Tool for collecting evidence on CARE's advocacy and influencing wins – Madagascar DRR
(31 Jan 2018)

Success - Madagascar: influencing policy and practice on Disaster Risk Reduction:	
1. What is the advocacy or influencing success? Include any incremental wins that happened along the way. 2. Is this win part of a larger advocacy or long-term program goal? If so, what is this larger advocacy/influencing goal? 3. What outcome area(s)/ sector(s) of CARE's strategy is this associated with? 4. Who are the main decision makers CARE and partners have been influencing?	Over the last 10 years, CARE Madagascar has supported local authorities and communities in the development of community-level disaster risk reduction (DRR) strategies, through the analysis of community vulnerability to cyclone and flood risks as well as the development of risk reduction plans. Learning from CARE's DRR programs have influenced the 2015 National Disaster Risk Management policy, which is much more focused on DRR measures before disasters, compared to the old (2003) policy which was more focused on post-disaster actions. Practical DRR tools validated by CARE, in partnership with Government, have been adopted by Government and other NGOs (Handicap International, the Malagasy Red Cross, WHH, ICCO & SAF / FJKM). Further, in adopting the new national DRR policy, the Government capitalized on CARE's experience with a community warning system for cyclones through the use of colour flags for each alert phase. This experience was used to update the national alert system, to migrate to a colour-coded system for each alert phase. Influencing has been targeted at local and national Government officials, working on Disaster Risk Management – in particular the National Office of the DRR in Madagascar (BNGRC), which is the national institution attached to the Ministry of the Interior and is in charge of the DRR in Madagascar - as well as peer NGO and donor staff. This outcome is related to the FNS & CCR outcome area (resilience capacity), and the resilience component of the CARE approach.
Potential Impact/Reach:	
5. What impact population is expected to benefit from the advocacy/influencing win? How will the win translate into a better life for these participants? 6. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win? *Please explain how you calculated this number.*	Because of its geographical position, Madagascar is one of the countries most exposed to the risks of cyclones and floods, risks that are increasing with climate change. The east coast is the target of 69% of cyclones that hit Madagascar, and on average 1.5 cyclones a year cross the country, generally affecting to a different degree up to two thirds of Madagascar (total population 25m). As a result of the new national policy, and the adoption of practical DRR tools, more high-risk areas for cyclones and floods in Madagascar will be covered by DRR actions by Government and NGOs. The advocacy that CARE and its partners have made for the budget allocations for DRR is also expected to increase the funding for decentralized local and regional authorities in the operationalization of preparedness, mitigation, prevention and disaster response actions. This will reduce the impacts of disasters, especially for the most vulnerable populations. Prior to DRR programs of CARE and other NGOs, no disaster risk management structures existed in Madagascar. CARE has worked in 7 districts in the 4 regions at highest risk of cyclones and floods in Madagascar, helping set up a total of 511 DRR structures (7 District-level DRR Committees, 50 Commune DRR Committees and 454 Local Rescue Committees), with 511 DRR Plans operational, implemented and updated every 2 years by the structures themselves. CARE's DRR programs have reached more than 670,000 people, and Government & NGOs applying these tools have reached a further 1.2m. As the national DRR policy is further funded and implemented over future years, we would expect these impacts to increase.
Actual Impact/Reach:	
7. Do we have any evidence to date that these expected outcomes have been achieved? Can you quantify the number of lives that have been improved? *Please*	CARE's recent DRR programs have evidence for an increase of 63 percentage points (from 27% to 90%) in households carrying out at least one action described in DRR plans by their own means (CI Indicator 21). Applying this level of outcome/impact to the 1.2m people reached by Government/other NGO DRR programs, we can reasonably claim that beyond the direct impacts of its projects, **CARE Madagascar's DRR programs have indirectly contributed to increased resilience for a further 756,000 people**.

explain how you calculated this number.	
Contribution:	
8. On a scale from high, medium, or low, how would you rate CARE's contribution to the advocacy/influencing win? *(please refer to the scale below the table)* 9. Describe CARE's contribution, as well as the contribution of other main actors. What evidence is there that backs up our claim to have contributed to this win?	While other partners active in DRR in Madagascar have played important roles, the scale and breadth of CARE's influence on DRR policy and actions mean that CARE's contributions to this influencing win can be considered **high**. CARE Madagascar is considered one of the pioneers of DRR in Madagascar. The DRR tools developed and tested in CARE's DRR programs, and validated by BNGRC, include: • The Community Risk and Vulnerability Mapping Guide to Support and Assist Communities in Conducting Vulnerability and Risk Analysis Sessions; • The manual for setting up Local Rescue Committees, which are branches of the BNGRC at the community level; • Handbook for developing a Disaster Risk Reduction Plan at the community level; • The Community-level simulation exercise guide for testing DRR Plans and familiarizing each stakeholder with the procedures and actions to be taken by each for each phase of risk reduction. CARE's advocacy at all levels was also critical to help the BNGRC convince stakeholders to revise the national DRR policy. For the development of the national color-coded flag system for each alert phase, CARE was the only NGO that presented at the key workshop event (20 September 2013), with presentations from CARE and community participants to share this experience. Evidence to support this contribution claim includes the DRR tools themselves, the national DRR policy document, and the workshop report, agenda, participant list & presentation from the September 2013 event.
Reflection and Learning:	
10. What were the main challenges you faced, and were they overcome? If so, how? 11. What influencing tactics were particularly effective/ineffective? 12. What would you do differently next time?	The main challenges faced include limited central Government allocations to date for DRR funding for local authorities, and the initial reluctance of other organizations to replicate or adapt CARE's DRR approaches. While some local authorities where CARE works have introduced a DRR line to finance DRR actions, continued advocacy will be needed at national level to increase central Government funding. In terms of open-ness to learning from others, the main DRR donor (DIPECHO) has organized regular learning workshops at the end of each phase of funding, to share successful experiences and lessons learned with Government (BNGRC) and DRR partners. These served as important opportunities to share what CARE has undertaken and demonstrated through its DRR projects, and with the support and leadership of the BNGRC, our tools have been taken up by other DRR partners and adapted to their context. Enabling others to really feel and understand CARE's DRR projects successes, through cross-visits and participant testimonies, have also helped. This highlights the critical importance of involving Government in validating CARE's tools and approaches, so that they get adopted as reference tools for DRR in Madagascar. The combination of this technical engagement from Government, as well as advocacy and promotion of accountability for operationalizing the national DRR strategy, have also been essential parts of this influencing success. Similarly, the long-term focus on DRR by CARE Madagascar, over the last 10 years, have allowed CARE to build the capacity, experiences and relationships necessary for being successful in multiplying its impact, beyond the scope of individual projects.

Rating scale[1]:
High: There is reason (evidence) to believe that the change would not have happened without CARE's efforts. This could also include significant actions from partners which we support technically or financially.
Medium: There is reason to believe CARE contributed substantially, but along with other partners
Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE's involvement

[1] This rating scale has been used by Save the Children to measure contribution in advocacy work