The Path to Responsible Development
Disaster Risk Reduction
MONDAY DEVELOPMENTS

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"Disaster risk reduction is not a luxury. It’s an essential insurance policy for a more disaster-prone world, and one of the smartest, most cost-effective investments we can make in our common future. The benefits of this investment will be calculated not only in dollars saved, but most importantly, in saved lives.”
- Jan Egeland, Former U.N. Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator

According to an Oxfam International report released in November 2007, natural disasters have increased four-fold over the last two decades, from an average of 120 per year to as many as 500 per year. The Centre for Research on the Epidemiology of Disasters reports 197 million people were affected by disasters in 2007; and more than 90 percent of deaths related to natural disasters occur in developing countries. Natural disasters disproportionately affect the poorest and most vulnerable populations, as the U.S. has witnessed in the aftermath of Hurricane Katrina. When disasters occur more frequently, communities face a downward spiral of vulnerability without sufficient time for recovery.

This issue of Monday Developments explores disaster risk reduction: the types of potential disasters, their effect on poor communities and ways to mitigate disasters. It also addresses preparing for a pandemic and ensuring the health and safety of field staff as well as the role climate change plays in increasing the risk for disasters. With research showing that climate change will continue to cause increases in climate-related hazards, our community must take the time to re-examine and adapt our development and relief practices to take vulnerabilities to natural hazards into account. A number of bodies throughout the world have taken on this challenge and are responding with disaster risk reduction programs. The UN International Strategy for Disaster Reduction (ISDR), the focal point within the UN system for disaster risk reduction, defines disaster risk reduction as "the conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.”

Disaster risk reduction can mitigate the impact of every type of hazard – earthquake, flood, cyclone, drought, conflict – in ways that support livelihoods and promote faster recovery in communities. The World Meteorological Organization estimates that one dollar invested in disaster risk reduction activities saves seven dollars in disaster related economic costs. NGOs can implement low-cost interventions that go far to reduce vulnerabilities and increase the capacity of communities to cope with hazards, furthering the goal of promoting sustainable development.

Disaster risk reduction bridges relief and development programs – better disaster risk reduction integrated into development programs will reduce the need for large-scale humanitarian operations in response to natural disasters.

continued on next page
Local governments and institutions have an opportunity to play a significant role in protecting their citizens against disasters and managing the response to natural hazards, and many already do so. European NGOs and donors have come far in promoting disaster risk reduction programming, with the UK Department for International Development committing in 2005 to providing 10 percent of its post-disaster funding for disaster risk reduction activities.

U.S.-based donors and NGOs are also increasingly incorporating disaster risk reduction activities into their work. In addition to responding to disasters, USAID’s Office of Foreign Disaster Assistance works with partners to identify, manage, and reduce vulnerability to hazards through sustainable, multi-sectoral mitigation and preparedness programs. Each of their disaster risk reduction programs promotes at least one of the priorities outlined in the ISDR Hyogo Framework for Action, adopted at the January 2005 World Conference on Disaster Reduction in Hyogo, Japan.

The World Bank and US Geological Survey calculated that economic losses worldwide from disasters during the 1990s could have been reduced by $280 billion worldwide if $40 billion had been invested in mitigation and preparedness.

A recent survey of U.S.-based NGOs conducted by the Disaster Risk Reduction working group at InterAction found that despite small budget allocations and minimal staff, activities in disaster risk reduction are encouraging, and there is increasing momentum both nationally and internationally to address risk reduction in development program planning, community and national preparedness programs. With additional resources, capacity building and attention to disaster risk reduction, we can collectively reduce the impact of hazards and climate change and promote the sustainable development of the communities we work in.

– Sam Worthington, President and CEO, InterAction

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Just over a year ago the Disaster Risk Reduction (DRR) Working Group was formed at InterAction to advocate for the integration of DRR into NGO programming and to share promising practices in the field. In the first quarter of 2008, the DRR steering committee surveyed U.S.-based international NGOs to get a baseline of disaster risk reduction activities and learn how they are incorporating DRR in their organizations. Nineteen agencies responded including, among others, the American Red Cross, CARE, Catholic Relief Services (CRS), Church World Service, Mercy Corps, Oxfam America, Plan USA, Save the Children, World Relief and World Vision.

Organizations were asked a variety of questions in order to assess the scale and type of programming being implemented and to learn how disaster risk reduction activities fit into the organizational structure and strategic vision of U.S.-based international NGOs.

**Survey Results**

**Structural placement and staff dedicated to DRR.** Half of the responding organizations said risk reduction was a distinct sector in their organization but less than half of those said they had a team dedicated to DRR. Seventy percent of the organizations reported that the DRR portfolio was managed in their agency’s humanitarian or emergency response unit. Usually no more than one full-time staff or several part-time staff work on DRR in emergency response units. Some agencies have full time DRR staff at headquarters working with regional and country level staff who work on DRR as part of their humanitarian/ emergency responsibilities.

**Integration with development programming.** Although research and field practice indicate that it is crucial to integrate DRR activities into long-term development programming, the survey results suggest that doing so is not yet the norm. When asked if risk reduction was integrated into other programming, the results reflected the current reality that humanitarian and development departments operating within the same agency are often operating as independent, non-integrated silos.

<table>
<thead>
<tr>
<th>Is risk reduction integrated in your organization’s programming?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answer Options</strong></td>
</tr>
<tr>
<td>level of integration</td>
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</tbody>
</table>

There are signs that this may be changing. Amy Hilleboe, Senior Technical Advisor for DRR at CRS wrote, “DRR is considered to be an emergency issue by many staff mostly because funding is part of emergency reconstruction. However, development programs are quickly getting involved in reducing risks to disasters especially in agriculture and natural resource management programs.”

**Budgetary allotment.** Disaster risk reduction is still a very minor part of overall budget for most U.S.-based organizations. Only two organizations estimated that DRR was between 10 and 25 percent of their budget.

Those with a unit or team dedicated to DRR were asked about the unit/team’s mandate.

“The goal of our global emergency operations unit is to ensure communities emerge quickly from disaster with limited human suffering and loss of life. There is a DRR objective within that goal that states ‘communities served by Mercy Corps will be better prepared to respond and mitigate against potential hazards.’”

– Susan Romanski, Director, Emergency Preparedness and Disaster Risk Reduction, Mercy Corps

“In planning with our local implementing partners, both our emergency response and development units are tasked with working to ensure that risk reduction practices are incorporated, as a matter of best practice, into our relief and development work.”

– Donna Derr, Director, Emergency Response Program, Church World Service

“We aim to ‘facilitate the connection from good practice in our DRR programs to persuasion in others through the good use of research, excellence in partnerships, efficient advocacy and communication strategies, and a high quality evaluation, learning, and knowledge agenda.’”

– Oxfam America Disaster Risk Reduction Strategic Framework 2008-2012
However, the American Red Cross, whose mandate is to respond to domestic emergencies and support international disaster relief efforts through a network of 186 National Red Cross/Red Crescent Societies, wrote that it is, “increasingly integrating DRR into our planning and programs while deepening in-house technical knowledge in this arena. This is evidenced through an increased budgetary mark dedicated to DRR.”

**Strategic planning and policy.** Fifty percent of respondents said risk reduction is now institutionalized in their organization’s strategic plan or policies. These efforts are in various stages of planning and implementation but there was, overall, a sense of the increasing importance and institutionalization of DRR.

**DRR programming.** Agencies are implementing a wide range of DRR programming. In addition, agencies mentioned knowledge sharing with international and indigenous organizations; field office and partner workshops; search and rescue planning and drills; and environmental mitigation within infrastructure projects.

**Advocacy.** Recent research suggests that successful NGOs combine effective programming with advocacy on their chosen issues and two-thirds of the surveyed organizations engage in external advocacy on risk reduction. The target audience for this advocacy ranged from the local community and local partners to international donors and national governments. Organizations seem to be increasing their advocacy on DRR though not yet in a coordinated interagency effort.

**Conclusion and Next Steps**

Despite small budget allocations and minimal staff, activities in disaster risk reduction are encouraging, and there is increasing sense of momentum both nationally and internationally to address risk reduction in development program planning, community and national preparedness programs.

As a next step, it is crucial to learn from active consortiums in Europe and elsewhere how they have been able to move ahead in capacity building around risk reduction and to continue to use the working group to share best practices and advocate for more DRR programming.

The InterAction Disaster Risk Reduction Working Group is open to new members and we welcome your inquiries or comments. Please contact: jrobbins@interaction.org.

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**What percent of your organization’s overall budget is allocated to risk reduction activities?**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Under 1%</th>
<th>1 - 5%</th>
<th>5 - 10%</th>
<th>10 - 25%</th>
<th>25 - 50%</th>
<th>50% +</th>
<th>Response Count</th>
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</thead>
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<td>approximate percentage of budget</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>16</td>
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</tbody>
</table>

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**Is risk reduction institutionalized in your organization?**

“Organizational strategic plans now incorporate language about the need to reduce the impact of disasters; tools and standards for preparedness planning explicitly recognize DRR as a key framework to analyze disaster risks; training programs now incorporate DRR; a center of excellence within our organization has been established; strategic partnerships that focus on DRR have been established.”

– Rigoberto Giron, Director, Emergency and Humanitarian Assistance Unit, CARE

“DRR is part of the global organizational strategy for the years 2008-2012. It is part of the emergency preparedness and response unit’s operational plan, and in a cost-cutting fashion supports the four program priorities of our strategic plan. It is incorporated into the country offices’ program strategic documents.”

– Sarah Talbot, Program Coordinator, Save the Children

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**What types of risk reduction programming does your agency implement? (check all that apply)**

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
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<tbody>
<tr>
<td>community level mitigation activities</td>
<td>82.4%</td>
<td>14</td>
</tr>
<tr>
<td>early warning systems</td>
<td>76.5%</td>
<td>13</td>
</tr>
<tr>
<td>disaster education in communities &amp; schools</td>
<td>64.7%</td>
<td>11</td>
</tr>
<tr>
<td>infrastructure projects that mitigate against disasters</td>
<td>58.8%</td>
<td>10</td>
</tr>
<tr>
<td>first responder skill enhancement</td>
<td>52.9%</td>
<td>9</td>
</tr>
<tr>
<td>educational posters or printed material on DRR</td>
<td>52.9%</td>
<td>9</td>
</tr>
<tr>
<td>research/case studies/best practices documents</td>
<td>52.9%</td>
<td>9</td>
</tr>
<tr>
<td>research/partnership</td>
<td>47.1%</td>
<td>8</td>
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<tr>
<td>radio programming/media on DRR</td>
<td>29.4%</td>
<td>5</td>
</tr>
</tbody>
</table>

answered question 17
In 2005, Hurricane Stan devastated broad swaths of Central America, causing widespread flooding that ruined homes, destroyed crops and displaced communities. Relief agencies mobilized and helped millions of people restore their lives and livelihoods.

But this catastrophe also offered an opportunity to implement strategies that would lessen the impact of future natural disasters – an increasingly frequent possibility as we begin to feel the effects of global climate change.

In the Bajo Lempa region of El Salvador, Catholic Relief Services (CRS) moved quickly to restore livelihoods through a sustainable development approach. The community prioritized protecting their corn production from future flooding, as heavy rains often precede the corn harvest. The traditional method for drying corn was to bend the corn stocks in half to encourage drying and prevent rain water from entering the husks. However, heavy rains weigh the bent corn stocks to the ground resulting in large-scale crop loss due to exposure to flood waters.

CRS and local partners focused on a simple solution that could be replicated. They supported the construction of elevated corn drying facilities to protect future crops from excess water. The community has embraced the elevated drying concept because it provides a safe and convenient way to dry corn at harvest time and protects the crop from flood damage. An elevated corn drying facility can be made from local materials. Moreover, it requires minimal technical training, though farmers may need guidance on maintenance and pest management.

Reducing risk may not grab headlines or appear on CNN, because media attention tends to focus on disasters that have occurred rather than disasters avoided and the planning that allows for risk reduction. But disaster risk reduction (DRR) works because it promotes stewardship of our natural resources, and it strengthens local ownership, enabling communities to play a greater role in determining their future.

Disaster risk reduction has become a priority focus for many international relief and development organizations in recent years. While the UN International Strategy for Risk Reduction defines commonly used DRR terms, the challenge for many organizations is to convert DRR initiatives from paper statements to field practice.

The Hyogo Framework for Action promotes strategic and systematic approaches to reducing risks and vulnerabilities to hazards through strengthening national and community resilience. This thrust is captured in the first of the three strategic goals in the framework: “The more effective integration of disaster risk considerations into sustainable development policies, planning and programming at all levels with a special emphasis on disaster prevention, mitigation, preparedness and vulnerability reduction.”

CRS recently established a unit that focuses on DRR. As an initial step toward understanding DRR initiatives from the field perspective, CRS carried out an inventory of programs that aim to reduce risks to disasters. Many of the programs were integrated into emergency rehabilitation projects, while others were part of development programs. The initiatives included community risk mapping, first responder preparedness, post-disaster improved housing reconstruction, and post-disaster agricultural recovery and mitigation schemes to adapt agricultural and livelihoods practices to changed climatic conditions, such as prolonged drought and erratic rainfall.

As climate change requires innovative adaptation of traditional practices that previously relied on predictable cyclical climate patterns, Bajo Lempa in El Salvador provides an encouraging example of success. With expectations that climate-related disasters will increase in frequency and scale, we cannot afford to wait to embrace and implement DRR in our disaster response strategies.
Cyclone SIDR: Community-Based Early Warning in Bangladesh

By Rebecca Scheurer, Director of Program Integration, American Red Cross, and Rod Snider, Senior Disaster Preparedness Advisor, ARC

In mid-November of 2007 a large tropical depression in the Indian Ocean evolved into Super Cyclone Sidr, a category 4-equivalent storm with Bangladesh in its direct trajectory. Government authorities and the humanitarian community braced for a large-scale disaster, remembering cyclones of similar size that in years past killed hundreds of thousands of people. News of the impending landfall of the massive cyclone triggered the use of an extensive national disaster preparedness plan, one that is well-rooted in decades of trial and error, and considered a commendable success in a country familiar with disasters.

Bangladesh is one of the most disaster-prone, densely populated and environmentally challenged countries in the world. Vast portions of its 134 million people are regularly threatened by natural hazards, particularly cyclones, floods and landslides, which compromise the safety, health and prosperity of the nation as a whole. It is clear that current trends such as climate change, population growth and urban migration are placing more people in harm’s way. In an effort to lessen loss of life and household assets, the Bangladesh Red Crescent Society (BDRCS) has been striving for decades to strengthen the disaster management capacity of its extensive volunteer network through disaster management training, programs and partnerships.

In reaction to the catastrophic cyclone of 1970, in which over half a million people were killed, in 1972 the League of Red Cross Societies (now the International Federation of Red Cross and Red Crescent Societies) and the BDRCS established the Cyclone Preparedness Program (CPP), and the government of Bangladesh joined as a key partner in 1973. The CPP aim remains the same today: to reduce vulnerabilities of high-risk communities through low-cost effective preparedness activities. Central to CPP is a wide network of cyclone shelters situated on higher ground to serve as safe havens for at-risk families. Other core elements include evacuation drills, public awareness campaigns, extensive radio networks and disaster preparedness training.

The training component is the fundamental piece of the CPP. More than 40,000 community-based volunteers have been trained by the Bangladesh Red Crescent to deliver disaster warnings. These volunteers are equipped with skills and tools to go from house to house, primarily on bicycles and using megaphones, warning of impending storms and assisting with evacuations. An integral part of the community-based early warning program is a four-tiered warning system designed by the Government of Bangladesh. When danger reports reach level three, warnings are broadcasted via HF/VHF radio systems to local government and Red Crescent Chapter offices in a mass communication campaign. Volunteers are then quickly mobilized to begin community rounds, delivering warnings and encouraging families to immediately evacuate.

In the case of Cyclone Sidr, weather data allowed for several days of lead time for residents to prepare for its arrival. A network of some 34,000 volunteers were mobilized according to the CPP and effectively communicated to millions of people, even where many had limited or no access to TV and radio. As a result, while 3,300 people perished, far more lives were saved. One need only to look at the pre-CPP era when 500,000 and 150,000 people died in the 1970 and 1991 cyclones, respectively, to understand the CPP’s impact.

While early warning messaging for Cyclone Sidr was largely successful, challenges remain and studying Cyclone Sidr provides another learning opportunity. For example, many fishermen who were out to sea and did not have radio reception to hear of the impending cyclone threat were killed. Additionally, there were signs of doubt about the credibility of the alarms. Many of those affected indicated that previously a tsunami warning had been issued where nothing happened and people needlessly moved to shelters. This led many families to ignore warnings of Cyclone Sidr and stay in their homes. Others were unwilling to leave their homes and household assets for fear of theft.

Field reports on the disaster-affected households indicate that the cyclone shelters require better construction, were limited in their capacity to hold evacuees, and were not designed to meet some basic needs. For example, the available latrines were inadequate for the populations using the shelters. Cyclone shelters are single-use, meaning that between storms, there is a less incentive to maintain them, and they are not an integral part of the community.

Such challenges underscore the need to invest more in disaster preparedness efforts and to further promote disaster education at scale in places such as Bangladesh where large populations are readily exposed to natural hazards, and to ensure that preparedness measures incorporate the needs and priorities of communities. Thanks to the commendable work undertaken by BDRCS on cyclone preparedness, this case study provides the humanitarian community with opportunities for learning, program adaptation and replication.
Building Resilient Communities

By Erynn Carter, Global Emergency Operations Program Officer, Mercy Corps, and Lynn Renken, Director of Programs Mercy Corps Indonesia

Indonesia, the second-most disaster prone country in the world, has experienced a variety of natural and geological disasters in the last five years. In response to the 2004 tsunami that devastated Aceh, the affected area was inundated with attention and donor funds focusing heavily on developing a tsunami warning system in key locations throughout the archipelago. However, little attention and few resources focused on community and government preparedness for other types of disasters to which Indonesia is vulnerable such as earthquakes, flooding, fire, drought, volcanic eruptions and landslides.

Recognition of the increasing number and scale of recent disasters prompted the convening of the World Conference on Disaster Reduction held in Kobe, Japan in 2005. In Kobe, 168 countries agreed to a strategy that aims to substantially reduce the economic, environmental, social and human losses of disasters. This ambitious ten-year plan, known as the Hyogo Framework for Action (HFA), contains three strategic goals and lays out five priorities for action.

The Ring of Fire

An area that has borne the brunt of Indonesia’s numerous disasters is the west coast of Sumatra Island, where natural disasters have been consistent and widespread up and down the coast. West Sumatra Province, specifically the area of Padang Pariaman, is at high risk of natural disasters since it is situated along the same coastal fault line as Aceh. But in comparison to Aceh, people living in West Sumatra are poorer – more than 12 percent of the population lives below the poverty line – and the area has received very little international support for emergency preparedness despite the huge geographical risks. In the last seven years, over 600 people lost their lives during these types of natural disasters. In 2007 alone, 92 people died, 926 people were injured, and over 54,000 houses were damaged in two earthquakes that struck West Sumatra.

In the past three years, Padang Pariaman experienced two major earthquakes, in April 2005 and March 2007. After the April 2005 earthquake, community members and teachers reported that students and people from the impacted communities fled to the mountains and stayed there for several days. Community members said they were scared a tsunami would follow the earthquake so they did not want to return to their homes. As a result, businesses and schools were closed for at least a week due to widespread fear and displacement of the population. The economic, environmental, social and human costs of the quake were acutely felt by the community, highlighting the need to turn the HFA into practice in high-risk communities.

Three years after the Kobe conference and the creation of the HFA, the current challenge is to implement projects at both the national and local levels. In order for this to happen, the spirit of this global framework needs to make a difference in the lives of vulnerable people living in disaster zones. This is what Mercy Corps, as part of a seven-agency consortium called the Emergency Capacity Building Project (ECB), did in Padang Pariaman.

A Community-Based Risk Reduction Project

In 2006, Mercy Corps implemented a disaster risk reduction (DRR) pilot project in Padang Pariaman. The main goal was to enable communities in the target area to minimize the loss of life and assets from natural disasters by: (1) developing community-based emergency preparedness; (2) creating a response
planning model; and (3) building the government’s capacity to use this model in communities in the most efficient and effective manner. To further this goal, the project focused on strengthening the capacity of the government of Indonesia to consistently conduct participatory emergency planning with communities.

**Participation is Key**

Since the success of any risk reduction activity depends on the community’s capacity and participation, increasing local disaster preparedness capacity was a central element of the project. To do this, a Model Design Workshop was conducted and resulted in the establishment of the Participatory Disaster Risk Reduction Model (PDRR). In this model, at-risk communities are actively engaged in the identification, analysis, planning, implementation, and monitoring and evaluation of disaster risks in order to reduce their vulnerabilities and enhance their capacities.

Project implementation activities to minimize the loss of life and assets in future earthquakes included: training of trainers and school facilitators for both local partners and local government staff in the PDRR Model and hazard mapping, earthquake simulation activities in the community, and workshops to share key information with community members and government officials.

The project also involved school safety and evacuation drills, and school competitions to encourage preparedness and planning. Finally, Mercy Corps provided public education materials about the results of the hazard mapping activities and laid out the evacuation routes. By the end of the project in March 2007, nine communities had emergency preparedness plans created with community members. Over the course of one year, over 23,000 community members and 89 schools participated in disaster preparedness activities.

Since the district government was extensively involved in this project, it saw the benefits of DRR preparedness work. It has spent $38,000 on community-requested DRR activities, and more government funds have been secured for community-based DRR work. The money has been used to build irrigation channels in communities to prevent flooding, and to construct new roads and pathways to facilitate the establishment of evacuation routes in six sub-districts of Padang Pariaman. In hindsight, the timing of the project was impeccable, as the government of Indonesia had recently approved a bill that explicitly states disaster risk reduction, preparedness and management constitute one of the government of Indonesia’s nine National Development Priorities, and that this prioritization should also be reflected at the local and district levels.

As a result, the project’s goal and the priorities of the government were very similar, especially in a high-risk area like Padang Pariaman, where the district leader was under pressure to show progress quickly. As a result, the Padang Pariaman District leader was eager to implement activities and to learn new tools and strategies to implement and manage disaster risk reduction at the community level.

**Preparedness Makes a Difference**

Another earthquake struck the same communities in March 2007, but the response was completely different. Teachers reported less panic than in April 2005 and students responded to the earthquake in a more calm and orderly fashion. Students had practiced their evacuation drills, making them more comfortable when the actual earthquake occurred, and they now understood why natural disasters like earthquakes happen. Schools re-opened the day following the earthquake, instead of a week later. Overall, the communities were able to return to a sense of normalcy more quickly following the 2007 earthquake.

So what happened between these two earthquakes? The community, government and civil society worked towards a shared vision and in the process built a more resilient community. With governments acting on DRR at the national level and communities working on issues in their towns and villages, the ability to substantially reduce the economic, environmental, social and human losses caused by disasters seems greater than ever before.
Disaster Risk Reduction in the Pastoral Context: Commercial De-stocking During Drought

By Adrian Cullis, Food Security Team Leader, Save the Children/Ethiopia, and Ina Schonberg, Senior Policy Advisor, Save the Children

Background

The lowlands of the Horn of Africa are predominantly inhabited by pastoralists. These areas are characterized by recurrent drought, which results in the deaths of hundreds of thousands of livestock and loss of significant household assets. The livelihood rebuilding process characteristically takes five to 10 years, so reducing the impact of natural disasters in this context is key to improving livelihood resiliency among the pastoral population. It also saves donor funds by mitigating the impact of drought and reducing the need for a costly emergency response.

The 2006 drought in the Greater Horn of Africa affected the lives of an estimated 11 million people, many of whom were pastoralists. Typical responses to drought emphasize the provision of food aid. More attention should be given to livelihood protection and support. In pastoral contexts, this means taking action to manage herd size and animal health.

The Pastoral Livelihoods Initiative (PLI) was a two-year program funded by USAID for the Afar, Oromiya and Somali Regions of Ethiopia. It focused on livestock production and improved range management, early warning systems, livestock marketing and livestock policy reform. The release of funds at the onset of the drought enabled NGOs to switch funds away from “normal” development activities to drought related “alert and alarm” phases of the drought cycle management model (see www.icconsult.nl).

As part of PLI, Save the Children/US piloted a number of livestock-focused drought responses to protect core breeding livestock. Interventions included emergency animal health, supplementary feeding and, after the onset of the rains, the re-distribution of livestock amongst families. At the same time, other livestock were removed from rangelands through commercial de-stocking of livestock in poor condition. This is a process of accelerated marketing that can be beneficial during droughts. Pastoralists normally only sell their livestock when they need to purchase basics such as grain, tea, sugar, clothes, human and livestock medicines, or pay school fees or the like. In times of drought, however, rather than letting animals die, pastoralists are open to selling larger number of livestock and in this way invest the cash they receive in protecting their remaining livestock through the purchase of veterinary medicines, feed or the purchase of additional food for the household.

Commercial de-stocking

Save the Children/US supported the Ministry of Agriculture’s Department of Fisheries and Livestock Marketing in its use of radio and TV announcements to advertise a series of meetings with livestock traders to highlight the opportunity for accelerated livestock off-take. The meetings resulted in Save the Children/US supporting several field visits for 21 livestock traders who traveled to Ethiopia’s drought-affected southern rangelands. Two traders subsequently established cattle buying centers around Moyale.

During February and March 2006 the two traders purchased some 20,000 cattle at an estimated cost to the traders of $1.01 million. The cattle were transported to fattening units around Addis Ababa and the majority was later exported to Egypt. Monitoring information collected by Save the Children/US indicates that over 5,400 households benefited from this intervention, selling on average 3.7 cattle each at a value of Eth Birr 1,620 (US$ 186).

Pastoralists normally only sell their livestock when they need to purchase basics such as grain, tea, sugar, clothes, human and livestock medicines, or pay school fees or the like. In times of drought, however, rather than letting animals die, pastoralists are open to selling larger number of livestock and in this way invest the cash they receive in protecting their remaining livestock.

The price obtained during this period for stressed cattle is well below “normal” market prices. Nevertheless, participants were pleased to receive payment for cattle that were likely to die without further intervention.

The benefits of restocking

Assisted by Tufts University, Save the Children/US carried out a participatory impact assessment of the intervention which confirmed that the pastoralists used the income rationally. 114 households were surveyed.
Use of income from commercial de-stocking (% of total)

The points on the graph show the percentage of expenditure represented by each expenditure type (average of participants surveyed). The bars above and below show the confidence interval of the survey (i.e., the range of accuracy of this percentage based on the numbers of individuals surveyed). This data showed that:

- 39 percent of revenues were used to protect a core herd of livestock, including 18.8 percent for supplementary feed for breeding stock, 11.7 percent for transporting livestock by truck to non-drought affected areas, and six percent for veterinary medicines and animal health services;

- 27.7 percent were spent to buy food for the household; and

- 79 percent of all expenditures were spent locally (on livestock support, food and clothing purchases, paying off debt, and support to relatives, many of whom were also drought affected).

The impact assessment found that the project provided a 41-fold return on investment, based upon the value of the cash transfer (total receipts from cattle sales) to the participating pastoral households, as compared to the implementing agency’s cost (noting that the private traders carried out much of the work themselves).

Key lessons learned

This program provided a strong return on investment and critical support to pastoral households, reducing the impact of drought on vulnerable households as well as allowing them to maintain greater long-term livelihood resiliency.

Intervening earlier, before the condition of cattle deteriorated significantly, would have provided households with greater cash returns. Defining and agreeing upon triggers for de-stocking, developing contingency plans, and making funds available rapidly would allow for a more timely response. De-stocking should be considered before the official declaration of a drought.

While the results of this drought-related intervention had a major impact on pastoral livelihoods around Moyale, it was not possible to engage other trad-

ers to carry out similar activities in other drought affected areas, in part because of the poor quality of Ethiopia’s road network and the associated high transport costs. To implement this intervention on a larger scale, road network improvements are required.

Long-term livestock marketing policies affect how such a disaster risk reduction effort can be carried out. Policy support and strategic investment in domestic and export livestock marketing would strengthen use of de-stocking as a risk reduction tool. At the time of this de-stocking intervention, Ethiopian livestock exporters were able to sell the recovered cattle to Egypt. The Egyptian and other Middle East markets were later closed to Ethiopian livestock exporters because of livestock disease outbreaks in the Greater Horn. When such restrictions are in effect, livestock markets and prices are less buoyant. Greater scale can also be achieved by addressing structural weaknesses in Ethiopia’s livestock marketing industry, in particular veterinary and sanitary standards.

During drought, people use cash wisely. This should open the door for considering additional approaches to disaster risk reduction including cash transfers during times of great need and a cash payments/subvention system for households that maintain smaller herds.

This article is based on articles by Dawit Abebe, Adrian Cullis, Andy Catley, Yacob Akililu, Gedlu Mekonnen and Yodit Ghebrechirstos, available online in id21 Insights and Disasters (in print)
The Health Sector and Disaster Reduction

By Dr. Mukesh Kapila, Chief Health Adviser, International Medical Corps

At the heart of the Hyogo Framework for Action is the concept of building the resilience of communities and nations in facing up to disaster risks and impacts. A healthy society is a prerequisite for a more resilient society. This is because healthy people are better able to cope with – and recover from – the shocks and crises that are an increasing part of the daily experience of millions of the most poor and vulnerable citizens on our climate-challenged planet.

Thus, the health sector has a crucial role to play in all phases of the disaster reduction cycle. Effective and well-timed health sector interventions can reduce disaster impact through:

• Health prevention before disaster strikes;
• Health preparedness for disaster response;
• Health protection when disaster arrives; and
• Health promotion when disaster turns to recovery and reconstruction.

Health Prevention

The objective of prevention in the health sector is to reduce the vulnerability of people to the risks to their health when disaster strikes. In other words, it is not inevitable that a disaster due to a natural or manmade event should result in outbreaks of disease. Basic public health measures such as good coverage with immunizations for diseases like measles and polio, and a well-nourished population living in an environment where the common vectors of disease (for example, mosquitoes for malaria) are under control – are one of the “best buys” in disaster reduction. Therefore, prevention is the day-to-day job of any well functioning health system – especially at the primary community level.

An additional role of prevention in the health sector is to ensure that critical health infrastructure, including health centers and hospitals, do not stop functioning at the precise moment that they are most needed, i.e. in disaster and emergency situations. This means, for example, that hospitals are sited, where possible, in less hazardous locations. They should be built to resist collapse in earthquakes, to avoid the likelihood that their roofs will be blown off in cyclones, and to not be prone to flooding when the waters rise. It means investing in back-up power and communications systems. The example of the Caribbean territory of Montserrat is salutary: planners sited a new hospital in the middle of the lava path predicted by their own risk assessment study – of which they were duly reminded when the volcano erupted in 1995 dramatically overwhelming the hospital even before its expensive machines had been unpacked. The current campaign on “Hospitals Safe from Disasters” spearheaded by the International Strategy for Disaster Reduction and the World Health Organisation is long overdue.

Health Preparedness

The objective of preparedness in the health sector is to ensure that disaster-prone communities have basic competencies in caring for themselves, their families and neighbors. The right knowledge and skills are literally life-saving, for example, through first aid and basic trauma management. For those with conditions requiring continuing therapy such as diabetes, hypertension, or HIV, it means ensuring that they have some personal stocks of essential medication and a means of replenishment. The target for adequate preparedness is to ensure that communities have the know-how and means to mobilize their own capabilities to manage their own immediate health needs for at least the first 48 hours – before outside help gets through. Maximum self-help also means that hard-pressed health professionals and over-crowded health facilities can prioritize care for the more seriously affected.

Health preparedness in the community also requires an awareness its most vulnerable members and their special needs, such as the elderly, disabled, and child-headed households. National Red Cross and Red Crescent Societies around the world strongly and successfully support the development of first aid and other community capacities. The experience of cyclone-prone Bangladesh demonstrates how well-prepared communities are much more likely to be able to take repeated disaster experiences in stride and emerge reasonably healthy, compared with communities that are caught off guard. The Kashmir earthquake exemplifies the latter. If vulnerability assessments had been systematically carried out, if hospital disaster plans had been better prepared, tested, and disseminated, and if health staff had been better prepared in mass casualty management, many lives might have been saved and health facilities might have been able to function better, in spite of damage and impact on health staff.

Health Protection

The objective of health-related protection is to minimize loss of life from preventable conditions and to optimize the health status of disaster-affected populations. Rapid emergency response is the
key as most lives are saved through what happens in the early period of a disaster. Building preparedness capacity both among first responders within communities and among external actors has a direct bearing on effectiveness. This is the practical approach of International Medical Corps in numerous emergencies around the world. For example, it is working with local partners in Indonesia to strengthen their capacity through training in emergency medicine and disaster management.

In addition to emergency medical assistance, public health measures are crucial to health protection in the aftermath of disasters, especially when they involve population displacement and formation of over-crowded camps. Commonly, this includes the provision of safe water and sanitation facilities, education on food safety and hygiene, maintenance of immunization programs, and vector control. With the know-how, organizational capacities, and cost effective technologies now available, a post-disaster breakdown in public health is largely avoidable and considered unacceptable.

However, technologies alone cannot protect health during emergencies. It also requires awareness of the needs of the most vulnerable groups, and much more needs to be done on gender-based approaches to humanitarian health interventions. Women and children are particularly vulnerable to sexual violence, abuse and exploitation during and in the aftermath of disasters. The reproductive health needs of women and girls are often seen as a lesser priority in emergency relief efforts.

**Health Promotion**

The objective of post-disaster health promotion is to strengthen societal capacities to repair and recover through “building back better.” This is based on the premise that although repeated disasters are a setback to development, they also provide incentives and opportunities for moving forward. The history of health sector progress is also the history of how new insights and innovations have emerged from the crucible of severe health challenges such as the plague, cholera, influenza and other pandemics of the distant past, and SARS and other emergent communicable conditions of present day. Applying lessons learned from health responses to past and current disasters, for example through the strengthening of public health surveillance and early warning systems, is a vital investment in the reduction of future risks and vulnerabilities.

**Conclusion**

The increasing frequency and seriousness of disasters is probably inevitable, at least for the next few decades, in the context of accelerating climate change. But there is nothing inevitable about the impact on human health. Concerted health action in prevention, preparedness, protection and promotion can do much to reduce and mitigate the negative consequences – but only if the right leadership advances these efforts and partnerships are mobilized at global, national and community levels.

**INDONESIA: A MODEL IN HEALTH AND PREPAREDNESS CAPACITY BUILDING**

International Medical Corps (IMC) is working with key Indonesian NGOs and community level first responders in preparedness and organizational capacity building in one of the most disaster-prone countries in the world. As members of the Indonesia Medicine Relief Committee (IDMRC), these NGOs are an integral part of Indonesia’s disaster response capability, complementing that of the national government. They train health workers with specific courses on emergency medicine and disaster management planning, including basic and advanced life support, hospital preparedness, water rescue, and collapsed search and rescue. Through various alliances they also maintain a roster of volunteers ready and able to deploy when emergencies and disasters strike. Databases have been developed to identify key stakeholders and logistics resources in times of emergencies.

The approach focuses on the concept of “Safe Communities” in which disaster management, response training and medical emergency care are integrated into local health systems in order to establish disaster-prepared and strong internal capacities for disaster management and response thereby reducing the impact and further health risks of a disaster. The aim is that these communities be able to adequately respond without outside assistance in the first 24 to 48 hours after a disaster strikes. The strength of the approach comes from the fact that medical and non-medical personnel are trained in both disaster management and medical response. Everyone – from doctors to targeted key community members – is trained to provide a well organized and sequenced response.

A “Safe Community” should have in place the following: (a) every hospital has a disaster plan updated every three years, and regular disaster preparedness exercises, including evacuation drills, with a view to ensuring rapid and effective disaster response; (b) every targeted area has a disaster plan and an annual simulation exercise; (c) the response time for partners and other first responders should be under 10 minutes in normal emergencies and response should be in collaboration with security and search/rescue teams for disasters; and (d) a goal of realizing a decline in the mortality and causality rates in both normal emergencies and disasters in targeted areas. [please confirm accurate as edited]

The NGOs in this project have made such significant progress that in 2007 the Ministry of Health requested that they undertake a series of trainings in nine provinces identified as particularly disaster-prone.
Integrating Climate Change into the Disaster Risk Reduction Agenda

By Susan Romanski, Director of Disaster Risk Reduction, Mercy Corps

The international humanitarian and development community has traditionally worked on climate change and disaster risk reduction strategies separately, involving different sets of practitioners and drawing upon different sources of funding. However, within current efforts to deal with climate change issues, strategies to adapt to climate change often have much in common with on-going disaster risk reduction strategies—a fact that opens the window for much greater collaboration between the two disciplines.

The main global forum for all parties involved in disaster risk reduction to raise awareness on reducing disaster risk, share experiences and guide the UN International Strategy for Disaster Reduction (ISDR) is the UN Platform on Disaster Risk Reduction. The June 2007 session in Geneva strongly highlighted the need for countries, international organizations, NGOs, community groups, politicians and scientists to come together and recognize disaster risk reduction strategies as a frontline defense against climate change. More recently, the Bali Action plan, which charts a course for a negotiating climate change after the Kyoto Agreement expires, emphasizes the link between DRR in its section on adaptation, and ISDR continues to highlight that adaptation and disaster risk reduction agendas are closely linked.

So then, what can be done to integrate DRR and climate change?

View DRR as a Frontline Defense Against Climate Change

DRR Practitioners can help communities prepare for and mitigate against hazards, many of which are, and increasingly will be, caused by climate change. Some hazards are rapid onset, such as increased storm and flooding intensity. Others are chronic, such as impact of agriculture and increased desertification. DRR can incorporate strategies to promote resilience in a community by promoting savings or insurance in case of disasters or using drought resistant seeds, building better health systems or preparing communities with training and early warning systems that help them respond to hazards when they occur. With the increase in hazards due to climate change, these strategies should be replicated to help more communities deal with the increase in risk.

Consider two definitions in the DRR and climate change communities:

Disaster Risk Reduction is defined by ISDR as the conceptual framework of elements considered in order to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards within the broad context of sustainable development.

Adaptation is defined as adjustment (in natural or human systems) in response to actual or expected climatic stimuli or their effects, which moderates harm or exploits beneficial opportunities.

These definitions highlight that the goals of the two approaches are similar and mutually reinforcing. Therefore, from a programmatic perspective, it seems natural to include adaptation as a disaster risk reduction strategy to climate change, and to adopt disaster risk reduction strategies as part of adaptation practices.

Making the Link

At the UN Platform for Disaster Risk Reduction, scientists and NGOs highlighted the growing body of scientific data on climate change presented to governments, but acknowledged the disconnect between that data and the solutions that NGOs and civil society have to help mitigate some of these issues. They recommended that environmental groups and relief and development groups start working more closely together. Even within relief and development organizations, many have separate units deal-
ing with these issues: DRR usually falling within emergency response units and climate change under environmental-focused units. While there are some practical reasons for this, there should be more energy to bring these groups to the same table. Here are some reasons why:

- DRR programs usually have some element of hazard identification and risk analysis. A community should be able to identify their own hazards, but may not always have the information they need to predict hazards related to future effects of climate change. In many cases, the help for communities may be indirect, such as supporting advocacy related to central government support. It is important for DRR programs to help communities identify risks that climate change may exacerbate and determine how to advocate for support.

- In the same vein, relief and development organizations could complement the work of scientists and environmental NGOs on climate change risks to ensure that communities get the full picture of other potential hazards, and the best ways to mitigate them. Planning, training, early warning systems, and infrastructure can help communities better prepare for a broader scope of hazards. Many existing tools which focus on participatory methodology and preparedness training can inspire additional community engagement.

Disaster risk reduction can be seen as a component of good development practice, as can identifying the risks posed by climate change. When NGOs discuss building community resilience (i.e., the ability for a community to cope to disasters) one important piece is the community-level ability to prepare for and respond to a disaster. Put another way, even if individual households in a community were to develop economically and become more resilient to hazards, they would still be in danger if the community of which they are a part lacks important elements such as evacuation plans, trained first responders, shelter options, first aid equipment, and basic emergency stocks.

**Importance of a Multi-Hazard Approach**

Despite the increase in hazards due to climate change, many people working on disaster risk reduction strategies do not want to focus solely on climate change hazards. This is because if an agency focuses on a single hazard, they might miss opportunities to address multiple hazards at the same time. Luckily, many disaster risk strategies, such as training and the development of preparedness plans and evacuation plans, are similar for many hazards.

**Ways to Integrate Climate Change and Disaster Risk Reduction Strategies:**

1. **Create a disaster risk reduction and climate change unit or working group.** A structural change or interdepartmental group can sometimes help to foster the right atmosphere for collaboration and can highlight the importance of climate change within the broader context of disaster risk reduction.

2. If the above is not possible or right for your organization, consider **joint assessments and pilot projects** involving your disaster risk reduction and climate change staff that combine using climate change hazard data and community led adaptation and risk reduction strategies.

3. Even if your agency does not have a full time DRR or climate change person on staff, **use climate change data** for the places you work to help communities develop a broader picture of the hazard risks they face.


5. **Use the Hyogo Framework for Action and National Programs for Adaptation** to advocate that national governments support communities in implementing risk reduction strategies and adaptation programs together.

6. **Consider involving universities, businesses, foundations** and corporations that are interested in either topic to see the benefits of integrating DRR and climate change adaptation efforts at a community level.

7. **Create integrated proposals for donors** using a multi-hazard approach including existing and future hazards of climate change. ●●●
Multi-Sector Disaster Risk Reduction as a Sustainable Development Template: The Bamako Flood Hazard Mitigation Project

By Charles A. Setchell, Shelter, Settlements, and Hazard Mitigation Advisor, USAID Office of U.S. Foreign Disaster Assistance*

Bamako, Mali, is perhaps best known as the center of a vibrant music scene. Less well known is that portions of the city haven’t flooded in nearly nine years, in part due to a flood hazard mitigation project funded by the USAID Office of U.S. Foreign Disaster Assistance (OFDA) shortly after the devastating floods of 1999.

That’s the good news. The bad news is that precious few know about the project, or how it might serve as a template for sustainable development, which is the subject of this article.

Background

Flash flooding throughout Bamako in August 1999 resulted in death, destruction and significant economic losses for several thousand families. OFDA responded by providing funds to Action Contre La Faim (ACF) for local purchase and distribution of relief supplies to flood victims. Subsequent OFDA analysis of the causes of the flooding resulted in the October 1999 approval of a four-year, $525,000 mitigation project in the city’s most affected commune, which was implemented by ACF.

One of the primary causes of flooding in Bamako and cities in many countries is the disposal of refuse in waterways, which compromises the ability of those waterways to safely absorb floodwaters. Efforts to reduce flooding risks are thus linked to improvements in urban service provision (e.g., improved retention, drainage, and refuse collection and disposal), a typically mundane development activity that becomes an extremely useful disaster risk reduction (DRR) tool when linked directly to hazard mitigation.

Project Objectives

The project focused on five objectives:

1. Watershed management, including retention strategies (e.g., slip trenches and diversion efforts) and waterway bank restoration;

2. Refuse removal, collection, and disposal, including removal of backlogged refuse in waterways, and the establishment of a refuse collection system and landfill operation;

3. Livelihood generation related to drainage/retention improvements, refuse collection and disposal, and the initiation of a composting operation;

4. Public health and sanitation improvement through enhanced water management, training and awareness raising; and

5. Decentralization support to promote democratic governance by engaging local government authorities and project area residents in a process of identifying needs and priorities throughout the project cycle.

Results

In addition to promoting decentralization, other project outcomes included:

1. Restoring channel volume in key project area waterways through the removal of several hundred tons of accumulated refuse and debris, which improved drainage capacity and reduced flood risk;

2. Improving water retention capacity in selected sites throughout the project area by constructing slip trenches (a.k.a., soak pits), thereby reducing both runoff volume and flood vulnerability;

3. Establishing a refuse collection and disposal service through the creation of eight collection routes, each served by a collection team using tractor-trailers, with disposal at a nearby landfill established by ACF. (This service generated numerous livelihood opportunities for unemployed youth, and became self-sustaining, in that collection fees soon more than offset costs;)

* Image: Pre-School student feeding his brother.
4. Garnering the attention of the national government and other donors, which resulted in the project's replication elsewhere;

5. Reducing the incidence of selected water- and mosquito-borne illnesses in the project area by 33-40 percent; and

6. Changing development policy. After the project was completed, USAID/Mali requested that OFDA review its development policies to better reflect DRR concerns. The review remains an excellent example of integrating DRR and development policy, thereby enhancing prospects for sustainability.

**Summary**

The Bamako project was much more than just reducing flood risk: it demonstrated that such an effort can also be a cost-effective means of promoting several other objectives. At a time of constrained project budgets, the multiple benefits of DRR in Bamako should be recognized, appreciated and considered as a model for DRR programming activities elsewhere. When these activities include public service provision or other inherently developmental efforts they can become templates for the pursuit of the broader objective of sustainable development.

**Why Is The Bamako Case Important?**

At least two reasons come to mind. First, water-related disasters such as floods, cyclones and droughts are not at all trivial. According the International Federation of the Red Cross and Red Crescent Societies World Disasters Report 2007, 98.5 percent of the 2.7 billion people affected by natural disasters during the 1997-2006 period and 85 percent of the $788 billion in economic losses during the same period were caused by hydrometeorological events. Given these daunting totals, promoting Bamako-like DRR projects on a wide scale seems more than prudent.

Finally, Bamako also serves as a good example of addressing DRR issues where most human beings now live: in cities. Often located in “harm’s way,” cities in developing countries are projected to double in population and triple in physical area in the coming years, thereby placing even more people in “harm’s way.” Thus, the need for multi-sector DRR in urban areas reflecting the multi-faceted character of those places has never been greater.

It seems then that Bamako has a whole lot more to offer the world than good music.

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*The views expressed in this article are the personal views of the author and do not necessarily represent the official views of the United States Agency for International Development.*

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The essence of disasters is not high winds, heavy rains and shifting tectonic plates, but rather the exposure of communities to the violence of hazards like these. The heart of effective humanitarian work, therefore, is helping vulnerable communities tackle the poverty and denial of rights that force them to live in the path of disaster.

The traditional charity-based model of providing aid casts disaster survivors as helpless beneficiaries and aid as a gift, not a right. It fails to recognize the knowledge and resourcefulness that may have helped a community survive past emergencies, or the importance of helping communities become strong advocates on their own behalf.

Many humanitarian agencies have accepted that helping communities build their own capacity is a more empowering and sustainable approach to disaster-related work than simply providing charitable handouts. But what does it really mean to try to strengthen the capacity of communities? To answer that question, we must first ask, “Capacity for what?”

If a humanitarian agency’s goal is to help community members protect one another at times of emergency, its idea of capacity-building might be to provide first aid training to a village’s disaster-preparedness committee. But for an agency focused on addressing root causes of vulnerability, first aid training might be step one; step two might be helping to mobilize the village disaster-preparedness committee members to advocate for programs and resources the community lacks.

“A strong capacity-building approach should provide communities with the time and space to articulate not only their short-term needs but also their broader perspective on what has left them vulnerable to disasters,” noted Oxfam America’s Disaster Risk Reduction Specialist Jacobo Ocharan. “This can be a big step toward articulating and advocating for disaster risk reduction and development as human rights.”

But a recent study suggests that effective community capacity-building for disaster risk reduction may still be in its infancy.

Aid Providers Miss the Mark

In February 2008, the Sri Lankan Institute for Participatory Interaction in Development (IPID) – in partnership with Oxfam – completed a study that focused on community capacity-building work in relation to disaster preparedness in tsunami-affected communities in Sri Lanka.

The research revealed, among other things, that there is no consensus around what comprises capacity-building. Asked by researchers to describe a good community capacity-building program, some government officers and NGOs included long lists of traditional, top-down aid-delivery measures like “provide cooked meals” and “provide clothing.”

Even some of those who were able to distinguish aid handouts from community capacity-building seemed to think that once an emergency was underway, it was no longer necessary to support community efforts – that the job of aid providers suddenly shifted to traditional aid delivery.

The Art of Listening

The participatory methods of the IPID study were as interesting as its findings.

By Elizabeth Stevens, Humanitarian Communications Officer, Oxfam America

By using participatory techniques, the community can gain confidence and legitimacy, and start to speak out in ways that were previously impossible.
“Pressure to spend money quickly after the tsunami clearly pushed aid agencies to move their programming along faster than they should have, both in terms of their own competence and the communities’ perspective,” according to Peter Walker of Tufts University’s Feinstein International Center, who is completing a study on the history and present challenges of the humanitarian system.

The principle that community members deserve to be heard, and the reality that they are capable of helping themselves at times of emergency.

“Participatory approaches depend on facilitators acting as conveners and catalysts, but without dominating the process,” wrote the researchers. “Many find it as difficult as it is time-consuming. Facilitators need to show respect to the participants, be open and self-critical, and learn not to interrupt the process. They need to have confidence in the community.…”

The IPID facilitators initiated activities but then stood back as the participants took over the work of coming to consensus and conveying their thoughts and experiences through diagrams and prioritized lists.

“We tried to create a setting in which they could share their perceptions freely and honestly,” said lead researcher Mallika Samaranayake.

Beyond the short-term results of the research, which included frank appraisals of disaster-preparedness programs, the opportunity for these community members to think through and articulate key issues around their needs and vulnerabilities may turn out to have long-term significance as well.

As the researchers put it, “By using participatory techniques, the community can gain confidence and legitimacy, and start to speak out in ways that were previously impossible.”

**Pressure to Spend**

Community consultation and capacity-building are central to providing humanitarian aid in ways that not only save lives but challenge the conditions that place so many lives in daily jeopardy. Yet they are time-consuming and the results are not always the kind of tangible, highly reproducible benefits that are easy to convey to voters, donors, and others on whom aid providers rely for support. In fact, community input of all kinds is on a collision course with expectations from most stakeholders that humanitarian aid providers can and should produce quick results.

A different tsunami-related study now underway shines a spotlight on the way meaningful community engagement suffers when NGOs push resources into disasters too aggressively.

“Pressure to spend money quickly after the tsunami clearly pushed aid agencies to move their programming along faster than they should have, both in terms of their own competence and the communities’ perspective,” according to Peter Walker of Tufts University’s Feinstein International Center, who is completing a study on the history and present challenges of the humanitarian system.

If mitigation and preparedness efforts are overwhelmed by an emergency, of course essentials like food, water, shelter, clothing, and medical care need to be rushed to the scene. But once the rehabilita-
Psychological Security: The Issue of NGO Staff Wellness

By Lisa McKay, Director of Training & Education Services, Headington Institute

Images of desperation and need in refugee camps are familiar to many: row upon row of tents covered with blue tarpaulins, people lining up to receive the food being measured out to them, children whose menacing bravado far outstrips their physical size casually handling AK-47s. They are scenes from Sudan, Chad and many other places. And in and behind these scenes are humanitarian workers trying to help meet those needs.

Meeting those needs as a humanitarian worker, however, means entertaining risk. In the last twenty years, the number of attacks on aid workers around the world has risen sharply, with the rise in acts of violence growing steeper in recent years. Nearly 80 percent of aid worker victims are nationals of the country in question, but international humanitarian workers are far from safe. International aid work has the fifth highest job-related death rate among U.S. civilian occupations, and it is the only one where the leading cause of death is intentional violence.

The last two decades have seen an increased acknowledgement of the risks. The issue of staff security has become a fairly standard operational consideration, and agencies have responded to security risks in a variety of ways – many by devoting increased time and resources to help ensure the safety of their staff though contingency planning, monitoring and training. In the wake of this culture shift around security has grown another level of awareness: aid workers not only face significant threats to their physical security, but also to their psychological security.

Those who choose a career in aid and development tend to be naturally resourceful, passionate and committed. Over time, however, humanitarian workers are cumulatively impacted by experiencing and risking traumatic events, living and working in fluid and insecure environments, witnessing suffering and need on a daily basis, and working with limited resources within an ever-quickening cycle of disaster response, recovery, and reconstruction. All of these and a host of other unusual stressors associated with aid work inevitably take a personal toll.

Ironically, it is perhaps partly because of the inherent resilience of many aid workers that an organizational culture of strength, independence and ‘machismo’ is not uncommon in humanitarian agencies. Historically the managerial message, often unspoken, has tended to be, “If you can’t stand the heat, get out of the kitchen.” Until recently, little credence was given to the notion that humanitarian workers (and the work they are doing) would benefit in significant and lasting ways from psychological support services such as counseling or stress management training.

In the last several years, however, issues of staff well-being and psychological support have attracted an increasing amount of attention. Some research about the experiences of humanitarian workers has been published, and more studies are underway. Several conferences have explored related issues (e.g., the Headington Institute, People in Aid, and Antares sponsored conferences). Some guidelines on staff care have been proposed (the Inter-Agency Standing Committee Guidelines of Mental Health and Psychosocial Support in Emergency Settings, the Antares Guidelines of Good Practice, and the People in Aid Code of Good Practice). Most recently, InterAction has undertaken a comprehensive process designed to support humanitarian workers in Darfur and Eastern Chad and the organization will also likely spearhead a collaborative process to outline minimum standards for staff care.

It does seem that a shift around issues of staff wellness is underway – one driven by both practical and moral imperatives.

Practically, many humanitarian organizations are concerned about high levels of burnout and staff turnover, and the impact on the design, implementation, effectiveness and longevity of relief and development programs. Both common sense and research suggest that staff who feel well-prepared and supported will stay longer with their organizations, and in the broader humanitarian field. At its core, this means that the specialized knowledge and invaluable practical experience they have gained at some personal cost will continue to benefit the organization and, ultimately, program beneficiaries.

Organizations in the business of helping others should set a high standard in how they care for and support their own staff – even in the midst of crises. At this moment humanitarian workers from all over the world are working in crises in Darfur, Chad and elsewhere. For most of them, however, this is not a one-act play. Humanitarian workers confront disaster on a regular basis as they move from crisis to crisis. It seems a worthwhile investment to help make sure that they are able – not just physically but psychologically by strengthening policy and practice around staff support and well-being and helping humanitarian workers understand stress and trauma and improve their coping skills. Then, the next time a crisis like Darfur unfolds experienced staff will still be there to help others.
Case Study: NGO staff well-being in the Darfur region of Sudan and Eastern Chad*

In the spring of 2007 the Director of the USAID Office of Foreign Disaster Assistance – OFDA, Ky Luu, travelled to Sudan. During his visit he was approached by several aid workers who expressed a desire for better support and assistance in managing stress. Following this trip, he approached InterAction and voiced his concern about staff care and wellness in the region.

There are at least 12,000 humanitarian workers in Darfur. It is probably the largest and most challenging complex emergency situation in the world at present. Humanitarian workers in Darfur run a significant risk of being attacked or assaulted, vehicle hijacked, or kidnapped. At least seven were killed in October 2007 alone.

In October and November 2007 InterAction commissioned the Headington Institute to assess the adequacy of policies and programs to support humanitarian workers and mitigate stress for staff in Darfur and Eastern Chad. Institute staff surveyed and interviewed 80 staff from 10 organizations. Key findings included:

- More than half of the staff surveyed reported feeling under more physical and emotional stress than was normal for them.
- The three most frequently cited sources of stress were: witnessing or hearing stories of personal tragedy, suffering and devastation; being separated from family and friends; and heavy workload.
- While there is a growing awareness of the need for policies and programs to support humanitarian staff in high stress situations, policies and programs vary widely across organizations. Relatively few agencies have clearly articulated a commitment to staff well-being in policy documents or outlined proactive plans for staff support.

Key over-arching issues related to staff support included:

- The critical role of skilled managers in effective staff support;
- The equity of policies and programs as applied to national and international staff;
- The availability of funding and other resources for staff support purposes; and
- The complexity of the situations in Sudan and Chad, and the challenge this poses to designing and implementing relevant and appropriate policies and programs from headquarters.

The assessment report outlined specific findings and recommendations concerning staff selection, preparation and orientation, and support during and after assignments. Recommendations to InterAction regarding improved policy and practice within the broader humanitarian community included:

- Supporting a series of interagency workshops on stress and trauma management and self-care to promote resilience and hardiness for staff based in Sudan and Chad;
- Supporting a series of interagency workshops on management skills for crises environments, including communication and conflict management; and
- Overseeing a process to identify, disseminate and implement minimum standards for staff care.

*The report will be available on the InterAction website (www.interaction.org). For additional questions about the Staff Wellness Working Group or the report also feel free to contact Linda Poteat at lpoteat@interaction.org.
The potential catastrophic effects of a global influenza pandemic have been widely covered in the media over the past few years. One prominent quantitative estimation of potential global pandemic influenza deaths, based on extrapolation from the 1918-20 pandemic, puts the number at 62 million possible fatalities. The World Bank has predicted that a pandemic could cost the global economy $800 billion a year. As recently as March 21, UK Prime Minister Gordon Brown said that a global flu pandemic was a greater threat than terrorism. While these statements are frightening, the threat of this pandemic presents the international relief and development community with the chance to prepare for a disaster that has not yet occurred.

Taking advantage of this window of opportunity, USAID has brought together and is funding a partnership of organizations and agencies to reduce preventable excess mortality during a pandemic, regardless of the cause. The initiative is focused on community and first responder preparedness, based on the assumption that during a pandemic, national response capacities in developing countries will be overwhelmed and medications will likely not be available to the majority of the population at the time they are needed most. The Academy for Educational Development, the CORE Group, InterAction, the International Federation of Red Cross and Red Crescent Societies, and UN agencies are working together with USAID on this initiative. Major activities include: developing networks; resource mapping; adapting technical materials for local use; trainings; developing local response plans; and identifying a pandemic response kit. The initiative will be rolled out in about 20 countries over the next three years. Planning has already begun in Egypt and Ethiopia.

InterAction’s role in this initiative builds on the work of the Avian & Human Influenza Working Group over the past two years and InterAction’s relationships with other NGO umbrella organizations. The capacity map available on InterAction’s website will be expanded beyond Avian Flu to cover pandemic preparedness. The resources that will be mapped are not limited to programs focused solely on pandemic prevention. Rather the goal is to map all existing capacities on the ground as an indicator of the level of community preparedness and NGO response capacity, including programs in areas such as health, disaster preparedness, food security, community outreach and media. InterAction will also be updating its resources on NGO business continuity planning so organizations can share and learn from their counterparts. These resources will address both headquarters-level continuity and maintenance of programmatic service delivery in the field.

In addition, InterAction will coordinate regional NGO conferences in Africa, Asia and Latin America to present this project in the field and help develop and strengthen NGO and first responder networks. These networks will give local communities a better chance to mount an organized response when a pandemic or other disaster does strike.

Now is the time and this is the opportunity to begin the contingency planning that could save many lives in communities around the world.

“This is a unique opportunity to build real capacity at the community level to prepare for this and any other emergency. Communities may not see this as a priority since they have so many other pressing needs. And we should be conscious of not overburdening them. But, we shouldn’t ignore the risk. Rather, we should find a way to work within existing structures. NGOs can use all those other programs – community health programs, or disaster preparedness programs – as a means of working with pandemic preparedness.” – Jeanne Koepsell, Senior Pandemic Advisor, American Red Cross / International Federation of Red Cross and Red Crescent Societies

Learn More:

• Sign up for InterAction’s Pandemic Preparedness email list to receive updates on NGO country and regional meetings, and to ensure that your organization’s information is included in the mapping project. Contact Elizabeth Bellardo (ebellardo@interaction.org).

• Attend the InterAction Forum. The workshop on Pandemic Preparedness will be held on Thursday, May 8th from 2:30pm-4:15pm. (http://www.interaction.org/forum/)
ADRA Awarded $6 Million Project for Poverty Reduction in Ghana

The Adventist Development and Relief Agency (ADRA) signed an agreement in March with Millennium Development Authority, which regulates the Millennium Challenge Corporation's development contracts in Ghana, for a $6 million, four-year agricultural project to expand poverty reduction efforts in central Ghana.

The project, which is expected to benefit 30,000 farmers and 600 farmers' groups, will develop the capabilities of subsistence farmers in central Ghana by training farmers' groups in literacy, business planning and marketing methods. ADRA will help farmers increase their crop yields by facilitating access to irrigation ponds, grain storage and temperature sensitive facilities designed to reduce post-harvest losses.

The project will stimulate economic growth in a region of Ghana with tremendous potential to become the country's food basket.

“We are absolutely thrilled with this achievement,” said Charles Sandefur, president of ADRA International. “ADRA International is very proud of the work that ADRA Ghana has done toward empowering Ghanaians, and looks forward to their continued success in this new initiative.”

ADRA is present in 125 countries, providing community development and emergency management without regard to political or religious association, age, gender, race, or ethnicity.

Additional information about ADRA can be found at www.adra.org.

CARE Helps Isolated Bolivians Recover from Disaster

In response to recent floods that killed 73 people and affected half a million people, CARE has distributed agricultural materials and will provide long-term rehabilitation to 30,000 people in the isolated Chuquisaca province of central Bolivia.

Chuquisaca was particularly hard-hit, losing more than 60 percent of its agricultural production to the floods. Many roads and more than 13,500 acres of corn crops were destroyed, devastating the lives and livelihoods of the majority of the people in the province.

CARE distributed tools such as pick-axes, hoes, spades and wheelbarrows, as well as onion and carrot seeds and fencing materials so that families can begin planting again. In addition, over one thousand extremely poor people received a household kit comprised of blankets, a cooking pot and kitchen utensils.

“People in Chuquisaca rely on subsistence farming to feed their families and earn a living, so it's critical to give them the tools they need to regain their ability to earn a living,” said Chris Sykes, CARE's country director in Bolivia.

CARE has worked in Bolivia for more than 30 years beginning with its response to a flooding emergency in Beni in 1956. CARE has 60 years of experience delivering emergency aid.

Oxfam America Applauds Chairman Berman's Commitment to Aid Reform

Oxfam America congratulated Congressman Howard Berman (D-CA) on his formal election to Chairman of the House Committee on Foreign Affairs, and welcomed his stated commitment to begin a “major overhaul of U.S. assistance to other countries.” His demonstrated leadership, dedication and foresight will be critical to the success of foreign assistance modernization.

“US foreign aid has saved millions of lives and helped millions more overcome poverty,” said Raymond C. Offenheiser, president of Oxfam America. “Yet foreign aid is still underperforming and often fails to reach the people who need it most. Built for the challenges of the Cold War, U.S. foreign aid in the 21st century has become slow, bureaucratic and fragmented. Chairman Berman’s statement rightly acknowledges the pressing need for reform.”

Oxfam America seeks reform that would make U.S. foreign aid more efficient, more modern and more focused on ending global poverty. The organization advocates the modernization of the laws, structure, and strategy of U.S. foreign assistance. As a U.S.-based nongovernmental organization with hands-on experience working in developing countries, Oxfam America works to improve US foreign aid by linking local aid recipients to global aid policies.

Advocacy Training for Staff

InterAction will sponsor its first Introduction to Advocacy training day on Tuesday, May 6 from 8:30 a.m. to 5 p.m. at the InterAction offices. The workshop will end an hour prior to the opening dinner of InterAction’s Forum (May 6-9). The training is designed for full-time staff with less than one year of advocacy experience. Preference will be given to staff traveling to Washington, DC for the Forum. To RSVP contact Margaret Christoph, Senior Administrative Associate for External Relations, at mchristophe@interaction.org or at 202-552-6553 for information.
InterAction members received in mid-March the sad news that Julia Taft died at her Washington, DC home on March 15 after a long illness. Julia served InterAction twice as President. From 1994 to 1997 she was the coalition’s second chief executive, leading the coalition through a period of expansion and growing influence in Washington. In 2006, while already ill, she agreed to serve as Interim President as the board searched for a successor to Dr. Mohammad Akhter, following his resignation. She remained in that capacity for six months until the current President, Sam Worthington, took the helm.

“Julia was a great leader who left an important legacy to refugees and the world’s most vulnerable people,” said InterAction’s president, Sam Worthington. “She supported and led our community when we needed her guidance and she will always be remembered for her dedication and willingness to help those in need.”

Five hundred family members, friends and former colleagues attended a memorial service for Julia at the historic Pohick Church in Lorton, Virginia on March 29. Eulogists recalled her long engagement in humanitarian activities, starting when President Gerald Ford put her in charge of the resettlement of Vietnamese refugees in the United States in 1975. They also described her passionate interest in the welfare of those she was able to assist, as well as the personal courage she showed working amidst violence in the Balkans and elsewhere.

Prior to her first term as InterAction’s President, Julia was Director of USAID’s Office of Foreign Disaster Assistance. She left InterAction to become Assistant Secretary of State for Population, Refugees and Migration in the Clinton Administration and subsequently worked for the United Nations as Director of the Bureau for Crisis Prevention and Recovery at the United Nations Development Program.

InterAction recognized her long record of service at its Forum in 2007 when Julia became the first recipient of the organization’s Humanitarian Leadership Award. That award will now bear her name and be given annually to a member of the coalition whose leadership has benefited not just his or her own agency but the community more generally. InterAction also has decided to name its conference room for her.

At the reception at their Lorton farm following the memorial service, members of Julia’s family were given a bound volume containing the many messages of condolence and remembrance received by InterAction for them from members around the country and overseas as well as from U.S. government officials present and past.
Career Development: Staff Well Being in Sudan and Chad

By Michael Haslett

In October and November of 2007, InterAction commissioned the Headington Institute to review what practices were in place to support NGO field staff working in the Darfur region of Sudan and in Eastern Chad. The purpose of the report was to assess the opinions of headquarters management and field staff about the practices in place to help staff deal with the stresses related to the jobs they were carrying out in these locations.

This column covers a selection of the comments made by respondents interviewed for the report.

Preparation and Orientation for Work in Sudan and Chad.

Headquarters management and field workers were asked if their organizations adequately train and prepare their staff for postings in Darfur and Chad.

“We need to standardize our orientation process; not all staff receive the same preparation, information and orientation. We also need to prepare national and international staff for their assignments.” (Headquarters management respondent)

“When I arrived in Darfur I felt that I was over prepared, I expected things to be worse than they actually were. I thought that my time at HQ was especially helpful in getting up to speed on our projects.” (Field staff respondent)

“International staff received one week of orientation in Khartoum. The orientation included culture, security and job descriptions, and organization goals. There was nothing about self care or stress management. There is no orientation for local staff and there should be.” (Field staff respondent)

“It would be good if material was available about stress management and even better if this topic could be incorporated into the [organization’s] manual … Staff preparing to go to the field to work in an emergency humanitarian situation need to be better prepared with orientation, security training, self care and stress management, and capacity building.” (Field staff respondent)

Support After Assignment.

Respondents were asked if their organizations provide adequate support for staff during their postings in Darfur and Chad.

“One challenge we face is the unevenness of support of our staff. International staff have better health coverage than national staff. Some managers receive leadership training; others do not. Some staff have received stress management training, others have not. For every example of policies, guidelines and program that help staff, it is possible to identify staff that haven't received or felt adequately supported.” (Headquarters management respondent)

“It would be good if material was available about stress management and even better if this topic was incorporated into the [organization’s] manual. It would also be good if a counselor or social worker was available.” (Field staff respondent)

These interviews reveal that there are many inconsistencies in training, preparation and support for staff who work in emergency settings, before, during and after assignments: differences between organizations and between the services for international and national staff within an organization. We hope these responses help to better prepare you as you look for positions abroad. We also hope they are helpful for organizations and management seeking to better understand the needs of staff as they travel abroad before, during, and after their assignments.

The information used in this column is from “ngo Staff Well being in the Darfur Region of Sudan & Eastern Chad” an assessment report created for InterAction by the Headington Institute in November of 2007. The full report will be available shortly on the InterAction website (www.interaction.org).
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**FINANCE DIRECTOR**
Kinshasa, Democratic Republic of Congo
The IRC has been working in the DRC since 1996, initially providing a range of life-saving support to displaced and war-impacted communities. The IRC currently operates in seven provinces throughout DRC, implementing programs in six core programming areas and is currently looking for a Finance Director to take on the overall fiscal management responsibility of the IRC DRC Provincial Offices (Kinshasa, Lubumbashi and Bukavu). As a member of IRC DRC Senior Management Team, the Finance Director will guide and oversee the work of the finance unit. The Finance Director is responsible for developing, coordinating and implementing plans for the control, monitoring and reporting of financial operations to include controllership, treasury, operational budgets and grants. The Finance Director oversees the timely preparation, review, approval and submission of all internal financial reporting requirements, including month end closing and balance sheet reconciliations. Suitable candidates for the position will have a Bachelor's degree in Accounting or Finance (Masters degree, CPA or CA a plus), a minimum of five years progressive finance/accounting experience in the non-profit sector, with at least three years of experience working internationally in the same capacity as head of finance for a large country program (with funding portfolio ranging from US$5 million plus).

**LAB LOGISTICS ADVISOR**
Windhoek, Namibia
Crown Agents USA, Inc. (CA-USA), an international development company, in conjunction with the Supply Chain Management System (SCMS) project, seeks a Lab Logistics Advisor to be based in Windhoek, Namibia. The LLA will provide technical assistance and primarily focus on strengthening logistics systems for laboratory commodities to support the national HIV/AIDS program and improve supply chain practices. The LLA will ensure logistics requirements are provided in USG-funded HIV/AIDS commodity support programs. Submit a resume in MS Word format to careers@crownagents.com or apply online at www.crownagentsusa.com. No phone calls, faxes or walk-ins please. CA-USA is an Equal Opportunity Employer.

**FOUNDATION RELATIONS SENIOR OFFICER**
Washington, DC
Heifer Int’l, a global, dynamic, non-profit org w/a compelling mission to alleviate world hunger & poverty on a community level is seeking an individual to generate funding from governmental, bilateral & multilateral agencies based on annual plan that incorporates Heifer contacts. Duties: research, identify & manage opportunities to develop major funding from institutional funders; represent Heifer to governmental agencies in DC; guide donor relations through annual plan; develop annual institutional-cultivation prog; serve as primary coord for relationships w/specific institutional funders. The ideal candidate will have proven ability to obtain grants of $500K+. Excellent interpersonal & comm skill req’d BA + 5 yrs exp in institutional grant writing & relations req’d. Salary $52,000-$8,500 + benefits. For more info about our org, detailed job desc & online application visit www.heifer.org/careers

**DIRECT RESPONSE MANAGER**
Baltimore, MD
The mission of World Relief is to work with, for and from the church in alleviating suffering and poverty in the name of Christ. The Direct Response Manager will be responsible for strategic planning, execution, analysis, and budget management for all direct response initiatives, including direct mail and online fund raising, bringing in new supporters and upgrading existing donors. This includes solicitations, cultivations and stewardship efforts for donors at the $1,000-$4,999 level. Required qualifications are: Undergraduate degree, Minimum of five years of fund raising or related direct marketing experience, Proficiency in MS Office: Familiarity with Raiser’s Edge and other database packages preferred. Strong attention to detail. Please apply directly online at www.wr.org/jobs.

**PROGRAM DIRECTOR**
Arlington, VA
ECDC Enterprise Development Group, a non-profit micro-enterprise development organization, seeks a Program Director to manage and expand day-to-day operations; asset, resource, and strategic partnership development and marketing; and oversee a wide range of small business, lending, home ownership, asset development, and educational services. Must have B.A./B.S. with a min. of 5 years mgmt and marketing/fundraising exp. Advanced degree preferred; Min. of 2 years supervisory exp. Full announcement at www.entdevgroup.org. Send cover letter, salary requirement, writing sample, three references and resume to: edghr@ecdcinternational.org; or ECDC EDG, Human Resources, 901 S. Highland St., Arlington, VA 22204.

**GRAPHICS DESIGNER**
Washington, DC
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tions to displays, logos, packaging, multimedia and web. He/she will use a variety of mediums to achieve desired visual effects in a PC working environment. This position based at IFPRI Headquarters in Washington, D.C. but may require some travel to other countries including developing countries. For a detailed job description and to apply, go to www.ifpri.org.  

SENIOR PROGRAM OFFICER  
US or UK Office  
Mercy Corps’ mission is to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. The New Initiatives team supports and enhances Mercy Corps Program Development. The Senior Program Officer leads and supports program development, pre-positioning efforts, development of strategic proposals, and facilitates strategic planning sessions with country programs. Qualifications include; BA/BS in relevant field, MA/MS preferred, 8 years experience in international development, including 2-3 years field-based program management, Exceptional English speaking and writing skills. Position location in US or UK office;  

EXECUTIVE ASSISTANT  
Washington, DC  
Mercy Corps’ mission is to alleviate suffering, poverty and oppression by helping people build secure, productive and just communities. Mercy Corps’ Washington, DC office is headed by the President, who oversees overall strategic planning and program development, as well as the policy development and advocacy departments. The Executive Assistant provides executive and administrative support to the President, administrative support to the Director-at-Large, and supervises front desk reception staff. BA/S required. Minimum 2-3 years’ support experience required. See website for further qualification requirements. Apply at: www.mercycorps.org/aboutus/jobs.  

ASIA AREA DIRECTOR  
Bangkok, Thailand  
World Concern, an international Christian disaster response and development organization, seeks an Area Director who will lead over 700 national and expatriate staff in successful fund and program development, growing disaster assistance and development programs in SE Asia. Providing leadership, management, administration, planning, organization, and controls necessary to accomplish field objectives. Qualifications: 7+ years management experience including managing national, international staff and financial systems, field project implementation experience and experience living in Asia. Based in Bangkok, Thailand with frequent travel in region. For more information and to apply visit http://www.worldconcern.org.  

Assistant Director, Women’s Empowerment Unit  
The Asia Foundation is seeking an Assistant Director for its Women’s Empowerment Programs (WEP) unit based out of Washington, D.C. The Assistant Director will oversee and directly manage WEP grants and programs, including monitoring project implementation; drafting letters of agreement, identifying and recruiting technical expert consultants; budget analysis and monitoring; and financial and narrative reporting. In addition the Assistant Director will be responsible for the coordination of all aspects of the proposal development process such as drafting new, unsolicited proposals and responding to competitive bids. Travel to Asia will be necessary, sometimes at fairly short notice. This position entails up 35% of workdays away from the home office. For further details on education and experience requirements, please visit our website. We offer excellent benefits and salary commensurate with experience. Please submit your application directly by visiting our website: www.asiafoundation.org and selecting “Employment Opportunities” listed in the “About” menu. Application deadline is Friday, April 25, 2008. The Asia Foundation is an equal opportunity employer. EOE/M/F/D/V. No phone calls please.  

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Based in Port-au-Prince, Haiti

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- Supervising Haiti Program staff
- Consulting and collaborating with Philadelphia based staff and others as appropriate

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Based in Amman, Jordan

The Regional Director is the official representative of the AFSC in the Middle East and oversees the representational functions of other AFSC international and national staff. Broad responsibilities include:

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- Ensuring adherence to organizational policy, and seeking opportunities for program growth
- Managing the AFSC’s financial, material, and human resources, including staff development and supervision, and delegating to members of the regional team as needed.

The Regional Director for the Middle East is considered a member of AFSC’s senior management team.

To view the complete job description and submit a resume/CV, go to www.AFSC.org/jobs. Click on “Current Openings” and then the job title for this position. Contact jobs@afsc.org with questions. Apply by May 2, 2008.
Manager, Grants, Office of Health

Save the Children, the leading independent organization creating real and lasting change for children in need in the U.S. and around the world has an opening for a Grant Manager who will provide day-to-day high quality grant management and operational support to the Office of Health headquarters and field-based programs in Africa, Asia and Latin America with particular attention to budgeting and financial monitoring. S/he will provide financial and management support to large USAID-funded maternal, child, and newborn health programs. S/he is responsible for developing and managing budgets, sub-grants, contracts, and financial reports; manage program expenditures and work directly with the Prime and SC’s Finance to assure the fiscal integrity of OH assigned programs; and lead the financial budget development of the multi-year global procurement and contributes to proposal development. S/he maintains regular communication with the country programs and builds capacity of this staff to handle USAID global procurements. S/he will ensure accurate reporting to donors and will work with headquarters to assure smooth program operations and coordination for global procurements. Some travel may be required.

Minimum of five years grants management experience or as a financial analyst; experience in program planning and in managing and budgeting, grants, sub-grants and contracts; knowledge of USAID procurement, including umbrella grants; and proven organizational and administrative management skills with the ability to take the initiative and resolve issues. Previous experience in or with NGO, not-for profit or private sector organization working in international development is essential. Ability to problem solve and work well with multiple individuals and organizations; excellent written, oral and interpersonal communication skills plus a demonstrated ability to work in a team environment; ability to independently prioritize multiple tasks and to manage multiple budgets simultaneously; computer skills, including proficiency in Excel, spreadsheet software packages, Word, PowerPoint; Bachelor’s degree in Finance, Business, International Management or equivalent required.

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