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Capitalising on Post-Disaster Adaptive Resilience for Recovery

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Abstract

Evaluating the response undertaken in 2010 post-earthquake Haiti highlighted the lack of capitalisation of local resources and capacities to effectively support adaptive resilience to stimulate recovery in this large urban disaster. Instead, the response approach often undermined and weakened local capacity. Through clarifying the fundamental components of adaptive resilience, the emergency response undertaken in Haiti was critically assessed to determine if and how humanitarian programming supported or hindered the development of adaptive resilience and its affect on recovery.

Keywords: Adaptive Resilience, post-disaster, recovery

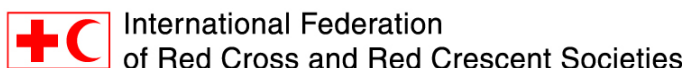
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Methods

Doctoral research was undertaken to assess the emergency response in Haiti after the 2010 earthquake, generating a data-rich case study. A total of 85 participants were engaged through the research inclusive of all relevant stakeholders. Data collection tools used included: semi-structured interviews, an online survey, community discussion forum (including the use of a newly developed tool- the Sociogram), a literature review and archival data.

The Urban Post-Disaster Context

In January 2010, a magnitude 6.9 earthquake struck several large urban centres in Haiti, including the capital Port-au-Prince. The earthquake claimed over 220,000 people and left 1.5 million homeless (UN-DESA 2010; IFRC 2010). A large humanitarian response was launched, which achieved its immediate objectives to provide support to basic critical needs. However, a significant recovery gap was seen 2 years after the earthquake with limited options made available for transition and exit (ALNAP 2010; ALNAP 2011; Fiscale 2011; Holmes 2011; DEC 2011). Presenting the question, is there a better way to approach an emergency response in urban disaster contexts to stimulate recovery?



The Concept of Post-Disaster Resilience

Post-disaster resilience can be summarised from the literature, as essentially looking at adaptive resilience, which is described in Cutter’s DROP model (2008). Individuals/households (HHs) will possess a level of ‘resilience’ before a disaster that will stem from their access to resources, such as assets, basic services, livelihoods, financial and legal services and their strength of relationships with friends and family, local authority and civil society (Bosher 2004). This existing level of resilience ascribes the extent of absorptive capacity that will be expressed by an individual/HH in the event of a disaster. Consequently, this absorptive capacity determines the amount of perturbation experienced, as well as the capacity available to recover/return to a state of functionality, i.e. adaptive resilience (refer to Figure 1, pg. 2). Adaptive resilience is the term given to an individual’s/HH’s level of resilience expressed in a crisis event (Cutter et al. 2008) and the modality that humanitarian response can support and develop.

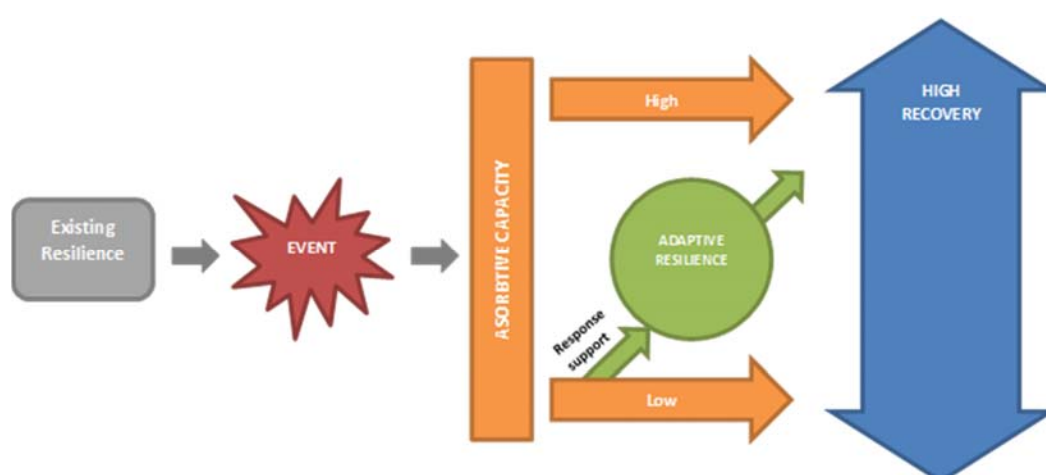


Figure 1. A schematic diagram of post-disaster adaptive resilience and necessary humanitarian support to increase level of potential recovery (adapted from Cutter’s DROP model). [Source: Cutter 2008]

This existing theory was further explored within the post-disaster context of Haiti after the 2010 earthquake through an in-depth case study. The research was able to pinpoint and verify 6 key components of post-disaster adaptive resilience, which include: access to assets, access to basic services, economic opportunities, access to legal and financial services, strong social and political networks and risk perception (refer to Figure 2, pg. 2).

In post-disaster contexts, understanding and supporting affected individuals/HHs adaptive resilience would ensure former weak resilience would not hinder their ability to recover. It would also build in resilience for the future, strengthening absorptive capacity and the ability for affected individuals/HHs to manage their own recovery.

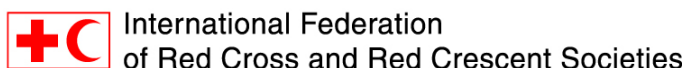


Figure 2. Key components of post-disaster adaptive resilience.

Urban adaptive Resilience After the Haiti Earthquake Response and How it was Supported or Hindered by the Response

Assessing the urban post-disaster response undertaken in Port-au-Prince, Haiti, after the 2010 earthquake, highlighted how these 6 key components of resilience were supported or hindered through emergency interventions undertaken by the international community. This section explores each of these components of post-disaster adaptive resilience, giving examples of interventions undertaken in this urban context that were able to support existing adaptive resilience to stimulate recovery and interventions that hindered existing adaptive resilience.

Access to assets: Asset ownership, such as a house, transportation or tools, forms a level of security and capital for potential recovery.

The British Red Cross supported access to assets by carrying out an early recovery assessment 3 weeks after the earthquake, this allowed them to focus on developing a comprehensive integrated neighbourhood scheme in an earthquake affected neighbourhood, Delmas 19. The approach integrated shelter rehabilitation and reconstruction, the installation or improvement of WASH facilities, as well as livelihood provision. This programme was designed as an incentive for the return of IDPs to their original neighbourhoods, where they could re-establish assets, such as homes and community bonds.

What severely hindered access to assets, such as a home, was the singular rehousing approach



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advocated by the international community that focused on the provision of temporary shelters (T-shelters). A huge amount of resources and time was placed in this approach, however; only 35,000 T-shelters were achieved in the first year, for a displaced population of 1.5 million. The eventual provision by end of 2012 was 80,000 T-shelters, of which only 23% were provided to families living in camps. Since owning or having access to land was a prerequisite for a family to be a beneficiary of a T-shelter program (IASC Haiti E-Shelter/CCCM Cluster 2012).

Access to basic services: Services, such as water, sanitation and health care are vital for survival and maintenance of health.

Early in 2011 the International Federation of the Red Cross (IFRC) began a strategy to take water supply services out of 66 camps and place them close to neighborhoods. The programme identified HHs within the camps that would be prepared to run a reservoir as a business in their community of origin. These HHs were then trained and capitalised. Camp residents were provided a 3 week subsidy: first week offered free water, 2nd and 3rd week offered 3 gourdes per bucket, by the 4th week owners could buy/rent their own trucks. IFRC managed to close all 66 camps by November 2011.

What was not recognized and capitalized on within the immediate response was the existing private water supply providers, which previously served communities through water kiosks that sold low-cost water, generating profits, which were then fed into community projects. After the disaster many of these vital kiosks had to be abandoned due to the large amounts of free water being distributed in camps and nearby areas. This highlighted how emergency intervention weakened existing capacity, reducing the level of resilience achievable in this post-disaster environment.

Access to Economic opportunity: Proactively encouraging livelihood opportunities and market stimulation will foster local economic recovery, stimulating the rehabilitation of local services and amenities, it will also allow individuals/HHs to raise essential capital to manage their own recovery.

UNDP (United Nation's Development Programme) looked at private sector development and job creation. Strategies they employed included buying locally, which offered a huge resource, due to the urban context possessing functioning markets. Offering support to companies on how to apply for UN tender processes, an employment programme that worked with the private sector, i.e. helping them become more competitive and increase their quality of service.

Jobs were created through reconstruction work, however, the jobs made available could only meet the needs of a portion of the affected and many of these opportunities were short-term in nature, therefore, could not offer sustainable livelihood options to raise resilience in the long-term.

Access to legal and financial services: access to cash in a crisis can be fundamental to securing accommodation, starting up business, an opportunity for individuals/HHs to manage their own



recovery.



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The International Development Bank (IDB) offered low rate loans to be offered to SMEs (Small to Medium sized Enterprise) through local financial institutions, setting up an incentive called the Social Investment Fund; a Business Development Service; and a productive Haiti programme. However, the post-disaster environment saw HHs struggle for cash to pay off loans or set up new rental contracts, due to putting down large sums of money for rent just before the earthquake. This lack of financial resources hindered HHs ability to recover, which was not supported through humanitarian intervention.

Strong social and political networks: supportive social networks, such as friends, family and community members, help mitigate adverse consequences and maximise potential recovery. Political connections, i.e. access to local government, civil organisations and international organisations provide essential support, information and guidance.

Neighbourhood rehabilitation to facilitate a rapid return to places of origin, as mentioned previously, allowed former community bonds to be re-established, as well as securing existing ones.

Another camp exit strategy used was relocation, seeing new sites developed for habitation. However, due to a lack of available land within the city, these sites were developed outside the city (e.g. Corraille) that offered poor links to livelihood options and services and resulted in the separation of existing community groups.

Risk perception: individual conceptualisation of individual/HH/community resilience is vital to encourage self-belief and ownership of recovery and not dependency.

Interventions that engaged camp communities and committees in undertaking assessments, as well as developing programmes and sustainable solutions enabled affected individuals/HHs/communities to understand resources available to meet their needs and engage them in achieving solutions, developing self-belief and ownership. Implementation of feedback mechanisms, such as discussion sessions, complaints lines and suggestion boxes opened up channels of communication that allowed interventions to involve affected communities on the development and review of interventions, ensuring appropriate and sustainable interventions to develop, which promoted recovery and not dependency. This approach to programme development and implementation was unfortunately not undertaken by the majority of agencies operating in the response.

Humanitarian aid overall was seen to have been poorly administered and insufficiently regulated, which resulted in funds being channeled into programmes, which Haitians felt neither ownership nor control over. Aid was seen to have been channeled in a way that disempowered rather than strengthened local communities, with the emergence of passive tendencies among the population



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as a result of not being involved in their own development. The distribution of free goods and services, and Cash-for-Work programmes were cited as examples that undermined local notions and practices of self-reliance.

Conclusion

The humanitarian response saw a lack of strategic vision, which resulted in the classic adoption of the camp approach and other immediate, supply-led programming. An approach that inherently was unable to effectively support the development of adaptive resilience at the scale needed. In this large urban context this proved a missed opportunity, as it was found that there were a multitude of potential alternative options, due to the availability of existing local capacity and resources. The lack of strategic vision resulted in the dismissal of crucial decentralisation and community engagement strategies early on. This was directly linked to: the lack of contextual knowledge generated through assessments, weak strategic capacity, as well as funding strategies that did not encourage national involvement or sufficient economic development.

This approach created a response that was not able to support critical components of adaptive resilience, hindering affected communities' ability to recover and for the international community to effectively transition and exit. An approach that inevitably saw a protracted relief situation prevail and limited recovery achieved within 3 years following the earthquake.

The case study has demonstrated that to ensure recovery in a post-disaster context and allow for a more resilient society to evolve, it is fundamental that adaptive resilience is supported and developed within emergency response programming. Urban environments often possess substantial local resources and capacity that can be capitalised on by the international community to sustainably develop adaptive resilience, which will stimulate recovery and allow for effective transition and exit strategies to exist.

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Author's Biography



I am currently working as Oxfam GB's WASH Coordination – Public Health Engineer for South Sudan. Previously, I have been involved in both emergency and development work in Syria, Haiti, Sierra Leone, Somalia, Lebanon, Madagascar, India and the Solomon Islands, working for prominent organisations, such as Save the Children UK, Oxfam India, GOAL Ireland and RedR India. This experience led me to pursue a PhD that looked at resilience in the humanitarian sphere, to understand how to develop and encourage better practice and more effective programming within emergency response.