# Module 6

## Relief and Recovery

## Introduction

Module 6 focuses on the relief and recovery phase of disasters. In the immediate aftermath of a disaster, survivors require basic assistance to survive including shelter, food and medical care. With time (as these immediate needs are met), survivors will need assistance to begin to rebuild their lives and communities.

The term relief is most often associated with humanitarian crises caused by devastating disasters or refugee crises associated with wars and conflicts. In some cases, this emergency phase may last months or years should the situation remain unstable. One example of this is the 2005-2006 food security crisis in the Horn of Africa (more than 11 million people were in crisis in Djibouti, Eritrea, Ethiopia, Kenya and Somalia) where the emergency phase (which focused on emergency food distribution and humanitarian assistance), continued for well over a year.

Recovery, on the other hand, refers to a rebuilding phase. The duration of this phase depends not only the extent of damage and disruption caused by a disaster but also the effect on the economy and resources of the impacted country. The amount of assistance received from the outside will also determine how quickly a community or country recovers.

Upon completion of this module you will be able to:

**Outcomes**

- *define* a complex humanitarian crisis
- *describe* a population's needs and how these may change over time (immediate, medium- and long-term)
- *apply* assessment tools that may be used to identify beneficiary needs
- *discuss* the importance of implementing interventions in accordance to international standards of humanitarian assistance.

# Unit 15

# Emergency relief and humanitarian assistance

## Introduction

This first unit discusses the needs of communities and people in the immediate aftermath of a disaster, or during a conflict or refugee crisis. The second unit focuses on the longer-term recovery needs and the importance of framing these within a resiliency-building and development context.

Upon completion of this unit you will be able to:

**Outcomes**

- *identify* different types of disaster relief and humanitarian assistance
- *describe* key steps that should be followed when assessing the needs of people affected by disasters
- *explain* different guidelines and standards that have been developed by humanitarian organisations
- *identify* different types of assessment tools that can be used to assess relief needs
- *discuss* the importance of having minimum standards for humanitarian assistance
- *explain* different examples of minimum standards guidelines.

## Terminology

**Terminology**

| | |
|---|---|
| Convergence | When aid received is not appropriate or useful to the affected population, for example when old clothing, bedding, or medicines are improperly sent. |
| Psychosocial support | A process of facilitating resilience within individuals, families and communities while respecting individuals' and communities' independence and dignity and strengthening peoples' innate coping mechanisms. |

# Emergency relief and humanitarian assistance

Emergency relief and humanitarian assistance is more often associated with large-scale disasters or complex humanitarian crises such as conflicts and refugee crises.

The intent of this assistance is to relieve the immediate distress of affected populations through the provision of vital services (such as food aid to prevent starvation) by aid agencies and the provision of funding or in-kind services (like logistics or transport), usually through aid agencies or the government of the affected country. This is different from development aid which aims to address the root causes of poverty or vulnerability.

International organisations have a significant role in providing emergency relief and humanitarian assistance.

In response to the 2004 Asian Tsunami, for example, national governments provided close to USD 6 billion in aid to support the response.

Figure 1 in the following case study shows other sources of international aid.

**Case study**

**Case Study: 2004 Asian tsunami**

On December 26, 2004 a massive earthquake struck off the western coast of Sumatra, Indonesia.

With an approximate magnitude of 9.2, it was the second-largest earthquake ever recorded on a seismograph, and caused the entire planet to vibrate 1cm. The earthquake triggered a series of tsunamis affecting 14 countries bordering the Indian Ocean, resulting in the deaths of over 230,000 people, and causing more than 10 million people to be displaced or homeless. Countries hardest hit by the tsunami were Indonesia, Sri Lanka, India and Thailand.

The scale of this disaster necessitated the assistance of the international community.

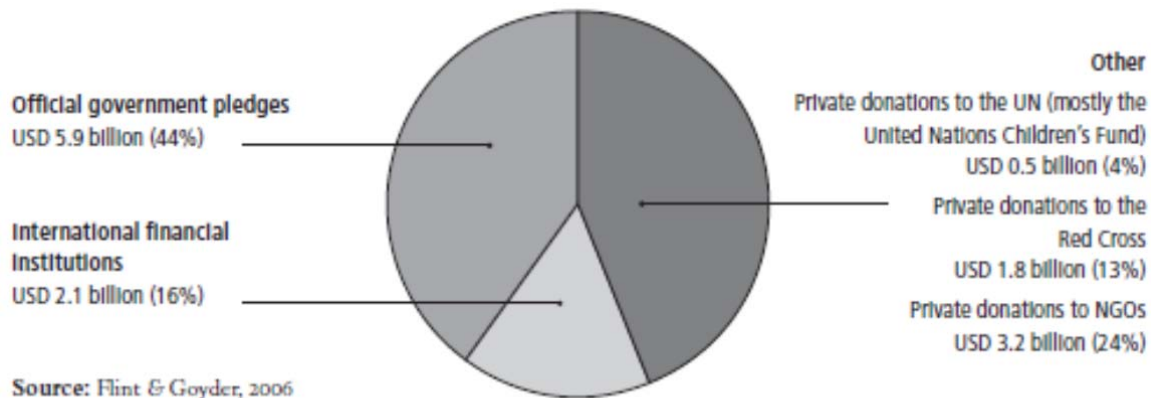Figure 1 shows the significant international response to the disaster.

Official government pledges
USD 5.9 billion (44%)

International financial
Institutions
USD 2.1 billion (16%)

**Source:** Flint & Goyder, 2006

Other
Private donations to the UN (mostly the
United Nations Children's Fund)
USD 0.5 billion (4%)

Private donations to the
Red Cross
USD 1.8 billion (13%)

Private donations to NGOs
USD 3.2 billion (24%)

Figure 1: International response to the 2004 Asian Tsunami

Source: Flint, M. & Goyder, H. (2006)

One of the challenges in providing effective relief and humanitarian assistance after disasters is ensuring that it is co-ordinated and meets the needs of the affected population. It is common after disasters that people and organisations want to help by sending supplies and materials they think will be helpful.

There is a phenomenon called convergence which is when aid received is not appropriate or useful to the affected population, such as when old clothing, bedding, or even medicines and other supplies are improperly sent.

It is also common for people to *converge* on disaster sites with the hope of helping the affected population. While trained volunteers are critical in disaster relief, untrained individuals who are not affiliated with any organisation can interfere with on-going relief and recovery efforts.

In the event of a disaster, it is important that the government of the affected country conduct a thorough needs assessment to determine what emergency supplies and personnel are required.

The needs in a disaster are strategic and selective needs such as equipment, supplies and services are needed in particular quantities, types, times and places. These needs should be effectively assessed and communicated to those relief organisations that will potentially provide assistance.

The needs of disaster-affected populations will obviously differ depending on the type of disaster as well as the pre-existing structure of the community.

Priorities related to emergency relief generally include any of the following.

## Emergency shelter

This is a critical determinant for survival in the initial stages of a disaster. Beyond immediate protection from the elements, survival, and enhanced resistance to ill health and disease, shelter is necessary to provide security and personal safety. It is also important for human dignity and to sustain family and community life as far as possible in difficult circumstances.

The type of response required to meet the shelter needs of populations affected by a disaster is determined by key factors such as:

- the nature and scale of the disaster (and the resultant loss of housing)
- the local environment
- climatic conditions
- the context (rural or urban) and the ability of the community to cope.

Shelter options can include:

- staying with family, friends or community hosts
- placement in private or public structures including churches, schools, or community halls
- placement in camps set up for the short or medium term.

Whenever possible, *temporary* housing (using prefabricated materials) should be avoided. These units are often expensive and use resources that might be better directed toward rebuilding survivors' permanent homes. Additionally, temporary shelters can often become long-term or even permanent solutions for more marginalised populations.

As a general rule, survivors should be assisted in rebuilding their homes, taking into account a number of simple principles:

1. The best way to meet the emergency shelter needs is to ensure availability of materials or shelter similar to that normally used by the population. This will help ensure that materials that are both readily accessible and affordable.

2. Request outside supplies (such as plastic sheeting for roofing or tents) only if absolutely necessary. Be sure to account for inclement weather when tents are used.

3. When rebuilding homes and businesses, the design of reconstructed buildings should be based on proper technical advice and proven experience.

4. Construction itself should be sustainable and based on pre-existing building techniques used by local builders or craftsmen.

## Water

This is among the most critical needs for survival in the aftermath of major disasters.

People affected by disasters are generally much more susceptible to illness and death from disease, (in large part) because of inadequate sanitation, inadequate water supplies and poor hygiene.

In some cases, the water system of a community might be severely damaged (or be of) insufficient quantity. Depending on the situation, the water needs of a community might be met by using:

- trucks or other means to transport water from the outside

- pumping water from a nearby community

- filtering

- using other treatments to clean contaminated water.

Emergency managers should always ensure the availability of enough safe drinking water to meet the minimum health and hygiene needs of a population including:

- drinking

- cooking

- washing

- bathing.

Planning considerations should include:

- Ensuring water distribution points are accessible and take into account the special needs of more vulnerable groups such as:

  o the elderly

  o persons with disabilities and

  o women in insecure environments.

- Households have (or are provided) suitable containers for collecting and storing water. Households should also receive instructions on decontaminating water.

- Households should be encouraged to conserve and recycle water supplies.

- Quality testing and treatment is carried out wherever contamination is suspected.

## Hygiene and sanitation

This is usually of most serious concern after a disaster.

Disruptions in water supplies and sewage systems can pose serious health risks to victims because they decrease the amount and quality of available drinking water and create difficulties in waste disposal.

Drinking water can be contaminated by breaks in sewage lines or the presence of animal cadavers in water sources. These factors can facilitate the spread of disease after a disaster.

When planning for the hygiene and sanitation needs of an affected population, the following principles should be considered:

- Ensure people have access to adequate washing facilities with proper drainage.

- Ensure arrangements for the collection, storage and disposal of: human waste, wastewater and garbage so to minimise the risks of disease spreading due to contamination of the environment.

- Insects and rodents may be problematic in areas where food, standing water and/or excreta is present, for example, in temporary emergency settlements or camps. In these cases, vector control is critical to reducing the risk of disease and illness.

# Food and nutrition

This is an obvious need after disasters to ensure the basic sustenance of people and to prevent the deterioration of the nutritional condition.

Depending on the type of disaster, existing food stocks may be destroyed or disruptions to distribution systems may prevent the delivery of food. Should a population be displaced, there will be an immediate need to provide adequate foodstuffs to avoid hunger and malnutrition.

In these situations, food relief programmes should consider the following elements:

- The actual (or foreseeable lack of access to food), not only because of decreased supplies but also as a consequence of reduced purchasing power among survivors. This may be because of lost employment and earning opportunities and/or rising food costs because of food scarcity.

- Even when supplies are adequate, there may be a mal-distribution of available supplies between different communities as well as between (or within) households

- Some groups of people may be more affected by food deficits than others. Particular attention should be given to more vulnerable survivors such as pregnant women, infants, young children and the elderly.

- When populations are displaced ensure people have the means to prepare and cook food, including cooking utensils and fuel.

- Self-reliance through the re-establishment of local food production, distribution and marketing systems should be considered a priority.

# Health care

This is critical to ensuring basic medical care and treatment, access to drugs and other essential supplies and the control of communicable diseases.

Emergencies may result not only in a loss of lives but an increased incidence of diseases. This is especially relevant in developing countries where there is higher incidence of:

- diarrhoeal diseases (including cholera)

- acute respiratory infections (pneumonia)

- malnutrition

- Malaria.

Emergency health operations should consider the following:

- Provision of medical treatment for casualties and the seriously ill, thereby mitigating the immediate health consequences of the event.

- Provision of accessible primary health care to diagnose and treat non-urgent injuries and illnesses that occur in the course of everyday living. When possible, these services should be implemented with the aim of reinforcing pre-existing health services.

- Access to essential medicines and supplies for persons with chronic diseases, disabilities and HIV/AIDS.

- Rapid establishment of epidemiological surveillance to detect and mitigate the outbreak of communicable diseases and emphasise preventative public health and control measures which will reduce the incidence of communicable diseases (for example, ensuring clean water and sanitation practices).

- Provision of maternal and child health to ensure the health of new-born infants and young children, pregnant women and lactating mothers.

## Protection

This is essential to ensure that the basic human rights of disaster-affected survivors, refugees and displaced persons are not violated.

During emergencies (and especially civil conflicts where there is a breakdown of law and order) people may be at significant risk of human rights violations and other forms of abuse.

Examples of protection violations include:

- sexual violence against women and girls

- forcible conscription of young males at humanitarian sites

- attacks on displaced persons by armed groups

- blockage of humanitarian deliveries

- theft or diversion of humanitarian assistance.

Important protection issues to keep in mind during relief operations include:

- During and after an emergency, adequate shelter, food, water, essential health and other services should be provided to the affected population without discrimination of any kind. Adequacy of services and goods means that these are available, accessible and acceptable to the population.

- Should populations be settled in temporary camps, the location and lay-out of these camps should maximise the safety of the survivors (for example, in areas with a low natural hazard risk). Camps should be designed to maximise the security and safety of all inhabitants including women and children, people with disabilities, ethnic and minority groups.

- Under no circumstances should an affected population be forced to return to or resettle in any place where their safety, freedom and/or health may be at further risk.

- Appropriate measures should be taken as early as possible to protect affected persons, especially women and children, against trafficking, forced labour or sexual exploitation. When children are unaccompanied, family tracing and appropriate care and protection should receive immediate attention.

## Education

Assistance is often required to re-establish basic learning and development needs of children. Emergencies can severely curtail children's ability to access schools.

When populations are displaced, it is important to identify schooling as a priority in order that children and youths' learning and development are not significantly disrupted.

Schooling is also important in providing children a sense of continuity and security in the aftermath of disasters and this can have a positive effect on their emotional, cognitive and behavioural well-being.

Priority issues to consider in relation to children's education include:

- Implementation of schooling should be based on the local curriculum and standards. Establishment and staffing of schools should be planned jointly with the local community and education authorities.

- Assistance may be required to ensure adequate materials and supplies such as books and expendable supplies (for example, pencils, paper, crayons and other materials) for both children and teachers.

- Alternative education settings may be required should pre-existing schools require repair or reconstruction. Attention should be given to ensuring that these premises are environmentally safe, do not expose children to protection risks (see protection above), and are easily accessible for all children. Large, centralised schools that require children to travel distances should be avoided.

- Support should be given to re-establishing local production and distribution of text books, teaching guides and other materials. Local operating costs for restarting instructor training courses – especially initial training on newly recruited teachers – may also be required.

## Psychosocial support

This should be recognised as an integral emergency response for children, adults and families. Although most people do not require formal mental health interventions, disasters do cause significant social, emotional and/or psychological disruptions.

Disruptions may include:

- emotional and behavioural changes among children and youth
- family disruptions and conflict
- poor coping practices such as abuse of alcohol.

In cases where people are exposed to potentially traumatic events such as a life threat or witnessing the death of another, there may be cases of post-traumatic stress disorder, depression, and other forms of mental distress.

Planning considerations to keep in mind when addressing the psychosocial needs of a population include:

- Stress and grief reactions are normal after a disaster. In fact, the majority of people pull together and function during and after a disaster. Only a small proportion may require formal mental health assistance (for example, from a psychologist or psychiatrist).

- Effective psychosocial programming is often more practical than psychological. It is about ensuring that people affected by extreme events are able to meet their basic needs like food and shelter, that they can begin to feel safe and supported and that they can solve immediate problems caused by a disaster.

- Psychosocial interventions should always be culturally sensitive and be consistent with the norms, beliefs and values of the affected community. Counselling and therapy may not always be appropriate. Interventions should be based on the principle of 'do no harm'.

- Psychosocial activities are often most beneficial when they are community-based and assist members to re-establish a sense of normalcy and continuity in their lives. The rebuilding of self-help and support networks is most critical to both individual and community recovery.

**Reading**

More information about the provision of emergency relief can be found in the UNHCR Handbook for Emergencies, 3$^{rd}$ edition (2007), found at:

http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid =472af2972&query=refugee camps and emergency relief

# Conducting an assessment

Accurate and timely post-disaster needs assessments are critical for effective responses to disasters of all types.

Although different organisations may use different assessment tools, all assessments should be properly and thoroughly planned.

Below are number of basic guidelines that should be followed when planning and conducting assessments.

## Identify the user of the information

Every assessment should be designed to collect relevant information for a specific purpose and use. For example, emergency managers responsible for water and sanitation will require different information than what is required for emergency health professionals responsible for meeting the medical and health needs of a population.

## Ensure collected information is relevant

It is not necessary to collect information on all aspects of an affected community after a disaster. This can waste valuable time and resources. Initial assessments in the immediate aftermath of disaster are often broad in scope in order to identify the overall needs and priorities of a population in a timely and effective way.

When information is specific, it should be directly linked to the analysis and decisions to be made. When developing assessments, consider what information is vital and how much detail is necessary.

## Ensure collected information is timely

The needs of a disaster-affected population can be expected to change over time. What is needed immediately after a disaster is usually not the same as one or two months later. For example, shifting from the most basic needs (food, water, shelter) to increased self-reliance such as needing materials to rebuild homes and livelihoods. Timeliness and continuity of information is critical in making informed decisions after a disaster.

At the beginning of a response, it is important that baseline data be collected in order to understand what is normal for the impacted community or locality and what is occurring as result of the disaster event. All developing countries have chronic needs and it is important to distinguish these from conditions created by the emergency. Baseline

data, or benchmarks, can serve as reference points for planning and programming.

## Co-ordinate information between organisations and within sectors

Many survivors complain of being asked the same question by multiple organisations. Whenever possible, consider using joint assessments or collating information gathered by different organisations that are targeting a specific need such as health, water, sanitation, or food and nutrition (commonly referred to as sectors). This can maximise the use of existing resources and focus assistance on the humanitarian conditions of affected populations.

Joint assessment can also help ensure that sectoral assessments are conducted more effectively. The co-ordination of needs assessments during the initial stages of a major disaster is often sub-optimal, with the result that some areas are assessed by more than one agency while others are not assessed at all.

In an ideal emergency situation, agencies and authorities come together to share their assessments and, based on this information, make informed decisions on how best to meet the needs of the affected population.

No less important, consideration should also be given as to how and when needs assessments will be co-ordinated with local authorities.

This will vary from one context to the next depending on the existing capacity of the local authorities. In some situations local authorities may take full control of this process, with support from the humanitarian community.

In other cases, participation may be more limited. Issues to consider include:

- the capacity of local authorities to analyse data

- the need for sensitive information – such as information about protection issues – to be handled carefully and with discretion

- the possibility that local authorities will also be affected by the disaster, and may not be available for field assessments.

## Use recognised terminology, standards and procedures

Using better practice and agreed-upon formats to collect, analyse and present findings can not only help ensure that collected information will be valid and lead to sound decisions, but also allow for information to be efficiently shared by organisations.

The use of common methodology and tools allows different organisations to have an integrated understanding of the needs of the population and, in turn, are able to better co-ordinate planning and humanitarian assistance.

### Ensure community participation

Community participation in assessments is important to ensure that the assessment process is accurate, accountable and transparent.

People and communities affected by disasters should be seen as part of the solution, not a problem to be fixed. By involving communities, one can be assured that the collected information is accurate and relevant.

Involving communities is also important to effectively understand not only their needs but also capacities and vulnerabilities.

Communities have the most immediate and direct interest in recovering from a disaster. Working closely with survivors can enable organisations to better understand what resources are most needed and how these can best support the efforts of the community to recover. It can help an organisation to identify and understand the needs of more vulnerable and often less-visible individuals, such as elderly, people with disabilities, and in some contexts women and young girls.

### Manage beneficiary expectations

Although managing the expectations of disaster-affected populations is not part of an assessment per se, it is important to consider and manage what an affected population may expect following the assessment.

Communities will usually not be aware of the mandate of different organisations, nor the type and quantity of assistance that might be provided to them. A community might want an organisation to provide for its most pressing needs (shelter or water) when that organisation's mandate is to provide psychosocial support.

The most effective way of managing beneficiary expectations is to ensure that the community understands the purpose of the needs assessment during data collection. Results of the assessment (and what and when assistance will follow), should also be clearly communicated to the population. This should be provided in a timely, accurate and transparent manner.

## Examples of needs assessments

Before conducting an assessment, emergency managers should consider whether an existing assessment tool can be used. This can help ensure that the assessment is being conducted according to better practices – using recognised terminology, standards and procedures – and that the findings can be shared with other organisations.

Some examples of better practice assessment tools include:

### The Rapid Assessment for Humanitarian Assistance

This is a multi-sector assessment tool developed by the Working Group on Risk, Emergency, and Disaster of the Interagency Standing Committee for the American and Caribbean region (REDLAC).

This tool is intended to be used by different organisations to provide a rapid overview of the emergency situation in order to identify the

immediate impacts of the crisis, estimate needs of the affected population for assistance and to define the priorities for humanitarian action (and funding for that action) in the early weeks.

The tool assesses:

- health

- food

- nutrition

- water

- sanitation

- shelter

- livelihoods

- protection

- education.

**Reading**

Here is the website for the document:

http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/training/CSLT%20July%2007/Day4/REDLAC%20Rapid%20Needs%20Assessment.pdf

## The Rapid Shelter Assessment

This was developed in Afghanistan as a joint assessment tool by the Emergency Shelter Cluster and Technical Working Group.

The tool is designed to provide organisations with a standardised tool to assess housing and living needs in order to prioritise humanitarian assistance.

The Rapid Shelter Assessment considers such factors as the settlement and population profile (such as location of the settlement, number of vulnerable households), housing and living conditions, access to assistance and local resources including building materials, as well as access to non-food items such as bedding and heating fuel.

**Reading**

More information on emergency shelters can be found at:

http://ochaonline.un.org/afghanistan/Clusters/EmergencyShelter/tabid/5585/language/en-US/Default.aspx

## Rapid Health Assessment Protocols for Emergencies

This tool was developed by the World Health Organization in collaboration with other international organisations to provide guidance in conducting health assessments during emergencies.

Emphasis is placed on the exact information needed, the best sources of data and methods for rapid collection, and the specific questions that need

to be answered in order to draw initial conclusions and direct immediate actions.

The protocols also include steps to follow during an assessment including the impacts of a disaster on a population's health, assessing local response capacity and immediate needs and presenting results.

**Reading**

To purchase the WHO book *Rapid Health Assessment Protocols for Emergencies* go to:

http://apps.who.int/bookorders/anglais/detart1.jsp?sesslan=1&codlan=1&codcol=15&codcch=463

## The Joint Education Needs Assessment Toolkit (ENA)

This tool was developed by the Global Education Cluster to provide guidelines in how to respond to education needs in the aftermath of disasters.

The ENA is meant to provide a comprehensive framework and guidelines to design and conduct joint education assessment, obtain reliable, timely and comprehensive information needed to guide effective inter-agency emergency education decisions, and highlight immediate and critical education issues that require co-ordination across education stakeholders in an emergency.

**Reading**

More information on Educational Clusters can be found at:

http://oneresponse.info/GLOBALCLUSTERS/EDUCATION/KM/Pages/Knowledge%20Management.aspx

## The Livelihood Assessment Tool-Kit (LAT)

This has been jointly developed by the United Nations Food and Agriculture Organization and the International Labour Organization.

The LAT is intended to provide guidance on people's ability to make a living after disasters such as floods, earthquakes and tsunamis.

The LAT consists of three assessment components:

1. A livelihood baseline compiled at national level, targeting areas prone to natural hazards, to establish a pre-disaster context and baseline.

2. Initial livelihood impact appraisals conducted within 14 days of the disaster to assess the impact of the event on livelihoods at 'local level' disaster.

3. Detailed livelihood assessment within the first three months to determine the impact of the disaster on livelihoods as well as opportunities and capacities for recovery at the household, community and local economy levels.

## Integrated Food Security and Humanitarian Phase Classification Scheme (IPC)

The IPC was originally developed for use in Somalia by the national government, the United Nations and non-government organisations to provide a standardised scale for assessing food security, nutrition and livelihood. Other countries in Africa, Asia and beyond are now using this scale.

The IPC provides a set of protocols for consolidating and summarising the severity of a food crisis and the implications for humanitarian response across five phases defined as being:

1. generally food secure

2. chronically food insecure

3. acute food and livelihood crisis

4. humanitarian emergency

5. famine/humanitarian catastrophe.

## The Field Operations Guide (FOG) for Disaster Assessment and Response

This was developed as a reference tool for individuals sent to disaster sites to undertake initial assessments or to participate as members of the Office of United States Foreign Disaster Assistance's (OFDA) Disaster Assistance Response Team (DART).

It contains guidelines for comprehensive assessments (including food, water and sanitation, shelter and health), general responsibilities for disaster responders, formats and reference material for assessing and reporting on populations at risk, descriptions of OFDA stockpile commodities, general information related to disaster activities and information on working with the military in the field.

Reading

The FOG can be downloaded (pdf) at:

http://www.rmportal.net/library/content/tools/disaster-assessment-and-response-tools/da_field_guide_2005/view

## The Inter-Agency Standing Committee Needs Analysis Framework (IAS NAF)

This is not an assessment tool but used to compile and provide coherent analysis of the overall humanitarian situation in a crisis area.

The Framework is designed to organise existing information gathered by different organisations working in emergency sectors (for example, health, shelter, water and sanitation), identify potential needs and resources gaps and establish priorities for humanitarian action.

Reading

More information on needs assessment can be found at:

http://ocha.unog.ch/drptoolkit/PNeedsAssessmentOtherInitiatives.html

# Activity 6.1

Activity

The Office of the United Nations High Commissioner for Refugees (UNHCR) estimates that over half of the world's 8.8 million refugees live in urban areas and only one third live in refugee camps. However, in sub-Saharan Africa, 60 per cent of refugees live in camps.

You are part of a team responsible for managing a refugee camp in the Darfur region of western Sudan. There are about 1,000 people, mainly women and children, who have arrived on foot after the men in their villages were killed. Many are sick and very scared they will be attacked again. The rainy season is late so there is limited food and water. Relief workers must work quickly to get supplies to the camp before the rains make the roads impassable.

Conflict between the government and people in Darfur has led to many deaths and people fleeing their homes in search of safety. The United Nations, governments and aid organisations are working together to assist refugees by monitoring peace and by running camps which provide water and sanitation, food, medical services and shelter. A fragile peace, limited budget to purchase supplies and massive distances to camps from ports make caring for the Darfur refugees a complex situation.

Select one of the specialist roles listed below and write a one-page report which includes the following components:

- Issues you must consider in the Darfur refugee camp as they relate to your specialty.

- A proposed action plan which covers how you will address refugee needs as they relate to your specialty.

- How you will measure the success of your action plan.

**Specialist Roles:**

1. Water specialist

2. Food specialist

3. Sanitation specialist

4. Health care specialist

5. Shelter specialist

6. Safety and security specialist

## Minimum standards

One of the challenges in the provision of relief and humanitarian assistance in the aftermath of emergencies is to ensure consistency and quality of the provided assistance.

An increasing number of organisations support relief activities in the aftermath of disasters. In response to the 2004 Asian Tsunami, some 138 organisations provided direct assistance by January 2006.

After the 2005 Pakistan earthquake, more than 100 organisations provided support and nearly 200 organisations assisted with relief efforts following the 2010 Haitian earthquake.

Organisations obviously differ in their capacities and resources to assist survivors of disasters and wars. They may also have different approaches in providing assistance.

After the 2010 earthquake in Haiti, the *What If? Foundation* (a small California-based non-profit organisation founded in 2000 to help feed those in need) served approximately 3,000 hot meals per day to thousands of earthquake survivors. A considerably larger NGO, the American Red Cross was able to provide enough food for 1 million people for one month and also assisted 300,000 Haitians through direct distributions including rice, beans and oil.

Organisations may also not always be aware of the diverse needs of impacted populations. Studies by HelpAge International after the Asian Tsunami, found that older persons were often neglected and unable to access relief assistance because of mobility and other age-related issues.

Relief workers were also not aware of the dietary requirements of elderly people, and special diets for elderly people with diabetes or high blood pressure were not available.

In the past decade, international organisations have developed a number of guidelines to ensure minimum standards for humanitarian assistance. These standards aim to ensure that organisations responding to disasters commit to adequate provision of humanitarian aid, on the basis of agreed minimum standards of assistance and protection.

Examples of minimum standard guidelines include:

- Sphere Project
- Humanitarian Accountability Partnership International (HAP International)
- Inter-Agency Standing Committee (ISAC) Guidelines for humanitarian assistance.

# Sphere project

The Sphere Project was launched in 1997 by a coalition of leading non-governmental humanitarian agencies to develop a set of universal minimum standards in core areas of humanitarian assistance.

The first edition of The Sphere Project handbook, *Humanitarian Charter and Minimum Standards in Disaster Response,* was produced in 2000 with the specific objectives of:

1. improving the quality of assistance provided to people affected by disasters

2. ensuring accountability in humanitarian efforts during disaster response.

## The humanitarian charter

The cornerstone of the Sphere Handbook is the *Humanitarian Charter*.

The Humanitarian Charter sets out principles for humanitarian action that are based on humanitarian law. These include:

**The right to live with dignity**

Individuals have a right to life, an adequate standard of living and freedom from cruel, inhuman or degrading treatment or punishment.

**The distinction between combatants and non-combatants**

Civilians (and others), including the sick, wounded and prisoners, must be distinguished from those who are actively engaged in hostilities and who are protected under international law and entitled to immunity from attack.

**The principle of non-refoulement**

No refugee shall be sent back to a country where their life or freedom would be threatened because of race, religion, nationality, membership of a particular social group or political opinion, or where there are substantial grounds for believing that they would be in danger of being subjected to torture.

## Minimum standards for specific sectors

The Sphere Project provides minimum standards in four key sectors. The identified standards set out a minimum level of service provision which cannot be changed.

These standards are as follows:

1. **Water supply, sanitation and hygiene promotion** sets out minimum standards for hygiene promotion, water supply, excreta disposal, vector control, solid waste management and drainage.

   For example, the standard on access and water quantity notes that "all people have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic

hygiene. Public water points are sufficiently close to households to enable use of the minimum water requirement".

2. **Food security, nutrition and food aid sets out standards** to ensure that people have access to food and that their nutritional needs are adequately met.

   For example, food security standard one specifies that "people have access to adequate and appropriate food and non-food items (such as fuel for food preparation, cooking pots and water storage containers) in a way that ensures their survival, prevents erosion of assets, and upholds their dignity".

   These standards also include nutrition assessment checklists, correction of malnutrition guidance, food handling, supply chain management and food distribution.

3. **Shelter, settlement and non-food items standards** address the universal human right to adequate housing.

   The standards address both shelter and settlement issues as well as non-food items including:

   - clothing
   - bedding
   - household items.

   Both sections provide general standards for use in any of several response scenarios, such as the return to (and repair of) damaged dwellings, accommodation with host families, mass shelter in existing buildings and structures and temporary planned or self-settled camps.

4. **The health services standards are designed primarily** to ensure that disaster-affected communities have access to good-quality health services during the disaster response.

   In addition to setting out critical health indicators to monitor a population's health in an emergency (as the crude mortality rate and under 5 mortality rate), the standards provide guidance on the provision of priority public health interventions such as:

   - ensuring adequate supplies of safe water
   - sanitation
   - food and shelter
   - infectious disease control (for example, measles vaccination)
   - basic clinical care
   - disease surveillance.

   Additionally, the standards aim to promote equitable access to health services on the principle of equity, ensuring equal access according to need, without any discrimination that could lead to the exclusion of specific groups.

## Minimum standards for humanitarian projects

Within each of the above sectors, Sphere sets out eight Minimum Standards for humanitarian programming, as follows:

1. **Participation**

   The affected community actively participates in assessment, design, implementation, monitoring and evaluation of the programme.

2. **Initial Assessment**

   In consultation with appropriate authorities, assessments will provide an understanding of the disaster situation and the threats to life, dignity, health and livelihoods and will determine whether an external response is needed and if so, the nature of such a response.

3. **Response**

   A humanitarian response is required when the relevant authorities are unable and/or unwilling to protect and provide the assistance the population requires and when assessment and analysis indicates that these needs are not met.

4. **Targeting**

   The delivery of equitable and impartial humanitarian assistance or services is based on the vulnerability and needs of affected individuals or groups.

5. **Monitoring**

   Programme effectiveness is monitored as problems arise so that the programme can be improved or phased out as required.

6. **Evaluation**

   There is a systematic and impartial examination of the humanitarian programme so that practice and policy are improved and accountability is enhanced.

7. **Aid worker competencies and responsibilities**

   Aid workers possess the appropriate qualifications, attitudes and experience to effectively plan and implement humanitarian programmes.

8. **Supervision, management and support**

   Aid workers are supervised and supported to ensure effective implementation of the humanitarian assistance programme.

**Reading**

For more information about Sphere standards, see the Sphere Handbook:

http://www.sphereproject.org/component/option,com_docman/task,cat_view/gid,17/Itemid,203/lang,english/

# Humanitarian accountability partnership international (HAP International)

The Humanitarian Accountability Partnership (HAP) was formed in 2003 with the purpose of "achieving and promoting the highest principles of accountability through self-regulation by members".

This was largely a consequence of the 1994 Rwanda genocide which had demonstrated the harm humanitarians could cause by failing to deliver on their promises of assistance and protection.

Over the course of approximately 100 days following the assassination of Juvénal Habyarimana, an estimated 800,000 people were killed (over 20 per cent of the country's total population).

HAP International became the humanitarian sector's first self-regulatory body and aimed to make humanitarian organisations more accountable to their beneficiaries through self-regulation, compliance verification and quality assurance certification in accordance with proven good practices in humanitarian work. In 2007, after several years of consultation, HAP International produced the **HAP 2007 Standard in Humanitarian Accountability and Quality Management**.

The HAP 2007 Standard certification aims to provide assurance that certified agencies are managing the quality of their humanitarian actions in accordance with the HAP standard.

In practical terms, a HAP certification (which is valid for three years) involves providing external auditors with mission statements, accounts and control systems, thereby ensuring greater transparency in operations and overall accountability. By evaluating an organisation's processes, policies and products with respect to the Standard's benchmarks, the quality becomes measurable and accountability in its humanitarian work increases.

Agencies that comply with the Standard agree to:

- declare their commitment to HAP's Principles of Humanitarian Action and to their own Humanitarian Accountability Framework

- develop and implement a Humanitarian Quality Management System

- provide key information about quality management to stakeholders

- enable beneficiaries to participate in programme decisions and give their informed consent

- determine the competencies and development needs of staff

- establish and implement a complaints-handling procedure for staff and beneficiaries

- establish a process of continual improvement.

In order to help people affected by crisis, organisations need to develop quality programmes which meet people's needs and reduce or eliminate mistakes, abuses and corruption. Accountability processes are required to help organisations assess and improve their work and benefit both the organisations as well as the people they serve. The following section outlines the HAP principles of accountability.

## HAP principles of accountability

1. **Commitment to humanitarian standards and rights**: Members commit to respecting and fostering humanitarian standards and beneficiary rights.

2. **Setting standards and building capacity**: Members set a framework of accountability to their stakeholders and review standards and performance indicators and revise them if necessary; members provide training in the use and implementation of standards.

3. **Communication**: Members inform and consult with all stakeholders about standards, programmes and mechanisms available for addressing concerns.

4. **Programme participation**: Members involve beneficiaries in the planning, implementing, monitoring and evaluation of programmes and report to them on progress.

5. **Monitoring and reporting on compliance**: Beneficiaries and staff are involved in monitoring and revising standards. There is an annual report to stakeholders on compliance with standards.

6. **Addressing complaints**: Beneficiaries and staff are able to report complaints and safely seek redress.

7. **Implementing partners**: Members are committed to implementing these principles when working through implementation partners.

# The Inter-agency Standing Committee (IASC)

Formed in 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance, the Inter-Agency Standing Committee is the primary mechanism for inter-agency co-ordination of humanitarian assistance among key UN non-UN humanitarian partners.

The Inter-Agency Standing Committee is responsible for several functions. These include:

- To develop and agree on system-wide humanitarian policies.

- To allocate responsibilities among agencies in humanitarian programmes.

- To develop and agree on a common ethical framework for all humanitarian activities.

- To advocate for common humanitarian principles to parties outside the IASC.

- To identify areas where gaps in mandates or lack of operational capacity exist.

- To resolve disputes or disagreement about and between humanitarian agencies on system-wide humanitarian issues.

The Inter-Agency Standing Committee (IASC) has produced a number of guidelines to promote better practice in the delivery of the humanitarian services.

These include but are not limited to the following:

**ISAC guidelines on mental health and psychosocial support in emergency settings** provides guidance on how to:

- address the most urgent mental health and psychosocial issues in emergency situations in an integrated manner

- effectively co-ordinate services between agencies

- identify both useful and potentially harmful interventions

- use different psychosocial and mental health approaches so that they complement one another in a co-ordinated manner.

**Gender handbook for humanitarian action** provides guidance on how to:

- integrate gender issues from the outset of a complex emergency so that humanitarian efforts neither exacerbate nor inadvertently put people at risk

- ensure that humanitarian services reach their target audiences

- consider the differing needs, capacities and situations of girls, boys, women and men to ensure a maximum positive impact.

**IASC operational guidelines on human rights and natural disasters** provide guidance on how to:

- ensure that human rights principles and protection standards are integrated into all disaster response, recovery and reconstruction efforts from the earliest stage possible

- identify measures to ensure that affected persons and their communities are fully consulted and can actively participate in all stages of the disaster response in accordance with their human rights

- complement existing guidelines on humanitarian standards in situations of natural disaster

- provide benchmarks for monitoring and assessing the needs of persons affected by natural disasters

- provide a basis for humanitarian workers when entering into dialogue with governments about their obligations to the victims of natural disasters under human rights law.

**Guidelines on gender-based violence interventions** provide guidance on how to:

- ensure a co-ordinated, participatory approach to prevent and respond to gender-based violence programming in emergency situations

- provide humanitarian protection and assistance programmes for displaced people which are safe and do not directly or indirectly increase women's and girls' risk of sexual violence

- ensure that the appropriate response services are in place to meet the needs of survivors/victims of sexual violence.

**Reading**

More information about IASC Guidelines can be accessed at:

http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-products-default

# United Nations (UN) standards

Organisations of the United Nations have also produced various guidance and standards manuals. Some examples include:

**Food Safety Guidance in Emergency Situations** was developed by the Food and Agricultural Organization (FAO) to assist those responsible for planning and overseeing food operations.

This document includes guidance on mass feeding activities, receiving and storing food, facility requirements and safe food handling.

Guidance is also provided on planning issues, for example, security and infrastructure conditions, as well as guidance in assessing and maintaining the safety of existing food.

**Reading**

For more information see:

ftp://ftp.fao.org/es/esn/food/emergency.pdf

**Transitional shelter quality, standards and upgrading guidelines** was developed by the United Nations High Commissioner for Refugees (UNHCR) to provide guidance on emergency shelter.

The document includes guidance on the quality of transitional shelters to bridge the gap between emergency shelter and durable housing, a

summary of standards that relate to transitional shelters, specifically tsunami transitional shelters, as well as strategies for upgrading shelters, including assessment guidelines.

**Reading**

Further information can be accessed at:

http://www.alnap.org/pool/files/UNHCR_transitional_shelter_final.pdf

**Manual for the health care of children in humanitarian emergencies** was developed by the World Health Organization (WHO) to provide guidelines to assist in the care of children in emergencies.

The document includes guidance on the triage and emergency assessment of severe illness in emergency situations, integrated management of childhood illnesses, including injuries, burns and neonatal care, in emergencies, as well as the prevention of childhood morbidity and mortality, including psychosocial support.

**Reading**

For more information, see:

http://whqlibdoc.who.int/publications/2008/9789241596879_eng.pdf

**Minimum standards for education in emergencies, chronic crises and early reconstruction** was produced by the Inter-Agency Network for Education in Emergencies (INEE) for use in emergency responses, including natural disasters and armed conflict situations.

The document is meant to be used as a capacity-building and training tool for humanitarian agencies, governments and local populations to enhance the effectiveness and quality of their educational assistance.

The document provides guidance and minimum standards on issues such as teaching and learning (for example, curriculum and instruction) community participation and utilisation of local resources when implementing emergency education responses, administration and management of human resources including recruitment and selection of teachers, as well as education policy formulation and enactment.

**Reading**

For more information, see:

http://www.ineesite.org/index.php/post/inee_handbook/

# Unit summary

**Summary**

In this unit you learned about:

- different types of disaster relief and humanitarian assistance
- key considerations when assessing the needs of people affected by disasters
- various guidelines and standards that have been developed by humanitarian organisations
- different types of assessment tools that can be used to assess relief needs
- different examples of minimum standards and the importance of having minimum standards for humanitarian assistance.

# Unit 16

## Post-disaster recovery

### Introduction

Post-disaster recovery generally refers to:

"the coordinated process of supporting disaster-affected communities in reconstructing damaged physical infrastructure and restoring the emotional, social, economic and physical well-being of people who have been impacted by the event" (Emergency Management Australia, 2004.).

In this unit, different types of recovery will discussed as well as the importance of linking recovery to development priorities that will strengthen the capacity of community or country to prepare for and respond to hazards in the future.

Upon completion of this unit you will be able to:

**Outcomes**

- *explain* why recovery should be linked to development
- *explain* planning principles that should be considered when assisting in the recovery process
- *identify* different types of recovery
- *define* early recovery planning
- *identify* barriers and solutions to recovery.

### Terminology

**Terminology**

| | |
|---|---|
| Recovery | The co-ordinated support of a disaster-affected community to facilitate the reconstruction of infrastructure which has been damaged by the disaster, and to assist in the restoration of the emotional, social, economic and physical well-being of people who have been impacted. |
| Reconstruction | The replacement of a structure built to a better standard than existed before the event. |
| Rehabilitation | Restoration of an entity to its normal or near-normal functional capabilities after the occurrence of a disabling event. |

# Planning for recovery: a development focus

The International Strategy for Disaster Reduction (ISDR) defines recovery as the:

> *decisions and actions taken after a disaster with a view to restoring or improving the pre-disaster living conditions of the stricken community, while encouraging and facilitating necessary adjustments to reduce disaster risk.*

According to the United Nations Development Programme (UNDP),

> *the recovery approach focuses on how best to restore the capacity of the government and communities to rebuild and recover from crisis and to prevent relapse. In doing so, recovery seeks not only to catalyze sustainable development activities but also to build upon earlier humanitarian programmes to ensure that their inputs become assets for development.*

This is different from emergency or relief assistance.

While emergency humanitarian assistance is critical to reducing suffering and the loss of life in emergencies, it is not necessarily meant to mitigate the underlying causes of disasters, nor does it automatically stimulate rebuilding or rapid and sustainable recovery.

Until recently, recovery and construction activities were often similarly designed to return a disaster-affected community back to normal, that is, to the condition it was before the disaster.

This often led to recreating the same conditions and risks that existed before the disaster.

Disasters are now viewed as opportunities to address underlying vulnerabilities and build stronger and less-risky communities.

A good example of this type of rebuilding and development is the creation of the Indian Ocean Tsunami Warning System, following the 2004 Asian Tsunami.

In the aftermath of this catastrophic disaster (in which more than 230,000 people died), the United Nations Inter-governmental Oceanographic Commission began co-ordinating efforts to create an Indian Ocean tsunami early warning system.

Before the tsunami struck, there were no sea-level monitoring instruments in the Indian Ocean and many countries did not have agencies responsible for tsunami warnings or points of contact to receive messages from international warning centres.

The Indian Ocean Tsunami Warning System became active in June, 2006. It consists of three deep-ocean sensors and 25 seismographic stations which relay information to 26 national tsunami information centres. Although more co-ordination is needed to ensure national centres are communicating with each other and sharing information across the

region, the Indian Ocean is now much better prepared than it was previously.

Other examples of using the recovery period as an opportunity to integrate risk reduction measures into reconstruction and development activities include:

- relocating critical infrastructure out of hazard zones

- upgrading damaged systems in order that they are more resistant to hazards

- upgrading building codes to make rebuilt homes and other structures safer in the future.

Disasters can also provide opportunities to enhance the overall quality of community life, making it a safer and healthier place for members to live.

To achieve this, emergency planners should consider the following principles when planning:

1. **Maintain and (if possible), enhance people's quality of life** by ensuring that recovery efforts do more than return a community to its prior state. Disasters can provide opportunities to strengthen the infrastructure on which people depend, to build better schools and health facilities, and to improve housing and other living conditions (parks and playgrounds for example).

2. **Enhance local economic vitality** by recognising that poor communities can neither prepare for nor effectively respond to disasters. Communities are also at greater risk when there is unlimited population growth, high consumption or dependence on non-renewable resources. Recovery can provide opportunities diversify economies and target the poor for income-generation activities.

3. **Use a consensus-building process when making decisions** to ensure the full range of community needs and priorities are identified and addressed. Particular attention should be given to those groups which are not part of the mainstream of society, for example, recent immigrants or the marginalised poor, and as such are frequently overlooked in planning and programming.

4. **Foster local resiliency to and responsibility for disasters** by strengthening local level capacities for disaster risk reduction. For example, the implementation of early warning systems and emergency preparedness activities such as stockpiling of emergency supplies. Local resiliency can also be fostered by promoting public awareness and understanding of local environmental hazards and risks, thereby also encouraging individual preparedness.

5. **Maintain and, if possible, promote mitigation and environmental quality** by prioritising natural resource management and implementing practices that control or reverse environmental degradation. For example, bulldozing steep hillsides for housing can destroy natural systems while also

exposing people to natural hazards such as landslides. Incorporating urban planning and environmental management into recovery plans can be an important step in reducing a population's vulnerability to future disasters.

6. **Ensure social and inter-general equity** by not shifting the costs and hazards of unplanned development to the next generation. Intergenerational equality means that attention is given to preserving natural resources and ecosystems so that these are available to future stakeholders.

Source: Mileti (1999)

# Recovery planning principles

Depending on the magnitude of a disaster, recovery may last months or even years. It is important that recovery planning take place as early as possible and be based on a thorough assessment of sustained damages, underlying causes and both the needs and capacities of the affected community or country.

This is important for the following reasons:

1. To have an in-depth understanding of the impacts and needs caused by the disaster.

2. To ensure a multi-stakeholder planning and co-ordination strategy to guide activities to repair and rebuild damaged social, physical, infrastructural and economic systems.

3. To identify available resources (human, financial and technical) that may be used to rebuild the affected region.

4. To identify and secure additional resources (human, financial and technical) which will be required to rebuild the affected region.

5. To ensure implemented activities are monitored and evaluated against agreed-upon outcomes and desired results, thereby facilitating the identification of changing needs and allowing for corrective actions to be taken.

Recovery plans can be expected to differ from one country or community to the next. Factors that will affect recovery will include the magnitude of the disaster, the capacity of the country or community to recover, as well as the availability of outside agencies to support the recovery process.

It is important to keep the following principles in mind when developing a recovery plan.

## Understand the context

Successful recovery is based on an understanding that communities differ from one another. Communities face different threats and disasters lead to a range of effects and impacts that require a variety of approaches. Communities also differ in their demographics, infrastructure and financial resources. All affected individuals and communities have

diverse needs, wants and expectations which are immediate and evolve rapidly.

### Recognise complexity

Successful recovery acknowledges the complex and dynamic nature of emergencies and communities. Disasters result in a range of sudden impacts that require quick action. Moreover, the needs of a community may change over time, in part because affected individuals and communities have diverse needs, wants and expectations. These can often lead to differing priorities and even conflicts.

### Use community-led approaches

Recovery programming is most effective when it based on participatory assessments and planning, thereby ensuring that the diverse needs and priorities of an affected community are incorporated into recovery activities. This approach can also ensure that local resources and capacities are fully understood and utilised by building on and strengthening local expertise, leadership and initiative.

### Ensure co-ordination of activities

Successful recovery requires a planned, co-ordinated and adaptive approach based on continuing assessment of impacts and needs. Recovery plans should be based on comprehensive needs assessments and have clearly articulated goals and outcomes. These should be developed in close collaboration with community stakeholders, taking into account different community needs and stakeholder expectations.

### Employ effective communication

Successful recovery is built on effective communication with affected communities and other stakeholders. Recovery should recognise that communication with a community should be two-way, and that input and feedback should be sought and considered over an extended time. It is important to ensure that information is accessible to audiences in diverse situations, addresses a variety of communication needs, and is provided through a range of media and channels.

### Acknowledge and build on local capacity

Successful recovery recognises, supports and builds on community, individual and organisational capacity. Recovery should support the development of self-reliance by quickly identifying and mobilising community skills and resources. It is important to recognise that all communities have resources on which they can draw upon during recovery and these can usually be mobilised by building on existing networks and partnerships as well as providing opportunities to share, transfer and develop knowledge, skills and training.

## Developing an early recovery plan

Because recovery is long-term, it usually extends beyond the immediate mandate of emergency managers.

Typically, there is a transition from emergency or relief assistance to long-term programming aimed at full-scale reconstruction and revitalisation of the impacted area. Rather than being under the preview of emergency managers, this often shifts government ministries and institutions that usually have the lead in such sectors as:

- health
- education
- social services
- trade
- industry
- infrastructure
- transportation.

Additionally, there is a shift from ensuring basic needs and well-being to developing and implementing a sustainable development strategy that may integrate (but not be based on) disaster reduction and emergency management practices.

Nevertheless, it is important that emergency managers and humanitarian workers work to ensure a smooth transition from the emergency to the longer-term recovery phase. This phase is sometimes called Early Recovery.

The goal of an Early Recovery Plan is to support the longer-term road to reconstruction by bridging the end of the relief phase and the start of full-scale reconstruction. The Early Recovery Plan outlines a set of operational programmes for early recovery to minimise the gap between relief and reconstruction.

To complete an early recovery plan, the following activities are usually undertaken:

- Assessment and analysis of the various sectoral needs (i.e. infrastructure, business and trade, health, education and other basic services) using appropriate methodology (see the Post Conflict Needs Assessments).

- Assessment and analysis of local capacities and resources which may be used for recovery activities, including addressing the underlying causes of the crisis and create conditions for future development.

- Design a strategic framework for early recovery, setting out the key priority focus areas for a comprehensive approach to early recovery

- Ensure appropriate delegation and follow-up on commitments from ministries, organisations and other stakeholders.

- Work with the national authorities, international organisations and authorities to mobilise the necessary resources to undertake recovery activities.

The overall focus of a recovery plan (as defined by United Nations Development Programme), is to restore the capacity of local and national institutions and communities to recover from a natural disaster or conflict.

Early recovery itself is intended to build on previous emergency relief and humanitarian activities in order to continually strengthen local and/or national capacities that may have been depleted by the crises. This would include the restoration and rehabilitation of critical infrastructure and basic services, resuscitating markets and livelihoods, re-establishing security and governing institutions, as well as reintegrating displaced populations should this be necessary.

Emphasis should also be placed on the mitigating the underlying causes of the crisis and fostering conditions for future development.

Although the impacts of a disaster will vary from one context to the next – depending on both the type and magnitude of the event as well as the existing infrastructure of the impacted community – early recovery plans will minimally address the following sectors:

**Rehabilitation of critical infrastructure** refers to those assets that are essential for the functioning of a society and economy. These generally include:

- electricity generation (transmission and distribution)
- gas and oil production (transport and distribution)
- transportation systems (fuel supply, railway network, airports, harbours, inland shipping)
- telecommunications (public and private).

**Employment and livelihoods** refers to revitalising the local economy. This includes the restoration of businesses that supply food, clothing, personal supplies and services to the community.

As part of recovery, attention should be given to structuring economic assistance and aid programmes so that they address the specific needs of the small and medium sized business that are often overlooked in the emergency phase of disasters. Attention should also be given to revitalising distribution systems for essential goods, including the roads and market places that people rely upon for accessing and exchanging goods.

**Food and agriculture production** is an essential step in assisting communities and nations to recover from natural disasters or conflicts.

Disruptions to food production and markets can have serious consequences to poorer segments of a society especially, leading to rising prices and increased food insecurity.

Recovery planning may include repairs to relevant infrastructure such as factories and food processing plants, rehabilitation of agricultural land, and the protection of agricultural livelihoods through the provision of lost equipment or the restocking of depleted livestock.

**Rehabilitation of critical services such as health, education and social services** are essential to the continued well-being of an affected population.

Whereas the provision of basic services is the main aim during the relief or emergency phase of a disaster, recovery focuses on full restoration and strengthening of services. This includes:

- strengthening of infrastructure (health and school buildings and equipment)

- enhancing the quality of services being provided through technical training and education to personnel

- and/or expanding services so to make these more comprehensive (for example, monitoring of the health status of the population, introducing disease surveillance and early warning systems into the health care system).

Services may also be introduced in order to address needs that may arise as a result of the disaster. For example, psychosocial services may be required after major disasters that cause widespread damage and disruption and especially following those that result in injuries and deaths.

**Rehabilitation of the housing sector** is critical to ensuring people have adequate and safe places to live with a reasonable time period. This may include assistance to private home owners to rebuild residences as well as repairs or reconstruction of public housing. In some cases, recovery plans may include the regularisation of housing and property rights, implementation of property registries, and/or the introduction of new planning and building legislation.

While the built environment is being restored, governments usually have a responsibility to create temporary arrangements so that the affected population receives adequate housing.

In cases where resettlement may be required, planning considerations should go beyond the provision of housing and also address other needs of the population such as access to livelihoods and economic activities.

**Strengthening of governing institutions** refers to the restoration of political stability and the government's operational capacity.

This is particularly relevant in post-conflict environments in which strong governments and functioning bureaucracies may be lacking. In some cases, recovery plans may include institution-building components that aim to strengthen the planning, decision-making and administration capacities of both governments and civil society organisations.

One example of this form of assistance is in Afghanistan. The United Nations Development Programme established the Afghan Interim Authority Fund in 2002 to pay for the most pressing needs of re-establishing the country's civil service, including salary payments, rehabilitation of government buildings and procurement of equipment. UNDP also supported the drafting of the constitution, established the Law and Order Trust Fund to ensure the regular payment of salaries of 63,000

police and supported the foundation for justice sector reform and human rights protection that addressed the non-fulfillment of the rights of women.

**Reading**

More information on the UNDP in Afghanistan can be found at:

http://www.undp.org.af/whoweare/undpinafghanistan/index.htm

# Strengthening disaster reduction and emergency response

For emergency managers, early recovery planning can be an important opportunity to establish the foundations of a more robust disaster reduction programme.

The root causes of under-development, poverty and vulnerability to crises are often the same. These structural factors include:

- political exclusion
- social and economic marginalisation
- unsafe living conditions.

Recovery plans that seek to support the most vulnerable by promoting human rights, political participation while targeted resources and opportunities to rebuild their lives can help prevent the marginalised populations from returning to pre-crises levels of vulnerability.

Early recovery also provides an entry point to integrate disaster risk reduction principles into the entire recovery process, thereby reducing the exposure that communities face to future hazard threats.

Incorporating mitigation techniques into recovery strategies is a hallmark of successful reconstruction. This can include such steps as:

- undertaking multi-hazards risk assessments
- the implementation of surveillance systems to monitor high risk hazards
- reviewing of existing disaster reduction measures to ensure effective response capacities
- enactment of policies to regulate land use or strengthen building practices and/or implementing public education and school preparedness programmes to increase community awareness and individual/household preparedness.

One international example of early recovery planning is the Post Conflict Needs Assessments (PCNA). PCNAs (sometimes called Joint Needs Assessment) are typically conducted by the World Bank and UN agencies in countries emerging from conflict.

PCNAs are now being increasingly used by national and international actors as an entry point for conceptualising, negotiating and financing

shared strategies for recovery and development in fragile, post-conflict settings.

The PCNA includes both the assessment of the various sector needs and the national prioritisation and costing of needs in an accompanying transitional results matrix.

# Barriers and solutions to recovery

As an emergency manager, it is important to understand potential barriers that may be encountered during recovery so that these may be planned for and managed as much as possible.

Below are number of more common barriers encountered during the recovery process, as well as possible solutions that can be considered.

## Funding

Recovery always depends on funding, however, communities often face challenges in their financial recovery including lost taxes to enable physical recovery.

After a disaster, communities must often rely on government and non-government organisations for support to rebuild infrastructure as well as to assist businesses and families. When communities are uninformed about available sources of assistance, or do not know how to access such assistance, there may be delays or even lost opportunities that can further damage the community.

Although not all funding issues can be resolved through preparedness activities, a strong assessment of the risks and likely recovery needs can ensure that key stakeholders are made aware of funding issues *before* a disaster strikes.

A realistic appraisal of potential impacts and costs, highlighted by exercises targeting senior policy and decision-makers, can ensure relevant issues are better understood. Pre-event plans can also identify available mechanisms to access resources, as well as defining roles and responsibilities, thereby ensuring that officials know how to leverage and co-ordinate resources during emergencies.

## Other money-related issues

Rebuilding can also be affected by issues such as property rights, insurance and land use.

After many disasters, people may want to rebuild their homes and business in the same location despite the continuing threat of the hazards. One example of this is the building of residential properties in flood plains that are subject to regular flooding.

One way to address this barrier is to incorporate land use planners and land use planning principles into recovery plans. For example, the Charlotte and Mecklenburg County's Recovery Plan evolved as the result of a major flood event. The flood dramatically highlighted unsustainable

development patterns that were visible to a number of technical experts, but up to that point had been largely ignored by elected officials. The ability to capitalise on this window of opportunity required being prepared to present land use information to reach agreement on how to build safer and more sustainable communities.

## Information sharing and co-ordination

The aftermath of disasters is frequently characterised by a multiplicity of actors that do not normally interact.

Additionally, any number of organisations may have overlapping missions that may not have been clearly defined before the disaster occurs. Co-ordination and information sharing is critical to avoid duplication of effort and gaps, as well as make the optimal use of available resources.

Before a disaster occurs, emergency managers should invest the time necessary to build a diverse coalition of support for disaster recovery planning.

Collaborative planning can strengthen the quality of policies, inform stakeholders and help to form supportive coalitions that are willing to help implement consensus-driven solutions.

## Informed decision-making

In the aftermath of disasters, there are multiple priorities which will almost always exceed the available funding and resources.  Decisions need to be based on collaborative planning processes that allow multiple stakeholders to identify and reach consensus on actions that bring the greatest benefit to an affected population.

One way to promote this is to invest the time necessary to build a diverse coalition of support for disaster recovery planning. Collaborative planning strengthens the quality of policies, informs stakeholders and helps to form supportive coalitions that are willing to help implement consensus-driven solutions.

Good decision-making can also be facilitated by establishing and regularly updating a recovery plan fact base. The ability to collect, analyse and display data is a major part of the disaster recovery planning process.

A sound recovery plan and the data that supports it should be regularly evaluated and amended as needed in order to reflect these contextual realities.

One international example of such an approach is:

*Who does What Where Database and Contact Management Directory* developed by United Nations Office for the Coordination of Humanitarian Affairs. This database system provides information on which organisation (who) is carrying out which activities (what) in which locations (where).

For more information, go to the United Nations Office for the Coordination of Humanitarian Affairs:

http://ocha.unog.ch/drptoolkit/PInformationManagement.html

## Rushing to return to normal

Although disasters may provide opportunities to improve communities, these changes may also require new building codes, land use codes and other regulations.

In the aftermath of disasters, pressures to make immediate improvements to the living conditions of people may cause decision-makers to regard the enactment of new rules and regulations as being an unnecessary delay and motivate them to rebuild to existing codes and regulations.

One way to overcome this tendency is to understand disaster risks as well as potential ways to mitigate these risks *before* disasters happen.

Public managers need to work closely with scientists and engineers to understand and prepare for likely risks. For example, they need better information on the location and probable impact areas of flooding, knowledge from scientists and engineers about beneficial improvements to the built environment and better maps of hazard zone locations. Furthermore, administrators and engineers need to develop types of response activities most suited to different risks and then inform states and municipal governments about these strategies.

This can not only raise awareness of critical policy issues that will need to be undertaken after a disaster, but can form the basis for informed investments such as physical mitigation measures, better community maps of where hazards are most likely to occur and effective allocation of budgeted resources for disaster response and recovery.

## The poor get poorer

Disaster almost always has the greatest impact upon the poorest segments of society, not only because these groups live in the higher-risk localities but also because they have the fewest resources to rebuild their lives.

The poor and vulnerable are more likely to be social and economically marginalised, and less visible to humanitarian organisations.

Other groups most frequently at risk in disasters are women, children, older people, disabled people and people living with HIV/AIDS (PLWH/A). In certain contexts, people may also become vulnerable by reason of ethnic origin, religious or political affiliation, or displacement.

Efforts need to be made to ensure that all segments are included in recovery planning, thereby ensuring that their interests and concerns are included in recovery initiatives.

One way to achieve this is to identify and work with civil society, volunteer agencies and other public organisations that represent the interests of more vulnerable persons. A strong participatory approach which builds on such practices as civic engagement, local leadership

skills and governance monitoring of political participation can form the basis of a sustainable strategy.

## Lack of political will to do the right thing

Disaster always forces political leaders to choose between multiple priorities, based on available funding and resources that can be allocated to rebuilding communities. Leaders may also be swayed by strong interest groups and lobbies that are able to effectively publicise their needs and priorities through the media and other means.

Strong political leadership is required to advance the public good, particularly when it alters the status quo. The ability to effect change and embrace new ideas relies on both technical and political leadership.

Technical leaders, including land use and urban planners, can provide fact-based information that grounds sound decision-making and policy.

Ensuring decisions are not based on political consideration can also be enhanced by bringing together diverse stakeholders in policy and decision-making activities that affect them. Again, this can often be most effective by assuring public awareness and civic engagement in the recovery process.

# Unit summary

**Summary**

In this unit you learned :

- why recovery should be linked to development
- principles that should be considered when assisting in the recovery process
- about early recovery planning
- about barriers and solutions to recovery.

# Activity Answers

## Activity 6.1

1. **Water and sanitation specialist**

   In the hot dry camps it is essential to have clean, safe drinking water for each person. They also need water for cooking, washing and cleaning. Without access to clean water, it is easy for deadly diseases such as cholera to spread through the camp. The water specialist is responsible for making sure that there is enough clean water and that it is not polluted with waste from toilets (also known as latrines). Water needs to be located, collected, transported, stored and distributed fairly to all the people in the camp. People need to be educated in ways of using water to prevent contamination from excreta.

2. **Food specialist**

   Without adequate nutrition the people in the camp will become weak and sick. The food specialist must ensure that enough clean, nutritious food is located, bought, transported, stored and distributed fairly to all the people in the camp. The food specialist must also be able to assess when some groups of people, for example children and elderly, might require extra nutrition.

3. **Health care specialist**

   Many refugees arrive at the camp sick or injured from travelling or the fighting. Others can become sick after they arrive due to the spread of diseases such as cholera or dysentery or from lack of food. The health care specialist must ensure that adequate medical facilities are available, including doctors, nurses and medical supplies. They must also work with other members of the team to make sure that good general health is maintained. They may also run education programmes to help people understand how to stay healthy and avoid diseases.

4. **Shelter specialist**

   Refugees need protection from the weather – sun, rain and cold. Using resources such as wood and mud bricks from the local area may cause long term environmental damage. If plastic sheeting or tents are provided they need to be located, bought, transported, stored and distributed fairly to all the people in the camp.

5. **Refugee representative**

   Refugee representatives are people who act as a link between the aid specialists and the people in the camp. They make sure that decisions are made for the best interests of the refugees in the camp, especially the children and women. This may mean considering issues about: transport, security, making a living, finding lost family members and connections with the local community.

# Assignment 2

This assignment focuses on disaster response and recovery.

The assignment should be in a case study format and about 10 pages in length (double spaced). References are to be cited in APA format.

**Assignment**

Put yourself in the place of an emergency planner and consider what you would need to do to effectively respond to a major disaster with widespread humanitarian consequences such as a major earthquake.

In your role as the emergency planner, explain how you would co-ordinate and organise the response, what needs you would assess and how you would carry out these assessments.

Identify and explain any planning principles that might guide your thinking. For example:

- Are there better practices and standards that you might want to consider when planning and leading a response?

- Are there general principles or lessons learned that you would consider to ensure that the response is linked to long-term community and recovery effort?

# References

**References**

Emergency Management Australia. (2008) *Recovery.* Retrieved from http://www.em.gov.au/Documents/Manual10-Recovery.pdf

Mileti, D. (1999). *Disasters by Design.* Washington, D.C.: John Henry Press.

# Further reading

## Web resources

**Reading**

UNHCR – the UN Refugee Agency
http://www.unhcr.org/pages/49c3646c125.html