and local civil society groups. The summit will focus on humanitarian effectiveness, reducing vulnerability and managing risk, transformation through innovation, and serving the needs of people in conflict. At a time when the world is faced with many more vulnerable people and more frequent humanitarian crises, this summit will offer an opportunity for the humanitarian community to reflect on successes and highlight necessary improvements.

CARE's contributions to the World Humanitarian Summit discussions are ongoing and will evolve over the coming months as CARE experts meet and discuss with peers, partners and donors. CARE considers that the following approaches are critical:

- partner effectively with civil society, governments and other actors in humanitarian crises, investing in their capacity while working together to respond to crises and build the resilience of vulnerable people;

- advocate strongly – in the context of any crisis and in international fora – for women and girls, ensuring that their needs and rights are fully integrated in emergency preparedness and response;

- invest in lasting impact in emergency response – not only saving lives and building back safer, but empowering vulnerable people; and

- engage with and hold itself to account fully to those people affected by humanitarian crises.

As an experienced, professional organization that has been involved with the response to major crises and disasters for 70 years, CARE will contribute its own lessons, expertise and perspectives on enhancing emergency response effectiveness, particularly where the needs and rights of women and girls are concerned. CARE will also advocate for a more holistic approach to emergency response in the future. CARE's goal is to help build an inclusive humanitarian community of new and existing partners that not only saves lives, but also builds resilience and addresses more effectively people's underlying vulnerabilities, enabling them to be more able to cope with and recover from future disasters.
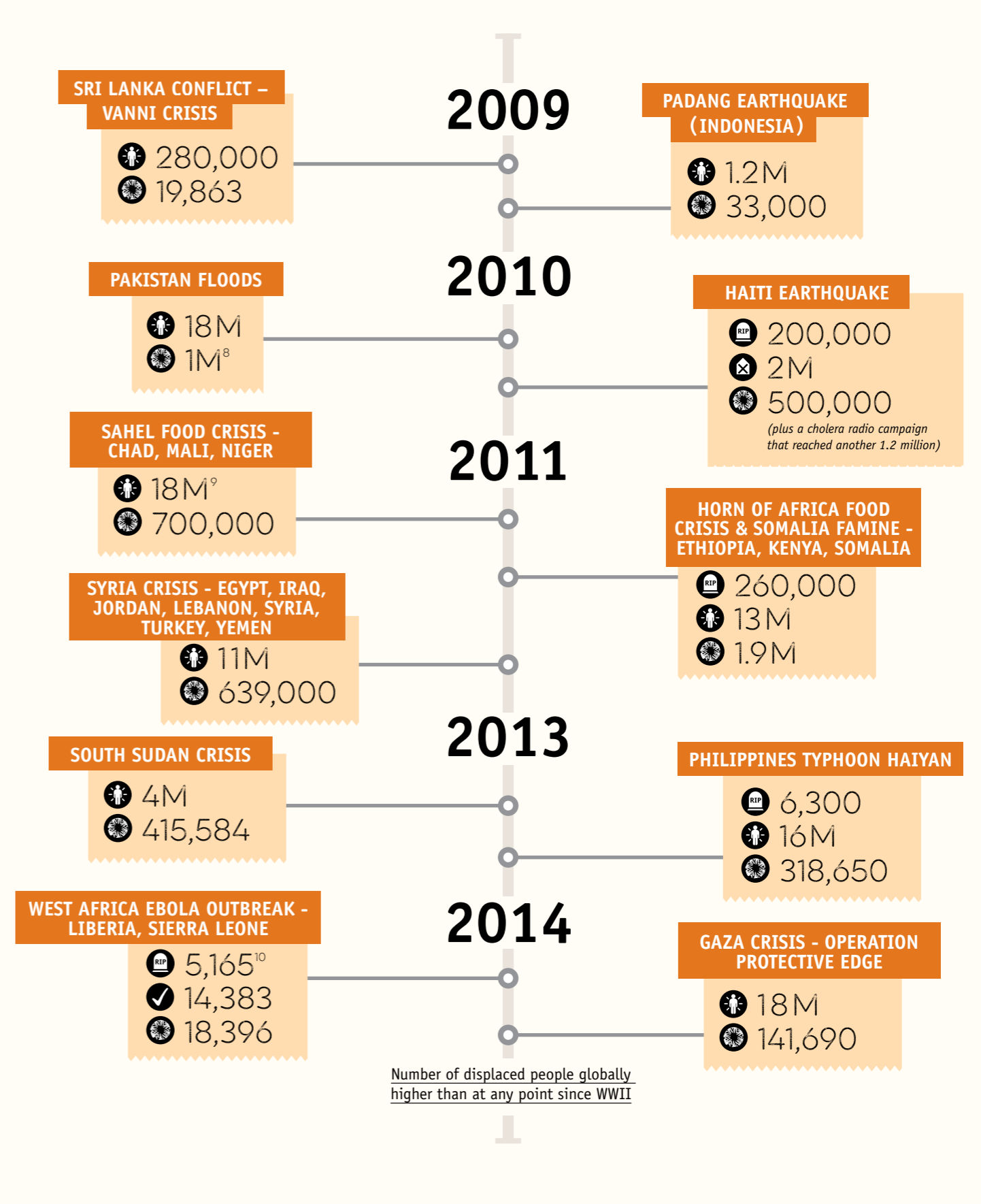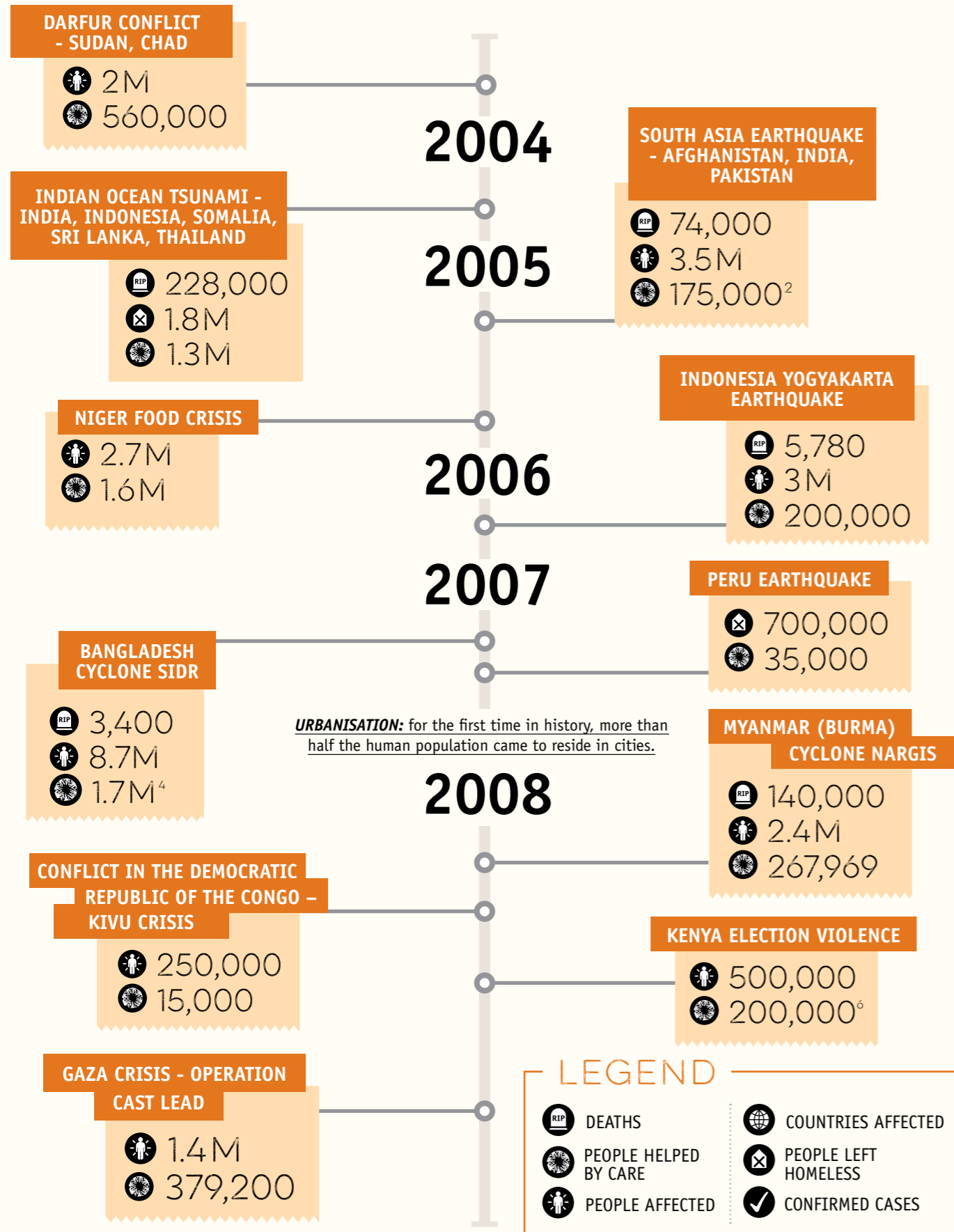

CARE helped families rebuild their homes following Typhoon Haiyan in the Philippines. ©Tom Platzer/CARE

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4   The World Humanitarian Summit will focus on humanitarian effectiveness, reducing vulnerability and risk management, transformation through innovation, and serving the needs of people in conflict. http://www.worldhumanitariansummit.org/

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CARE EMERGENCY TIMELINE

The following are some of the many natural disasters and conflicts around the world that CARE has responded to in the past decade.

DARFUR CONFLICT - SUDAN, CHAD
- 2M
- 560,000

2004

SOUTH ASIA EARTHQUAKE - AFGHANISTAN, INDIA, PAKISTAN
- 74,000
- 3.5M
- 175,000[2]

INDIAN OCEAN TSUNAMI - INDIA, INDONESIA, SOMALIA, SRI LANKA, THAILAND
- 228,000
- 1.8M
- 1.3M

2005

NIGER FOOD CRISIS
- 2.7M
- 1.6M

INDONESIA YOGYAKARTA EARTHQUAKE
- 5,780
- 3M
- 200,000

2006

2007

PERU EARTHQUAKE
- 700,000
- 35,000

BANGLADESH CYCLONE SIDR
- 3,400
- 8.7M
- 1.7M[4]

URBANISATION: for the first time in history, more than half the human population came to reside in cities.

MYANMAR (BURMA) CYCLONE NARGIS
- 140,000
- 2.4M
- 267,969

2008

CONFLICT IN THE DEMOCRATIC REPUBLIC OF THE CONGO – KIVU CRISIS
- 250,000
- 15,000

KENYA ELECTION VIOLENCE
- 500,000
- 200,000[6]

GAZA CRISIS - OPERATION CAST LEAD
- 1.4M
- 379,200

LEGEND
- DEATHS
- PEOPLE HELPED BY CARE
- PEOPLE AFFECTED
- COUNTRIES AFFECTED
- PEOPLE LEFT HOMELESS
- CONFIRMED CASES

SRI LANKA CONFLICT – VANNI CRISIS
- 280,000
- 19,863

2009

PADANG EARTHQUAKE (INDONESIA)
- 1.2M
- 33,000

PAKISTAN FLOODS
- 18M
- 1M[8]

2010

HAITI EARTHQUAKE
- 200,000
- 2M
- 500,000

(plus a cholera radio campaign that reached another 1.2 million)

SAHEL FOOD CRISIS - CHAD, MALI, NIGER
- 18M[9]
- 700,000

2011

HORN OF AFRICA FOOD CRISIS & SOMALIA FAMINE - ETHIOPIA, KENYA, SOMALIA
- 260,000
- 13M
- 1.9M

SYRIA CRISIS - EGYPT, IRAQ, JORDAN, LEBANON, SYRIA, TURKEY, YEMEN
- 11M
- 639,000

2013

SOUTH SUDAN CRISIS
- 4M
- 415,584

PHILIPPINES TYPHOON HAIYAN
- 6,300
- 16M
- 318,650

WEST AFRICA EBOLA OUTBREAK - LIBERIA, SIERRA LEONE
- 5,165[10]
- 14,383
- 18,396

2014

GAZA CRISIS - OPERATION PROTECTIVE EDGE
- 18M
- 141,690

Number of displaced people globally higher than at any point since WWII

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