

# Resilience Marker

## Guidance note



### 1. INTRODUCTION

This guidance document provides additional information and explanation on using the Resilience Marker Vetting Form. Increasing Resilience is one of three elements in CARE’s integrated approach<sup>1</sup> which aims to address the underlying causes of poverty and social injustice. The CARE Resilience Marker allows teams at CARE to self-assess and reflect on how well resilience is integrated into their projects. It provides relevant insights on how risks and vulnerability to shocks and stresses are addressed, and offers opportunities for further reflection as well as for tracking progress on resilience integration over time. The Resilience Marker provides a score from 0 to 4, ranging from “no resilience integration” up to “excellent resilience integration” for each project assessed.

The Resilience Marker is designed to be used for different purposes. Foremost, it is designed as an accountability tool, allowing CARE to collect data on the level of resilience integration in the project portfolio and analyse and identify our strengths as well as areas that require improvement and support in applying the “Increasing Resilience” approach. Additionally, we encourage all CARE members and offices to use the Resilience Marker as a quality threshold to assess the integration of resilience in the design of proposals. Lastly, the Resilience Marker provides an opportunity for project teams to facilitate reflection and learning and possible adjustments to project implementation to enhance the level of resilience integration.



#### What is resilience about?

For CARE, resilience is about managing risk and dealing with shocks and stresses that negatively influence people’s lives. CARE aims to focus on shocks and stresses that affect groups that exceed individual or household level: e.g. household groups, communities, regions or even entire countries. According to CARE’s Increasing Resilience theoretical framework, resilience is increased if: 1) people’s capacities and assets to manage shocks and stresses are built and supported, and 2) the drivers of risk are reduced, and 3) these actions are supported by conducive formal or informal rules, plans, policies and legislation that allow individuals and communities to reduce their vulnerability.

*CARE 2016, Increasing Resilience: Theoretical Guidance Document for CARE International*

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<sup>1</sup> The other two elements are *Strengthening Gender Equality and Women’s Voice* and *Promoting Inclusive Governance*.

# 2. HOW TO APPLY THE RESILIENCE MARKER

## Step 1 Project information

The project information section requires the reviewer to complete a variety of questions concerning basic project information and encourages the reviewer to reflect upon the key shocks and stresses relevant to the project’s context.

### What are the three main categories of shocks and stresses that are relevant to the context of the project?

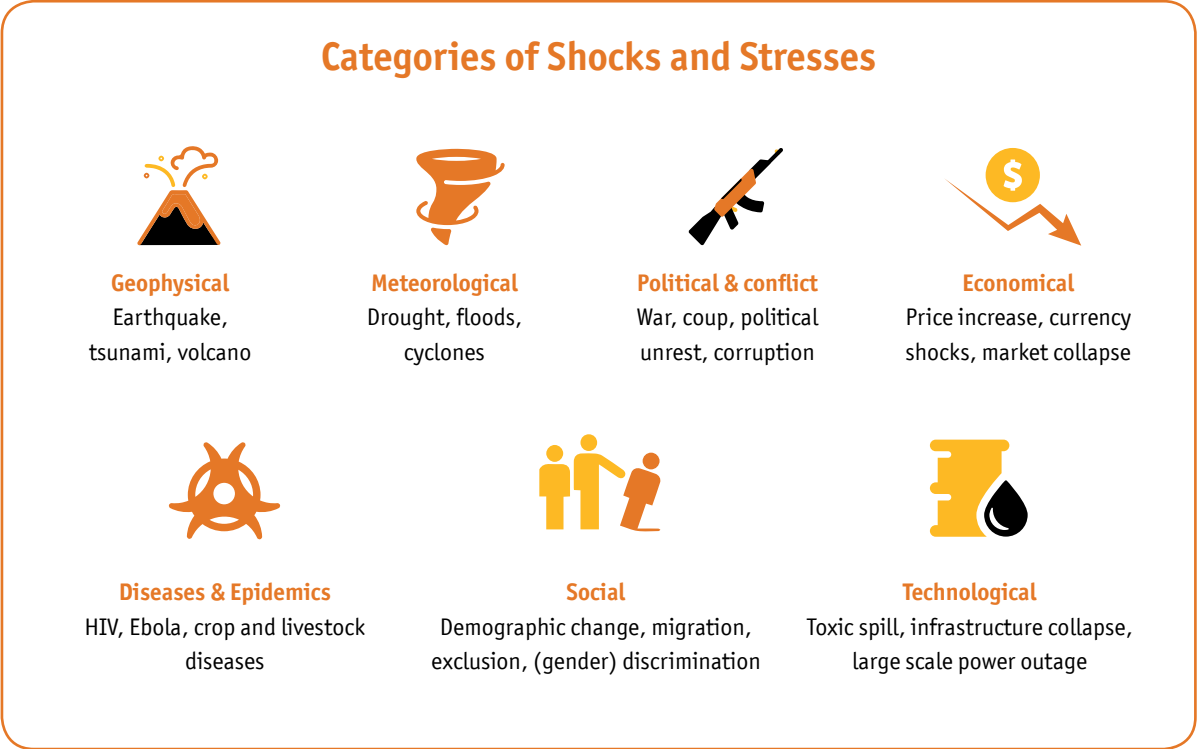
This question aims to identify the main categories of shocks and stresses potentially affecting the individuals and communities we work with within the project.

**Why?**  
Most of CARE’s projects are implemented in contexts prone to various shocks and stresses. These might affect the individuals and communities we work with and the results and sustainability of our work. Being aware of these shocks and stresses is a prerequisite for building resilience.

In choosing the three main shocks and stresses, consider the following elements:

- A. What is the likelihood of a shock or stress to occur in the project area?
- B. What is the severity of the expected impact of such shock/stress on the individuals and communities involved?

**Shocks and stresses**  
Shocks are sudden onset events or disruptions, while stresses are continuous pressures on people’s lives and systems.



## Step 2 Marker questions

The Resilience Marker consists of six questions that aim to assess the different aspects of increasing resilience.

### Question 1

#### Is the project informed by an analysis of vulnerabilities to shocks and stresses?

This question addresses the need to understand the risks and vulnerabilities that are at play in your project context.



#### Why?

Building resilience starts by having a good understanding of people's vulnerabilities to various types of shocks and stresses that might impact them. Different individuals and groups of people are vulnerable to shocks and stresses in very different ways. Thus the interventions needed to reduce vulnerabilities and increase resilience need to be tailored to their specific contexts.

Projects need to base their resilience building interventions on an assessment of vulnerabilities of individuals and communities to the shocks and stresses they face.

A thorough assessment includes a consideration of all three components of CARE's Increasing Resilience theoretical framework:

1. Existing capacities and assets
2. Underlying causes of risks and vulnerability
3. The enabling environment, made up of formal or informal rules, plans, policies and legislations.



#### Terms & Definitions

**Primary data** is data observed or collected through first-hand experience, preferably through participatory methods.

**Secondary data** is published data and data collected in the past or by other parties.

A **forward looking assessment** considers not just current but also potential future risks and vulnerabilities.

A **regularly updated assessment** is a regularly updated analysis, at least annually, to inform the implementation of a project.

### Question 2

#### Does the project strengthen the capacities of vulnerable individuals or communities to manage the three main shocks and stresses identified?

This question addresses the different types of capacities of individuals and communities that a project can strengthen in order to deal with shocks and stresses and to increase resilience.



#### Why?

The first of the three components of CARE's Increasing Resilience theoretical framework focusses on the capacities and assets of individuals and communities to deal with shocks and stresses. Strengthening these different capacities will help increase resilience and reduce vulnerabilities.

CARE identifies the following four types of capacities for building resilience:

## Capacities



### Anticipate risks

The capacity of individuals or communities to foresee risks and therefore reduce and manage the impact of shocks and stresses that are likely to occur. Anticipating can be understood as being ready for unexpected events through actions that prevent and prepare.



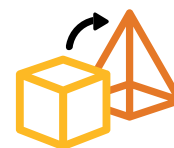
### Absorb shocks and stresses

The capacity of individuals and communities to accommodate and absorb the immediate impacts of shocks and stresses without significant negative impact on their lives, wellbeing and livelihoods, using available skills and resources, and by managing adverse conditions.



### Adapt to evolving conditions

The capacity of individuals and communities to change behaviours, practices, lifestyles and livelihood strategies in response to changed circumstances and conditions under multiple, complex, and at times changing risks and uncertainties.



### Transform systems and structures

The capacity of individuals and communities to influence formal or informal rules, plans, policies and legislations to create systemic and lasting change in behaviours, governance and decision-making structures policies and legislation.

## EXAMPLES

*Early warning systems, contingency plans, climate information services, immunization, vector control, factory fire safety procedures.*

*First aid skills, stockpiling, good hygiene practices, savings, robust critical infrastructure and systems, secure access to savings.*

*Income diversification, introduction of drought and flood resistant crops, strong support networks, access to alternative markets, market information.*

*Advocacy skills, strengthen literacy, media skills, writing skills, convening skills, presentations skills, understanding of local budgeting and legislation processes.*

### Question 3

## Does the project strengthen assets of vulnerable individuals or communities to deal with the three main shocks and stresses identified?

This question addresses the different types of assets of individuals and communities that a project can build in order to deal with shocks and stresses and to increase resilience.



### Why?

According to CARE's Increasing Resilience theoretical framework, individuals and communities can only act on their capacities, if they have the assets to support such actions. Building these different capacities will help increase resilience and reduce vulnerabilities.

CARE identifies the following five types of assets for individuals and communities to become more resilient and act upon their capacities:

## Assets



### Human potential

Assets embodied in individuals and households that facilitate their potential to create or increase personal, social and economic well-being.



### Social capital

Social resources that are embedded in formal and informal networks, facilitated by shared norms, values, understanding and mutual trust that create co-operation, exchange and reciprocity within or among groups.



### Economic resources

Financial or economic assets or services used to produce goods or services that meet human needs.



### Physical capital

Assets consisting of physical materials, (man-made) objects and/or structures.



### Natural resources

Renewable and non-renewable assets that grow or occur in the natural environment.

## EXAMPLES

*Skills, knowledge, education, health, individual motivation*

*Extended family, community cohesion, voice and political influence.*

*Market access, savings, insurance mechanisms, livestock, and productive assets.*

*Tools, infrastructure, productive land and basic services such as water supply, hospitals.*

*Forests, pasture, land, water, soils, marine resources, biodiversity, clean air.*

### Question 4

## Does the project directly address the most significant drivers of risk that cause the three main shocks and stresses identified?

This question addresses the extent to which the project responds to the underlying causes that might potentially result in shocks and stresses.



### Why?

Addressing underlying drivers of risk is the second element of CARE's Increasing Resilience theoretical framework. In many cases, shocks and stresses are a result of man-made actions. Throughout all our projects we should strive to address the drivers that cause shocks and stresses.

Shocks and stresses are often the result of a multitude of underlying causes (=drivers of risk), with inter-related and mutually reinforcing connections. Sometimes, certain shocks and stresses can also be drivers of other shocks and stresses. For example: a lack of government regulations leads to overgrazing, which might lead to degraded ecosystems, which potentially leads to social tension and possibly conflicts). It is important to understand what drivers are the most significant to address, and which are within the sphere of influence of the project. Most of CARE's projects will not have the opportunity to address all drivers, but systematically addressing a number of drivers in a holistic approach, can have a significant impact on the risks that individuals and communities face.

CARE commonly encounters the following drivers of risk:

- Climate change
- Lack of control over resources
- Environmental degradation
- Limited access to basic services
- Poor governance and institutions
- Social norms and barriers
- Market failure
- Conflict

## Question 5

### Does the project influence formal or informal rules, plans, policies or legislation to increase resilience of vulnerable individuals and communities to the three main shocks and stresses identified?

This question aims to identify to what extent the project actively aims to influence the enabling environment in relation to the shocks and stresses identified. The enabling environment is made up of formal and informal rules, plans, policies and/or legislation, from global policy frameworks down to local community-level norms.



#### Why?

The third component of CARE's Increasing Resilience theoretical framework is about the enabling environment. Individuals and communities can only strengthen their resilience to shocks, stresses and uncertainties if the formal and informal rules, plans, policies and/or legislation allow people to build and act upon their capacities; to increase and strengthen their assets, and to directly address drivers of risk.



#### Terms & Definitions

**Ad hoc actions:** The project has some activities in place related to influencing plans, policies or legislation linked to resilience, but the project doesn't engage around them in a coherent or integral way.

**Deliberate strategy:** The project has a strategy with a clear logic or theory of change, identifying advocacy targets and messages, (intermediate) outcomes and means to verify advocacy wins.

**Coherent set of actions:** The project has a systematic set of activities that jointly work toward achieving the Theory of Change and intended outcomes.

**Capacity and resources:** The project has staff involved that have the capacities and appropriate skills to fulfil the advocacy work, and have the means and time allocated to fulfil the work.

## Question 6

### Does the project take into account potential harmful effects of its activities that could intensify or create new risks?

This question assesses the extent to which the project is aware of potential harmful or (unintended) effects it causes to vulnerable individuals and communities.



#### Why?

CARE's projects and programs should not cause harm to the very people whose resilience we are trying to increase. All projects should at any time abide by the Do No Harm principle.

Within CARE, awareness concerning the importance of Do No Harm is prevalent, in particular in relation to conflict and Gender Based Violence. Within the resilience approach, we aim to encourage the integration of structural monitoring of possible negative consequences of our work in relation to creating new or exacerbating existing risks. During the lifespan of a project, there are several opportunities to assess the (potentially negative) impacts of the project, and adjust the implementation of the project accordingly.



#### Terms & Definitions

**Looking at potential harmful effects at design:** The potential for harm caused by the intervention has been identified during the design phase, and the project has been designed in such a way to reduce potential harm done. **Monitor the project's (un)intended effects on the project participants:** The project monitors positive and negative change among the project participants on a regular basis. **Flexibility to act:** The project has built-in flexibility within budget, activities and staff to accommodate necessary changes based on potential negative effects identified. The project staff is in open dialogue with the donor to allow for flexibility.

**Monitor project (un)intended effects on the wider context:** The project has a quantitative and qualitative Monitoring, Evaluation and Learning system in place to monitor and measure potential impacts of the project on the wider environment in which the project is implemented.

<sup>2</sup> In line with the CARE International Code of Conduct, principle 6: Do No Harm, that all of CARE's programming and projects should adhere to.

## Step 3 Interpretation of the results

The individual scores of the six questions add up to an overall grade for the project. This indicates the level of resilience integration in the project. The overall grade is accompanied by a brief explanation and recommended actions for further integration of resilience.

Score	Grade	Result	Explanation & Recommendation
0-4	0	No resilience integration	Unless there is a valid justification as to why increasing resilience is not relevant to this project, a score between 0-4 represents no implementation of the resilience approach. We recommend an analysis of why this score was obtained and (if applicable) how to improve the integration of resilience.
5-10	1	Poor resilience integration	Very few elements for increasing resilience are integrated, and more can be done in a systematic way. We recommend a thorough review of the entire project to improve the integration of resilience.
11-15	2	Fair resilience integration	Elements of increasing resilience have been integrated, but it could be applied in a more systematic way. We recommend a review of the questions that scored low and the development of an action plan to take measures to improve scores for the elements targeted in these specific questions.
16-20	3	Good resilience integration	Resilience is properly integrated into the project. We recommend exploring the possibility of a more strategic, holistic approach to the integration of resilience into the project.
21-25	4	Excellent resilience integration	Resilience is strongly and structurally integrated in the project. Questions that did not score fully could be reviewed and an assessment of the feasibility to improve on these could be beneficial.

### 3. MORE INFORMATION?

If you have any questions, comments or feedback, please send an email to: [CCRP@careinternational.org](mailto:CCRP@careinternational.org).