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Synthesis Paper Case Studies

Manila, Nairobi, Eldoret and Haiti

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Summary

1. The objectives of this evaluation of urban case studies are to:
 - a. review, the tools, practices capacities and methodologies employed by humanitarian agencies in responding to humanitarian crises and emergencies;
 - b. develop a robust evidence base to support the strategy formulated for meeting humanitarian challenges;
 - c. enhance IASC's understanding of challenges and gaps encountered in the humanitarian response.
2. Following recommendations of the IASC Task Force on MHCUA, Nairobi, Eldoret and Manila and Port au Prince were adopted as representative case studies. They reflect recent and different types of sudden onset emergencies and disasters (urban violence, severe flooding and hurricanes, earthquakes) impacting densely populated urban areas. They also illustrate different national and local government and NGO capacities and partnerships. All the cities experience on-going chronic conditions because of rapid urbanization, high population densities, deepening poverty and, in the Kenyan cities, the in-migration of refugees and IDPs.
3. Field visits were conducted in Nairobi, Eldoret and Manila where interviews were held with stakeholders from the UN system, international humanitarian NGOs donors, national and local authorities, local civil society representatives and the affected populations. Reviews of existing reports including evaluations, lessons learned and related documentation were also undertaken. A desk review was conducted for Haiti.
4. Four institutional and organizational themes and six sectoral issues are highlighted and for each topic the review: outlines key challenges and gaps experienced by humanitarian agencies; highlights practices, approaches and tools; provides transferable recommendations to IASC partners for improving delivery of humanitarian response and preparedness.

Institutional and organizational challenges

Vulnerability:

5. Urban vulnerabilities vary between humanitarian crises because of the heterogeneity of the population and the dispersal of vulnerable communities fleeing violence or physical hazards. Baseline data are unavailable. Targeting thus constitutes a major challenge, particularly in determining when generalized situations of chronic deprivation surpass emergency thresholds. Understanding pre-disaster vulnerabilities and their causes, modalities of delivery of basic services and governance gaps, as the means to shape strategic responses, was lacking in all the cities.

6. Chronic vulnerability requires careful targeting of humanitarian assistance but in sudden onset disasters and in the immediate post-crisis phase, urban vulnerability was determined to be geographical in nature and required blanket targeting. In the urban conflict-led emergency in Kenya, identification of vulnerable people was especially complex and sensitive as the population tended to be scattered across the city. Like those displaced by urban violence, refugees are an additional vulnerable group in Nairobi, particularly challenging to identify by virtue of their wish to remain 'invisible' to avoid arrest and *refoulement*.
7. Tools and approaches include the following: In Manila, the government-led general overview of the areas and people most affected combined with community level networks to identify those needing immediate assistance. In Kenya a Government and Kenya Humanitarian Partnership Forum (KHPT) 'Assessment and Monitoring Working Group on Kenya Urban Vulnerability' tool now provides vulnerability indicators and measurements to identify emergency conditions. In Manila and Nairobi a cash-transfer delivery system helped those targeted to regain a measure of food security: it was also used by beneficiaries to restart their livelihoods. Overall the most appropriate approaches in the case study cities were working through traditional partners using community-based surveys and using community self-help, including with host families.
8. Recommendations for improvement include the need to address access challenges by setting up distribution points and community 'drop-in' centers; developing community-based registration systems anchored in urban neighbourhoods; improving tools for vulnerability targeting.

Developing effective strategies for urban emergencies and urban based professional expertise:

9. The earthquake in Port au Prince and hurricane Ketsana in the Philippines highlighted two substantial gaps in the approaches adopted by UN Humanitarian Coordination leadership and the Cluster System: limited understanding and knowledge of the urban context; and insufficient specialized urban expertise to prepare a strategic vision for post disaster recovery and to coordinate urban stakeholders during emergency relief and recovery. This strategic gap was particularly evident within the Clusters.
10. Amongst the key challenges to emerge were: very limited interaction with national and local governments, communities and the local private sector; implementation of a large number of needs assessments; camp-type registration systems; uncoordinated national and international actors.
11. The provision of urban technical assistance to the national ministries and local government departments, as part of the response was also a gap in the case study cities, further impacting local, generally weak, capacities.
12. The main recommendations are: the need to put in place appropriate professional expertise for the Humanitarian Coordinator to shape the UN strategic response plan as early as possible after the disaster; and to develop an urban strategic vision to guide the humanitarian response in urban settings within the HCT and clusters, in collaboration with national and local governments and communities.

Coordination and Partnerships with National and Local Authorities

13. Distinctive features of all the case study cities were the high number and diversity of national and municipal authorities, international, national and community organizations, the private sector, municipal service delivery bodies which could respond to the disasters and crises. Their presence in Port au Prince, Nairobi and Manila potentially enhanced program capacity after the disasters and crises. However, major challenges were posed because the actors and activities were not well coordinated and the sheer scale of the crises overwhelmed the capacity of host country actors to respond effectively, compromising their ability to lead.
14. Capacities at the local level were especially weak and overshadowed by the presence of national agencies in the capital cities. Ensuring horizontal coordination (between different actors in the city) and vertical coordination (between central government and their counterparts in the field)

was also problematic. But the relevance of local and decentralized coordination systems was very important in Manila and Port au Prince due to the impact and scale of the disaster.

15. The need for IASC organizations to undertake capacity assessments of government actors is of great significance. Lack of information on national capacity led to an under-estimation and under-utilization of these capacities by the international humanitarian community in the Haiti earthquake response. In humanitarian emergencies, where government's themselves can be a party to conflict or may not have adequate capacity in the first place, such capacity assessments are also very important.
16. A common challenge to all case studies was the 'silo effect' produced by cluster coordination with inadequate cross-cluster coordination and large numbers of humanitarian actors.
17. Local NGOs with limited staff capacity find it extremely challenging to participate in cluster meetings. It is critical that the clusters focus equally on the participation of local actors and NGOs.
18. Amongst the valuable tools and approaches identified in the city reviews are the following: long-established coordination mechanisms produced effective cluster coordination and this was enhanced by the grouping of governmental, intergovernmental and NGO actors; information-gathering and coordinating agencies enabled effective information dissemination in Nairobi; in Manila, the Government successfully adapted the cluster mechanism to the early recovery context smoothing transition and continuity from UN-led to Government-led coordination.
19. Recommendations for improvement are: putting in place local coordination mechanisms that can be activated through a designated national and international agency in emergencies in order to leverage resources and inputs from communities, NGOs and private sector companies; the IASC should pre-identify national stakeholders and interlocutors and build their capacity in high risk countries; better engagement with government actors and local governments to enhance capacities; creating standby partners by the IASC.

Engagement with Urban Stakeholders and Communities

20. In all the cities, urban dwellers strongly relied on their community setting for their protection, housing, access to basic services and support for their livelihoods in both chronic and emergency/crisis situations. These local networks were supported by a myriad of non-state actors, who provided education, health services, water and sanitation, and infrastructure. The challenge faced by humanitarian actors in these cities was to develop knowledge of communities and tap their strengths in designing humanitarian responses. This gap in engagement by host government actors and agencies, and humanitarian organizations was highlighted as a key strategic area for improvement in urban-based emergencies and disasters in all the cities. Poor co-ordination between major national and international actors and community-based organizations was an endemic feature.
21. Often development-led partnerships preceded the emergency; but the shift to working in crisis situations – for example urban violence in Kenya – reduced trust in government-led partnerships and demanded reassessment of which local partners were the most appropriate in terms of scaling up capacity, technical skills and community outreach. At the same time CBOs face general resource problems.
22. Tools and approaches drawn from the study emphasize the need to place communities at the core of immediate humanitarian assistance programmes - community-based organizations were the 'partners of choice' for IASC operational agencies. Established partnerships were most effective in responding rapidly and efficiently, using pre-arranged SOPs with clear roles and responsibilities. Private-sector partnerships were also built up in both Kenya and the Philippines to assist in food supplies. The Cluster mechanism in Nairobi and the Philippines served as a useful tool to collect and disseminate examples of community-based partners with specific competencies.
23. Recommendations for improvements: major national and international actors need better knowledge of and access to CBOs and local communities, together with enhanced co-ordination;

better dialogue and the use of participatory approaches which proactively engage communities in designing emergency and recovery programmes and responses are needed; building up urban partnerships and investing in local capacities before a disaster are essential prerequisites.

Sectoral Challenges

Food

24. Food insecurity was a source of chronic vulnerability in the urban case studies. However, although the field surveys did not detect particular challenges in food provision, distribution in the early phase of the emergencies was problematic given access and vulnerability identification issues. In the Philippines the government activated emergency food stocks, supplemented by district supplies if these became insufficient. NGOs in Nairobi indicate that a food security crisis of emergency levels is unfolding in the city. In this context, humanitarian actors are concerned at the lack of benchmarks for identifying emergency triggers, necessary to separate chronic from acute food insecurity.
25. Tools and approaches identified in the study include: in Manila, community distributed food packages to people who remained in their flooded homes, private donations from local NGOs and private companies and use of local government stocks. In Kenya WFP and the Kenyan Red Cross Society delivered emergency food after a rapid assessment using the Food Security Assessment tool. Cash distribution was the faster way of providing relief, having an immediate positive effect in providing a food security safety net and boosting livelihoods.
26. Recommendations include: the need to develop urban food strategies as in Kenya, including the need to gather data and detect humanitarian trends to forewarn of emerging food crises; exploring other forms of food assistance such as vouchers or cash for work or vouchers to allow people to make their own choices as to household priorities.

Shelter

27. In all the cities, the disasters and humanitarian emergencies had the greatest effect on people living in chronic conditions in the informal settlements. In addition to the enormous backlog in providing satisfactory housing, in all four cities the disasters left a significant volume of people displaced for protracted periods with no satisfactory shelter solution. Return was problematic because of safety fears in Kenya, and the lack of faster and better transitional housing options, or the slow implementation of new strategies in the disaster affected cities.
28. The density of urban development presents particular challenges for meeting Sphere standards because the population's living conditions normally fall well short of what would be expected
29. Tools and approaches used included: financial compensation provided by the governments of Kenya and the Philippines although this was too limited to have significant impacts and few households received compensation; provision of shelter materials but this must meet the expectations of households; in the Philippines, house owners have been assisted to rebuild their homes with building materials and technical assistance to ensure sound construction; an initial shelter strategy drafted by the Manila Emergency Shelter Cluster three weeks after the Ketsana crisis appears to have been an effective tool; relocation strategies have been used in limited circumstances; Food for Assets and Food for Training to families building their new houses and community infrastructure, as well as during livelihoods training appear successful in Manila;
30. Predominant gaps to emerge in shelter responses in the case studies are: the high number of homeless people, the majority of whom used to live in informal settlements with no clear ownership or right-of-use, and who have not been profiled; a significant gap in undertaking temporary repairs and retrofitting to houses in areas marginally less at risk of natural hazards.
31. Recommendations include: strategies to support host communities' families who provide substantial temporary housing for families and friends displaced by urban disasters and crises where the use of mainly cash-based incentives should be developed; urgent solutions are needed

for the homeless; strategies and models to undertake temporary repairs and retrofitting to houses in areas that are marginally less at risk of natural hazards need to be developed.

WASH

32. A major challenge in urban areas is that services such as water and sanitation infrastructure are already very poor and serve a large number of people. Sudden onset emergencies and the arrival of new populations in the case study cities resulted in extreme pressure on these services especially where the displaced populations were hosted by friends and relatives. Water, sanitation and waste facilities are quickly overwhelmed and contaminated. Successful provision of water and sanitation in these contexts requires the coordination and building of partnerships between national, local and private sector actors for restoration and extension of services to the affected population. WASH solutions do not have a 'one-size-fits-all' solution because of the different land and water table configurations in individual cities, and in different areas within cities.
33. Tools and approaches used include: in Nairobi, the development of innovative ways to provide safer and more sanitary toilet systems to households in the slum areas; the use of the 'peepoo' bag, biodegradable and usable as compost on garden plots; the upgrading of well-run water and waste systems, installed and run by the community in some slums in Nairobi; the construction of raised toilets in transitional sites to take into account high water levels in Manila and longer-term solutions involving innovative composting techniques for waste.
34. Recommendations emerging from the case studies are: for local governments to have on hand, or organize, standby procurement arrangements for additional 'porta-toilets' that can be deployed rapidly to emergency centers; better preparedness for WASH facilities and sanitation arrangements which are contextualized for different geo-physical characteristics.

Health

35. The main challenge recognized by all health actors was the lack of disaggregated data to capture differences between different socio-economic groups within large District level units of assessment and between chronic and emergency situations. Health issues of older people and mental health needs are neglected in urban emergencies.
36. Amongst the tools and approaches used are: effective co-ordination between agencies in Nairobi and throughout the country enabling WHO to use CERF funds to purchase essential medicines and equipment for rapid deployment; in Manila Surveillance in Post-Extreme Emergencies and Disasters (SPEED) is being developed as an early warning surveillance system for post disaster situations. A lack of resources to employ more health workers in urban slums is a problem in Nairobi and in Haiti.
37. Recommendations for improving urban responses are: advocacy with the governments by the Health Clusters for more disaggregated data collection and analysis; developing and testing the Manila SPEED model for improving health surveillance in urban areas.

Protection and Violence

38. Protection issues emerge as significant challenges in the urban settings reviewed in this study. Amongst the main challenges in Kenya are the: feeling of insecurity in return areas; failed or non-functioning peace-building initiatives at the grass roots level; restricted access to land and housing for IDPs; SGBV, prostitution/survival sex and child abuse; child protection concerns in areas of return. The fact that the government/authorities may appear as perpetrators of violence is another dilemma for humanitarian and rights based agencies. In disaster impacted cities such as Manila protection and violence incidents were linked to stress from poverty and living in cramped conditions or temporary shelter.

39. A significant challenge is how to protect IDPs and refugees who wish to remain anonymous and others who are hard to identify in dispersed communities. At the same time the capacities of national and local government units become far too stretched with arrival of IDPs from the same or neighboring cities.
40. Tools and approaches: a national IDP Policy such as adopted in Kenya should become an integral part the IDP protection framework; information centers for newly arrived refugees and IDPs should be set up; in Manila child protection and child friendly spaces in the emergency phase allowed detection of child trauma; training ‘government protection responders’ in Manila has been successful; the UNHCR ‘Participatory Protection Appraisal’ tool has specific applications for urban settings.
41. Recommendations emerging from the case studies include: wider promotion of the UNHCR PPA tool; developing community information centers and Safe Houses for ‘self-targeting’ support; creating ‘tolerance space’ by national and local authorities; greater use of information technologies such as text-messaging information to people with security risks.

Livelihoods

42. The issue of livelihoods in urban areas is of major concern to humanitarian agencies, especially those involved in the early recovery cluster, because of its close associations with shelter, protection, education and health. High unemployment is a feature of most cities, especially after disasters and urban violence.
43. Urban areas are often important sources of small food production and food processing businesses, activities that can be severely disrupted in a crisis and difficult to re-start after a major loss of assets.
44. Amongst the tools and approaches identified in the study are: a successful early livelihoods intervention was Cash for Work for flood debris clearance and rubble removal in Manila, Port-au-Prince and Nairobi; ‘Food for Work’ and ‘Food for Training’ programmes encouraged IDPs in Manila to relocate; a combined shelter, peace-building, psycho-social and livelihoods programme in Eldoret assisted people to return to rural areas; micro-finance and cash grants have helped to re-start food production activities at the household and micro-enterprise levels; UNHCR Quick Impact Programme (QIPs) model has been adapted from rural to urban contexts. The main gaps lie in providing sufficient resources to fund and implement these programs which are often considered a lesser priority than post-crisis life-saving activities
45. Recommendations are to: increase the resources for livelihoods programs in urban areas at an earlier stage; develop specialized competencies and training; expand youth employment schemes; ensure better co-ordination and consistency between humanitarian and development agencies to ensure of livelihood recovery programs are synergized into longer-term initiatives.

Preparedness

46. The case studies highlight the fact that many poor cities are potentially vulnerable to large natural disasters with additional risks in poor informal neighbourhoods accommodating a large share of urban populations. But preparedness planning is very weak. In Manila, for example, preparedness plans were out-of-date, took insufficient account of what and how to prepare for disasters in urban areas and the specific needs of vulnerable groups, and were overwhelmed by the magnitude of the disaster. UN and NGO country contingency plans were out of date in the case study countries.
47. In the case study cities an ‘enabling environment’ has now been created by the disasters, with renewed impetus to improve all aspects of preparedness and DRM. But humanitarian actors and agencies have yet to effectively anchor their preparedness activities at the municipal level.

48. In terms of tools and approaches, the Country Teams in Kenya and the Philippines have embarked on holistic contingency planning exercises to respond to different kinds of disasters. The Government of the Philippines is preparing training courses on good governance including training on disaster contingency planning, preparedness and response SOPs with plans.
49. Recommendations include: ensuring that institutional and individual expertise of urban preparedness is mainstreamed into government and agency activities; IASC and non-IASC organizations need to anchor their preparedness activities at the municipal level; IASC actors should consider ways of supporting local governments to prepare and set up urban response and recovery systems.

I. Introduction

1. Objectives

The overall objectives of the evaluation of urban case studies are to:

- review, first hand, the tools, practices capacities and methodologies employed by humanitarian agencies in responding to humanitarian crises and emergencies;
- develop a robust evidence base to support the strategy formulated for meeting humanitarian challenges;
- enhance IASC's understanding of challenges and gaps encountered in the humanitarian response.

The IASC Task Force on Meeting Humanitarian Challenges in Urban Areas (MHCUA) recommended Nairobi, Eldoret and Manila and a desk review of Port au Prince as representative case studies reflecting different types of emergencies and disasters impacting densely populated urban areas ¹.

The review:

- outlines key challenges and gaps experienced by humanitarian agencies in these cities
- highlights practices, approaches and tools used in these cities
- provides key transferable recommendations under each area
- provides recommendations to IASC partners in the case study countries on improving delivery of humanitarian response and preparedness in the selected cities.

2. Timeframe and Methodology

The case studies were conducted between 18 and 28 May 2010 (Nairobi and Eldoret) and 2 and 11 June 2010 (Manila). The Haiti desk review was conducted in August and September. Preparation for the studies, desk review, field visits and drafting of the present synthesis report took place between the beginning of May and the end of September 2010.

A review of existing reports including evaluations, lessons learnt, and related documentation for each case study contributed to developing the framework of analysis and the field work programme. Interviews and meetings during the field phase were semi-structured around a question-set pre-agreed by the TF. These interviews were held with stakeholders from the UN system, international humanitarian NGOs (including those not participating in the cluster approach), National RedCross and the IFRC, donors, national and local authorities, local civil society representatives and the affected populations. The Port-au-Prince desk case study was undertaken in September, 2010.

II. The Crisis Context

Case Study Cities

| Cities | Selection Criteria | Context |
|--------------|---|--|
| Metro Manila | <ul style="list-style-type: none">▪ Natural disaster in 2009, Hurricane Ketsana and Ondoy affecting various cities of Metro Manila | <ul style="list-style-type: none">▪ populous urban centre containing cities of varying sizes and capacities▪ engagement of national and local government structures and partners▪ Taguig, Pasig, and Pila Laguna municipalities were studied▪ IASC HCT and partners |
| Nairobi | <ul style="list-style-type: none">▪ Big city - representative of vulnerabilities and conflict in urban settings in the region▪ Several ongoing disasters | <ul style="list-style-type: none">▪ Post election violence in 2007/08 in Kenya▪ IASC humanitarian partners forum exists |

¹ For the purposes of this paper, the terms 'disaster', 'emergency' and 'crisis' will be used interchangeably, unless where otherwise indicated.

| | | |
|----------------|---|---|
| Eldoret | <ul style="list-style-type: none"> ▪ Medium sized city affected by violence in 2007 | <ul style="list-style-type: none"> ▪ Post election violence in 2007/08 in Kenya |
| Port-au-Prince | <ul style="list-style-type: none"> ▪ Sudden onset large scale urban disaster - earthquake in January 2010. | <ul style="list-style-type: none"> ▪ severe impacts the city of Port au Prince and its population - virtual destruction of city, 1.3 million displaced ▪ already weak governance and institutional capacity destroyed by disaster |

Nairobi

The proliferation and expansion of informal settlements in Nairobi reflect ongoing economic migration to the city as well as population growth. Sixty per cent of Nairobi’s residents live in slums with no or limited access to even the most basic services. The city’s infrastructure is not keeping pace with the number of people migrating to the city resulting in a proliferation of slums and informal settlements. The country’s reduced food production due to prolonged drought and political violence has resulted in higher food prices, negatively affecting the urban poor and increasing food insecurity in city slums ². While some urban dwellers have seen their position improve due to impressive levels of economic growth in recent years, the percentage of the urban population in the poorest categories of all is on the increase, and the gap between rich and poor is rapidly widening.

Humanitarian emergencies in these settings are twofold.

Chronic emergencies: These occur because of rapid urbanization, refugee and IDP in-migration to the city and high population densities ³. Deepening poverty has trapped a majority of the urban poor in downward spirals of deprivation and vulnerability. Whilst not necessarily unsafe *per se*, the high concentration of people living in over-crowded and unsanitary environmental conditions (categorized variously as slums or informal settlements), create serious health risks from ongoing man-made hazards such fire, flooding and violence. These produce multiple shocks from which people are increasingly hard-pressed to recover.

Humanitarian indicators in slum areas such as global acute malnutrition (GAM), under-5 mortality and overall mortality rates are the highest in the country ⁴. Without adequate supply of potable water, the MDGs on child mortality, maternal health, and combating HIV/AIDS, TB, malaria and other diseases, could be under threat ⁵. A recent study by Oxfam states that urban poverty is set to be Kenya’s defining crisis over the next decade if it is not urgently addressed ⁶.

In addition, an estimated 46,000 refugees live in Nairobi in the anonymity of local communities ⁷, lacking access to livelihoods and the formal labour market due to ambiguities in their status in Kenya, and living in fear of police harassment.

Sudden-onset emergencies: In the Kenya context these include more intense fire outbreaks, flooding, drought, and episodes of widespread violence of the kind experienced after the 2007 elections resulting in loss of life, property and a general breakdown of law and order. Post election urban violence (or PEV) in 2007 posed serious challenges in Nairobi and other cities in terms of humanitarian access, delivery of humanitarian assistance, identification of the most vulnerable groups, sheer numbers and sporadic nature of violence in cities. People who have lost their homes in these events became displaced and have had to find alternative shelter – often with friends or family members in similar circumstances, whose own

² Threats to food security in urban areas are largely poverty, competition for resources and HIV/AIDS, according to WFP.

³ idem

⁴ *Urban Poverty and Vulnerability in Kenya*, Oxfam GB, September 2009.

⁵ MDG Goal 7, Target 11: ‘By 2020, all states will work towards achieving a significant improvement in the lives of at least 100 million slum dwellers’.

⁶ Oxfam op.cit.

⁷ *UNHCR Statistical Summary of Refugees and Asylum-Seekers in Kenya*, May 2010

precarious conditions become further stressed. IDPs from the PEV blending into urban settings risk further marginalization and are at times not in receipt of the assistance for which they are eligible.

3. Eldoret

Whereas Nairobi is a city of over 3 million inhabitants, Eldoret has just over 700,000. It is surrounded by a rich agricultural hinterland and is home to many farmers and farm-related industries. Post-election violence affected Eldoret in both urban and rural locations: many fled from the rural area to Eldoret in search of safety. As at May 2010, the number of IDPs stood at some 18,570 displaced in 25 transit sites in the Rift Valley (Eldoret area) and 34,000 in self-help groups⁸. However, there remains a lack of clarity on actual numbers of PEV-related IDPs. The Government of Kenya (GoK) conducted in 2008 a nation-wide IDP profiling exercise covering PEV-related IDPs only (ie. not the pre-existing IDP caseload) and estimated the national number at 663,921⁹. However, agencies believe these figures are not representative of the full scope of the displacement^{10 11}.

Some of the IDPs in Eldoret have returned to their areas of origin and/or ancestral home areas or are in the process of doing so. Other, minority groups are fearful of return and thus remain in transit or self-help sites near the town for reasons of greater security. Still others did not benefit from assistance offered by the GoK as during the profiling exercise they were not accommodated in the organized IDP hosting sites. An undetermined number have left these sites to move into urban areas – Eldoret, Nakuru and Nairobi where they have placed further pressures of space and competition for resources on the urban poor¹².

The crux of the differences between Nairobi and Eldoret is that IDPs and the urban poor in Eldoret can rely on a degree of food security through their proximity and linkages to nearby farms, whereas in Nairobi all needs must be satisfied by paying cash. Moreover, there is a lack of social safety-nets in and around the capital and community social services appear to be extremely weak due. The urban poor in Eldoret, by contrast, have a strong social network of sharing and borrowing for survival but those in Nairobi have to struggle individually in a society with little social capital and a cash-based economy.

4. Manila

The Asia-Pacific region is highly vulnerable to disasters, and IASC and other organizations have been engaged in humanitarian response and recovery in several countries. Being the fastest urbanizing region, and with recent disasters taking place in urban areas, the Philippines is considered one of the most disaster-prone countries in the world. Its location makes it vulnerable to a variety of natural disasters. Lying on the western rim of the Pacific and along the circum-Pacific seismic belt, it is subject to storms, typhoons, earthquakes, floods, volcanic eruptions, droughts and faces other natural hazards. Disasters are a serious threat to people and economic assets, particularly in densely populated urban areas. At least 60 percent of the total land area of the country is exposed to multiple hazards, and as a result 74 percent of its population is vulnerable. In urban areas, those living in disaster-prone areas such as riverbanks and estuaries are highly vulnerable. Those in flood-prone areas, along the coast and on steep slopes in upland areas are also at risk.

Metro Manila is the most populous metropolitan area in the Philippines. It consists of 16 city authorities and one municipality and is considered a unique example of the mega-city in the Asia-Pacific region. The urban conditions in Manila are similar to those in Nairobi's slums, characterized by over-crowded, unsanitary situations with multiple hazard risks and a city infrastructure that has not kept pace with their

⁸ *Kenya Humanitarian Snapshot, May 2010*, OCHA Kenya, 14.6.10, source: MoSSP

⁹ Interview with Mr. Michael Musembei, Mitigation and Resettlement Department of the Ministry of State for Special Programmes MoSSP)

¹⁰ *Fact Sheet – IDPs in Kenya, May 2010*, UNHCR

¹¹ MoSSP never produced a full report on the survey conducted

¹² The IDP caseload remains in a state of flux and will not be resolved until the National IDP Policy, which aims to provide greater protection to IDPs, prevent future displacement and fulfil the country's obligations under international law is fully implemented¹². Many Kenyans hope that proposed revisions to the Constitution will address historical land issues which were the underlying cause of the PEV and resulted in the displacement. IRIN, 19 March 2010 states that: "The draft policy, unveiled in Nairobi on 17 March, broadens the definition to cover displacement due to political and resource-based conflict and natural disasters, as well as development projects that force people from their homes without proper relocation."

urban growth. With high hazard, high vulnerability and high earthquake risk, proximity to the active fault region, rapid urbanization and population expansion make it a disaster hotspot. Natural disasters in these areas, as witnessed in the 2009 tropical storms of Ketsana, Pepeng and Mirinae disproportionately impacted the urban, poor given their propensity to live in hazardous areas prone to flooding, and placed pressures on humanitarian responses in the urban areas of Metro Manila.

5. Haiti

Haiti is at risk from both earthquakes and hurricanes. Hurricanes hit the country almost every year but topographical features mean that the risks seem to be relatively lower in Port-au-Prince than in other parts of the country. However, the reverse inclined coastal plain and extensive river basins make it highly vulnerable to heavy rains and flooding. Port-au-Prince is partially located on an important crush fault line and it was destroyed twice during the eighteenth century. The whole city is therefore considered highly at risk from natural disasters due to both physical configuration and high vulnerability of dense informal settlements.

Reinforced concrete structures and heavy slabs are the most popular form of commercial and residential construction resistant to the recurrent threat of hurricanes but very vulnerable in earthquakes. Moreover, poor quality of building materials, absence of building standards and inadequate construction techniques further reduce the earthquake resistance of most buildings erected by unskilled labour.

The earthquake in January 2010, mainly affecting the capital city, Port-au-Prince and many secondary cities in southern and western regions, is estimated to have killed more than 220,000 people, injured about 300,000 people and destroyed or severely damaged more than 310,000 houses. The total directly affected population is estimated at 3 million, about one third of the country's total population. About one third of the capital city was heavily affected, including the central district with the main commercial, Ministries and administrative buildings and the harbour. About 5,000 schools and 60% of the hospitals were either damaged or destroyed. Communications, transport, water, sanitation and energy infrastructure were severely affected. Deaths, injuries and homelessness were far larger than in other recent earthquakes of similar magnitude, primarily because it devastated an already impoverished mega city¹³.

As a result of destruction and fear to return into unsafe houses, more than one million people are still living under tents eight months after the disaster. Tents are located on private residential plots where possible but, as most affected people originate from dense informal neighbourhoods, the majority invaded public spaces (parks and squares, streets, yards of public equipments and churches, inadequate and at risk sites). Some moved to more organized camps far away but where more assistance was available.

About 600,000 people migrated from affected areas and mostly moved back to their city or village of origin. However, due to lack of employment opportunities and with the reopening of less damaged schools in Port-au-Prince, many have already returned despite difficult living conditions. Fear for being dispossessed from informal properties also played an important role in people's return. In most cases, families follow different strategies simultaneously, i.e. keeping part of the family in their region of origin while another part remains in Port-au-Prince in order to secure their properties and to try to earn incomes.

III. Humanitarian Challenges in Urban Areas

This section provides a synthesis of key humanitarian challenges and approaches used by IASC humanitarian partners in the case study cities. Thematic challenges are first reviewed followed by sectoral challenges.

I – Thematic Challenges

1. Vulnerability and Targeting

(a) Identifying the challenges

¹³ IASC report “Response to the Humanitarian Crisis in Haiti”

Vulnerability and the targeting of vulnerable households and communities constitute a major challenge. The case studies show that urban vulnerabilities vary from one humanitarian crisis to another due to:

- a) pre-crisis urban vulnerability related to chronic living conditions
- b) city size, population density and the numbers affected by the crisis
- c) access and delivery of humanitarian assistance.

Understanding pre-disaster vulnerabilities and their causes, modalities of delivery of basic services and governance gaps require urgent attention in shaping strategic responses. These pre-crisis vulnerabilities add to the challenge of distinguishing between chronic and emergency assistance need.

-- In urban areas, the **heterogeneity of the population** and the **dispersal of vulnerable communities** throughout the urban area make targeting beneficiaries a complex and sensitive task, with all the risks that it may entail in terms of maintaining order when relief supplies are distributed. A key challenge identified by humanitarian actors is that of determining when generalized situations of **chronic deprivation** surpass **emergency thresholds**. This is largely due to the way statistics are collected. Health and other statistics are usually collected at District level; but this is too coarse and diverse a level of analysis by which to capture the very different situations between the better-off, middle class areas and the slum areas that share the same district. Thus the statistics, averaged out between these different areas, do not give an accurate picture of the worsening humanitarian emergency in the slums. In the **chronic emergency context** of the Nairobi informal settlements/slum areas, as well as in post-crisis Manila, IDPs, children (especially street children), pregnant and lactating women, the elderly, the chronically sick and the disabled were the groups most often targeted as being especially vulnerable. Prolonged and severe chronic vulnerability requires careful targeting of humanitarian assistance to the totally destitute and carefully-designed criteria to distinguish the most in need from overall chronically poor population groups.

-- By contrast, during a **sudden onset disaster** and in the immediate post-crisis phase, urban vulnerability is widely considered to be geographical in nature: that is, all those in the affected areas are considered vulnerable (communities most affected by violence in Nairobi and Eldoret and by the flooding in Manila).

-- During **conflict-led emergencies** in urban areas, it is not easy to identify people who have been placed in a vulnerable position by an armed conflict or other situations of violence as the population tends to be scattered across the city and relatives may have given them shelter. In addition people do not always register for assistance. They sometimes wish to blend into the anonymity of the town for reasons of security or to avoid being forced to leave. Locating displaced persons, identifying them, limiting assistance only to them all run the risk of placing them in danger and this gives rise to problems that are both operational and ethical.

-- In Nairobi **refugees** are an additional vulnerable group, particularly challenging to identify by virtue of their wish to remain 'invisible' to avoid arrest and *refoulement*. Lack of implementation of the Refugee Act by the government keeps refugees unsure of their rights, forcing them to live clandestinely and limiting their access to basic services. In addition, not all refugee communities have truly representative leadership structures and they do not always make themselves known to the authorities or UNHCR.

-- In Nairobi and Manila **lack of data** in order to determine vulnerability was problematic. Baseline and other data on the numbers and characteristics of people living in slum areas were inadequate, outdated or simply non-existent. The problem was compounded by a highly mobile population: people fleeing the violence or flooding in search of temporary safe haven inhibited effective planning for the numbers of people affected and at risk. Destruction of available data is also an issue. No one had any idea of how many people required assistance and planning figures could only be rough estimates.

-- Governments, humanitarian agencies and communities involved in distributing assistance in Nairobi and Manila also faced the challenge of **access**: flooded streets, un-navigable by traditional trucks, or streets blocked by violence and debris inhibited a rapid and effective delivery of humanitarian assistance.

(b) Tools and approaches

Tools and approaches to enhance organizational needs

Different actors used different approaches according to their resources and networks.

-- In the immediate aftermath of the storms in Manila, the **government-led approach** was to obtain a general overview of geographical areas most affected in order to have an idea of the numbers of people in need of assistance, while at community level, the approach taken was more geared towards using existing networks as sources of information to identify those needing immediate assistance. Both approaches were useful in the particular context but the separate initiatives produced a 'silo' effect of unshared knowledge and an uncoordinated response, resulting in some people receiving multiple assistance packages while others went unserved.

-- A joint UN-Habitat/OCHA-led process was initiated in Kenya in 2009 to strengthen coordination of the humanitarian response in urban areas. Building on this process, the GoK and the **Kenya Humanitarian Partnership Forum (KHPT)** created an 'Assessment and Monitoring Working Group on Kenya Urban Vulnerability' to draw up vulnerability indicators and measurements to identify the drivers of vulnerability in Kenya's cities. The Task Force, in consultation with other coordination fora such as the Protection Working Group, will design a 'basket of indicators' to mark the point at which these vulnerabilities can be classified as an emergency. This exercise has great relevance to the MHCUA initiative: it has the potential of providing a common set of benchmarks that can be replicated in other urban areas confronting similar challenges. The work of the TF should be sufficiently advanced to provide useful material to the overall MHCUA strategy.

-- **A bottom-up approach** was taken in Nairobi to target especially vulnerable families suffering from chronic poverty, using communities as first instance resource to identify the most destitute in a given area of particular deprivation and feeding information up to planning levels. The approach is time and resource intensive but considered by humanitarian agencies to be necessary and effective for accurate targeting.

-- In Manila and Nairobi a **cash-transfer delivery system** helped those targeted to regain a measure of food security and was also used by beneficiaries to restart their livelihoods. A joint programme with the GoK, WFP, Care, Concern and Oxfam successfully targeted especially vulnerable groups in Nairobi, providing them with small cash grants over an eight-month period. The cash transfer programme partnered with community committees to identify the most vulnerable, was followed by agency house-to-house verification, registration in the programme and the distribution of a sim card that allowed the beneficiaries to access cash through mobile phone transfer. The cash transfers aided families initially to gain food security and subsequently allowed them to use the money to establish micro-enterprises. In Manila, cash transfers drew mixed reviews. Popular with many beneficiaries, some grass-roots agencies felt that the cash was not considered culturally appropriate as it is seen as giving alms. They felt that people appreciated and valued gifts/assistance in kind instead of cash.

-- The most appropriate approach in cities was stated to be **working through traditional partners**. In the more stable period following the disaster and in chronic emergencies, international agencies in both cities worked through traditional government and NGO partners at central and local levels, who in turn worked through local community leaders and neighborhoods to identify the most vulnerable, followed up by house-to-house verification by staff. Finely-tuned targeting to those with special needs was done through partnerships with community groups, such as Oxfam, Help Age International, WFP and the IFRC, all of whom worked through their traditional and established community, local NGO or local government partners. This worked well according to those interviewed: targeting was not only accurate but accepted by the community. Given the special concerns of refugees in Nairobi, UNHCR worked with international and national NGO partners and civil society to assist vulnerable refugees. Mobile phones were used to send text messages to indicate where assistance could be provided; messages were spread through the urban refugee protection network (URPN), community outreach activities and word of mouth.

Tools and approaches to targeting in a sudden onset disasters

-- Applicable only in the post-crisis phase is **blanket targeting** when whole disaster-affected population needs some form of assistance and no distinction between the different groups is yet possible. The decision of when to withdraw blanket assistance needs to be undertaken as a participatory exercise between government officials and assisting agencies; for example in the case of WFP is undertaken in at least three contexts - in consultation with local government, agencies, community leaders and CBOs. While blanket targeting may be the only approach in the initial phase of relief, there is the danger of lack of access to

especially vulnerable groups. Agencies noted that older people and people with disabilities were not able to access queues during distributions.

-- A crucial approach is **community self-help** to assist those stranded in their homes or where people flee violence to seek safe haven with communities and families of the same ethnicity, including with **host families**. This was the coping strategy of the vast majority of the urban displaced in all four case study cities.

-- Map Kibera draws upon community participation to digitally map the Kibera slum with GPS mapping tools. This **community mapping of urban infrastructure tool** produces maps which are shared with communities to input essential features in their community, such as water points, streets, schools, health, religious and information centres, even individual houses. The maps (hard as well as soft copies) can be used for a variety of applications and can be added to as community features change. <http://mapkibera.org/>

-- In Manila, the CCCM Cluster developed a tool for IDP tracking, identifying needs and gaps in service delivery to the affected population. The **Displacement Tracking Matrix (DTM)** identifies vulnerabilities through beneficiary profiling: information gathered for the GRP Family Access Card, a form of registration card that enables those eligible to claim assistance. Vulnerabilities captured through this tool include GBV, children, IDPs. The tool is used in partnership with the national Government in the Phillipines, all stakeholders in the CCCM Cluster and other clusters.

Tools and approaches for targeting in a chronic emergency

-- The salient features of **community-based surveys** are: (i) community participation is essential to do first-instance targeting of the most vulnerable; (ii) determining specific vulnerability criteria according to the needs of the community and poverty context; (iii) constant monitoring/house-to-house verification; (iv) the need for a stable security environment.

-- A similar in approach to community-based surveys is **IDP Urban Profiling** which uses sampling techniques to identify high-density IDP areas and control groups. Questions do not ask about displacement but use proxy indicators to identify IDPs. UNHCR assisted the GoK to undertake IDP profiling throughout the country in the PEV context, adapting it to the 'urban' model for Nairobi – although the report was not shared by the GoK and statistics are contended.

(c) Recommendations for improvements

There is no one-size-fits-all methodology for targeting individuals and families most affected in urban areas due to the variety of their configurations and situations: a) dispersed families in urban areas; b) variations in population density; c) different forms of organization for affected populations after a crisis such as camps, host families, evacuation centers/collective centers and self-settled camps/settlements. These require varied approaches for identification and targeting, and to address the difficulties of identifying those who may be moving around and/or wishing to remain invisible in search of safety. While the tools exist, the gaps lie in securing adequate resources to use them at scale.

- i. To address access challenges, **distribution points** can be set up in urban areas with messages over the media or by text-messaging to indicate their location. However, this needs to be done with due consideration of all contextual factors as it raises inevitable questions of safety: beneficiaries may be targeted by gangs of looters to divest them of their supplies in the proximity of the distribution point. Local volunteers can identify and assist people with mobility problems.
- ii. A **community-based registration system** anchored in urban neighbourhoods provides an integrated assessment of casualties and needs in addition of keeping community networking strengths that are crucial for two-way information and support distribution.
- iii. In a more stable phase, to distinguish between the chronically urban poor and those affected by crisis, most agencies agree that proper **vulnerability targeting**, based on a case-by-case needs criteria in each urban area, cannot be 'short-circuited'. This requires a community approach, such as the urban IDP profiling methodology, which can only be done in a safe environment with sufficient time and financial resources.
- iv. For those fearful of detection, **community 'drop-in' centres** should be considered more widely in urban areas, allowing for self-targeting of 'invisible' population groups to find information on services in their community and to seek protection.

2. *Developing effective strategies for urban emergencies and urban based professional expertise*

The earthquake in Port au Prince and hurricane Ketsana in the Philippines highlighted two substantial gaps in the approaches adopted by UN Humanitarian Coordination leadership and the Cluster System:

- a) limited understanding and knowledge of the urban context; and related to this
- b) insufficient specialized urban expertise to prepare a strategic vision for post disaster recovery and to organize the involvement and coordination of urban stakeholders¹⁴.

The absence of pre-disaster integrated policy frameworks, development plans and coordination platforms inhibited the involvement (and influence) of different skilled actors in the coordinated response.

(a) **Identifying the Challenges**

- The restricted understanding and knowledge of the urban context is evident in:
 - Very limited interaction with national and local governments, communities and the local private sector, leading to supply-driven approach by humanitarian actors with increased negative impacts on pre-existing capacities;
 - Implementation of a large number of need assessments of varying scope neglecting context analysis including local capacities and constraints; this has brought confusion and inaccurate assumptions (i.e. on security), and the inability to capture the rapidly moving situations in an urban context;
 - A camp approach with a registration system of affected populations centered on large self-settled and organized camps rather than neighbourhoods and collective centres of origin. This generated partial and inaccurate information which hampered return to sites of origin by concentrating the distribution of support in the camps especially in Haiti;
 - Over-reliance on satellite imagery to capture the complexity of the impact on the built environment;
 - Uncoordinated actions of major national and international actors such as the detailed damage assessment conducted under the Ministry of Public Works in Haiti totally disconnected from socio-economic features and without communication with communities, owners and previous occupants; this resulted people fearing to return to safe houses while others still occupied dangerous buildings;
 - Over-evaluation of needs for transitional shelter based on a supply-driven approach without space and suitable land to erect it in dense settlements. This diverted resources from housing repairs and reconstruction of safe basic units that would have boosted the local economy and reinforced local livelihoods.
 - The establishment of peri-urban camps without a clear strategy to develop permanent settlements is contributing to chaotic urban sprawl¹⁵.
- This limited understanding and the lack of experience in responding to urban disasters results in the failure to develop a strategic vision to shape urban recovery and reconstruction, and to coordinate urban stakeholders during emergency relief and recovery. Preparing such a strategy in advance will generate knowledge and capacity within the host government line ministries, local technical departments such as planning and housing departments, HCT, cluster and operational levels for the IASC agencies and partners, and this experience can be consolidated for next urban emergency. Opportunities to leverage resources and inputs from communities, NGOs, the media and private sector are also areas demanding attention.
- Within the Clusters, this strategic gap in developing policy frameworks for urban emergencies is particularly evident. Humanitarian crises in urban settings require Clusters to work and convene urban stakeholders in designing response strategies (host family support, shelter, WASH, protection, food assistance) and coordinating delivery of assistance. The conditioning of Clusters to urban settings will entail developing/adapting tools, capacities, engagement, and consolidating knowledge relevant to the urban context. Partners interviewed in the Philippines are increasingly engaging in urban and spatial planning issues, national housing frameworks, and metro Manila urban development authorities, as part of the post disaster response.

¹⁴ The issue of urban stakeholders is addressed under the heading of urban stakeholders.

¹⁵ Miami Herald, 13-09-2010: (...) hundreds arrived daily with no control, grabbing private land around the emergency relocation camp (...) Corail camp threatens to become a menacing slum.

-- The provision of urban technical assistance to the national ministries and local government departments as part of the response was also a gap in the case study cities. This further impacted upon local capacities, which in most cases are often weak.

-- In the immediate emergency and initial stabilization phases, the overall international response, including the current Humanitarian Coordination System, other humanitarian actors, the MINUSTAH in Haiti and foreign armies, was successful in quickly mobilizing aid, setting up cluster coordination and mobilizing important resources in the form of money, military logistics and staff ¹⁶. This substantially contributed to the avoidance of epidemics, social troubles and insecurity.

(b) Recommendations for Improvements:

- i. An essential requirement is to get in place the **right expertise** for the Humanitarian Coordinator to shape the UN strategic response plan as early as possible after the disaster and to engage in consensus-building with national and local authorities and other important international stakeholders
- ii. In parallel is the need to develop an **urban strategic vision** to guide the humanitarian response in urban settings within the HCT and clusters. The strategy should be developed in collaboration with national and local Governments and communities and should focus on urban planning, settlement, shelter and land issues in crises.

3. *Coordination and Partnerships with National and Local Authorities*

Urban areas usually contain higher numbers and greater diversity of aid responders than rural areas and this has implications for coordination of responses in a crisis situation. Capitals and the larger cities can draw upon national and municipal authorities, international, national and community organizations, the private sector, municipal service delivery bodies, and a generally higher level of educated population groups. The greater number of actors can facilitate access to communities and accountability for humanitarian aid reaching those in need can be greater because of direct knowledge of the communities and residents by these actors. The existence of a large number of organizations in big cities such as Port au Prince, Nairobi and Manila potentially enhanced program capacity after disasters and crises. However, major challenges were posed because the actors and activities were not well coordinated.

(a) Identifying the challenges

-- The presence of national urban authorities, particularly in 'capital' cities, introduces additional tiers and agencies to be coordinated. Where urban authorities themselves are impacted, in Manila and Port au Prince for example, the IASC partners often took the lead in establishing IASC coordination mechanisms, and various Government counterparts were part of these mechanisms. At the same time, Government officials were concerned at the perceived 'paternalistic' attitude of the international agencies in the clusters, feeling marginalized and by-passed.

-- Some cities have well-established government structures keen to take the lead in addressing emergencies; but the sheer scale of the crisis overwhelmed their capacity to respond effectively and compromised their ability to lead.

-- The need for IASC organizations to undertake capacity assessments of government actors is of great significance - highlighted in the recent Haiti earthquake response six month report. In a context such as this where knowledge of the extent of damage to Government capacity, structures, and resources was essential to calibrate cooperation with national actors, lack of information on national capacity led to an under-estimation and under-utilization of these capacities by the international humanitarian community. These assessments should cover factors such as relief and recovery tools, equipment and humanitarian response plans.

¹⁶ Inter-agency real time evaluation in Haiti : 3 months after the earthquake (RTE), Groupe URD and GPPi

- Capacities at the local level, are especially weak. LGUs have few financial resources or latest tools and equipment, or training; they lack modern early warning systems.
- The relevance of local and decentralized coordination systems is very important in medium and big cities such as Manila and Port au Prince due to the impact and scale of the disaster. In addition, the 'urban' sphere comprises metro, municipal and neighbourhood level, and in cities with greater numbers and areas affected coordinating responses at local levels becomes more important. However, the concentration of national level actors tends to obscure the coordination needs of local actors (central GoK departments in Nairobi viz-a-viz local departments in Eldoret, and the pre-eminence of the NDCC over LDCCs and LGUs in Manila). In Manila in particular, the local government units were keen to coordinate response. Clusters were activated in the municipalities most affected, with staff from provincial and local disaster management coordinating council participating.
- In complex emergencies, where Government's themselves can be a party to conflict or may not have adequate capacity in the first place, such capacity assessments are also very important.
 - An additional challenge in some cities can be the very nuanced and elaborate disaster response coordination system as in the Philippines from national to the Barangay level (lowest unit within the administrative structure). However the national and provincial disaster coordinating councils were focused mostly on 'coordination elements' and some NGOs interviewed indicated that the response was left to the local units and international/local actors, as others did not have adequate capacities. LGUs should, according to NDCC and other government authorities, coordinate activities within their administrative boundaries but this was not done in all municipalities in the aftermath of the disaster – even where municipal structures were less affected.
- A common challenge to all case studies was the 'silo effect' produced by cluster coordination with inadequate cross-cluster coordination. While not specifically an urban problem, it was felt more keenly at the urban level due to the unwieldiness of the greater number of actors.
- Local NGOs with limited staff capacity find it extremely challenging to participate in cluster meetings as there are cluster groups for each of the sectors. The PINGON in the Philippines is a good model of coordination where all issues/sectors are discussed under one roof. While the Clusters are a good meeting point, their use is mainly for INGOs. It is critical that the clusters focus equally on the participation of local actors and NGOs.
- Another common challenge was ensuring horizontal coordination (between different actors in the city) and vertical coordination (between central government and organizations with their counterparts in the field). Eldoret officials in Kenya were frustrated that they often learnt of central government decisions and policies through international partners at local coordination fora, not from their own departments at central level. As the emergency progressed and systems set up, the need for local-level coordination became more pressing but in Eldoret there was no indication from central government as to which local authority should be in charge of local coordination.
- In Manila coordination between international organizations was weak to non-existent prior to the disaster because the pre-disaster context was mainly a development one where Clusters did not exist. The sudden onset disaster overwhelmed the capacities of the national and local government and the UN organizations. Coordination was haphazard and did not follow established SOPs because the planned rescuers became themselves victims. The disaster caught everyone by surprise and it took some weeks before coordination under the auspices of the UN became systematized and effective.
- Cities impacted by large scale humanitarian crises also present challenges for information flow from local to national levels. In some clusters this risked decision-making being slowed by too many voices. High numbers of unknown local actors - NGOs, CBOs, private companies - remained outside the cluster mechanism adding to problems of coordination at the local level.

(b) Tools and Approaches

- Cluster coordination was strong in Nairobi during and after the crisis, due to **long-established coordination mechanisms** and the long-term presence of OCHA, which worked well.
- Although blocked roads initially hindered access, **information-gathering, informal networks** of coordinating agencies were able to disseminate information, when available, by electronic means and the physical coordination centres just outside the city (Giiri) could continue without disruption. Agencies had

established offices, programmes and networks in the country and heightened security of office assets and staff was a major issue.

-- In Nairobi, programmatic coordination was effectively enhanced by the **grouping together** of the GoK, WFP, Oxfam, Concern and Care to jointly design and implement the cash transfer programme to various affected families throughout the city (see above).

-- In Manila, the GRP adopted the **cluster mechanism** to the early recovery context where it now takes the lead in the Health, WASH and Early Recovery clusters (except Shelter). This has to some extent smoothed the transition from UN-led to GRP-led coordination and ensured continuity from the relief phase, furthermore representing good practice in having the government take the lead.

(c) Recommendations for improvements

- i. It is necessary to put in place local coordination mechanisms that can be activated through a designated national and international agency in times of emergency. The mechanism should be tested for scaling up and down, after the heat of the emergency has abated. Opportunities exist to **leverage resources and inputs from communities, NGOs and private sector companies**. These need to be explored and mechanisms put in place to activate them in times of emergency through newly-established SOPs, as well as to harness their knowledge for effective monitoring aid delivery.
- ii. Where possible, IASC should **pre-identify national stakeholders and interlocutors** and build their capacity in high risk countries
- iii. Existing coordination mechanisms, such as Protection Clusters and Working Groups, could serve the purpose of **'seed' coordination** at the onset of an emergency.
- iv. IASC actors should develop the means to engage with government actors and LGUs to **enhance capacities**.
- v. IASC actors should create **standby partners** in neighbouring provinces or even regional partners who can step in an emergency, assuming there is little or no capacity remaining operational in the disaster hit areas (as was the case in Haiti).

4. Engagement with Urban Stakeholders and Communities

In poor countries with weak state sectors, most urban dwellers strongly rely on their community setting for their protection, housing, access to basic services and support for their livelihoods. This extensive network of local organizations contrasts with rural settings where there are fewer stakeholders - local authorities national line ministries, private sector actors, local and voluntary associations are lacking.

By contrast, a myriad of non-state actors, including community organizations, churches, the private sector and international NGOs provide education and health services, water and sanitation infrastructure and services exist. Thus, in parallel to the need for enhanced co-ordination with host government actors and agencies, humanitarian organizations need to engage with other urban civil society, community-based and private sector stakeholders during urban-based emergencies.

(a) Identifying the challenges

-- The gap in engagement was highlighted as a key strategic area for improvement during the missions in Nairobi, Manila, Eldoret and has also been highlighted in the recent emergency in Port au Prince. The urban platforms were either not created or not utilized in the most effective manner.

-- Urban communities vary significantly from one city to another, and are very heterogeneous compared to rural areas. First, because urban growth is rapid and unplanned and the urban population is very mobile, the communities may often be in a state of flux. Second, the traditional camp approach in rural settings also relies on the homogenous character of communities and less pressure of population. In cities, neighbourhoods and communities can be extremely large and densely built. Some urban slums and squatter settlements have been more or less stable communities whereas others have chaotic agglomerations of people. The challenge is to channel the knowledge of communities and tap these strengths during designing of humanitarian response.

-- There is poor co-ordination between major national and international actors and community-based organizations. For example the detailed damage assessment conducted under the Ministry of Public Works in Haiti was totally disconnected from socioeconomic needs and characteristics of the affected

populations. Without engagement of the community, owners and previous occupants, this resulted in people fearing to return to safe houses while others still occupying dangerous buildings.

-- CBOs face general resource problems – insufficient staff with appropriate training, office space and funding. However, such organizations have several strengths:

- i) the scope to draw up urban reconstruction plans for communities and neighborhoods, often by working with the private sector
- ii) good knowledge of who and where are the most vulnerable in communities
- iii) high potential as partners, not only to participate in vulnerability targeting but also to help monitor aid delivery and promote accountability to beneficiaries.

-- In Kenya, humanitarian agencies had been working with government institutions and NGOs on development programs. Following situations of urban violence, such as affected many urban areas in the PEV in Kenya, new sets of partnerships become necessary. In contrast to development situations, Government actors and security forces did not enjoy the trust of all citizens exacerbating an already inflammable situation. In the aftermath of violence, the problem was less about the absence of possible partners, rather in assessing which of the local ones would be the most appropriate in terms of capacity, technical skills and community outreach with whom to implement specific tasks and activities such as protection and emergency shelter.

-- Disasters in urban areas present similar challenges. The ‘Ketsana’ hurricane was the largest to hit Metro Manila in four decades, requiring partnerships previously unexplored. As in Nairobi, the problem was in distinguishing which of the many community-based partners would be the most appropriate with whom to work, and in scaling up their capacity to address the magnitude of needs.

(b) Tools and Approaches

In the case study countries, measures to identify and select partners, collaborate with national and local authorities and build capacity were similar to those taken in relation to government actors. Although the activation of partnerships and capacity-building took some time, the following were noted as examples of good practice in urban areas.

-- In both countries, **community-based organizations** became the ‘partners of choice’ to IASC operational agencies by virtue of their knowledge of the affected communities and the work that needed to be performed in those communities. In rural areas, by contrast, traditional partnerships tend to be between a combination of government departments and international or local NGOs.

-- **Established partnerships:** In both Kenya and the Philippines, **well-established partnerships** prior to the emergencies were most effective in responding rapidly and efficiently, using pre-arranged SOPs with clear roles and responsibilities. The IFRC and ICRC have long-standing partnerships with Red Cross Societies in both countries. Although not specific to urban areas, the RCs have extensive outreach networks in urban areas which enable them to respond rapidly, even in the worst hit areas and communities. Similarly, international NGOs such as IOM, Oxfam, Save the Children and World Vision in the Philippines were able to rapidly re-direct their attention from activities in Mindanao and to work with their traditional local partners in Manila. Help Age International supported COSE (Coalition of Services of the Elderly), itself in partnership with COPAP (Confederation of Older Persons Association of the Philippines), to bring immediate life-saving and material relief to those trapped in their flooded homes and later worked closely with the DSWD to target specific assistance programmes to the elderly and their families. In Kenya, Oxfam, Concern and Care all worked through their traditional partners while WHO, UNICEF, MSF and the DoH in Kenya drew on their close working relationship to ensure a rapid response in difficult-to-access urban hotspots in Nairobi and other parts of the country. WFP’s ‘Forward Purchasing Tool’ allowed WFP to access stocks in Mombasa and sell it to partners for distribution to affected populations. UNHCR in Kenya has a network of operational and implementing partnerships in the urban refugee response context, the Urban Refugee Protection Network (URPN). These examples demonstrate the value of investing in high risk countries to build capacities of national NGOs and the private sector in humanitarian response. In emergency situations, these resources can be leveraged.

-- **Private-sector partnerships** were also built in both Kenya and the Philippines. WFP in Kenya had previously forged partnerships with local food suppliers and negotiated pro forma agreements which were activated in times of emergency. World Vision, IFRC and other NGOs did the same in Manila, but

only after the emergency. Several agencies are considering preparing such pro forma arrangements as part of their preparedness activities. UN-Habitat has had long-standing partnerships with Habitat for Humanity and with individual companies of architects and other technical actors. These were critical partnerships in leading community-based relief interventions in Port-au-Prince. The Cluster mechanism in both countries served as a useful tool to collect and disseminate examples of community-based partners with specific competencies or areas of expertise and it was reported that some agencies had used the information provided to select local partners. In the Philippines, Banco de Oro (BDO), one of the largest private sector organizations was able to mobilize resources from individual national and international funding for the relief goods and shelter for the recovery phase.

-- Placing **communities at the core of immediate humanitarian assistance programmes**, and following phases, should therefore be systematically designed in contingency plans and post-natural disaster urban situations. In the immediate disaster aftermath phase, key activities that should involve communities and municipalities include mapping and assessment of disaster impacts, facilitating access to poor neighbourhoods, distribution of tools for emergency rubble removal, identifying rapidly changing needs, understanding how services were provided before the disaster, securing and organizing assistance and ensuring access for vulnerable groups and people.

-- As the need for community-based services is interrelated, urban specialists recommend an **integrated approach** at city and neighbourhood levels for improving living conditions of the majority in slums and other informal settlements.

(c) **Recommendations for improvements**

In order to tackle these limitations highlighted in the case study cities, the following initiatives are recommended:

- i. Improved coordination planning should include knowledge of and **access to CBOs** to draw on them to coordinate and assist identification of where assistance is most needed. However due to the very different nature of urban communities, the humanitarian organizations must be cautious of the need to ensure representative community platforms/leaders in undertaking consultations and assessments.
- ii. **Enhance co-ordination** between major national and international actors and local communities and their organisations
- iii. **Develop dialogue** and the use of participatory approaches with communities spread across urban areas in settlements
- iv. **Develop tools and approaches** which proactively engage communities in designing emergency and recovery programmes and responses, particularly in relation to livelihoods restoration and transitional and permanent shelter response.
- v. **Building up urban partnerships and investing in capacities before a disaster** is critically important, alongside jointly establishing and rehearsing SOPs that can be rapidly and effectively activated in an emergency.

II – Sectoral Challenges

This section of the synthesis report provides guidance to clusters/IASC organizations working with specific sectoral responsibilities in emergencies. It defines the challenges, existing tools, and the gaps. For each sector recommendations are made

With humanitarian actors increasingly working in urban settings, the cluster strategies and responses on Shelter, WASH, Health and Protection need to be articulated for urban settings to include new or adapted models, different partners (discussed above), and scenarios. Findings from the mission to Kenya and from Haiti show that many are struggling to adapt the techniques and models used in rural models to urban areas especially in WASH sector. Developing such response models will help clusters to develop operational plans for urban areas. An important element linked to address this gap is to embrace non-IASC partners within the clusters in urban areas to leverage capacities, experiences and resources.

1. Food

(a) Identifying the challenges

-- A key vulnerability in urban areas is food insecurity. People affected by rural emergencies are closer to food producing areas and can usually obtain access to some form of food supply, whereas people in

urban areas have fewer links to food producing areas and cannot avail themselves of this possibility. Access to food is monetized in urban areas. Disruptions to livelihoods mean that people with already limited coping mechanisms are unable to pay for all their food needs.

-- The case studies did not detect particular challenges in food provision, although distribution in the early phase of the emergencies was problematic given the access and vulnerability identification issues mentioned above. Governments activated emergency food stocks, supplemented by district supplies if these became insufficient¹⁷.

-- Even in chronic conditions, many of the urban poor in Manila and Nairobi, though to a lesser extent Eldoret, suffer from food insecurity, forcing them to resort to different livelihoods strategies to ensure sufficient food. For example, NGOs in Nairobi point to evidence that a food security crisis of emergency levels is unfolding in the city affecting an estimated half a million informal settlement dwellers¹⁸. Price inflation since 2007 has driven up food and non-food prices by an estimated 50%¹⁹ and placed a heavy burden on households, increasing the 'poor' category of the urban population and forcing people to reduce meals²⁰. The NGO study anticipated that changes in diet could lead to a sharp rise in malnutrition and susceptibility to disease, especially since many of the most vulnerable households also have to purchase water, as well as a rise in the number of school dropouts, increased crime and the incidence of food riots²¹. Livelihoods have already been affected: since people have less purchasing power for food, businesses engaged in food (production, processing, trading etc.) have seen their profits shrink to the extent that many have joined the category of 'poor' and 'very poor'.

(b) Tools and Approaches

-- In the densely packed and flooded context of Manila, assistance approaches comprised a combination of:

- **community distributed food packages** to people who remained in their flooded homes, including through the Philippines National Red Cross (PNRC), a key actor;
- **private donations** from local NGOs and private companies to people in ECs;
- **local government stocks** to both ECs and people remaining in their homes.

These approaches were successful: a joint GRP/UN rapid assessment two days after the emergency found that 50% of the affected population had either already received necessary assistance from the GRP or NGOs, or had alternative coping mechanisms to meet their immediate food needs.

-- In response to the PEV crisis, WFP worked with the Kenyan Red Cross Society (KRCS) to deliver emergency food after a rapid assessment using the **Food Security Assessment** tool, as well as studying the multi-dimensional aspects of vulnerability. WFP recognizes that KRCS distributions can be somewhat, an unavoidably, chaotic in the heat of an emergency.

-- **Cash distribution** was found by all the partners interviewed for the case study to be the faster way of providing relief, having an immediate positive effect in providing a food security safety net and boosting livelihoods. Cash monitoring can provide a window on what people spend the cash on, serving as an entry point for future programmes.

c) Gaps

While gaps in urban sector food programs undoubtedly exist and are readily admitted by the food agencies, they are already undertaking studies and **piloting new schemes** to find ways to address these.

The only gap area identified by the Manila case study was the initial **uneven distribution of food**: some groups (those more easily targeted) got multiple food packages while others in more difficult to access communities initially got none, causing resentment. These inequalities were addressed later on however.

¹⁷ Interviews with NDCC and DSWD

¹⁸ Interviews in Nairobi with Oxfam, Concern and Care, May 2010

¹⁹ KFSG Food Security Study, 2008

²⁰ According to a CARE International in Kenya, Oxfam GB and Concern Worldwide study in 2008.

²¹ Oxfam, op.cit.

KHPT partners are concerned at the lack of **benchmarks for identifying emergency triggers**, necessary to separate chronic from acute food insecurity. WFP is hoping that the Urban Food Security and Nutrition Baseline will provide the evidence for specific triggers.

d) Recommendations

- i. The various interventions and programme pilots being carried out in Nairobi and other urban centres in the country could begin to form the basis for a **Kenya Urban Food Strategy**, complete with descriptions and suggestions to address the many contexts, caveats and complexities.
- ii. KFSSG and other cluster partners are hoping that the various studies being undertaken regarding food insecurity and malnutrition can be used as an **advocacy tool** to persuade the Central Bureau of Statistics to disaggregate more finely its way of collecting data. With closer surveillance mechanisms in strategic areas of Nairobi to gather data and detect humanitarian trends, agencies would be forewarned of emerging food crises that could trigger targeted responses before these reach emergency dimensions.
- iii. While food aid may be appropriate for a short period in a large scale emergency, humanitarian agencies could consider **other forms of food assistance** such as vouchers or Cash for Work or vouchers as soon as feasible. This would allow people to make their own choices as to household priorities, including people in ECs. Other forms of cash assistance such as the DSWD/WFP model of Cash for Assets and Cash for Training are innovative forms of livelihoods assistance that could be used as standard responses in future emergencies during the early recovery phase, both rural and urban contexts.

2. Shelter

In both Nairobi and Manila, the disasters had the greatest effect on people living in informal settlements – especially those located along the banks of rivers, canals, ‘esteros’ and the Laguna de Bay in the Metro Manila area and those in the slums of Nairobi and other cities. Residents of informal settlements of Port-au-Prince were likewise disproportionately negatively affected by the earthquake.

a) Identifying the challenges

-- The density of urban development presents particular challenges for meeting Sphere standards because the population’s living conditions normally fall well short of what would be expected²². Kibera slum in Nairobi is among the most densely populated places in the world. Living space, availability of clean water, sanitation facilities, waste management or access to health care in urban areas are under extreme pressure even before the onset of a disaster. Although access to these standards is held to be a basic right, country development aims, such as MDGs, have failed to match their commitments. Likewise, in the case of urban ECs, such as in Manila, facing severe over-crowding in times of disaster, Sphere standards are often not met.

-- A salient feature of all four case studies is that disasters left a significant volume of displaced people with no satisfactory shelter solution. While return and reintegration was one option for PEV IDPs and many have returned to their home areas, others are still fearful of insecurity and remain in self-settled camps or have melted into the urban poor areas in Eldoret’s slums. There are no statistics to indicate how many IDPs remain homeless at the national level as many were never counted in the first place.

-- In Manila, over 5,000 families displaced by Ketsana floods remain homeless in ECs, transitional shelter and host families, adding to the pre-disaster backlog of 500,000 persons in need of permanent housing solutions. While the Shelter Clusters in both countries devised strategies for shelter solutions, these are proving very slow to implement. Clearly, new thinking is required to assist IDPs with faster and better transitional housing options.

²² The standards are based on the principle that populations affected by disaster have the right to life with dignity, are qualitative in nature and are meant to be universal and applicable in any operating environment. While it is recognised in cases such as these that not all Sphere standards (or their indicators) will be met, it is important not to lose sight of them, striving to meet them as and when possible. The context within which the standards and indicators are used must be considered and taken into account, including the (negative) consequences of not reaching the given standard or indicator.

-- The common challenge in all case studies is how to provide adequate shelter to all, especially in cities where the sheer numbers and density of populations generate chronic conditions since longer-term housing solutions are only slowly being implemented.

(b) Tools and Approaches

-- **Financial compensation** was provided by the governments of Kenya and the Philippines to those who lost their houses in the disasters. Reports from Nairobi and Eldoret indicate that those targeted did not receive the full amount of their grants, percentage amounts having presumed to have been skimmed by local officials. Many other IDPs did not receive any compensation as they were left out of the profiling count. In Manila, there were no reports as to how people had spent the money but were assumed to have returned to their original communities or to the informal settlements.

-- **Shelter materials** were provided to urban IDPs in Eldoret. However, since many had been used to living in concrete structures, they were not willing to accept the assistance of what they considered inferior materials. Where possible, in the Philippines, house owners have been assisted to rebuild their homes with building materials and technical assistance to ensure sound construction. This appears to have been more successful than in Kenya.

-- Three weeks after the Ketsana crisis, the Manila Emergency Shelter Cluster drafted an **initial shelter strategy**²³, identifying different target population groups amongst the most vulnerable families and populations affected by the typhoons, especially targeting categories included people with disabilities, elderly, children, female headed households and other disadvantaged groups. The shelter strategy identified those:

- i. who remain in or live nearby their damaged homes and need shelter support
- ii. who live with host families and need shelter support; this may also include the host families
- iii. who need help to rebuild their partially or totally damaged houses
- iv. who live in evacuation centres and need shelter support
- v. who live in evacuation centres and can return to their homes and need shelter support

-- Several international agencies are assisting the GRP in **relocation** of those willing to avail of this option, with livelihoods, shelter and community infrastructure assistance. For example, WFP is offering Food for Assets and Food for Training - to families building their new houses and community infrastructure, as well as during livelihoods training.

-- GRP/shelter cluster discussions over the use and appropriateness of **emergency centers** resulted in these being confirmed as the only option for emergency shelter provision. Consideration of other options that providing dedicated facilities for evacuation were thought likely to result in these being taken over as informal settlements.

-- In the Philippines, the private media company, ABS-CBN is assisting **relocation** through the development of low-cost, medium-rise apartments for those who can pay modest rents. This is an interesting disaster reconstruction model of an integrated approach, including infrastructure planning, livelihoods and training on composting techniques as a home enterprise (among other activities). Other housing solutions are being undertaken by DSWD and the National Housing Authority (NHA).

c) Gaps

-- The predominant gap is what to do with the high number of **homeless people**, the majority of whom used to live in informal settlements but have no independent means to rebuild their destroyed homes (little more than fragile shacks prior to the disaster). International agencies will not go against government regulations (or their own principles) by providing reconstruction assistance to those living in informal settlements or on land where ownership or right-of-use does not exist or is contested.

²³ Emergency Shelter Cluster (ESC) Typhoons Ketsana and Parma, Philippines 2009 - Initial Shelter Strategy, Timeframe: October 15 – 31, 2009
<http://sheltercluster-ph.googlegroups.com/web/Initial%20Shelter%20Strategy%20-%20Phil%20Typhoons%202009%201510.doc>

-- In Kenya IDPs who moved to urban areas and **may not have been profiled**. A question remains as to how many of the PEV-related IDPs have lost their chance to receive assistance.

-- In all four countries there is a significant gap in undertaking **temporary repairs and retrofitting** to houses in areas that are marginally less at risk of natural hazards. The Shelter Cluster in Manila of instance is examining the feasibility of facilitating transitional shelter solutions in informal settlements while waiting for the new housing to come on line. One option may be to build on top of existing homes – even though there is no legal title because zoning laws prohibit such land being used for residential purposes. In Nairobi, repairs and retrofitting would have to seek approval by landlords and their firm undertaking not to evict the families or put up the price of rent for an agreed number of years. Families in Manila would benefit two-fold: from strengthening their own (illegal) house with appropriate materials and technical advice, and from one or two storeys being added to their homes, also from donated materials, which they can rent out to homeless former members of the community. Since most people were paying some kind of rent prior to the emergency, there is a culture of rent-paying which should open the way to providing transitional shelter to the homeless.

d) Recommendations

- i. A **strategy to support host communities families** is urgently needed, given the time it takes for longer-term housing solutions to be implemented, and the high number of people who stay with host families. There are different models to support host families, mainly cash-based. Humanitarian agencies should advocate with and assist the governments to design a workable strategy which would need to determine cash transfer modalities and ensure follow-up monitoring to ensure hosted families remain in situ and are not facing undue exploitation (eg. free labour, SGBV). Care should be taken that the hosting culture in both countries is not undermined by host family support programs.
- ii. While relocation represents one option for a long-term solution and conforms with urban planning regulations, an **urgent solution is needed for the homeless** waiting for the new housing to be built.
- iii. Strategies and models to undertake **temporary repairs and retrofitting** to houses in areas that are marginally less at risk of natural hazards need to be developed. Any plans to temporarily upgrade informal settlement homes to allow for the transitional shelter of former residents must be accompanied by a municipality-IDP written agreement that the latter will vacate the site once permanent housing becomes available. 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.

3. *Water, Sanitation and Hygiene*

a) Identifying the challenges

Urban settings are challenging WASH assistance in cities both within Clusters and as individual organizations.

-- A major challenges in urban areas is that services such as water and sanitation infrastructure are already very poor and serving a large number of people. But sudden onset emergencies and the arrival of new populations in urban areas results in extreme pressure on these services, which the local authorities had not planned for. Conflicts can lead to massive disruption of water and sanitation and infrastructure damage in urban areas, halting access to basic infrastructure and services.

-- A second challenge is that the affected population is dispersed in collective centres, self-settled camps or planned camps. Non-displaced populations often serve as host families for those displaced. Successful provision of water and sanitation in this context requires the coordination and building of partnerships between national, local and private sector actors for restoration and extension of services to the affected population.

-- Sanitary conditions are particularly problematic in Nairobi's slums where a majority of residents resort to pit latrines that are over-used and inadequately maintained. Nairobi is overwhelmed by refuse generation as the council's collection service is inefficient and restricted to a few areas only. At times

Nairobi experiences acute water supply shortages, in addition to problems of distribution, waste, illegal connections, overloading and mismanagement, all of which contribute to supply shortages²⁴.

-- The WASH agencies are struggling to meet the population's needs in Haiti mainly due to lack of desludging facilities²⁵.

-- WASH responses are different to those encountered in rural areas for the following reasons:

- In rural areas it is easy to sink a borehole and create a well. In tightly-packed urban slum areas it is not only difficult to find the space to do this but harder and more expensive to drill beneath concrete and to maintain proper care of a well. In Haiti and the Philippines, the sheer numbers of people using the facilities led to contamination, rendering unfit any drinking water. Maintenance is an issue.

- In evacuation centres the existing water, sanitation and waste facilities are quickly overwhelmed by the number of people using them. There is no space for temporary construction of additional facilities. Humanitarian actors in the WASH sector are among those most concerned about the challenges of providing adequate facilities, even way below Sphere standards, since these have enormous health implications.

- Faced with challenges such as 'flying toilets' and large swathes of raw sewage in Port-au-Prince, Nairobi and Manila slums, humanitarians and development actors need to work together in re-thinking the whole concept of WASH provision in dense urban areas. This is a major problem during urban disasters due to population density particularly lacking in facilities to meet the specific needs of vulnerable groups.

- Land tenure issues were experienced in Haiti and the Philippines in developing temporary facilities in settlements or collective centres.

b) Tools and approaches

-- In Nairobi, Oxfam and other agencies are looking at innovative ways to provide safer and more **sanitary toilet systems** to households in the slum areas. This entails a 'commode' type toilet which can be used at household level, the contents of the commode can be emptied at designated waste points.

-- A variation on this theme is the '**peepoo**' bag, biodegradable and usable as compost on garden plots (though these are rarely available in slum areas). The Peepoo eliminates fixed and hard infrastructure for a soft approach to sanitation and excreta management.

-- In the Mathere slum (Nairobi) there are well-run **water and waste systems**, installed and run by the community. There is a small fee for water collection and the proceeds feed back to paying for maintenance. Residents interviewed said they were able to afford the small amounts, which are not as high as commercial rates. Waste is gathered in a specific site and collected twice a week by the council.

-- In Manila, Save the Children and Oxfam constructed **raised toilets in transitional sites** to take into account high water levels. Desludging is organized by the municipality, but this is a temporary solution and not intended for the long-term²⁶. A remaining gap is in ECs, where there are insufficient sanitary conditions for the number of people using them.

-- In Manila, longer-term solutions involve new buildings having innovative **composting techniques** for waste. UN-Habitat is supporting such a scheme.

c) Gaps

-- WASH solutions do not have a 'one-size-fits-all' solution because of the different land and water table configurations in individual cities, and in different areas within cities.

d) Recommendations

i. In times of emergency it is necessary for LGUs to have on hand, or organize standby procurement arrangements for additional '**porta-toilets**' that can be deployed rapidly to ECs.

²⁴ UN-HABITAT, Nairobi Urban Sector Profile, 2006.

²⁵ Interview with OXFAM, Geneva, June 2010

²⁶ OXFAM evaluation paper, March 2010.

- ii. In urban areas **'contextual' responses** need to be worked out for different sanitation arrangements according to the geo-physical nature of the land.
- iii. **Advocacy** with municipal government officials should be stepped up to improve waste removal conditions in slum areas.
- iv. For large-scale disasters impacting heavily-populated areas (eg. Haiti), Oxfam advocates for **better preparedness** by aid agencies to cope with heavy demands for WASH facilities. These need to take into account adequate numbers of water bladders and desludging mechanisms, vital to prevent outbreaks of water-related diseases, and engineers with experience of working in urban areas.

4. *Health*

a) **Identifying the challenges**

-- The main challenge recognized by all health actors is the lack of disaggregated data. This is largely due to the way statistics are collected. In Nairobi, for example, health and other statistics are collected at District level, but this is too big and diverse a level of analysis by which to capture the very different situations between the better-off, middle class areas and the slum areas that share the same district. Thus the statistics, averaged out between these different areas, do not give an accurate picture of the worsening humanitarian emergency in the slums. While a 'chronic emergency' is suspected by aid actors, it is hard to base it on documented demographic evidence. MSF-B says it is impossible to track deaths in slums since statistics are unreliable: people often return to their home areas when they are sick and dying; others are buried in unknown ways.

-- In Manila, disaggregated health statistics are collected by the DoH, but not by geographical area, which creates inefficiencies in preparing for disasters (how to stockpile adequate supplies when the potential number of victims is not known). These however are not urban-specific challenges but national ones.

-- Disaster-related deaths resulted from the inability of medical staff to diagnose leptospirosis, so it did not get treated. Over 100 deaths could have been prevented.

b) **Tools and approaches**

-- WHO and MSF-B attested to having worked well with the DoH during the PEV in Nairobi and throughout the country. WHO was able to **tap into CERF** funds which it used to help NGOs and DoH purchase essential medicines and equipment for rapid deployment to affected areas. No deaths were recorded as resulting from inadequate health or medical-related response.

-- To address the lack of surveillance data in future emergencies, DoH with technical support from WHO and the Health Cluster in Manila are developing a new tool: **Surveillance in Post-Extreme Emergencies and Disasters** (SPEED) as an early warning surveillance system for post disaster situations. Rolled out in May 2010, planned activities entail training to health centres around the country on how to install and use the system to track disease incidence through sms reporting to computer based hubs in health centres.

c) **Gaps**

-- Improved **health surveillance systems** in urban areas are a priority but have not yet been addressed. A lack of resources to employ more health workers in urban slums is a problem in Nairobi and in Haiti, whereas the issue in Manila is a mismatch between existing capacities and their full deployment.

-- The **health issues of older people** are different than the general population. These need to be considered during emergency response.

-- **Mental health issues** are less visible but longer to heal. Currently, there is a lack of services dealing with mental health issues of the affected people.

d) **Recommendations**

-- The **Health Clusters should advocate** with the governments for more disaggregated statistical collection and analysis at geographical levels. The current methods do not allow for a full picture of health or other concerns in these areas, negating the possibility to respond effectively.

-- In Manila, the **SPEED rollout** and testing should improve health surveillance in urban areas and could serve as a model for other urban contexts.

5. *Protection and Violence*²⁷

“Many cities are no longer safe havens to which to escape. Indeed, now they often expose their civilian population in ways that make everyone a potential victim of violence”²⁸.

Protection issues are different in urban areas to rural – in camps refugees have access to basic goods and services but it is more difficult for them in urban areas to access these as only limited assistance is provided to refugees in Nairobi.

a) **Identifying the challenges**

-- In Kenya, IDP protection challenges include:

- feeling of insecurity in return areas
- failed or non-functioning peace-building initiatives at the grass roots level affecting the ability to reintegrate and achieve a durable solution
- restricted access to land and housing for IDPs, both in self-help groups and transit sites. UNHCR is concerned about the issue of land titles for land purchased by IDPs with their compensation funds, or against anticipated compensation, on the grounds that this is legally precarious. There are instances of IDPs having been given fake/contested titles or squatting on land they are yet to own legally and hence facing a constant threat of eviction. In transit sites the issue is not land titles since many own the land, but a lack of housing which continues to be of concern despite many ongoing housing construction projects²⁹.

-- Instances of SGBV, prostitution/survival sex and child abuse are reported to be on the rise in Eldoret, according to the Protection Working Group. Child protection concerns in areas of return and in urban areas include prostitution and a noticeable rise of street children. Other protection concerns for IDPs, especially those affected by the PEV are that women and girls in slum areas are affected by community violence and SGBV.

-- The fact that the government/authorities may appear as perpetrators of violence is another dilemma for humanitarian and rights based agencies. How to respond in such situations and at the time of humanitarian crisis is one of the ‘grey areas’ that is not currently governed by SOPs. This theme was not covered in depth by the case studies but noted as a gap area requiring additional research.

-- A significant challenge is how to protect IDPs and refugees who wish to remain anonymous and others who are hard to identify in dispersed communities. Many refugees simply do not know their rights and even with correct documentation, can fall prey to police harassment. Agencies must be careful not to publish sensitive information about beneficiary statistics in urban areas in case it puts them at risk with the authorities.

-- The capacities of national and local government units become far too stretched with arrival of IDPs from the same or neighboring cities. Increasing pressure to provide schools, health care, security, housing and other services poses serious constraints on existing social and physical services of the city. The case studies noted the lack of data on the displaced, the lack of clarity about relationships between the central and municipal levels, the scarcity of financial resources at the municipal level and the lack of capacity of municipal authorities. Housing for IDPs in municipalities is scarce and where municipalities are able to provide land for housing projects for IDPs, they are unable to cover the costs of providing integrated services. Municipalities also feel accountable to the chronically urban poor, who may or may not be receiving the same level of assistance a compared to IDPs who may have newly arrived in the city. The community tensions, and who gets what in terms of ‘assistance’ among the IDPs and the urban poor.

²⁷ Many of the protection issues discussed in this section are cross-linked to the Vulnerabilities and Targeting section.

²⁸ *Between war and peace: humanitarian assistance in violent urban settings*, Elena Lucchi Operational Advisor Urban Settings, Médecins Sans Frontières, Spain, published in Disasters, June 2010.

²⁹ UNHCR Fact Sheet: IDPs in Kenya, May 2010

- Many refugee children are not attending school because families are not able to pay fees or uniforms.
- In Manila there are protection and violence incidents of a particular urban nature with a greater incidence of stress from poverty and living in cramped conditions or temporary shelter, leading to drink, family conflict and breakup, family violence. As violence is often more prevalent inside the home than out, it is more difficult to detect. Conflicts can be mediated by barangay officials who can usually solve the problems or advocate cases to other authorities.
- Protection activities such as information centers are resource-intensive and may not find sufficient donor support.

b) Tools and approaches

- In Kenya, a newly finalized **National IDP Policy** should become an integral part of Kenya's legal framework, serving as a guarantor of IDP protection through all phases of displacement and during the return phase. This should help to gradually de-congest self-styled IDP settlements and stem the flow of IDPs trickling back to urban areas from the camps.
- The International Rescue Committee (IRC), a UNHCR operational partner in Nairobi, is considering setting up '**information centres**' for people living in Eastleigh neighbourhood (the community of choice of many Somali and Ethiopian Oromo urban refugees). This would help newly arriving refugees to learn about community goods and services availability, better understand their rights and responsibilities, learn where to get treatment for 'stigma' issues such as SGBV and HIV/AIDS, where to get Swahili lessons, etc. Such a centre would be one way to capture the numbers and characteristics of 'invisible' IDPs and refugees and act as a profiling tool. Open to all in the community it could serve to reduce tensions between refugees and the host community, who would recognize the benefits of the refugee presence.
- In Manila, Save the Children undertook **child protection and developed child friendly spaces** in the emergency phase that allowed it to detect and refer child trauma. It negotiated with the barangay captains to find suitable space in cramped EC conditions.
- UNHCR in Manila has conducted Training of Trainers of '**government protection responders**' for LGU officials in Luzon as a pilot project and aims to expand this. The training encompasses international standards in child protection among other protection issues and will be mainstreamed into disaster response SOPs.
- UNHCR has developed a '**Participatory Protection Appraisal**' tool for which it aims to train LGU to be able to detect and appraise protection problems in communities and in disasters. The tool has specific applications for urban settings and may be useful in other contexts.

c) Gaps

- Protection issues remain difficult to address in urban areas because of the many people who wish to remain anonymous and the sheer degree of urban violence, especially in Nairobi slums.
- Tools such as UNHCR's PPA require follow-up action if the community is not to become disillusioned.
- There also exists a 'knowledge gap' among development actors and NGOs. The question is how to improve mainstreaming of protection issues into their operations. Increasing the knowledge and understanding of the concept of protection and ability to access rights by the affected population would work towards addressing such a gap.

d) Recommendations

- i. The **UNHCR PPA tool** shows great promise and, if implemented successfully in the pilot project, could be scaled up and used in other urban contexts. Care is needed to ensure that there will be sufficient funds for follow-up activities on proposed recommendations
- ii. **Community Information Centres** and **Safe Houses** are useful 'self-targeting' support mechanisms for urban communities where there is a need to identify sizeable 'invisible'

caseloads. These models could be replicated in more communities, with sufficient funding. They could be tapped as sources for information on urban vulnerability and IDP profiling.

- iii. These approaches require guarantees of **'tolerance space'** by national and local authorities to protect information and visitors' identities. This is crucial as visitors will shun them if they suspect their anonymity may be at risk.
- iv. **Agencies could advocate with government departments** to have more community health workers who would be trained in dealing with victims of violence and would detect serious problems for referral.
- v. Agencies, through community groups, could make **greater use of information technologies** such as text-messaging periodic information about community services, events, new legislation and human rights issues to refugees and IDPs in urban areas.

6. Livelihoods

The issue of livelihoods in urban areas is of major concern to humanitarian agencies, especially those involved in the early recovery cluster, because of its close associations with shelter, protection, education and health.

a) Identifying the challenges

-- High unemployment is a feature of most cities, despite the fact that finding employment is a prime reason for rural to urban migration. Youth unemployment is particularly high, a factor in marginalization, recruitment into criminal activities and other social ills.

-- Oxfam notes that some livelihoods activities directed at women (micro-financing for example) leave men marginalized and idle, leading to increased domestic violence. In some countries the women have urged NGOs to direct more income-generation activities at men to counteract this problem.

-- ICRC notes that urban areas are often important sources of small food production and food processing businesses, activities that can be severely disrupted in a crisis and difficult to re-start after a major loss of assets.

b) Tools and Approaches

-- A successful early livelihoods intervention was **Cash for Work** for flood debris clearance and rubble removal in informal settlements in Manila, Port-au-Prince and Nairobi.

-- The WFP **'Food for Work'** and **'Food for Training'** programmes encouraged IDPs in Manila to relocate: the immediate livelihoods assistance helps them with initial integration. Many agencies assisting the GRP in relocation programmes are focusing on livelihoods activities to help people integrate into the new communities.

-- IOM's **combined shelter, peace-building, psycho-social and livelihoods programme** in Eldoret assists people to return to rural areas. IOM recognized the differences between urban and peri-urban priorities, between activities that are possible on small plots of land and those only possible in highly built-up areas. The agency stressed the need for livelihoods activities over shelter in urban areas: most people will take care of their own shelter needs if they can get back on their feet financially. This priority has been noted in other urban recovery contexts (Sarajevo, Manila). Tools most likely to help previous businesses, destroyed or abandoned in the violence, are micro-financing instruments.

-- ICRC has explored the use of **'grow bags'** that can be used to grow different vegetables in extremely small spaces, including in densely-packed slums. Seeds and tools may also be appropriate for those who have access to small garden plots by rivers and canals.

-- Oxfam have developed several alternative and innovative approaches towards building more sustainable livelihoods that have youth as both the target group and the implementers, including: micro-enterprise development, youth skills upgrading and conflict mitigation where there is scope for supporting community peace activities.

- **Micro-finance and cash grants** can help to re-start food production activities at the household and micro, small and medium enterprise (MSME) levels.
- The UNHCR **Quick Impact Programme (QIPs)** model has been adapted from rural to urban contexts, offering people livelihoods recovery options in relocation areas.

c) Gaps

- There are few if any gaps in appropriate tools and approaches to livelihoods issues in urban areas. The tools exist: the Sustainable Livelihoods Approach, micro-finance, cash for livelihoods grants, vocational training and others can be adapted for different livelihoods contexts in urban or peri-urban areas.
- The gap encountered is one of inadequate resources to fund and implement these programs which are often considered a lesser priority than post-crisis life-saving activities. Moreover, livelihoods projects are less visible than large infrastructure projects such as camps and housing or even WASH upgrading. Higher resources are needed to cover the greater numbers of people in cities.
- Livelihood projects also require a level of expertise that is not always part of the skills-sets required of humanitarian actors.

d) Recommendations

- i. There is the need to **increase the resources** for livelihoods programs in urban areas at an earlier stage, and to give higher priority to the resource needs than some other relief interventions. Assisting people to recover their lost livelihoods and business assets is a well-known approach to empowerment and a restoration of dignity, as well as the obvious benefits of recovering the ability to provide for one's family.
- ii. **Specialized competencies and training** are needed especially for micro-finance.
- iii. **Youth employment schemes** coupled with vocational training centres should aim to match learning capacities with specific employment needs.
- iv. The NGO Swiss contact model of **SME rehabilitation** in Aceh and Nias was successful in restoring businesses, opening up new ones and multiplying employment possibilities and could be replicated. This or similar schemes should be started as soon as possible to allow people to recover, build sustainable livelihoods and create employment.
- v. Humanitarian agencies should work more closely with development agencies to ensure **consistency and appropriateness** of their programs for livelihood recovery as well as to synergise efforts, capacities and coordination with longer-term initiatives. The early recovery cluster and UNDP, food security with FAO, waste-disposal livelihoods opportunities and UN-Habitat, health and WASH with UNICEF and other NGOs with development capacities, etc. all make natural partners.
- vi. Humanitarian agencies should advocate with donors and governments for **scaled-up livelihoods schemes**, both as an integral part of a post-disaster recovery effort in the absence of workable shelter programs, and to alleviate chronic poverty.

7. Preparedness

Many poor cities are potentially vulnerable to large natural disasters with additional risks in poor informal neighbourhoods constituting a large part of the urban fabric and accommodating large share of urban populations. Addressing vulnerabilities is a long-standing development issue.

a) Identifying the challenges

- In Manila, GoP preparedness plans were out-of-date and overwhelmed by the magnitude of the disaster. The Rapid Assessment tool was found to be too lengthy and cumbersome. LDCC preparedness addresses mostly SAR responses but does not deal with follow-up issues such as EC or community preparedness.

- Preparedness plans do not tend to include the specific needs of vulnerable groups.
- UN and NGO country contingency plans were out of date in the case study countries. None of the preparedness plans took sufficient account of what and how to prepare for disasters in urban areas.
- However, apart from the inadequacy of preparedness at all levels, an ‘enabling environment’ has been created by the disasters, with renewed impetus to improve all aspects of preparedness and DRM. Humanitarian agencies in Nairobi are drawing up contingency plans for future possible violence scenarios in Kenya’s cities in anticipation of the forthcoming Constitution referendum. Government sensitivities remain such that the KHPT feels it is unable to conduct joint contingency planning, which would be more efficient and effective if put to the test.

b) Tools and Approaches

-- The Country Teams in Kenya and the Philippines have embarked on **holistic contingency planning** exercises with plans on how to respond to different kinds of disasters, both rural and urban, at different scales of severity.

-- The GRP (DILG) is preparing **training courses on good governance** for ‘newly minted’ local government officials, including training on disaster contingency planning, preparedness and response SOPs. Its main concern is how to encourage mayors to update their skills and knowledge of managing disasters.

c) Gaps

-- Preparedness measures do not at present capitalize on the institutional and individual expertise of a rich variety of actors and competencies that exist, for example, in Manila. Many actions could be taken that do not require high levels of investment.

-- Humanitarian actors and agencies do not effectively anchor their preparedness activities at the municipal level.

d) Recommendations

- i. Preparedness measures could **engage institutional and individual expertise** of urban actors and competencies. The emphasis should be on knowledge-based preparedness that becomes gradually hard-wired into individual mindsets and mainstreamed into government and agency activities.
- ii. IASC and non-IASC organizations need to **anchor their preparedness activities at the municipal level** and advocate with mayors and disaster response departments for joint disaster preparedness. This would define roles and responsibilities of different actors, and priority needs to be addressed. Some of the preparedness measures would include:
 - mapping of municipal disaster risks and vulnerable areas and population
 - preparing an inventory of actors and enhancing capacities of the local government in disaster response and preparedness
 - mapping of capacities and resources such as those of private sector enterprises, faith based organizations and NGOs, which could join in simulation exercises and raise their own awareness of preparedness gaps and allow for information-sharing on particularly useful techniques and procedures.
- iii. IASC actors should consider ways of **supporting local governments** to prepare and set up urban response and recovery systems in anticipation of an urban crisis.
- iv. **International dialogue and advocacy initiatives** such as the ISDR World Disaster Reduction Campaign for “Making Cities Resilient” should be further enhanced and the IASC cluster system should be better linked to the UNDAF for ensuring progress in both vulnerability reduction and disaster preparedness.

