

# RESPONDING TO MASSIVE SUDDEN-ONSET DISASTERS



Coverage/  
sufficiency



Effectiveness and  
relevance/  
appropriateness



Efficiency,  
Coordination and  
connectedness



Coherence/  
Principles





In the response to Typhoon Haiyan the humanitarian system proved itself capable of timely, effective and relevant responses in terms of meeting immediate objectives and priority needs.

### Summary

Typhoon Haiyan (known as Yolanda in the Philippines) was, thankfully, the sole massive natural disaster during the review period. There the humanitarian system proved itself capable of timely, effective and relevant responses in terms of meeting immediate objectives and priority needs. It also demonstrated the ability to provide sufficient coverage in terms of mobilising resources and accessing populations, with only moderate trade-offs in efficiency, coordination and connectedness that come with the large size of the response. In natural disasters, moreover, coherence and principled humanitarian action are far easier to achieve than in conflict-driven crises.

While not a natural disaster, the Syrian refugee exodus to neighbouring countries also began as a massive and quickly unfolding crisis. Despite some reported problems in efficiency and coordination, the aid response to the refugees in the region has also been given mostly high marks for effectiveness, timeliness and appropriate focus on priority needs.

These overall positive results were assisted to no small degree by cooperative and capable host governments and an automatic surge of international capacity made possible by the new interagency process for system-wide mobilisation and response to major disasters, termed Level 3 (L3) emergencies. Tellingly, similar success was not seen in the chronic crises of CAR and South Sudan, which experienced sudden conflict escalations during the review period. The system also saw some key early failures in a very different sort of natural disaster: the Ebola outbreak of 2014, a case sufficiently different from the typical rapid-response scenario in challenges and response requirements to warrant separate discussion below.

### Coverage/sufficiency

Of the nearly \$1 billion in funding contributions for Philippines Typhoon response recorded by FTS, over 20% came from private sources, including individual foundations and corporations, exemplifying the success in mobilising private funding for responses to sudden-onset natural disasters. From a resource position, the amount raised was more than sufficient for acute emergency assistance, as noted by interviewees and evaluations. An INGO worker in the Philippines commented in the survey, ‘working in a sudden onset natural disaster, in a country where the majority of the population speaks English (which is great for media attention) meant we were over 100% funded very quickly, with enough money to put away for 3–5 year programming and also contingency plans for the entire country.’

Not all agencies were able to roll the surplus funding over so easily, however. The Philippines government declared the emergency phase over and the recovery phase begun just three months after the storm. For some agencies this led to the dual problems of not enough new money coming in for recovery activities and being stuck with large balances of funding earmarked for emergency activities that could not be rolled forward into recovery and rehabilitation. Donors expressed some frustration with this state of affairs. In the words of one, the inability to spend down the emergency money ‘continues to undermine the credibility of the humanitarian appeals’. The donors expected all emergency funding to be



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spent in the first six months, and were not happy to see surpluses. This problem was most apparent in the shelter sector, where the system found itself struggling to raise funds to cover medium- and long-term shelter needs for the millions of people whose homes were damaged or destroyed.

The SOHS field visit took place five months after the typhoon and observed that many of the most heavily affected people living along the coast had lost both their homes and their source of income (fishing) and faced an uncertain future while staying in temporary shelter, often with poor sanitation. The Inter-Agency Humanitarian Evaluation (IAHE) noted much greater success in meeting the original targets for the distribution of emergency shelter kits than in meeting recovery-oriented targets, such as target numbers of households with durable roofing and other safety features (IAHE, 2014). The extent to which the surplus from humanitarian operations should be reallocated, or expected to make a significant contribution to recovery, is a matter of debate. The broad consensus was that there was no easy answer and no ready well of resources for long-term shelter needs.

The Syria crisis has attracted historic levels of contributions, even when considering only the tracked cash contributions to the formal humanitarian system and not the untallied amounts going through informal channels. During 2012–2014, the Syria Refugee Response Plan mobilised roughly \$5.5 billion in humanitarian contributions (FTS 2015). Interviews and evaluations noted that good humanitarian coverage of refugee needs in camps has not been matched by sufficient support for refugees outside camp settings (around 60% of the total) and their host communities (Crisp et al., 2013), but that non-camp refugee support has increased over time.

### Effectiveness and relevance/appropriateness

Reviews, including for the SOHS, found evidence of timely, appropriate and effective assistance delivered in the Philippines despite formidable logistical challenges. This was illustrated by the absence of major excess morbidity and mortality in the storm’s aftermath.

The Philippines presented a challenging physical environment for a rapid and large-scale humanitarian response. Typhoon Haiyan affected a large number of provinces and individual islands and resulted in significant communication and logistical challenges for both assessment and response. Despite the scale of the crisis, evaluations found that on balance, humanitarian responses were timely, at scale and appropriately targeted to immediate needs. The IAHE found that appropriate emphasis was placed on key risks ‘such as communicable disease outbreaks, food insecurity, lack of clean water, emergency shelter and protection’ (Hanley, et al., 2014). In terms of preventing the water-borne and communicable diseases that often accompany mass destruction and displacement, response efforts appear to have worked. Malnutrition, which usually



occurs in the first months after a disaster of this type, also did not spike after the storm, even though a whole harvest had been lost. By these critical outcome metrics, the Haiyan response compares very favourably to the last major typhoon that hit the Philippines (Bopha in 2012, a smaller storm than Haiyan) and to emergencies with similar levels of devastation. One interviewee used the example of the earthquake in Bam, Iran, a decade ago to illustrate how ‘tremendously’ the capacity of the international system has improved.

An enabling environment for the humanitarian response was created in part by the rapid deployment of support and coordination systems. Interviewees noted that the logistics and emergency telecommunications clusters, led by the World Food Programme, performed well, backed by additional corporate resources. The emergency telecommunications cluster moved quickly to bring in satellite phones and generators, enabling voice and data services. Initial bottlenecks at the airport were quickly resolved, in contrast to the experience in Haiti, and the government worked with the logistics cluster to set up a one-stop shop for quick customs clearances, making sure bureaucracy did not impede the smooth delivery of supplies. The IAHE reported that 462 surge personnel arrived within three weeks, and OCHA’s final period monitoring review confirmed that cluster and coordination capacity was able to scale up quickly, faster than operational capacity and relief supplies – which were slower to be positioned in relative terms. Timeliness was also greatly facilitated by pre-existing framework agreements between donors and NGOs that allowed funding to be advanced without the need for written proposals and approval periods. This included £2.5 million from the UK Department for International Development (DFID), split among its pre-selected NGO partners. A majority (63%) of the Filipino aid recipients surveyed by the SOHS said that they were satisfied with how quickly aid arrived.

#### *Uneven needs assessment, but overall appropriate aid*

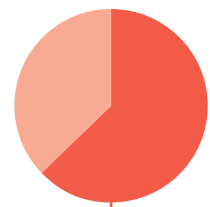
In the Philippines, relief assistance was perceived to be highly relevant and appropriate. Unlike in the Haiti Earthquake and other major natural disasters, no serious problems occurred with inappropriate aid creating bottlenecks or working counter to relief and recovery goals. Needs assessments, however, were reported by interviewees as being uncoordinated, resulting in a number of parallel rapid assessment mechanisms during the early days of the acute emergency and creating some inefficiencies and duplication of efforts. In this instance, humanitarian actors saw the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) as not living up to its promise as a rapid multi-sectoral assessment tool. Undertaken in two phases in November and December 2013, the MIRA in the Philippines had several problems, most notably that it was not released soon enough for maximum effect. The IAHE noted this challenge and that the Strategic Response Plan (SRP), produced 30 days after the typhoon, was informed (or at least validated) by MIRA 1, but that the Humanitarian Needs Overview fell short of the ideal envisaged in SRP guidance (Hanley, et al., 2014). The IAHE noted that this did

not meet the guidance which states that ‘strategy development follows needs analysis’. Concerns were also raised that the assessment did not adequately review and incorporate existing health data. This included the omission of health needs from the first phase due to a miscommunication with the health cluster and the MIRA team. Alongside the MIRA, a joint shelter and WASH (water, sanitation and hygiene) needs assessment was conducted in November to also inform the SRP; this was seen as largely successful.

Though uncoordinated, the quality of the individual national and international needs assessment exercises in the Philippines was not faulted. With relatively well-developed disaster risk management and response mechanisms in place before the typhoon, the process for assessing and prioritising needs was largely successful and, according to the government disaster authority, was more efficient and better at integrating international actors than in past disasters. Given the massive scale of the disaster, immediate needs assessments were generally considered solid, and even in some hard-to-reach areas, food assistance arrived within one to two weeks. Considering the level of incapacitation faced by the national and local governments, their ability to participate in needs assessments relatively soon afterwards was commendable. Data-gathering software for handheld devices was reported as having offered increased speed, efficiency and accuracy by eliminating the need for data entry; users recommended broadening its use in humanitarian response.

With some exceptions, Filipino recipients surveyed for this review reported that the aid they received was appropriate to their needs and of good quality. (Several aid workers said they were struck by the frequent expressions of gratitude they encountered in the Philippines.) There were a few reports of inappropriate or unusable in-kind aid, such as expired food or incorrectly sized children’s clothing, but this seems related to local donations and not the formal aid system. Although less than half of surveyed recipients (41%) stated that they were consulted by aid groups prior to distribution, in general the consultation levels were higher than for other aid contexts. Among survey participants, 45 per cent stated that aid groups communicated about their plans and activities, and 63% stated that they were able to give their opinion to aid agencies in a feedback or complaints mechanism.

For Syria, the enormous outflow of refugees into Lebanon, Jordan, Turkey and to a lesser extent Iraq required a large and challenging scale-up of assistance by the United Nations High Commissioner for Refugees (UNHCR). A recent independent evaluation found that ‘qualitative and quantitative evidence illustrates overall satisfaction with UNHCR’s effectiveness ... in how it has met refugees’ assistance needs, deploying resources and people quickly and address[ing] needs despite a highly complex and quickly changing environment’ (Hidalgo, et al., 2015). This



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view was somewhat challenged, however, in field interviews conducted for SOHS with humanitarian actors responding to the Syrian crisis, who reported coordination difficulties and inefficiencies in the refugee response. Additionally, consultations for the World Humanitarian Summit with refugees and others who receive aid across the Middle East, including many refugees from Syria, conveyed a range of strong and ‘sobering’ criticisms related to the accountability and performance of aid agencies (World Humanitarian Summit, 2015).



### Efficiency, coordination and connectedness

In late 2011, the IASC principles agreed on a set of coordinated measures that would constitute the Transformative Agenda. A major part of the Transformative Agenda has been a mechanism to designate certain humanitarian crises as requiring ‘humanitarian system-wide emergency activation’ (Inter Agency Standing Committee, 2012) in which agencies commit to providing a certain level and speed of surge capacity to the emergency. The Philippines response was the first natural disaster response in which this was tested, and overall it was seen to perform well. Interviews and evaluations were positive overall, but some pointed criticisms did emerge, including regarding tension between agency (UN and INGO) priorities and the collectively constructed plan. The IAHE noted that despite the Transformative Agenda’s empowered field leadership model, the humanitarian coordinator (HC) and the humanitarian country team were sometimes undermined in their decisions by ‘constant attention and direction’ from agency headquarters.

The political environment and potential for full collaboration with national systems was very positive, described in the IASC evaluation as enabling (Hanley, et al., 2014). The government of the Philippines had significant standing national disaster response capacity (the National Disaster Risk Reduction and Management Council) and had been actively engaged internally and with international partners in a range of disaster preparedness programmes. In addition to the robust response from the core actors of the humanitarian system, a number of countries’ national militaries provided significant logistical capacities, and there was a large (if unmeasurable) inflow of remittances from the Filipino diaspora and direct support for local groups.

The Haiyan response included some interesting small-scale innovations aimed at improving efficiency. Several interviewees praised the work of a small NGO, Fuel Aid, which focused solely on procuring and supplying fuel for relief aid vehicles and generators, providing a valuable and time-saving service for the whole system. Another NGO discovered they could do without renting a warehouse and offloaded straight from boats and planes to a truck, which they used as a rolling warehouse, shortening delivery time, cutting costs, and avoiding competition for warehouse space. Yet even well-run natural disaster responses can show inefficiencies at a larger scale. The cost of using 747s, the preferred aircraft of international humanitarian relief efforts, skyrockets in a disaster due to increased demand. Failure to prepare for and mitigate this means, according to one UN interviewee, that ‘we blow

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money on airlift’ with every emergency operation. Efficiencies could be gained, he added, if the logistics cluster put its mind to this issue.

### *Overall strong coordination, but room for improvement in connecting with national actors*

Competing lines of report between the HC and agency headquarters aside, no major coordination problems were cited in the Philippines response. Given the large number of actors, this is a significant achievement. There is also consensus that central coordination with government was initially strong, but that connectedness between the international system and other response structures could and should have been stronger overall.

Government officials interviewed for the SOHS, from Manila to local *barangays* (districts) unanimously expressed satisfaction with the humanitarian response and gratitude for the role played by international actors. When pressed further, however, SOHS interviewees revealed some reservations about the high levels of international surge staffing and the extent to which this disrupted pre-existing working relationships with cluster leads and senior agency managers. In some instances, this led some officials to feel pushed aside by international staff. The IAHE noted that although government remained nominally in the lead, leadership and coordination mechanisms took on an ‘international feel’ and that in multiple cases, coordination systems became duplicative and divergent. One interviewee pointed out that this is partly a problem with the lack of nuance in the L3 designation, which implies ‘that the government cannot cope [and so the] system defaults to going in heavy with no regrets, which makes a certain sense in terms of helping victims, but can be damaging for government’s reputation and risks overwhelming local capacity.’ A similar observation was made by a former senior UN official, who remarked that it was ‘a pity that there are only 3 levels in the system. On a Richter-type scale I would put Syria and Iraq as a 9, and South Sudan, CAR, Somalia on a lower level. Syria will be a generational crisis.’ An expectation emerged that national NGOs should also have engaged in cluster coordination, but the IAHE found that they were largely unable or unwilling to do so. Overall, the response was judged to have missed opportunities to work with and through national NGOs and civil society (Featherstone and Antequisa, 2014).

Overall, the system for mobilising humanitarian response capacities for an L3 emergency worked as envisioned in the Philippines response, and the consensus of those interviewed was that efforts on the ground showed significant improvements over past (and smaller) disasters.

In the Syrian refugee response, interviews and an evaluation of the UNHCR’s response in Jordan and Lebanon gave mixed reviews in the areas of coordination and efficiency. Tensions were cited between OCHA and UNHCR regarding coordination roles and responsibilities for refugees in an L3 emergency, but it was also noted that improvements had been made



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(Hidalgo, et al., 2015). The same evaluation found that the agency had identified ad-hoc ways to save money, but was not able to analyse ‘what is working and what is not’, which was found to be a more general problem across the agency and the humanitarian sector (Hidalgo, et al., 2015).



#### **Ebola and the challenge of infectious disease emergencies**

In 2014, the world’s worst outbreak of Ebola confronted humanitarian actors with a new magnitude of operational challenge. Appearing first in December 2013 in Guinea, the virus spread over the following months to Liberia and Sierra Leone, creating a region-wide health emergency that prompted a large-scale crisis response beginning in the latter half of 2014. The response thus began at the tail end of the SOHS research period, and was ongoing as this report was being drafted. Because of this, no interagency formal evaluations had been completed and the published literature was still relatively limited. The review therefore relied heavily on interviews with actors engaged in the response – including staff from UN agencies, NGOs, donor governments, and international public health experts – augmented by agency reports, unpublished analysis and press accounts. Although it would not have been appropriate to omit an emergency of this scale from the SOHS 2015 report, the response was continuing as this report went to print, and the final analysis may look different once the crisis has been definitively concluded and more thoroughly assessed.

What makes the outbreak of deadly infectious disease different from other tests of the international system is not only that it requires a higher level of technical capacity and threshold for risk, it also demands significantly speedier and more tightly coordinated operations. For a number of reasons, the system fell far short of these requirements in the critical onset period of the epidemic.

In the ideal scenario, an epidemic is recognised and declared early through good disease surveillance, following which the affected government leads the response, with technical and policy support from the World Health Organization (WHO), and material and social mobilisation assistance from UNICEF and medical and health NGOs. In this case, however, despite strong and repeated warnings by MSF about the disease’s rapid spread in March, WHO did not activate the international public health emergency machinery until nearly half a year later, on 8 August (WHO Ebola Response Team, 2014). At that point the virus had spread to Liberia and Sierra Leone, for the first time infiltrating densely populated urban areas. The number of new cases appearing each week had reached 400, and a thousand people had already died (WHO, 2014).

This early failure was due to several factors. For one, the virus diverged from its usual pattern, giving misleading signs that it was on the decline before the extent of its spread became clear. In fact, during the early months there was strong and genuine disagreement among Ebola experts on the epidemic’s projected course. Governments had a natural wariness in sounding the Ebola alarm precipitously in response to a disease outbreak that had no precedent in the region, fearing the implications of trade and travel restrictions on their economies. WHO’s governance structures and

sluggish bureaucracy replicated and compounded the forces delaying action, rather than overriding them. The power to trigger an international response rested with those who are effectively political appointees at the regional and national level. In what amounted to a fatal error, the WHO Directorate in Geneva waited, deferring to the member states rather than using its moral authority and expertise to push for aggressive action.

Once the severity of the epidemic was clear, the humanitarian system found itself unprepared to launch the rapid, massive, and concerted response that was called for. It became clear that the international community has no standing system to combat an international outbreak. Even had it acted quickly, WHO (by dint of its design and recent defunding) lacked the capacity to lead operations on the ground. Donors have reduced WHO’s funding for acute epidemic response in favour of preventive efforts like immunisation (Tong, 2014). While interviewees recognised this, few saw it as providing the whole explanation for the poor performance and some strong views were voiced regarding the inadequate capacity and competence of the institution to undertake this role even if the money were there.

According to interviewees, the initial deployments by both WHO and the US Centers for Disease Control, the other preeminent international health authority, were weak, disjointed and lacking strategic direction. A small number of agencies and NGOs, foremost among them MSF, were doing critical work treating patients and tracing contacts, but as ‘disconnected islands of activity’ (Banbury, 2015) rather than as integrated components of a unified intervention. Recognising the need for a leading body with a centralised chain of command, the UN secretary-general initiated the creation of a new body, the UN Mission for Ebola Emergency Response (UNMEER), to play this role in the style of a UN integrated mission, but even more directive, emphasising crisis management and decision-making over consensus and coordination. Although it was stood up more quickly than any UN mission in history, its leadership ‘had no idea how to go about stopping Ebola’ and ‘were figuring it out as we went’ (Banbury, 2015). Interviewees gave mixed opinions on UNMEER’s effectiveness, with a few insisting that goals would have been served better if the standard humanitarian coordination system was used instead. As one senior official put it, “We have 15 to 20 years of fairly decent experience, networks, and working relationships. Let’s forget about all that and create a brand new body.” Has that ever worked? UNMEER did ultimately succeed in bringing the key actors together in a unified strategic plan, and new cases began to decrease at rates exceeding initial projections. To do so, the mission initially bypassed host government structures, and even excluded government representatives from the first joint planning meeting held in September, for fear that it would slow down the process. However, according to interviews with humanitarian actors involved in the Ebola response, and the first



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head of UNMEER himself (Banbury, 2015), the mission did not ultimately achieve the kind of command and control that was sought, as agency heads questioned and pushed back on UNMEER's authority over them.

Other challenges to effective response to Ebola included the following:

- The lack of assurances by Western governments to humanitarian agencies that their staff members would have access to medical evacuation if they got sick (and not face draconian quarantine measures when they returned home) proved a serious challenge to an already difficult recruitment task.
- The 'Balkanisation' (in the words of one interviewee) of the US and UK military support to the region, with the US operating primarily in Liberia and the UK in Sierra Leone, led, according to a consensus of interviewees, to uneven performance, with Sierra Leone faring worse.

At the time of this writing, people are still contracting Ebola in West Africa, but the rate of new cases has levelled off, and the epidemic appears to be contained, confined to a series of micro-outbreaks. The work of local health professionals and humanitarian agency staff has been nothing short of heroic. MSF has been highly praised, not only for its own operations, but also for its full-throated advocacy and for providing training and other resources to partners. Other organisations stepped up to the challenge in courageous and decisive ways as well, some of them moving into unfamiliar areas of operation simply because there was no one else to do it. At the apex of the crisis, governments, local health systems and international actors, including the military, were working together well and incredibly hard. It is important that these accomplishments be recognised in any appraisal of the Ebola crisis. None of this, however, changes the central fact that local practices, as well as institutional weaknesses and capacity deficits in the international humanitarian system and national governments, prevented the response from halting the epidemic in its early stages, thus allowing it to spread and ultimately cause thousands of preventable deaths.

The Ebola experience has spurred serious reflection and momentum for action, including a reassessment of WHO's capacity and role in major disease outbreaks. Up for consideration was whether the role of addressing such outbreaks should be removed from the agency's remit altogether, and a new international entity established with the independence and flexibility to lead epidemic responses. What was ultimately proposed by WHO's executive board was to keep this function within the body, with a new 'global cadre of public health workers trained to deal with a crisis' and supported by a new \$100 million emergency fund. However, no change in governance appears to be on the horizon, only a 'commitment by the Executive-Director to ensure that regional staff members are selected for their expertise' (New York Times, 2015).

Even though the Ebola outbreak was an exceptional challenge, the experience nonetheless illustrates some fundamental tensions in the



## PHILIPPINES (TYPHOON HAIYAN)

**Typhoon Haiyan struck the central islands of the Philippines (where it is known as Typhoon Yolanda) on 8 November 2013. The strongest tropical cyclone ever recorded, it killed over 6,000 people and displaced about 4 million. In total, an estimated 14 million people were affected across 36 provinces, the majority living on the island of Leyte and in its major city, Tacloban, which lost about 90% of its infrastructure. About a million homes were damaged in the storm, about half of those completely demolished, and millions of people saw their income sources lost or disrupted. Unlike in previous typhoons, the devastation included air and sea ports in the hardest-hit regions, as well as entire city infrastructures, necessitating emergency airlift to bring in critical supplies.**

### Overview of performance

**Coverage/sufficiency:** Nearly \$1 billion in funding was mobilised for the response, from major donor governments (notably Japan and the United Kingdom and United States) as well as from private sources in countries with large Filipino diaspora populations. Acute emergency needs in the first three months were amply covered, but deficits appeared in longer-term housing assistance and other aspects of recovery. Stated requirements for food assistance, WASH, coordination and logistics were relatively well covered (all over 70% funded), while contributions for early recovery and livelihoods were far below the request (29% funded). The L3 designation triggered a global surge of UN human and financial resources, with relevant agencies, funds and programmes treating it as a global priority and dedicating resources accordingly. The response was able to reach all affected areas; however, some complained that Tacloban and its surrounding areas were over supported compared to other places, like eastern Samar.

### Relevance/appropriateness:

Although problems were noted with MIRA, the relevance and appropriateness of relief aid for affected people was not faulted.

Unlike in other natural disasters, there were no major problems with inappropriate aid clogging ports and working counter to relief and recovery goals. Needs assessments were multiple and largely uncoordinated across the system, but most were undertaken in close coordination with local authorities and in a timely fashion.

**Effectiveness:** The response was timely and met the critical objectives of providing food, water and shelter and preventing significant post-event mortality and morbidity. No major incidence of waterborne disease or malnutrition occurred, as typical in the aftermath of natural disasters (and seen in prior Philippines typhoons), and outbreaks of vaccine-preventable diseases such as measles were not severe. The work of the logistics and emergency telecommunications clusters greatly facilitated the overall response, and the greater use of cash assistance was valued by participants and popular among most aid recipients.

**Efficiency, coordination and connectedness:** After an initial (arguably unavoidable) period of confusion, coordination was established quickly and in good cooperation with the government.

Standby agreements in place between donors and implementers proved very helpful. Thanks to government preparedness and leadership within the cluster system, coordination worked well. However, evaluations concluded that the surge of new international personnel had an overbearing effect on government and local aid actors in some instances.

### Coherence/principles:

The transition to recovery created challenges, and humanitarian actors felt that cluster leadership was missing for coordinating strategies for the transition to long-term objectives (or handover to development actors). Longer-term housing remains a critical issue. As in Haiti, underfunding of the shelter sector, intractable land use issues, and lack of a locus of responsibility in the international aid system for medium- and long-term shelter needs resulted in a great many people stuck in temporary shelter, with limited prospects for solutions at scale. This is broader than a humanitarian problem, but it has the potential to lead to renewed humanitarian crisis, as people with inadequate shelter remain vulnerable to disease and other hazards. ●

humanitarian system, including between the need for highly reactive global response capacity on the one hand, and the desire for more locally devolved capacity and prevention-oriented priorities on the other – an unnecessary tension, as we will argue. It also raises issues related to the costs and benefits of a system based on independent, flexible and voluntary coordination compared to those of a command-and-control model.

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