#### **Centre for Disaster Protection**

# Preparedness Diagnostic: Prioritizing in anticipatory/early action plans

#### **Outline of work**

#### Introduction

A preparedness diagnostic guideline is being prepared as a tool for those who are designing anticipatory/early action plans (hereafter referred to simply as action plans). The goal of the tool is to support the development of evidence-based action plans designed to have the maximum welfare impact. The tool will provide a framework and a structured set of questions to be assessed as an action plan is developed. The tool will also provide links to resources and a review of the global evidence base on the impact of typical anticipatory/early actions. The diagnostic is a practical guide to aid decision making and the development of a plan. It is not intended for the development of a report. The guideline will be short, with a longer annex on the evidence base for different types of early actions.

There are three proposed steps to the diagnostic: (i) setting out the typical chronology of needs during a disaster, (ii) identifying candidate interventions, and (iii) prioritizing candidate interventions based on their relevance, likely impact and feasibility of implementation. The assessment of feasibility also provides a to-do list of systems to get in place in order to facilitate implementation.

## Part 1: Setting out the chronology of needs

This section will set out the likely chronology of needs before, during and after a shock for the shocks and context being considered. It provides the framework that will be used for the diagnostic and action plan.

The typical chronology of a shock's human impact is split into four stages—before, during, immediate aftermath and subsequent aftermath—as outlined in Figure 1. A description of these stages is used to identify the actions that can be taken before the stage in order to help the household mitigate the impact of the shock on mortality, morbidity, income and assets. Questions and data sources to help teams describe the stages will be set out.

Figure 1: Chronology of the human impact of a shock: before, during and after

#### Before During Immediate aftermath Subsequent aftermath Households run down Households engage in Losses to life, health, Households reduce income generation, income and assets. savings (cash, food consumption, sell consumption, and Households use the stocks, nonproductive assets, buying and selling resources and productive assets), take riskier or costlier assets as normal. information they have increase income from work (maybe other activities, and to mitigate these migrating) and borrow impacts. borrow. on more expensive terms. Services and markets Access to services and Households reduce may be disrupted. markets may be limited. investments in livelihoods and in Changes in prices and human capital of wages in main sector children. of impact. Access to services and markets may remain limited. Changes in prices of food, productive assets and wages in other sectors.

### Part 2. Identifying candidate interventions

This section identifies interventions that can mitigate the impact of the shock on income/assets and on household welfare at different points in time using this chronology. It clarifies the timing of interventions and types of trigger that could be used to trigger the intervention.

# Part 3. Prioritizing candidate interventions

Candidate interventions are prioritized with reference to the evidence on relevance, likely impact and feasibility of implementation.

a. **Assessing relevance.** In this step the relevance of candidate interventions for the context and population at risk is assessed given the reach of existing services (where these are part of the proposed response).

- b. **Evaluating likely impact.** In this step, the global evidence base is matched with local knowledge to assess the likely effectiveness of candidate interventions.
- C. Judging feasibility of implementation. Can this be implemented on time with the available triggers, financing and institutional arrangements (including decision-making arrangements)? What would need to change to make this type of response more feasible.

# Timeline

Initial draft for consultation (with a light review in 3b and an incomplete 3c)	March 20
Full draft for review	May 16
Revised guideline	June 30