

HAPP IV project – CARE Sierra Leone



Applying the resilience marker



What is CARE Resilience Marker?

CARE's Resilience Marker is a tool that allows teams to self-assess how well resilience is integrated into their projects and provides a starting point for further reflection on integrating resilience throughout the project cycle.

This short document - a joint work of CARE Sierra Leone and CARE's Climate Change and Resilience Platform - is an illustration of the responses given to the CARE Resilience Marker vetting form for the HIV and AIDS Prevention Programme and Women Empowerment (HAPP IV) project. It also provides suggestions in the blue boxes on how to improve the HAPP IV's marker score and thus increase the integration of resilience into this project.

Presentation of HAPP IV Project

HAPP IV (2019–2022) aims to improve the sexual reproductive health and rights (SRHR) of the population of Sierra Leone by improving the availability of SRHR information and services while eliciting the social norm changes required to enable women and girls to realize their rights to sexual and reproductive health. It has three strategic objectives:

- Increasing awareness of SRHR, including family planning and HIV prevention, within communities.
- Improving gender-sensitive family planning commodities and services offered for adolescent girls and women.
- Strengthening national and community mechanisms to improve the SRHR of adolescents and women.

[Access the HAPP IV proposal and the final evaluation of HAPP III here.](#)

**This project was graded 2:
fair resilience building.
Discover why.**

HOW DOES THE PROJECT SCORE ON EACH OF THE RESILIENCE MARKER QUESTIONS?

Preliminary question

For this project, the three main categories of shocks and stresses identified were economic, diseases and epidemics, and social.

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

Categories of Shocks & Stresses	Geophysical	Meteorological	Political & Conflict	Economic	Diseases & Epidemics	Social	Technological
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Examples	Earthquake, tsunami, volcano	Drought, floods, cyclones	War, coup, political unrest, corruption	Price increase, currency shocks, market collapse	HIV, Ebola, crop and livestock diseases	Demographic change, migration, exclusion, discrimination	Toxic spill, infrastructure collapse, large scale power outage

Why?



Economic shocks and stresses: The country and project are affected by high inflation with an increase in fuel and basic commodities like rice, oil and seed that are distributed (e.g., 1 USD was 750 SLL in December 2018; in March 2019 it rose to 8,500 SLL, and by September 2019 it was 9,200 SLL). That inflation has been the trend throughout the project implementation, affecting all other commodities and supplies.



Social stresses: Women and girls face strong discrimination, including gender discrimination leading to the exclusion of individuals and some groups from the project. Men having sex with men also face strong discrimination that can lead to violence and also impact the project, as they might not publicly access condoms nor attend trainings, media conversations and/or meetings. Those groups can also face violence.



Disease and epidemic shocks and stresses: The disease referred to here is HIV/AIDS. The prevalence of HIV can reach 14% for men having sex with men, and, when contracted, HIV can have extreme impacts on health.

Table 1. Classification of the main categories of shocks and stresses according of the estimated level of risks

IMPACT	Extreme		Diseases & Epidemic			
	Very high			Economic		
	Medium			Social		
	Low					
	Negligible					
RISKS		Rare	Unlikely	Moderate	Likely	Almost certain
		LIKELIHOOD				

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



The project is **not informed** by an analysis of vulnerabilities to shocks and stresses



The project is informed by **an analysis of secondary data** on vulnerabilities to shocks and stresses



The project is informed by **an analysis of secondary + primary data** on vulnerabilities to shocks and stresses



The project is informed by an analysis based on secondary + primary data on vulnerabilities to shocks and stresses + **is forward-looking**



The project is informed by an analysis based on secondary + primary data on vulnerabilities to shocks and stresses and + forward-looking + **regularly updated**

Why?

The proposal gives information on the specific vulnerability of youth and women to social risks such as gender-based violence and to health risks such as HIV, but it does not give clear information on vulnerability related to economic risks. Primary data on vulnerability were also collected as part of the final evaluation of the previous phase, as one of the goals of the project was to “Reduce vulnerability in SRHR and enhance empowerment of vulnerable persons especially girls and women”—but associated indicators were not very clear. The team did not include forward-looking information and, within the project, did not plan an activity to update the vulnerability assessment.

Based on this, the team decided to give a 1 to this question, because they judge that they used some secondary data for vulnerability analysis, but primary data were not strong enough to get a 2. Even if they decided to go for a 1, they realized that they could have collected more detailed data from secondary data.



- Secondary data should be gathered at least for the vulnerabilities to the three main categories of shocks and stresses identified.
- If you envisage a new phase of one project, think about gathering data in your final evaluation to inform the following phase about how vulnerability to the identified shocks and stresses are changing.
- Want to know more about calculation of indicators to measure vulnerability? Look at the [guidance](#) for CARE International indicator 21: “% of people that have actively engaged in reducing their vulnerabilities to the shocks that affect them.”

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

Capacities	Anticipate risks	Absorb shocks & stresses	Adapt to evolving conditions	Transform systems and structures
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Examples	Early warning systems, contingency plans	First aid skills, stock-piling, good hygiene practices, savings	Income diversification, introduction of drought-resistant crops	Advocacy skills, strengthen literacy, media skills

3 Total number of boxes ticked

To answer this question, the following table was completed. The aim of the table is to analyze the different activities implemented and sort them according to the type of capacities they are strengthening and which categories of shocks and stresses they address. Note that some activities can help build several capacities and/or contribute to building capacities for several types of shocks and stresses.

Table 2. Project activities that contribute to strengthening the different capacities to the three main shocks and stresses

Shocks	Social shocks and stresses	Disease and Epidemic shocks and stresses	Economic shocks and stresses	Is the project contributing to reinforcing this capacity?
Type of capacities				
<p>Absorptive capacities</p> <p>“Capacity to accommodate the immediate impact shock and stress have on lives, wellbeing and livelihoods, by making changes in usual practices and behaviours using available skills and resources, and by managing adverse conditions.”</p>		<ul style="list-style-type: none"> » Linking people living with HIV to health centres and psychological support. » Training community health workers to increase the number of people living with HIV that have access to treatment. 	<ul style="list-style-type: none"> » Forming Village Savings and Loans Associations (VSLAs) that can also be used as a platform to empower women. 	<p>Yes. But the project could also think of building absorptive capacities for social risks => what is planned in case of violence against women? How to support them? What kinds of psychological support are offered?</p>



Shocks				
Type of capacities	Social shocks and stresses	Disease and Epidemic shocks and stresses	Economic shocks and stresses	Is the project contributing to reinforcing this capacity?
<p>Adaptive Capacities</p> <p>“Capacity to adjust behaviours, practices, lifestyles and livelihood strategies in response to changed circumstances and conditions under multiple, complex and changing risks.”</p>		<ul style="list-style-type: none"> » Promoting behavioural change practices to make sure people are adopting “safe” practices. 	<ul style="list-style-type: none"> » Creating and supporting access to business opportunities » Building business skills to diversify livelihoods 	<p>Yes. Even if the project could be stronger on this aspect, diversifying and increasing income is a way to answer economic shocks and stresses—but also other risks, as it can enable people to cover the cost of their treatments or go to a health facility.</p>
<p>Transformative capacities</p> <p>“Capacity to influence the enabling environment and drivers of risks to create individual and systemic changes on behaviours, local governance and decision-making structures, market economics, and policies and legislation.”</p>	<ul style="list-style-type: none"> » Organizing Intergenerational Dialogue meetings with traditional leaders in selected chiefdoms 	<ul style="list-style-type: none"> » Building the capacity of men to promote sexual and reproductive health good practices, especially family planning in their respective communities. » Encouraging local council members to develop community resolutions and action plans against negative and harmful practices that restrict women’s SRHR. » Using community score cards. 		<p>Yes. The project has raised awareness of men and leaders on the activity of the project to limit gender-based violence but also worked with them and women to change norms and structure regarding SRHR. However, the project has not worked on building transformative capacities toward economic risks (changing norms to create businesses easily, access to credit, etc.).</p>
<p>Anticipative Capacities</p> <p>“Capacity 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.”</p>		<ul style="list-style-type: none"> » Developing emergency preparedness plans and contingency plans for identified diseases. 		<p>No. The activity implemented to build anticipative capacities is really interesting but was not considered as sufficient, as it addresses only one category of risks.</p>



- To strengthen anticipative capacities, the project could have included activities to ensure health centres and other actors, including individuals, have timely access to current and future health information in order to adapt practices or the number of staff available. Such activities could help the health system to be more flexible and more reactive if a shock/stress arises and affects people.
- The project could also use the Community Score Cards to work on anticipation skills: assessing the level of services for actions that could strengthen prevention and preparation.

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

Assets	Human potential	Social capital	Economic resources	Physical capital	Natural resources
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples	Skills, knowledge, education, health, individual motivation	Extended family, community cohesion, voice and political influence	Market access, savings, insurance mechanisms, livestock, productive assets	Tools, infrastructure, productive land and basic services such as water supply, hospitals	Forests, pasture land, water, soils and environmental resources, biodiversity

3 Total number of boxes ticked

These activities were considered when deciding which boxes to tick:

- **Human potential:** skills training for self-reliance, especially to vulnerable women and girls; use of mass media (television, social media, radio, etc) to increase knowledge and generate demand for family planning and SRHR among targeted populations.
- **Social Capital:** VSLA groups as a social mechanism of support, youth-friendly centres.
- **Economic Resources:** VSLA groups supporting business development and small business startups.

The team decided not to tick the box for physical capital, as the project is not working on infrastructure or basic services—though the project contributes to increased access to contraceptives through social marketing, which is a critical physical “asset” to reduce epidemic risks.

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



The project **does not address the most significant drivers of risk**



The project engages in **ad hoc actions** to address the most significant drivers of risk



The project addresses **one** most significant driver of risk



The project addresses **two** most significant drivers of risk in a coherent way



The project addresses **three or more** significant drivers of risk in a coherent way

Why?

The main drivers of risks identified for the HAPP IV project are (1) the poor governance and (2) unequal power relations/social norms and barriers. The activities that were considered to give three points to this question are the following:

Social norms and barriers and unequal power relations: The project is working on changing a highly patriarchal culture that has led to strict social norms that restrict women and youth from accessing family planning without the permission of their male partners. The project is, for example, holding collaborative meetings with secretariats of the traditional leaders and local councils to strengthen and support community-specific resolutions and documented commitments by leaders to address the identified harmful and negative cultural practices. There are also sessions with couples to discuss gender-based violence, mutilation and the importance of women and youth having access to sexual and reproductive health facilities.

Poor governance: The project is lobbying the government to be more responsible and responsive. For example, they are using Community Score Cards to make the government more accountable and doing joint monitoring of the SRHR situation with the local authorities' representatives.

Those drivers are addressed in a **coherent way**, one of the criteria to obtain a 3 for this question. Indeed, one strategic objective of the project is fully dedicated to addressing governance and social norm issues ("Strengthening national and community mechanisms to improve the SRHR of adolescents and women").

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?



The project **does not influence** rules, plans, policies, legislation



The project engages in **ad hoc actions** that influence rules, plans, policies, legislation



The project has a **deliberate strategy** to influence rules, plans, policies, legislation



The project has a deliberate strategy + **coherent set of actions** to influence rules, plans, policies, legislation



The project has a deliberate strategy + a coherent set of actions + **capacity + resources** to influence rules, plans, policies, legislation

Why?

The project has a deliberate strategy to influence rules and plans at the local level. As described in other sections, the project:

- Holds collaborative meetings with secretariats of the traditional leaders and local councils to strengthen and support community-specific resolutions and documented commitments by leaders to address the identified harmful and negative cultural practices.
- Supports leaders from traditional authorities and local councils to address the reduction of HIV/AIDS and sexual or gender-based violence-related stigma and discrimination within communities.
- Conducts Intergenerational Dialogue meetings with traditional leaders in selected chiefdoms and local council members to highlight the prevalence and impact of negative and harmful cultural practices that make adolescent girls and women vulnerable to HIV.
- Conducts high-level consultative/advocacy meetings at the national level; sets up and supports a Technical Working Group on Social Protection to work on the three Gender Acts of 2007 (the Domestic Violence Act, the Registration of Customary Marriage and Divorce Act, and the Devolution of Estates Act), as well as the Child Rights Act, 2007.

Despite this set of activities, the project team judged that the actions could be set in a more coherent way (the project could have, for example, designed a detailed advocacy strategy) and could benefit from more resources, in particular financial and human resources, to have a greater impact.

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

0

The project **does not take into account the potential harmful effects** of its activities

1

The **project design** takes into account the **potential harmful effects of its activities**

2

The project design takes into account the potential harmful effects of its activities + has a **strategy to monitor the project's (un)intended effects on the project participants**

3

The project design takes into account the potential harmful effects of its activities and has a strategy to monitor the project's (un)intended effects on the project participants + **has the flexibility to act upon this**

4

The project design takes into account the potential harmful effects of its activities and has a strategy to monitor the project's (un)intended effects on the project participants + **wider context** + has the flexibility to act upon this

Why?

The project can mainly exacerbate social risks such as gender-based violence and conflict between household members or community members. By engaging leaders and all household members in sensitivity training, the project tried to limit these risks. The project also used [Community Score Cards](#) and [Social Analysis and Action](#) tools to monitor the unintended and intended social risks.



- The [Social Analysis and Action](#) approach could be better integrated in the program to ensure that negative impacts are minimized.
- To pre-identify the (un)intended effects, the team could have asked experienced people to identify possible negative impacts, based on their experiences with similar programs, or use negative program theory to identify ways in which program activities might produce negative impacts rather than their intended impacts.
- The project could have implemented a community complaints and feedback mechanism.
- It could be great to include specific questions on the (un)intended harmful effects in a mid-term evaluation to adjust project activities and in the final evaluation to adjust future projects. To do that, make sure data collection remains open to the unintended and unanticipated by including some open-ended questions in interviews and questionnaires, and by encouraging reporting of unexpected results.

TOTAL SCORE : 14

Graded 2

Fair resilience integration.

Elements of increasing resilience have been integrated but could be applied in a more systematic way.

