



Humanitarian Action at CARE USA

# CAPACITY STATEMENT







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## CARE's Humanitarian Action

CARE is a leading humanitarian organization fighting global poverty. CARE has more than six decades of experience delivering emergency aid during times of crisis. Our emergency responses focus on the needs of the most vulnerable populations, particularly girls and women. Women and girls are at the heart of CARE's emergency relief efforts because our experience shows that their gains translate into benefits for families and communities.

Essential to CARE'S lifesaving humanitarian work is our commitment to help rebuild safer, stronger places that people call home. Our programs to improve health and education, promote social justice and open up economic opportunities make communities more resilient and less vulnerable to the forces that cause emergencies. Last year CARE worked in 84 countries and reached more than 83 million people around the world. At present we respond to at least 30 disasters each year, reaching approximately 12 million people through our emergency programming.

## Our Approach

### OVERVIEW

CARE takes a comprehensive approach to emergency response: first, by working with communities to prepare for and mitigate the impact of disasters; then, by partnering with local groups to provide immediate assistance when an emergency hits; and finally, by working with survivors to help them recover after the crisis has passed. CARE's emergency response is part of a long-term commitment. We place great importance on building local capacity and long-term resilience to external shocks. CARE is committed to meeting international standards of quality and accountability when we respond to emergencies, and making sure communities have a say in planning, implementing and evaluating our response.

Our expansive global reach, robust network of partners, decades of experience and long-standing reputation as a leader in the field distinguish us from other organizations and enable us to employ a targeted range of strategies to address the underlying causes of poverty, which are often exacerbated by emergencies. We combine innovative, community-based programming

with national and international advocacy efforts to influence change at all levels. The following are some of the distinctive attributes that allow CARE to affect transformative results:

**We emphasize local actions and solutions.** We coordinate with country offices in affected areas in order to ensure immediate oversight, logistical support and staff roles and responsibilities. More than 95 percent of CARE's country staff are citizens of the countries where they work, which lends significant cultural, linguistic, political and operational skills to every humanitarian response we undertake. We also take a leading role in helping communities prepare for and mitigate the effects of disaster.

**We focus on women and girls.** CARE recognizes that, in many disaster contexts, women have magnified vulnerabilities and little power in decision making. Their specific needs and aspirations can often be overlooked or neglected in the recovery process of re-establishing livelihoods. As a result, we give priority attention to analyzing their special needs and ensuring that specific issues connected to their livelihood recovery are addressed. This focus extends well into the rebuilding phase, and forms the basis for our relief and development work around the world.

**We monitor, evaluate and measure program impact.** Our humanitarian imperative is not only to help vulnerable people and communities, but also to keep improving the ways we serve them. CARE achieves this goal through robust monitoring and evaluation strategies and practices, which are at the very root of our organizational culture. Our monitoring and evaluation strategy is designed to not only assess impact and provide continuous program improvement, but also provide accountability and transparency to donors who've invested in our work.

**We remain prepared.** From early warning systems to the pre-positioning of essential supplies, CARE continually trains and equips emergency response teams within our 70 country offices worldwide. We also maintain regional warehouses in Dubai, Malaysia and Panama with emergency supplies ready to mobilize at a moment's notice.

**We are a leader in the emergency response sector.**

CARE is at the forefront of efforts to improve the speed, quality and effectiveness of emergency response worldwide. With funding from a variety of donors including the Bill & Melinda Gates Foundation, we lead a consortium of six humanitarian agencies working to streamline emergency work and interagency cooperation.

**We are efficient and accountable stewards of donor resources.** More than 90 percent of CARE's expenses fund program activities.

## CARE's Gender Focus

Crises have a disproportionate effect on women, who care for their children and households – and farms and businesses – but are often marginalized in decisions that affect their lives. Women make up the majority of those who die in natural disasters. Moreover, the damage from disasters and conflicts threatens development gains and can undermine years of investments in improving the lives of families and communities. Crises exacerbate existing gender inequalities and pre-existing vulnerabilities – for example, women may be at increased risk during acute during conflicts when rape may be used as a weapon of war.

Our humanitarian efforts have a distinct gender focus – this doesn't mean only give attention to women and girls, it simply means we recognize that their needs, and strengths, are different from those of men and boys. Women and girls are disproportionately vulnerable in disasters. A recent study shows that, when the 2004 Indian Ocean Tsunami struck Indonesia's Aceh Province, approximately two-thirds of the 175,000 people who died were female. While most of the men were fishing or working in the fields, women were at home with their

### GENDER ANALYSIS IN EMERGENCIES

CARE's emergency response reflects gender analysis to determine how emergencies affect women, men, boys and girls differently. Based upon this analysis, we place women and girls at the forefront of our emergency efforts, while adhering to the humanitarian principle of impartiality.



children – and therefore had more lives to save than themselves.

In the aftermath of disaster, women often take on an even larger role as their families’ primary (and sometimes sole) caretaker. Men often migrate from their villages to earn money to support their families, which leaves women as the only caregivers for their households – and their communities. Through decades of emergency response, CARE has learned that that successful emergency response, rebuilding and community resilience depends on the strength, talent and commitment of women.

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We’ve supported women as they’ve established grain banks, led the purchase of micro-insurance policies and adopted other safety nets to prepare for subsequent disasters. After the Indian Ocean Tsunami, CARE organized women in southern India into hundreds of self-help groups to raise awareness of the benefits of disaster-specific micro-insurance. These women had to overcome societal and traditional resistance to the concept – including the objections of their husbands – but, eventually, more than 200,000 families bought

insurance. In 2008, Cyclone Nisha struck southern India, causing widespread damage to homes and communities. Families with insurance were able to rebuild quickly in the aftermath because of the concerted effort of local women.

## CARE’s Emergency Response

All emergency responses are different. In each crisis, CARE carefully considers the needs of affected communities and how we can best help alleviate survivors’ hardship. Some of CARE’s priority emergency program interventions include:

### WATER AND SANITATION

Water and sanitation are basic human needs and rights. During and after emergencies, people are at increased risk of contracting infectious diseases. Inadequate sanitation, poor hygiene practices and lack of access to safe water can lead to outbreaks of disease. Provision of proper water and sanitation is also fundamental to maintaining the dignity of displaced people, particularly women, through providing secure bathing spaces, hygiene supplies and private sanitation facilities. During emergency responses, CARE provides safe water through water trucking, on-site water treatment and distribution, or household water treatment and storage, constructs latrines and bathing spaces, and promotes hygiene through trained volunteers.

### SHELTER

When an emergency causes people to lose their homes, they lose security for themselves and their belongings and the dignity that comes from having privacy. They also lose one of their largest assets in terms of household income and livelihood. CARE helps support communities to house themselves again. This support



**In 2012, CARE improved food security for 2.4 million people, distributed emergency supplies to nearly 650,000 people and provided temporary shelter for 166,000 people as well as access to safe water and adequate hygiene for 9 million people affected by disasters.**

can involve a wide range of interventions - from helping to manage planned camps and distributing family tents, to repairing or constructing houses or community buildings, or providing water, drainage and roads.

#### **FOOD SECURITY**

Food security is defined as a situation when 'all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life'. This definition brings together food consumption, nutritional status and health, as well as the vulnerability often brought about by emergencies and extreme poverty. During crisis situations, CARE not only ensures that survivors' immediate food requirements

are met, but also considers the longer-term causes of food insecurity to help communities better produce and purchase their own food.

#### **HEALTH**

Health is a critical determinant of survival for populations affected by disasters. The public health impacts on a disaster-affected population can be due to a lack of health care services, inadequate protection, poor sanitation and food shortages. Women and children are frequently most at risk for poor health and some of the world's highest maternal and infant mortality rates are in conflict-affected populations. The main goal of humanitarian response is to prevent excess morbidity and mortality. During the initial response, the





minimum initial service package for reproductive health (MISP) is prioritized as part of essential health care services delivered. CARE works along the emergency response continuum of preparedness – acute response – transition/development by linking emergency activities to long-term programs that address the health care system and gender and social norms affecting health outcomes.

#### PSYCHOSOCIAL PROGRAMMING

The growth and development of children and youth is particularly at risk during war and disaster, and deserves special consideration. The primary objective of psychosocial programming is to restore or improve well-being on a mental/psychological and a social/collective level. Psychosocial programming can focus on the individual, household and/or the community level. It can take many forms, ranging from child-centered and school-based interventions to community mobilization initiatives. This approach helps relieve some of the grief and suffering that people experience after the loss of family members, possessions and perspective for the future caused by emergencies.

#### DISASTER RISK REDUCTION

Poverty and disasters reinforce each other: the poor are more vulnerable to disasters, and disasters often cause increased poverty for families and communities. CARE recognizes this association and realizes that, to break this cycle, development programming must address the risks posed by disasters in order to protect poor communities before and after disasters. Disaster risk reduction (DRR) encompasses all activities that help communities prevent or mitigate disaster hazards, in order to reduce vulnerabilities and strengthen coping capacities to withstand disaster impacts. CARE considers

DRR as a strategy that spans humanitarian and development programs. This enables us to design or adjust our activities so that people and communities become safer and more disaster-resilient and safeguards efforts to create and expand sustainable poverty alleviation and development programs.

**CARE brings a longer-term view to its humanitarian work, including supporting people [to] be less vulnerable to disasters in the first place. Where appropriate, our programs link emergency relief, recovery, and long-term development, and include measures for disaster preparedness and risk reduction.**

#### ECONOMIC RECOVERY

During a humanitarian emergency response, economic recovery enables people to rebuild their assets and capabilities, and return to normal life. Sustainable sources of income reduce vulnerability to future emergencies. Interventions that aim to support economic recovery help people earn enough income to meet their needs, fulfill their obligations and recover from the crisis. Providing people affected by disaster with an economic opportunity also helps them improve their morale, and contributes to their empowerment and dignity in the aftermath of a crisis.



[www.care.org](http://www.care.org)

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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty.

Our six decades of experience show that when you empower a girl or woman, she becomes a catalyst, creating ripples of positive change that lift up everyone around her. That's why girls and women are at the heart of CARE's community-based efforts to improve education, health and economic opportunity for everyone. We also work with girls and women to promote social justice, respond to emergencies and confront hunger and climate change. Last year CARE worked in 84 countries and reached 122 million people around the world. To learn more, visit [www.care.org](http://www.care.org).