

ALNAP Lessons Paper



RESPONDING TO URBAN DISASTERS:
LEARNING FROM PREVIOUS RELIEF AND
RECOVERY OPERATIONS
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CONTENTS

Introduction	1
Acronyms and abbreviations	2
LESSON 1: Urban programmes should have clear boundaries, but remain flexible on how to work within these boundaries	3
LESSON 2: Always work with local authorities and communities, and coordinate effectively	3
LESSON 3: Use assessment and targeting approaches that suit urban complexity	5
Assessments	5
Targeting and distribution mechanisms	7
LESSON 4: Cash-based programmes work well in urban areas	8
LESSON 5: Work with local markets and private-sector initiatives	9
LESSON 6: Adopt urban approaches to camps, shelter and housing	10
LESSON 7: ‘Urbanise’ sectoral interventions	12
Rubble, debris and solid waste	12
Water, sanitation and hygiene (WASH)	13
Food	14
Health	15
Protection	17
LESSON 8: Use new and existing media for better communication, information gathering and accountability	18
Mobile phones	18
Crowdsourcing and mapping	19
LESSON 9: Relief and recovery actions need to build future urban resilience to avoid wasted investments	19
Key websites	21
Bibliography	22

INTRODUCTION

This paper outlines key lessons related to the design and implementation of urban disaster-response programmes. It focuses particularly on the response and early recovery phases of an urban emergency, and on natural disasters such as earthquakes and flooding. It is written for people planning and implementing relief and early recovery operations in urban areas: those who have to decide if, when and how to intervene. More specifically, it is targeted at people working for international agencies. However, the majority of lessons in the paper should also be applicable to programmes implemented by local and national civil society organisations and by municipal and national government agencies.

The paper is intended as a field resource, which can be referred to in pre-deployment training and during emergency response. With this in mind, we have attempted to keep it as practical and accessible as possible. Information is organised into nine lessons on topics such as programme design, needs assessment, and sectoral interventions (such as WATSAN, health and protection). Readers are recommended to read the entire paper, as many of the lessons – such as those around programme design and coordination – are applicable across all sectors. However, readers who are particularly short of time may wish to focus on the specific thematic areas which are most relevant to them: each section can be read independently of the others.

The lessons in this paper derive from a literature review that considered evaluations, reviews, reports, lessons papers and existing best practice guidelines relating to urban humanitarian action. Most of these documents relate to urban disasters in lower-income countries, as this is where international humanitarian actors are most likely to be involved in disaster response. However, the review also covered documentation relating to disasters in G20 countries.

The paper updates and revises an earlier ALNAP/Provention paper: *Responding to urban disasters: Learning from previous relief and recovery operations* (2009). This earlier paper, while only three years old, predates several significant urban disasters, notably Typhoon Ketsana in the Philippines (2009), the Haiti earthquake of 2010 and the Northeast Japan earthquake and tsunami of 2011. These events – and particularly the response to the Haiti earthquake – have been extensively evaluated, and the resulting lessons are reflected in this updated paper.

Many factors, such as rapid urban growth and a potentially increased threat to cities from extreme weather events, suggest that international humanitarian actors will increasingly be involved in urban humanitarian response. Our experience to date suggests that this will be a steep learning curve: urban areas present unique challenges in terms of complexity and scale, and many existing ways of working were originally developed to address rural crises, and may not work as well in cities. Currently, urban humanitarian response appears to be a topic with many unanswered questions, and where many lessons have not been tested in a wide variety of contexts. As a result, this lessons paper should be seen as an attempt to capture what is known at a specific point in time – and we expect that future revisions will be required.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
ACT	Action by Churches Together
AMARC	World Association of Community Radio Broadcasters
CaLP	Cash Learning Partnership
CFW	Cash for work
CRS	Catholic Relief Services
DEC	Disasters Emergency Committee
EMMA	Emergency Market Mapping and Analysis
FEG	Food Economy Group
FEMA	Federal Emergency Management Agency
HAP	Humanitarian Accountability Project
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IFRC	International Federation of Red Cross and Red Crescent Societies
INEE	Inter-Agency Network for Education in Emergencies
IPCC	Intergovernmental Panel on Climate Change
KASS	Kabul Shelter and Settlements
LGBT	Lesbian, gay, bisexual and transgender
MSF	Medecins Sans Frontières
MSP	Ministère de la Santé Publique et de la Population
NFI	Non-food item
OPT	Occupied Palestinian Territories
PAHO	Pan-American Health Organization
PLWD	People living with disabilities
PTSD	Post-traumatic stress disorder
RPAT	Rapid Protection Assessment Toolkit
SOFA	Solidarité Fanm Ayisyen
SPEED	Surveillance in Post-Extreme Emergencies and Disasters
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNISDR	United Nations International Strategy for Disaster Reduction
USAID	United States Agency for International Development
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

LESSON .1

Urban programmes should have clear boundaries, but remain flexible on how to work within these boundaries.

In planning an urban response, know what you want to achieve, and when you will leave.

Cities often have extremely high levels of chronic poverty and poor service provision – it can be difficult to tell when an ‘emergency’ ends and ‘normal’ conditions begin. Agencies responding to urban emergencies need a clear exit strategy (DEC, 2011, IASC, 2010a). Following the Haiti earthquake, Clermont et al. (2011: 4) observed that, ‘In future urban responses agencies may also have to pre-decide at what point they withdraw, and to achieve that, make some hard choices about what they will engage in, and what they will not’ (see also Lesson 7: Water, sanitation and hygiene (WASH); Health).

In planning an urban response, consider focusing on specific geographical areas and specific sectors.

The size of urban populations and the scale of needs in urban disasters limit the contribution that any single actor can make. Unless they have significant flexibility and the potential to raise additional funds, agencies should be clear about the sectoral and geographic scope of their interventions (see Lesson 3), and ensure that their programmes are well coordinated with those of other actors to ensure that the broad needs of the urban population are met (see Lesson 2).

Ensure that you have the right technical expertise to achieve objectives.

A key gap in urban response is the lack of appropriate expertise among responders whose inadequacy, in examples cited from Pakistan, Kenya and Haiti, ‘contributed to the reduced effectiveness of relief assistance’ (IASC, 2010b: 5). The right urban skill sets are needed, such as those provided by urban planners (ALNAP, 2012), surgical teams with a variety of specialisations (Redmond et al., 2011), electro-mechanical engineers (Smith, 2009) and professionals with experience of disposal of hazardous waste. Agencies should identify the specialist skills that they are likely to require in advance, and attempt to ensure that they have rosters of suitably qualified people.

Work in a flexible manner within the boundaries set for the programme.

Responses need to reflect the environment in which they are taking place. In an urban context, this may mean ‘designing responses around theories of change which encompass the complexity and diversity of the city, and do not simply propose a linear logic between an input and a result’ (Ramalingam, 2009). In programming terms this means being open to change and uncertainty, and recognising that it is difficult to plan all results in advance (Boyer, 2011). It also means designing interventions with only partial information (Hamdi and Goethert, 1997) and course-correcting as more information becomes available.

LESSON .2

Always work with local authorities and communities, and coordinate effectively.

The scale and complexity of urban disasters increases the need for effective partnerships.

The number of people affected in urban disasters, and the variety of needs created, mean that in most cases a large number of government agencies and international organisations will be required for an effective response. These agencies need to work in partnership: this is more likely to be effective where relationships have been established in advance of the emergency (ALNAP, 2012).

International agencies should always work with local authorities, recognising that this may present specific challenges.

National and local government agencies are almost always more present in cities than in rural areas, and often focus more attention on urban than on rural areas. This can make it easier for international humanitarian actors to locate and work with government coordinating bodies and operational counterparts. At the same time, often ‘there is not only more government, in terms of more authority figures, in urban programme sites, but also less clarity about who is actually in charge due to overlapping levels of administrative responsibility’ (Cross and Johnston et al., 2011a: xxiii). As a result, Creti notes that the policies of several agencies (including WFP, Oxfam and ACF) recommend mapping political structures, power relations and interests at the beginning of an intervention. This mapping can be extremely useful – particularly if carried out as part of contingency planning – however it needs to be carried out carefully and with political sensitivity (Creti, 2010). Agencies also need to balance the requirement to engage with government with humanitarian principles of neutrality and impartiality, particularly where the government is engaged in campaigns against urban gangs or paramilitary groups (see for example Llanos, 2011).

Emergency response efforts should aim to strengthen governance structures.

The IASC (2010a: 4) emphasises ‘the need for local ownership in spite of the loss of government capacity’. MSF affirms that, ‘Partnerships with local authorities and other entities ... provide ways of avoiding a completely substitutive role’ (Haroff-Tavel cited in Lucchi, 2011). Wherever possible, emergency response efforts should take place within a framework of governmental recovery plans (see also Lesson 9). Following the Haiti earthquake, several agencies attempted this: Merlin worked with the health ministry, MSPP, using government guidelines to train ‘agents de santé’ and community health workers, while CARE worked with the Mayor of Carrefour’s office to support needs assessments and coordination activities (Clermont et al., 2011). However overall coordination with the government of Haiti was weak: ‘local authorities ... complained that three months after the earthquake they felt “like strangers in [their] own city”’ (Grünewald et al., 2012). This further alienated the population from the government and made future responses less likely to succeed. In contrast, in Afghanistan, CARE’s KASS programme in Kabul developed a memorandum of understanding with the Kabul Municipality, which established mechanisms for regular communication between the community and the municipality. This created accountability in both directions – to donors and also to project participants – and strengthened the dignity of participants (CARE, 2007).

Identify and work with existing neighbourhood and community groups.

Neighbourhoods with existing networks and a history of community activities are well positioned to participate proactively in relief and reconstruction (Nakagawa and Shaw, 2004; Sanderson, 2000). In Santo Domingo after Hurricane George, a community group in the Los Manguitos Municipality helped vulnerable people go to local shelters and organised security. The police and Red Cross were not able to offer assistance a week or more after the disaster despite the affected area being just a few miles from the city centre. The key to the successful community intervention was strong and networked social capital: youth-led, locally independent and legitimate in the eyes of the community (Pelling, 2003). Engaging with local groups is an essential element of needs assessment and targeting (see Lesson 3) and programme delivery (see Lesson 5). In some cases, neighbourhood engagement in urban areas may also entail establishing relationships with gangs (see Lesson 7 concerning Protection).

Ensure that clusters link to government, and include representatives of local civil society.

The engagement of local urban stakeholders in cluster meetings is critical (IASC, 2010a). It is the duty of cluster coordinators to consider inclusive actions such as the use of local language, presence of translators and ensuring that cluster-meeting venues are accessible by local organisations (Grünewald et al., 2010; IASC, 2010a). Partnerships with government can be strengthened through government/agency co-chairing of clusters, and by structuring the clusters to reflect existing administrative and governmental structures. Local NGO coordinating bodies can also play an important role in clusters: to ensure better coordination with local agencies in the

Philippines the INGO network PINGON was configured to align with the cluster structure (UN-Habitat, 2011b). However, inclusion of additional actors in the clusters can lead to their becoming overwhelmed. To prevent this, in Haiti, some clusters established smaller strategic advisory groups ('baby clusters') to discuss strategy and establish guidelines, while the full cluster meetings remained important fora for information exchange (Grünewald et al., 2010).

LESSON .3

Use assessment and targeting approaches that suit urban complexity.

ASSESSMENTS

There is currently no single agreed approach to urban assessment, although work (on both general and sectoral assessments) is being conducted in a variety of agencies and inter-agency fora. However, work in urban contexts to date suggests the following lessons.

Coordination is key.

Given the scale, urgency and complexity of urban assessment, agencies should wherever possible attempt to coordinate assessments with other agencies and with relevant government authorities (Bourbé; 2010; Creti, 2010). This means agreeing on a basic framework of information that will be collected (Grünewald et al., 2010), and on mechanisms to update and share information over time (Knox Clarke, 2012). In the response to the Yogyakarta earthquake in Indonesia in 2006, the World Bank and IFRC worked with the national government to collect summary information from a variety of response organisations. This information was combined with pre-existing data on poverty and population, to provide an early but detailed view of the broader social and livelihoods impacts of the earthquake.

Community perspectives are essential.

Communities can provide invaluable information on which areas and households are most in need, and what is needed. Key informants and/or focus groups are essential to determining specific needs assessment criteria that reflect the needs of the community and the context (Bourbé, 2010; Sanderson, 2012). Failure to include community perspectives can lead to responses which are not relevant or acceptable to the people for whom they are intended (Akinici, 2004). An evaluation after Typhoon Ketsana found that community understandings of vulnerability differed from that of the implementing agency: while income and damage were understood as valid criteria, the community disagreed with age, disability and gender criteria, pointing out that a disabled man with three children overseas was not vulnerable (Levers and Pacaigue, 2010). Care should be taken to triangulate community opinions, and to include the views of minority groups, or those with limited power.

Identify priority areas...

Where entire urban areas are too large to assess effectively, agencies often concentrate on identifying and assessing specific geographical areas where needs are expected to be high (CARE, 2002; Bourbé, 2010). A standard information-collection framework can be useful in selecting which areas should be assessed in detail. In post-disaster assessments, criteria such as which areas have been affected by disasters, and levels of destruction and displacement are important (Creti, 2010). Priority areas will not always be the poorest: middle-class populations may suffer substantial losses of tangible assets (Macauslan with Phelps, 2012) and might be more vulnerable to loss of life and injury as a result of their living in poorly constructed high-rise buildings.

...While recognising that needs may be spread widely across the city...

Specific efforts should be made to identify those groups who have particular needs, or particularly high levels of need. In recent urban emergencies, women and children, the elderly, chronically ill, PLWD and recent migrants

to the city have all been particularly affected (Jacobsen and Furst Nichols, 2011; Human Rights Watch, 2011; Nakagawa and Shaw, 2004). Those most marginalised socially, those reliant on community support and those not wanting to be identified (such as internally displaced people or those from minority ethnic groups) are often also among the most vulnerable (Macaulan with Phelps, 2012). Groups with specific needs or with high levels of need will often be spread across a city (ALNAP, 2012; WFP, 2002). Where this is the case, agencies should attempt to go beyond area-based needs assessment, potentially working with existing civil society organisations (WFP, 2002). In doing so, the needs of these particularly vulnerable groups should wherever possible be included in broader assessments. Assessments that consider only one specific group can lead to stigmatisation or resentment among the broader population (Davies and Jacobsen, 2010).

...and beyond.

Cities often serve as important markets for peri-urban and rural areas. An urban disaster will almost certainly affect communities beyond the city limits (FAO, 2011; Egal, 2011). As a result, needs assessments should also consider areas with strong economic links with the city (ALNAP, 2012).

Use urban-oriented minimum standards.

Emergency minimum-standards guidelines that consider urban environments, such as of the Inter-Agency Network for Education in Emergencies (INEE) Minimum standards handbook (2010) can provide valuable lessons. Standards that have been developed primarily for rural application, such as those concerning spatial requirements, should be considered carefully and may need adapting for urban application.

Consider crowdsourcing data using SMS and other mobile technology applications.

This approach, although relatively new, has been used in urban situations in Kenya and Haiti. There is still only limited evaluative information available on the success of these approaches, and significant disagreement on the degree to which data obtained from 'the crowd' is representative and reliable (Letouze et al., 2012). In the Central African Republic, InterNews is using 'bounded crowdsourcing': working with a network of journalists who collect and – importantly – verify information on needs. This information is then uploaded to a geo-coded Ushahidi interface (HIF, 2012).

Undertake market assessments.

A good understanding of the local market should be at the heart of any urban assessment. The EMMA guidelines provide a variety of tools to assessing local markets (Albu, 2010). Key lessons from market assessment in urban responses (Cross and Johnston et al., 2011a) include: the need to find out how many urban markets exist and what commodities are available and where (initial assessments however should focus on the main urban market and neighbourhood markets in the assessment area); the importance of focusing on staple food commodities, shelter items, and NFIs that are necessities for survival; the importance of looking at labour markets; and the need to follow up initial assessments with regular (weekly) monitoring to identify price trends.

Be aware of the ways in which needs in a market-based economy differ from those in many rural contexts.

Because necessities are often bought on the market (see for example FEG, undated) urban assessments should pay attention to 'urban needs' such as purchased fuel and transport. The prevalence of market-oriented livelihood strategies, where cash is used interchangeably to meet shelter, food, health and water and sanitation needs, also means that livelihoods-based approaches to needs assessment may be more relevant than single-sector assessments in cities. The importance of bought consumer goods in cities can also mean that urban populations are particularly sensitive to branding: care should be taken not to stigmatise people by provision of relief items with agency logos (Villeminot, 2011).

Plan to repeat assessments: needs will evolve over time.

Agencies should recognise that needs will evolve, and so assessments should occur over the course of the intervention, rather than being a ‘one-off’ process (Boyer, 2011; CHF, 2012; Eerdeken, 2011).

TARGETING AND DISTRIBUTION MECHANISMS

High population density combined with great diversity in the amount and type of need across a diverse population create significant difficulties for the targeting and distribution of relief goods and services.

In many cases, blanket distributions¹ may be the best alternative, at least in the early stages of any response.

The IASC’s synthesis report of four urban case studies concluded that, in the post-crisis phase, blanket (non-targeted) distribution is appropriate, ‘when the whole disaster-affected population needs some form of assistance and no distinction between the different groups is yet possible’ (2010b: 12). An evaluation of emergency food programmes by Oxfam in Port-au-Prince, Gaza City and Nairobi concluded that blanket targeting in urban areas might have avoided time spent on verification which caused households to lose resources (Macaulan with Phelps, 2012). Early blanket distribution of NFIs ‘provides the space to identify specific needs’ (Oxfam, 2011: 3). Agencies undertaking blanket distributions however should be particularly careful about exit strategies and deciding when to scale down or close programmes. The IASC (2010a) suggests that the decision on when to withdraw should be undertaken jointly with government and other agencies (see also Cross and Johnston et al., 2011a).

Agencies should consider alternatives to large-scale distribution.

Large distribution centres can become focal points for violence and disorder, raising both security and protection concerns (USAID, 2008). At the same time, distribution points can serve as important sources of information and meeting points for disaster-affected populations (USAID, 2008) and provide a focus for community engagement. In Port-au-Prince, CHF and CRS used a neighbourhood-level approach, with small offices serving discrete neighbourhoods, to benefit from the positive elements of distribution centres, while avoiding the downside of large-scale distributions (ALNAP, 2012; CHF, 2012). An alternative approach is to provide mobile service points, such as the mobile clinics that MSF used in Colombia (de Mayo, 2011; Zabalgogazkoa, 2011).

Neighbourhood approaches that focus on relatively small areas can lead to better programmes and offer the possibility to (re)build communities...

Following Typhoon Ketsana, Christian Aid partnered with ‘people organisations’ such as home-owners’ associations. With this local intelligence, Christian Aid was able to better identify vulnerable settlements (Levers and Pacaigue, 2010). UN-Habitat/ABITAT (2011b) has found that working with local leaders and groups ensures that targeting is accurate and accepted within a neighbourhood, while CHF has found that creating and working through neighbourhood groups allows for more relevant, multi-sectoral programming (CHF, 2012). In Haiti Oxfam successfully used local mobilisers to target NFIs to the most vulnerable (Oxfam, 2011). CARE’s KASS programme in Kabul began with a land-usage survey to identify shelter opportunities and then established community councils at the neighbourhood level to select beneficiaries in groups rather than individually. The selection was done through a participatory process with trained mobilisers conducting door-to-door surveys to assess needs, which helped to build trust and strengthen local governance (CARE, 2007).

...but be aware, when considering community-based targeting approaches, that ‘community’ and ‘neighbourhood’ are not always the same thing.

Needs may be widely dispersed in pockets across a town or city, and communities may be defined in other ways

¹ A blanket distribution is one where the same relief goods are made available to everyone living in a specific area, and no targeting criteria are applied.

than by geographic proximity, for example by family, social networks or communities of interest (ALNAP, 2012; Cross and Johnston et al., 2011a). In these conditions, neighbourhood-based approaches to distribution will need to be reconsidered, or at least complemented by approaches which rely on city-wide groups or networks to identify and access people with higher levels of need.

Use existing shops and traders to facilitate distribution while helping rehabilitation of the local economy with vouchers and coupons.

Existing private-sector infrastructure such as shops can act as distribution points. This can also have important secondary benefits in terms of stimulating markets and supporting local producers. Between 2009 and 2011, WFP implemented an urban cash-voucher system in the OPT which substantially benefited the local economy (WFP Fact Sheet, 2011, cited in Cross and Johnston et al., 2011b). The American Red Cross used local traders and a system of pre-paid debit cards to distribute building materials after the 2010 Chilean earthquake. After the 2009 West Sumatran earthquake, Mercy Corps used a voucher system to distribute building materials through local vendors. The evaluation noted that, while this approach was successful, it does place a high demand on the vendors, who were expected to keep careful records and match invoices (Aspin, 2010).

Marginalised and vulnerable people may be excluded from targeting or the receipt of goods and services by a desire to remain invisible to the authorities and/or by lack of identification documents.

Agencies should always take steps to ensure that socially marginalised people – women and girls, the elderly and people living with disabilities – are not overlooked or excluded by targeting mechanisms. In addition, agencies should be aware that cross-border migrants, people engaged in informal activities and those working in opposition to the state may avoid formal distribution or service delivery points for fear of arrest (Llanos, 2011). Other populations may be unregistered and unable to access state services as a result (ALNAP, 2012). Humanitarian agencies should plan for this by establishing clear protocols for how to ensure that assistance is provided on the basis of need. For example MSF in Guatemala established protocols around the referral of patients from armed groups to government hospitals (Llanos, 2011). UN-Habitat used community drop-in centres and safe houses allowing these groups to self-target in order to receive information and protection (UN-Habitat, 2011b).

LESSON .4

Cash-based programmes work well in urban areas.

Where markets are functioning, cash transfer programmes can meet many of the immediate and recovery needs of urban households.

A study in Nairobi's Mukuru slum found substantial benefits of using cash transfers which, 'improved the food consumption of recipients, saved lives of those on anti-retrovirals, helped them reduce (though not always avoid) the use of negative coping strategies (such as prostitution, crime, and removing children from school), helped recipients pay off debt and helped some recipients start or restart businesses, some of which are generating positive returns' (Macaulan with Phelps, 2012). However, it should be noted that using cash presupposes that markets are working, which in turn requires market analysis (see Lesson 4).

Cash transfers may be preferable to cash for work (CFW) programmes.

If well managed, CFW can have beneficial effects, such as increased family food consumption (WFP, cited in Grünwald et al., 2012). However, in post-disaster Haiti, CFW programmes were frequently criticised for being open to corrupt practice, difficult to implement, creating social tension, creating dependence and producing low-quality or meaningless work (Clermont et al., 2011). An ECHO real-time study recommended that agencies 'Limit CFW programmes in the post-emergency phase and improve the assessment of opportunities for replacing CFW programmes by direct cash transferral programmes during the emergency phase' (Grünwald et al., 2012: 6).

When assessments and targeting are done well, cash is often spent on what it was intended for.

While cash-based programming offers numerous potential benefits, concerns persist about its use, for example that funds will be diverted towards buying alcohol rather than food. CaLP (2011) however asserts that cash is no different from other methods of aid in that there are risks which must be mitigated. There is no evidence to suggest that cash aid is more likely than in-kind aid to be diverted, or that it is more prone to corruption or fraud than other types of aid (CaLP, 2011; Creti and Jaspers et al., 2006).

LESSON .5

Work with local markets and private-sector initiatives.

Agencies should attempt to work within, and support, existing economic systems.

This can be done by locally sourcing aid supplies and reconstruction labour and by using existing social and economic infrastructure. For humanitarian agencies, approaches that leverage local markets can reduce costs, streamline logistics requirements and enable greater autonomy for beneficiaries in decision-making for their own recovery. Communities benefit as well from the increased support to local livelihoods, greater community ownership of disaster relief and recovery assistance and increased support for generating and sustaining new market activity. Dind (2006) contrasts two approaches to rebuilding in the aftermath of Hurricane Stan, which heavily damaged the town of Tapachula in Chiapas, Mexico in 2005. A government-backed rebuilding programme used construction companies from outside the region and focused on reconstructing houses at a large scale with centralised decision-making. Caritas-Mexico in contrast undertook several smaller projects that put the residents in charge of managing the reconstruction of their homes. This latter approach not only strengthened community networks, it also supported the local economy (see also Lesson 3 concerning Targeting).

Urban livelihoods are largely reliant on local markets for goods and services.

UN-Habitat recommends that making markets work for the poor should be a standard aspect of urban disaster-relief and recovery efforts. This includes rapidly assessing pre-existing markets, re-establishing 'foundation markets' which deliver products and services that underpin the development and participation of crisis-affected populations and buying locally whenever possible (UN-Habitat, 2006). This might mean also supporting private-sector initiatives, where these are important either for immediate relief activities or for longer-term recovery of livelihoods such as restoring mobile phone systems. In Haiti, proactive recovery activities included training of tradespeople in cash management and the provision of cash grants to re-establish small businesses (Clermont et al., 2011). Working through shops has been used by WFP for example to respond to urban high-food-price crises in Burkina Faso and Senegal (WFP, 2009). In Jakarta, Indonesia, as food security came under pressure from drought and reduced rice production during the 1997/98 El Niño event, a novel programme was established to use commercial markets for aid delivery. Imported wheat was milled into flour by Indonesian flour mills, and Indonesian companies produced pre-packaged noodles, providing jobs for some of those recently made unemployed in the city. In addition the noodles could also be used by street-side cafes, ensuring that small food traders and vendors were not adversely affected by the provision of food aid. The programme worked because it allowed each level in the production/delivery chain to make a profit while maintaining incentives and penalties based on performance (Kelly, 2003).

Public-private development authorities can also play a critical role.

After India's 2001 Bhuj earthquake, the state government designated the Gujarat Urban Development Company (GUDC) as the implementing agency for overseeing recovery plans. It also outsourced significant tasks to planning consultants; this included infrastructure planning and review of building-permit applications (Balachandran, 2006).

LESSON .6

Adopt urban approaches to camps, shelter and housing.

Relocation camps located on the edges of cities should be avoided where possible.

Experiences in Haiti, particularly, suggest that agencies should refrain from creating camps on the edges on cities (Clermont et al., 2011). Camps can increase displacement and population movement, as surrounding populations move in to take advantage of camp services. Alternatively, they can lead to tensions with surrounding populations (Grünwald et al., 2012). Where it is practical and safe to do so, temporary camps should be established as close as possible to neighbourhoods of origin. Left to themselves, many people will spontaneously establish camps as close to their homes as possible (Fallahi, 2007; Delap, 2000). Following the 1985 Mexico City earthquake, many populations stayed in their original streets in temporary camps while reconstruction took place.

Transitional shelters may hinder long-term solutions.

Burnell et al. (2011: 89) note that transitional shelter 'uses up valuable aid resources and spends political will and donors' cash on short-term solutions that do little for addressing long-term problems'. The IASC (2010b) states, 'Transitional shelter solutions should not be an indirect means to shelve permanent housing plans and continue to allow people to live in hazardous areas. The Shelter cluster implementing such plans must carefully weigh the ethical advantages and constraints.' This means considering the immediate humanitarian imperative in the context of the longer-term best interests of the population.

Housing land and property (HLP) rights are complex.

UN-Habitat (2011a: 84) states, 'Longer-term and more structural issues of landlessness may not be possible to address in a post-disaster context'. There are however some options which can be considered, such as land-pooling and reallocation which has been used in a variety of contexts to accommodate changes in land use while recognising residents' land rights (Cain, 2007). Land-pooling reorganises individual parcels of land while retaining a small portion of each parcel for infrastructure, open space or new housing.

Avoid permanent relocation, unless this is the only option.

UN-Habitat (2011a) observes, 'Temporary relocation has a way of becoming permanent: early safe return of the affected people to pre-disaster sites should be promoted... New cities rarely succeed'. Pelling records that, 'most efforts [at urban relocation] have not enhanced the economic or social opportunities for the relocated, nor have they improved environmental sustainability at the urban level' (Pelling cited in Wisner et al., 2011: 153). In some instances however, permanent relocation may be the only option, for safety reasons: evaluating the reconstruction six years after Hurricane Mitch in Tegucigalpa, Honduras, Rhyner (in Wamsler, 2006b) concluded that housing had been redeveloped in the same high-risk areas and with the same risky structures as before. This was largely a result of the failure to address the underlying problems of poverty and to provide suitable land away from hazard-prone areas. Suitable land was available for reconstruction in the Tegucigalpa area but it was controlled by 'vested interests' and therefore not used (World Bank, 2004).

Shelter and housing programmes need to consider renters and squatters.

UN-Habitat (2011a) identifies two groupings of 'landless' people: tenants, renters and other secondary holders of rights to land; and those living in informal settlements whose rights are not legally recognised. In such cases, three courses of action are to: restore lease agreements for displaced tenants; support the repair or reconstruction of rental housing; and strengthen the tenure rights of informal landholders. In the Philippines, the private media company, ABS-CBN assisted the relocation of people living in informal settlements through the development of low-cost, medium-rise apartments for those who can pay modest rents. This model integrates infrastructure planning, livelihoods, and training on composting techniques as a home enterprise (IASC, 2010b).

External agencies can provide expertise for rebuilding.

After the 2010 Chile earthquake the American Red Cross provided technical assistance to support rebuilding through one-stop centres or information kiosks. These helped owner-builders in drawing up plans, integrating risk-reduction features, estimating construction costs and supervising construction labour. Similarly, advice was given in the ‘construction bazaars’ supported in Bam after the earthquake in 2003. These bazaars also helped to support the local economy through reconstruction (Fallahi, 2007; Ghafory-Ashtiany and Hosseini, 2008).

Adopt programmes that reflect urban forms of living.

Urban environments comprise a diversity of forms of living, and therefore provide choices for agency responses. For example, in a self-help reconstruction programme for multi-unit apartments on the outskirts of Sarajevo, Caritas provided support for repairing individual apartments. If 75% of the tenants/owners returned, Caritas also provided support for reconstructing common stairways and facades. Apartments that were not being renovated because their owners had not yet returned were ‘sealed’ with wooden sheets over the doors and windows (SIDA, 2005). Figure 1 identifies some of the forms of urban living.

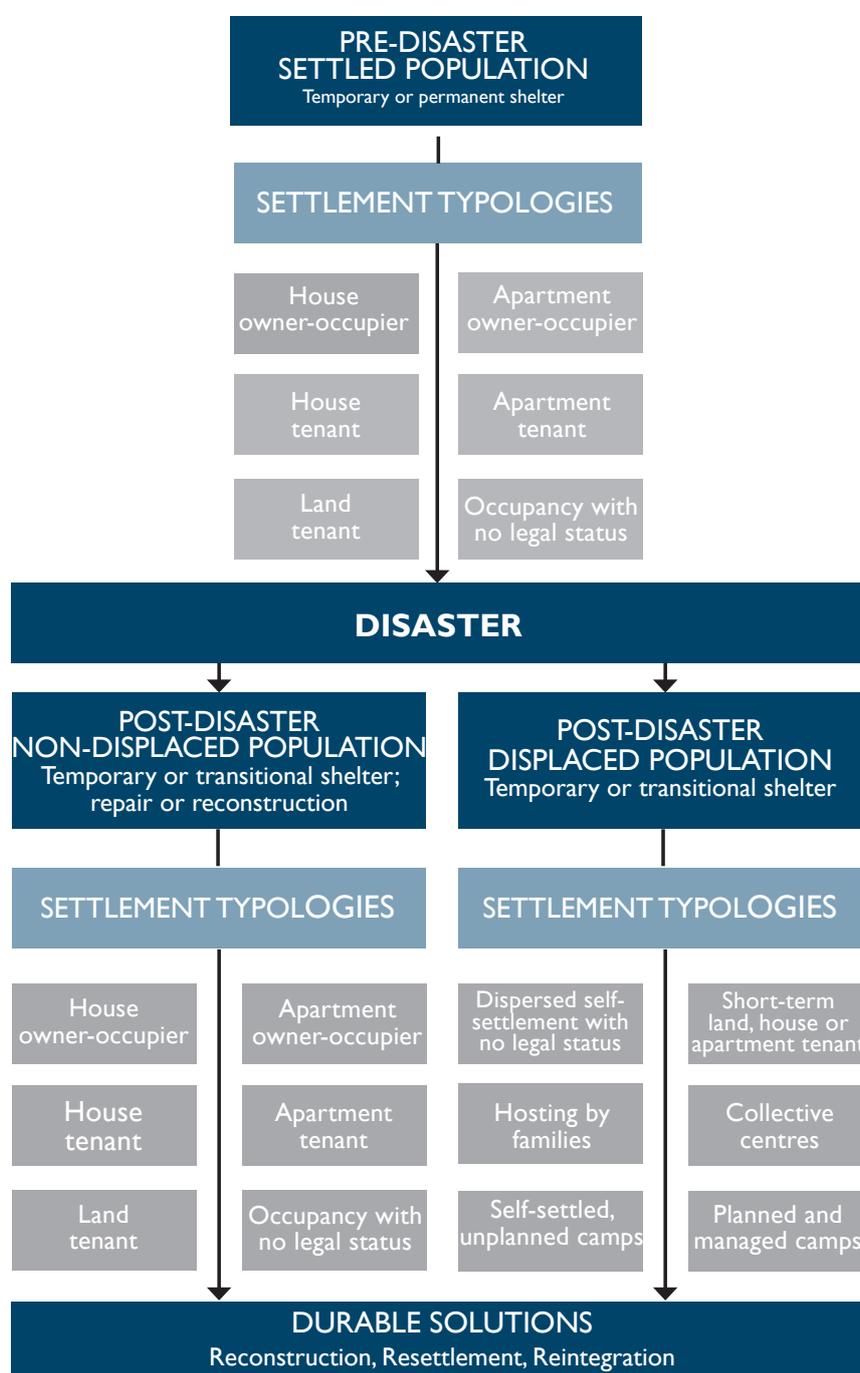


Figure 1 Forms of urban dwelling pre- and post-disaster (SKAT/IFRC, 2012: 37)

LESSON .7

'Urbanise' sectoral interventions

RUBBLE, DEBRIS AND SOLID WASTE

Many urban disasters are characterised by large amounts of debris, leading to dangerous areas at risk of further collapse, limited space and trapped (potentially dangerous) disaster debris.

Larger debris clearance needs heavy machinery and equipment, which may need importing or which may also be available locally.

After the Haiti earthquake, IFRC engaged local private-sector contractors to remove rubble (Stansberry, 2012, cited in ALNAP, 2012). Also the US Army with USAID funding removed concrete to pre-designated areas for safe disposal (OneResponse, undated). For smaller rubble removal, the French Red Cross in Haiti used CFW to remove some 8300 cubic metres of rubble in 15 weeks (SKAT/IFRC, 2012). When cleaning drainage channels however, Oxfam found that 'results may be short lived, particularly when CFW is a major component of the work' (Oxfam, 2011) and recommended the use of day labour rather than community CFW, and the establishment of Drainage Clearance Committees (Oxfam, 2011).

Removal and re-use.

SKAT/IFRC (2012) recommend that residential rubble should be removed only after written consent by the owner is given (or by authorities if the owner cannot be found), since this represents ownership of land and property. Many materials can be re-used, including reinforcement bars, concrete and masonry. Gabions (caged rubble) can be used for reconstruction; also brick rubble can be crushed to make aggregate for mixing with mortar and concrete. Such activities after the 2006 Yogyakarta earthquake helped to reduce rebuilding costs and aided rubble clearance (SKAT/IFRC, 2012).

Use expert knowledge to guide the disposal of potentially harmful debris.

OneResponse (undated) identifies disaster debris as including: 'E-wastes' such as computers, telephones and TVs; 'white goods' such as refrigerators, washing machines, dryers; hazardous materials such as bleach; radioactive materials from hospitals, industries and laboratories; explosive gases from households, hospitals and industries; petroleum products from gas stations and power plants; and ammunition from houses, army camps and police stations. Agencies therefore need to be aware of such potential hazards, and if involved in clear-up, take clear guidance on safe and professional handling and disposal.

Community recycling of solid waste can provide income-generating opportunities and can also reduce amounts of waste.

(WHO and WEDC, undated; OneResponse, undated)

Many poorer urban areas may have had weak or ineffective waste collection services. In such places, poorer communities may be adept at high levels of recycling, and have little reliance on municipal services. These mechanisms can be useful in an emergency response. In order to address urban waste-management needs in Harare, Practical Action partnered with local CBOs and authorities to establish community managed waste collection and recycling projects. One team was able to serve 960 households and subsequently expanded, using pushcarts and then upgrading to tricycles (Practical Action, 2008).

Avoid placing solid waste into drains.

After a disaster, municipal waste systems may be disrupted, leading to piling up of solid waste. In Haiti waste piled into open drains blocked water flow after heavy rains, leading to the spreading of waste material into crowded areas (OneResponse, undated). WHO and WEDC (undated) recommend the building of temporary disposal sites such as communal pits and storage bins appropriate to the scale of need.

WATER, SANITATION AND HYGIENE (WASH)

A variety of different approaches are available for the provision of water. The choice of approach should be based on a good understanding of context.

Systems used by MSF in Monrovia, Liberia, and Hajipur, India included drilling boreholes, and digging wells (Lucchi, 2011). A review by Oxfam (2011) identified that other approaches for the provision of water in emergencies included water vendors, who sell water by the bucket, water trucking and hand pumps. Agencies have also distributed purification kits and tablets in flood emergencies, and conducted water testing to establish the safety of existing water sources (Smith, 2009). In determining interventions, agencies should consider issues such as the availability of existing supplies, site access (particularly for women), proximity to existing infrastructure, the condition of existing infrastructure, and local preferences (see below). They should also be aware that theft of material may be an issue (Oxfam, 2011). Additional provision may be needed in public buildings being used as temporary shelter, such as schools. Where people are using unofficial shelters, agencies should not provide permanent facilities without the permission of the owner (Smith, 2009).

Interventions that include household water treatment should be accompanied by information and education on correct use and maintenance.

This is noted as a key lesson learned in WASH responses to urban floods by the Global Wash Learning Project (Smith, 2009). The Project notes that leaflets and demonstrations at distribution points (particularly to large numbers of people) are 'not sufficient to provide effective information on correct use of household water treatment' (Smith, 2009: 8) and that agencies must provide follow-up at the household level.

Water and sanitation interventions will not be successful where they concentrate solely on hardware.

The needs, preferences and knowledge of affected people are critical components of successful WASH activities. There are many examples of urban WASH interventions where the impact has been limited by a failure to take the existing practices or knowledge of affected people into account. Lack of consultation can lead to water and sanitation facilities being unused, or being used ineffectively (ALNAP/Provention, 2008; Rashid et al., 2007; Smith, 2009). For this reason, agencies should consult affected people as early as possible in the intervention, taking particular care to identify the specific needs of women, children and those with limited mobility.

WASH interventions should prioritise both the immediate collection of human waste and identification of final locations of disposal.

(Bastable, personal communication, 2012²)

During flooding, agencies should also prioritise the prevention of overflow of raw sewage from pits and septic tanks (Smith, 2009). For excreta disposal, digging pits may not be feasible, given space, legal and ground constraints. Where pits are used, the building of urinals is good practice to reduce pit-filling times. Other options include building raised latrines (used by Oxfam in Haiti on sites where space was limited, digging was impossible or landowners refused permission to dig); compost toilets; and biodegradable bags. During the Haiti earthquake, Oxfam found that peepoo bags were useful as a short-term measure before better toilets could be built (Bastable, 2012): they were particularly appreciated by women and those with limited mobility, as they could be used without leaving the tent. They also better matched existing practices (Grünewald et al., 2010). Where bags are used, it is important to put an organised collection system in place (Oxfam, 2011). On the other hand, Oxfam found that chemical toilets were not a good solution, as they had a high maintenance cost and limited storage capacity (Grünewald et al., 2010; Oxfam, 2011). Final disposal of faecal matter can be a difficult and contentious issue. Environmentally suitable locations should be identified as part of government contingency planning. Where this has not been done, agencies should prioritise identification of suitable locations.

² Bastable, A., Public Health Engineering Coordinator, Oxfam GB

Good hygiene practices in dense urban areas are critical to reduce disease incidences.

Oxfam identifies first-response activities in dense areas as the minimising of high-risk practices such as indiscriminate open defecation, ‘flying toilets’ (where excreta are thrown into public spaces in plastic bags) and the reduction of transmission of faecal–oral disease (Oxfam, undated). In Lusaka, cholera outbreaks led to implementing emergency water and sanitation measures. MSF found that ‘Educating and changing the hygiene practices of the population during these emergencies are critical, especially in congested slums’ (Lucchi, 2011). The Global Wash Learning Project notes that hygiene promotion should not be ‘an optional add on ... [but should] ensure the optimal use, care and maintenance of water and sanitation facilities and ... be a mechanism to involve affected populations in the design and delivery of an effective and appropriate response’ (Smith, 2009: 6). In Haiti, Oxfam disseminated hygiene messages through mothers’ clubs, schools and children’s clubs, as well as household visits and poster campaigns (Oxfam, 2011). Grünewald et al. (2012) advocate ‘sanitation marketing’ using media messages sent on mobile phones. A simpler but still effective way of encouraging people to use sanitation facilities is to ensure that they are clean and well maintained, either by the community or by paid attendants. These attendants can also communicate hygiene messages (Smith, 2009).

Recovery actions in both water and sanitation can quickly become bound up with complex issues of resettlement: clarity on a clear exit strategy is extremely important.

For recovery actions, agencies need to work closely with water and sanitation/sewage departments, but with adequate agency coordination (through the WASH cluster or similar). Care should be taken concerning permanent system repair, which may be outside the scope and experience of agencies and which may also inadvertently not be focusing on more vulnerable locations such as informal settlements which usually have no such facilities.

FOOD

Cities and towns are large-scale food importers: this can lead to immediate consumer shortages after a disaster.

However, while this can be a very real problem for cities that are cut off from supply routes, food supply is usually re-established fairly quickly. In Port-au-Prince, for example, food was available in the market a few days after the earthquake (O’Hagen et al., 2010).

Urban food insecurity tends to occur not because of an absolute lack of food, but because urban populations are unable to afford food when prices rise.

This may be as a result of a local disaster, which damages logistic chains and increases the cost of food in the market, or of global economic conditions. Consequently, effective approaches to food security in rapid-onset urban disasters tend to focus on activities to support the re-establishment of supply, storage and market mechanisms, while simultaneously providing cash, vouchers or support to income-generating activities. In Haiti, several agencies worked with existing street vendors immediately after the earthquake to provide food to affected populations, which also helped to build livelihoods (Clermont et al., 2011).

WFP (and others) consider that non-food-based interventions such as cash and vouchers are often more appropriate than food distributions in urban settings.

Following the 2005 Kashmir earthquake, a market assessment study undertaken by WFP concluded that food distributions in urban areas would hinder market recovery (Sivakumaran, 2011). Given the urban norm of buying and exchanging goods, including food, cash-based programming is increasingly the default form of providing food assistance, if markets are working. In situations of food insecurity, cash is often spent on food first. As part of an emergency nutrition programme in Côte d’Ivoire, Save the Children Sweden targeted 8000 conflict-affected households with three monthly grants of about US\$80. The first payments were used primarily

for food, with the second payment being used for school fees (Cross and Johnston et al., 2011b). According to CaLP, 'In general, smaller and more frequent cash grants will be spent on food, whereas larger one-time payments will be used for establishing livelihoods or replacing assets.' However, households may also use large grants 'to buy staples in bulk, achieving increased value for money but less diversity in the diet' (CaLP, 2011: xix).

HEALTH

In the early phases of response, agencies should be prepared to address health needs directly caused by the disaster.

Mortality in natural disasters is overwhelmingly an immediate result of the disaster itself, particularly resulting from blunt trauma, crushing injuries or drowning (Watson et al., 2007). In the hours and days after a disaster, the majority of health needs will also be those caused by the disaster itself (Grünewald et al., 2010; Tanaka et al., 1999). Plans for post-disaster healthcare should focus on trauma and mass casualty management as well as the longer-term needs of survivors (Watson et al., 2007). Agencies should ensure that they have access to staff with the right skill sets to respond to these needs. In the Haiti response, lack of X-ray machines and staff skilled in working with blunt trauma injuries led to inappropriate treatment, unnecessary amputations and later complications (Grünewald et al., 2010; Grünewald, personal communication; Johnson, 2011). Levels of amputation in Haiti were also lower among multi-disciplinary medical teams, and particularly where teams included plastic surgeons (Redmond et al., 2011).

Post-disaster epidemics are uncommon where populations are not displaced: however, the number of cases of communicable diseases will often rise after a disaster.

Deaths from communicable diseases after natural disasters are generally less common than deaths from the disaster itself (Watson et al., 2007; Grünewald et al., 2010). Where there is no widespread population displacement, large outbreaks of communicable disease are rare after natural disasters (Watson et al., 2007). However, outbreaks are significantly more likely where populations are displaced, where nutritional status is poor, and/or where water and sanitation systems are damaged (Watson et al., 2007). Measles and meningitis may occur in crowded environments, and particularly where people have been displaced. In these situations, immunisation against measles should be regarded as best practice (Bradt, 2009). Outbreaks of water-borne diseases are more likely where sanitation systems are affected by disaster (Watson et al., 2007). Where outbreaks do occur, they tend to be from one week to one month after the disaster (Grünewald et al., 2010). A study of hospitalised patients after the 1995 Hanshin-Awaji earthquake in the first 15 days after the disaster found that although more deaths were caused by crush syndrome than by illness, 75% of those with crush syndrome were hospitalised during the first three days, while 'in contrast, the number of patients with illnesses continued to increase over the entire 15-day period after the earthquake' (Tanaka et al., 1999). Watson et al. (2007) advise that, 'Assuring access to safe water and primary healthcare services is crucial, as are surveillance and early warning to detect epidemic-prone diseases known to occur in the disaster-affected area.' Similarly, the IASC observes that, 'health surveillance systems in urban areas are a priority but have not yet been addressed' (IASC, 2010b: 25). To these ends, they recommend the testing of a tool, Surveillance in Post-Extreme Emergencies and Disasters (SPEED), developed in Manila by the Department of Health, WHO and the Health Cluster, which tracks disease incidence using SMS (IASC, 2010b).

Some vector-borne diseases such as malaria and dengue appear to be more likely to occur after floods, typically with some weeks' delay.

An increase in malaria is well documented after flooding: both malaria and dengue result from a combination of increased standing water, lack of human shelter and disruption to control activities (Watson et al., 2007). Appropriate vector control should begin immediately, and populations should be made aware of the potential risks, and of ways in which they can prevent infection (Smith, 2009).

Mass burial or cremation of dead bodies immediately after a disaster should be avoided where possible.

Contrary to popular belief, the risk of infection from dead bodies after disasters is low (Morgan, 2004), although care should be taken in cases of cholera (Sack and Siddique, 1998) and haemorrhagic fever (Boumandouki et al., 2005). Rapid burial makes later identification of bodies difficult, and robs families of the chance to follow cultural practices that assist grieving (PAHO, 2004).

Agencies should attempt to use a common format for medical records. Records should remain with the patient to ensure continuity of care.

Reviewing the surgical response after the Haiti earthquake, Redmond et al. (2011: 12) noted that, 'There were no common standards, forms or instructions for recording diagnoses and procedures across the seven providers included in the study'. They went on to suggest that organisations providing surgical care should work to standard records, and that these records should be owned by the patient, to ensure that they are available to health professionals when a patient moves from one provider to another.

Given levels of healthcare provision in many urban environments, agencies need to be clear on the scope of emergency intervention to prevent services being overwhelmed.

Many urban environments experience extremely high levels of communicable and non-communicable diseases. In households lacking basic water and sanitation services, 'the prevalence rate of diarrhoea among urban children averages 38% in Pakistan, 33.3% in Cameroon' (IFRC, 2010). Non-communicable diseases may also be at extremely high rates in poor urban areas (Riley et al., 2007). In Kenya, 17% of people living in urban slums suffer from diabetes or hypertension and cannot get screening services or drugs (IFRC, 2010). Against this background, emergency medical services, which may represent the only (free) healthcare available to large populations, can easily become overwhelmed (de Mayo, 2011; Veerman, 2011). The key is to establish strict admissions criteria: according to Lucchi (2011), 'if no strict admission criteria are identified, easy accessibility associated with free health care services would attract an unmanageable number of patients.'

Scaling back health operations eventually is difficult but is necessary.

MSF in Haiti sought to reduce activities in camps but was forced to continue, given cholera outbreak. Merlin's immediate deployment of surgical response teams was for a fixed time, meaning that their withdrawal came before need was exhausted (Clermont et al., 2011). In Nairobi's Kibera settlement, MSF worked closely with the Kenyan Ministry of Health, recognising from early on that 'a level of collaboration and a gradual handover needed to be built into the project'. Both sides met regularly, while MSF provided capacity building. MSF observes that 'A realistic exit strategy will focus on increasing the capacity of the existing system to respond to the needs of vulnerable groups or communities' (Lucchi, 2011: 19).

Agencies should work with a wide variety of existing healthcare providers.

Urban populations often seek health- and nutrition-related services from a large variety of sources, including traditional healers, private-sector providers, chemists and public-sector providers. As a result, humanitarian agencies should attempt to collaborate with all these providers to ensure that core health messages are consistent (USAID, 2008; Grohma, 2011). Working with a wider variety of stakeholders may also serve to decrease rumours around health interventions being undertaken, which can be widespread after an emergency (Redmond et al., 2011).

Medical support to marginalised groups and psychosocial support are important but often forgotten in emergency response.

Urban health responses often overlook the health needs of older people (IASC, 2010b) and of women and girls (Human Rights Watch, 2011). Mental-health issues are also largely ignored in many cases, especially concerning post-disaster trauma (IASC, 2010b). Incidences of PTSD and major depression are regular occurrences among

those affected by disaster (Tanaka et al., 1999). A 2004 study (Desai et al.) in a Delhi slum after fire found that incidence of psychiatric disorders was ‘significantly higher’ than in a control group, with the commonest psychiatric disorders including depression, substance misuse and greater anxiety.

PROTECTION

Disasters often lead to violence and conflict.

Nel and Righarts (2008) analysed data for 187 countries and other political entities for the period 1950–2000 and found that rapid-onset natural disasters significantly increased the risk of violent civil conflict in both the short and medium terms. An IFRC evaluation of the humanitarian response to the 2004 earthquake in Bam highlights the importance of quickly restoring law and order. Many people moved into Bam from rural areas during the earthquake response, and the looting of supplies from relief trucks during the first three days demonstrated that effective distribution was highly dependent on existing law and order (IFRC and Iranian RCS, 2004).

Violence against women and girls in particular can increase after a disaster.

Ferris and Ferro-Ribeiro (2012: 7) record that ‘increased violence against women and girls has been reported in situations as diverse as shelters after Hurricane Noel in the Dominican Republic and in Christchurch, New Zealand (following the earthquake)’. A 2006 survey after Hurricane Katrina found high rates of gender-based violence, where reported abuse was over three times the annual US rate (International Medical Corps, cited in Ferris and Ferro-Ribeiro, 2012). Other at-risk groups in cities include IDPs, refugees, PLWDs and those potentially socially stigmatised, such as LGBT people.

Safety in camps is a vital concern.

A 2012 evaluation of the ACT Alliance’s operations in Haiti found that ‘The situation of living in tents, particularly those in camp situations was reported to have increased sexual harassment and the vulnerability of young girls’ (McGearty et al., 2012: 24). A study for the DEC (Clermont et al., 2011) in Haiti records attacks in one camp on young girls (while they were attempting to use lavatory facilities) ‘almost every day’ by men. To counter this, the NGO SOFA deployed brigades of students to promote awareness on violence against women and girls.

Be aware of agency limitations and adopt advocacy towards relevant duty-bearers such as national governments and relevant UN peace-support operations.

Given the potential scale of the problem, and the limited mandate of most agencies, the IASC (2010a) recommendations include engaging authorities on their obligations to address urban violence and working with local enforcement agencies to prioritise measures of physical protection of at-risk groups. Ferris and Ferro-Ribeiro (2012) recommend that urban protection should include security-sector reform, the establishment of rule of law, and the creation of effective governance. Other actions include the use of protection assessment tools and approaches such as those outlined in ALNAP’s Protection Guide (Slim and Bonwick, 2005); the ICRC’s Professional Standards for Protection Work (2009) and the Child Protection Rapid Protection Assessment Toolkit (Global Protection Cluster, n.d.).

Protection activities aimed at preventing interpersonal violence can be built into many agency activities.

A 2012 study from the Canadian Red Cross and the IFRC (Singh et al., 2012) suggests a number of actions that can be taken to prevent interpersonal violence, including: violence-prevention education during the disaster risk reduction phase, prioritising the prevention of violence during the response phase, rapid response to cases of violence, and support for community-based social support systems. Oxfam, for example, included measures to prevent violence within camps as part of its WASH activities in Haiti (Oxfam, 2011).

Recognise the importance of gangs.

A 2010 article in the International Review of the Red Cross observes that 'Any work carried out by humanitarian players in a city neighbourhood, or in an area within a prison, that is controlled by a gang will be subject to discussion or authorisation by the gang, whether one is aware of it or not' (Bangerter, 2010: 400). One programming consideration here is how far to engage with gang leaders. Ferris (2012) reports ICRC's experiences to include the need to gain acceptance from gang leaders, given that many gangs are hierarchically organised; also that 'gang leaders need to perceive some benefit from the organisation's operation'. Ferris also reports that 'Providing services needed by the community is one way that humanitarian organisations may be accepted by gangs – although relief efforts which undermine the position of the gang may create risks' (2012: 6).

LESSON .8

Use new and existing media for better communication, information gathering and accountability.

Community radio can be a powerful means of communicating information.

A 2007 AMARC evaluation of the uses of community radio found that radio can play an effective role after disaster in building solidarity and peace. Shortly after Hurricane Katrina, 'community radio practitioners ... set up transmitters and began broadcasting. FM radios were distributed to evacuees and emergency announcements as well as simple logistics information needed to reconnect families were broadcast' (AMARC, 2007: 42). Care however needs to be taken concerning language diversity, respect of culture and the risk of coercion by political factions. To these ends, as part of programme to improve nutrition in Abidjan, Save the Children Sweden combined radio with visits. They found that 'Face-to-face sensitisation ensured that beneficiaries understood the program, while radio broadcasts ensured consistency and reach in message' (Cross and Johnston et al., 2011b: xxiii).

MOBILE PHONES

Handset usage data can be used to monitor population movements.

A study of mobile phone usage after the Haiti earthquake of 1.9 million SIM cards led by Columbia University found that tracking handset movements had helped to identify population movements for better aid targeting (Bengtsson et al., 2010). Tracking phone movements also proved helpful in identifying cholera outbreaks: 'results suggest that the speed and accuracy of estimates of population movements during disasters and infectious disease outbreaks may be revolutionised in areas with high mobile phone coverage' (Bengtsson et al., 2010).

Mobile devices can pinpoint need.

In Haiti, 'reports of trapped people and medical emergencies collected by text were plotted on an online map then used by relief workers. For example, the US Marines brought water and sanitation devices to a camp after receiving reports that drinking water was in short supply' (Nelson et al, 2010: 16). SMS texts can be used to broadcast critical health information (Nelson et al, 2010: 16). Care however needs to be taken about inaccurate calls which may overstate need in order to secure support. Also, infrastructure needs to be in place to deal with the volume of calls that might be received and subsequent capacity to respond.

Mobile phones can improve accountability of agencies in relief assistance.

Following the Haiti earthquake, Haitians used Twitter to complain about the slowness of the aid response (IRIN, 2010). However, care needs to be taken in case of inaccurate, misleading or unrepresentative information. For example, mobile-phone users are not representative of whole populations, given that primary usage is often by young men (IRIN, 2010).

Mobile phones are also increasingly used to make cash transfers for which transaction costs are low.

Money-transfer services using mobile phones, such as M-Pesa in Kenya, provide effective means for cash transfers. In Côte d'Ivoire, beneficiaries received a SIM card and ID number which could then be used to access cash from bank outlets (Cross and Johnston et al., 2011b). In Haiti, UNDP and the government used mobiles to provide subsidies of up to US\$500 to 1000 low-income families to enable the purchase of building materials and goods (UN News, 2012).

CROWDSOURCING AND MAPPING

Crowdsourcing can provide information on location and needs, as well as to trace family members.

The Ushahidi platform, set up to monitor electoral violence in Kenya and since used widely in the Haiti earthquake, gathers information from SMS, Twitter and the web to provide real-time information and usable maps. An independent evaluation of Ushahidi's operations in Haiti found that users included several US Departments as well as mainstream agencies and local populations. Limiting factors however included accuracy of information and familiarity with usage (Morrow et al., 2011).

Crowdsourcing, the web and satellite technology have radically altered the making and use of maps.

Digitally based mapping using satellites allows for maps to show slums and squatter settlements, which traditional maps may not have previously shown. Google Maps provides highly useful information usable for distributions and movements of goods. Other initiatives include OpenStreetMap, which is a free and editable map developed by uploads from registered users using GIS equipment. This was used extensively in Haiti after the earthquake, providing maps that were subsequently widely used by agencies. MapAction is an NGO which deploys to disasters to provide agencies with frequently updated situation maps. The NGO, Frontline SMS utilises existing technical equipment (laptops and mobile phones) to enable the wider spreading of messages. Facebook and Google Groups have become popular means of information sharing. After the Haiti earthquake, widespread use of Facebook (for example the pages 'UN-Haiti-Debris'), Google pages such as 'IASC Shelter Cluster' and Google groups enabled the rapid sharing of information, updates and technical information.

LESSON .9

Relief and recovery actions need to build future urban resilience to avoid wasted investments.

Relief and recovery expenditures should be in line with government plans, and contribute to long-term resilience-building.

The large sums often spent in relief may represent some of the largest cash investments poorer urban areas might ever see. The following points adapted from UNISDR (2012) could act as resilience-building actions during relief and recovery:

- ensure actions contribute to the strengthening of an inclusive, competent and accountable local government
- in reconstruction, use and promote national building codes and land-use planning
- promote the sharing of information on risk
- engage people in city planning decisions that affect them
- build preparedness through recovery actions that are realistic and can be enacted.

International actors should advocate for recovery plans and regulatory frameworks to be developed where these do not already exist.

After India's 2001 Bhuj earthquake, the Gujarat state government found itself searching for an appropriate regulatory framework that could respond quickly to the earthquake and the complex challenges of reconstruction. Balachandran (2006) has suggested that the national Town Planning Act 'could have been amended to introduce special provisions for disaster affected areas, changing laws, rules, procedures and conventions to increase speed and flexibility'. Similarly, reconstruction after the 1999 earthquakes in Turkey was often characterised by lack of coordination with city housing and development plans (Akinici, 2004).

Enable inclusive urban planning.

After Japan's 1995 Kobe earthquake, the government enacted a 'Special Act for Disaster Afflicted Urban Areas' with special provisions for urban planning. These included designation of specific roles for neighbourhood committees called machizukuri, for land-readjustment projects. Machizukuri planners led micro-level planning with residents and public agencies as neutral advocates to promote neighbourhood planning and restoration (Balachandran, 2006).

KEY WEBSITES

ALNAP/UN-Habitat Urban Humanitarian Response Portal
www.urban-response.org

Assessment Capacities project
www.acaps.org

Cash Learning Partnership (CaLP)
www.cashlearning.org

Cities Alliance
www.citiesalliance.org

Emergency Market Mapping and Analysis (EMMA) Toolkit
emma-toolkit.org

EvidenceAid
www.cochrane.org/cochrane-reviews/evidence-aid-project

Frontline SMS
www.frontlinesms.com

Groupe URD
www.urd.org

IASC Meeting the Challenge of Humanitarian Challenges in Urban Areas
www.humanitarianinfo.org/iasc

Infoasaid
infoasaid.org

Inter-Agency Network for Education in Emergencies (INEE)
www.ineesite.org

Making Cities Resilient
www.unisdr.org/campaign/resilientcities

MapAction
www.mapaction.org

OpenStreetMap (OSM)
www.openstreetmap.org

Profiling Methodology for Displaced People in Urban Areas, Feinstein International Center
sites.tufts.edu/feinstein

Resilience Alliance
www.resalliance.org

Sustainable Sanitation Alliance www.susana.org

UN-Habitat www.unhabitat.org

UNISDR www.unisdr.org

Ushahidi ushahidi.com

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ALNAP Lessons Paper



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