More than just a roof over your head
A special issue on Shelter in Emergencies
EMERGENCIES AT A GLANCE: CARE’s emergency response around the world

Syria—the worst humanitarian crisis of the century
Over 8.5 million Syrians are in dire need of help in Syria and the region as the conflict continues in its third year. More than 94,000 people have died since the conflict started and almost two million refugees have left the country. The 6.8 million Syrians who stayed behind need urgent humanitarian support.

Jordan: To date, CARE has reached more than 112,000 Syrians (22,000 families), providing cash assistance to pay for basic living costs, including rent, food and clothes; essential relief items and vital information on how to access further health care and social support. Last year, CARE set up a refugee centre in East Amman where CARE volunteers, who are refugees themselves, assist in organising and preparing distributions and provide information on access to support services. Since then, more than 22,000 families have sought assistance at the centre. CARE has just opened another center in Zarqa and is planning to open similar hubs in three other cities.

Lebanon: CARE has set up operations in Lebanon and is planning to meet approximately 150,000 refugees’ and vulnerable host communities’ most basic and pressing needs by providing water, sanitation and shelter. In July, CARE Lebanon will be providing access to water and sanitation to 1,900 refugee houses in vulnerable areas of Beirut, including distribution of sanitation items, and conducting health education sessions.

Egypt: CARE plans to help at least 20,000 refugees over the next 24 months by providing cash and other material assistance to meet refugees’ basic needs; creating awareness of sexual exploitation (including forced marriage) and other forms of gender-based violence and empowering family members to oppose harmful practices; and helping Egyptian communities support Syrian refugees, including psychosocial programs.

CARE participants showing their food vouchers. Photo: CARE

Syria: Whilst CARE is not currently working in Syria, we are committed to providing assistance, and we are exploring ways to address urgent humanitarian needs despite serious access and security challenges to working in the country.

Lesotho—food insecurity
In the cropping season of 2011/2012, a series of droughts, late rains and early frost had a destructive impact on the food situation, especially affecting the rural population. At the time, agricultural production dropped 70 per cent and led to Lesotho’s worst harvest in ten years. The Government of Lesotho has estimated that 275,000 needed urgent assistance. CARE was one of the first organizations to ring the alarm bells and to distribute seeds. Additionally, CARE distributed cash vouchers so the most vulnerable people could buy food in the market.

Total population reached: 52,524.

BY THE NUMBERS: CARE’s emergency responses in the fiscal year 2013*

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*Data highlights emergencies coordinated through CARE Emergency Group. Does not include chronic crises nor recovery and rehabilitation activities. Full data on our emergency response in FY 13 will be shared through PIIRS at the end of the calendar year.
More than just a roof over your head: Why CARE works in shelter

By Bill Flinn

Each year hundreds of thousands of families lose their homes through natural disasters or are forced from their houses due to conflict or war. One in seven people in the world lives in urban slums; by 2050 it is estimated that a further billion will be homeless through the combined forces of climate change and conflict.

Collapsing buildings during earthquakes, floods or other disasters cause countless deaths and serious injuries. They destroy livelihoods and futures. Rebuilding better, safer homes is therefore vital to reducing people’s vulnerability and increasing community resilience.

As we see it, shelter is much more than a roof over your head. A good shelter programme will have a positive effect on gender equality, health, well-being, livelihoods – it is an essential step towards recovery and long-term resilience.

The scale of natural disasters is often unimaginable: a quarter of a million houses destroyed is not unusual for a large-scale emergency. And it is often a challenge to see how we, the international community, can have a significant impact on people’s lives. However as shelter is more than just walls and a roof, at CARE we are looking for ways to respond to shelter needs that reflect a broader, more holistic approach – and that doesn’t necessarily imply construction.

A key player in the shelter community

CARE has adopted shelter as one of the core humanitarian themes because of the clear humanitarian need in the countries we work in. Moreover, CARE is one of the few major dual-mandated agencies that counts shelter as one of their core competencies. We play an important role advocating for considered and high quality shelter programmes within international forums, including the Global Shelter Cluster. By doing shelter we not only respond to a massive need, but we also increase the take-up and quality of shelter across the humanitarian community. With success: CARE is already seen as a key player in the international shelter community.

There are many ways of responding to shelter needs. Broadly this divides into two areas: meeting immediate needs after forced migration or a natural disaster; and helping people recover and get back on their feet. Contrary to common belief, only very occasionally our response spills over into a reconstruction phase and our Country Offices will be involved in the building of permanent houses or repair of damaged buildings.

The immediate post-disaster phase can include the distribution of relief items such as plastic sheeting, blankets, clothes, cooking pots, or “shelter kits” providing the materials and tools needed to construct a rudimentary temporary shelter.

Early recovery responses can include a sometimes bewildering array of options – and the CI Shelter Team can support a Country Office in considering different options. These are: transitional shelters, training in better building techniques, cash programmes, advocacy, support to host families and many others. It can also be an element of an integrated neighbourhood, which can include rehabilitating infrastructure, livelihood support or water, sanitation and hygiene activities.

Our key shelter principles

1. The affected population is the first responder and the most important stakeholder.
2. Shelter responses are always context specific: each emergency is unique and off-the-shelf solutions are rare.
3. Shelter should be seen as holistic: there are clear overlaps with other sectors such as health; livelihoods; water, sanitation and hygiene; protection, disaster risk reduction and so on. Good shelter programming will draw on the development capacity of Country Offices and will partner with local NGOs and CBOs.
4. There is a multitude of options for the delivery of emergency shelter: from relief items, through cash transfer, advocacy, training, repair programmes to the construction of temporary housing.
5. Good shelter programming will always have a strong focus on women and girls.
After the earthquake  
CARE Haiti’s shelter programme

CARE Haiti’s Neighbourhood Improvement team launched an emergency shelter response following the devastating earthquake that hit Haiti in January 2010. This unprecedented disaster killed an estimated 230,000 and left over 1.5 million people homeless. Close to fifty percent of all structures in Port au Prince were damaged or destroyed, including an estimated 250,000 homes. But after an initial emergency response, a challenge remained: to rebuild better, safer homes. Further burdened by steep and highly eroded terrain, non-existent building codes, rampant, uncontrolled urban growth and poor or absent infrastructure. How to do that? How to reduce vulnerability? How to increase community resilience?

CARE Haiti's approach was unique, looking to not only bring safe and resilient housing to thousands of displaced persons, but to rehabilitate existing capital and develop supporting structures.

Women as masons, bricklayers and carpenters

We operate at multiple levels to improve local capacity in order to tackle challenges of planning as well as of implementation. CARE has been training local construction workers, called “bosses” in improved construction techniques. This training is mirrored by an educational campaign with homeowners showing quality standards and what they should demand, adding elements of risk prevention. The program also focuses on women, not only involving them in awareness campaigns and working with local women’s associations to create mobilizers for change in the community, but a special training program has been developed to train women in previously male-exclusive construction jobs. Indeed women are acting as masons, bricklayers and carpenters.

The next steps are to work with the community and the municipality to establish development and urban plans for the area. These plans will be the base of a Disaster Risk Reduction strategy. CARE has already been conducting community awareness campaigns and on-site analysis on risks. Some initial activities to mitigate risks have been implemented such as a tree planting initiative, to address erosion threats as well as provide needed greenery in a drastically deforested environment. Also, CARE is overseeing the construction of retaining walls for water canals and building concrete steps, where previously steep and slippery pathways existed.

Train the bosses

Improving the living environment also means managing general conditions within and in the proximity of homes. This means improving sanitation, community infrastructures and housing conditions. CARE has already started the rehabilitation of homes by project trained bosses, in addition to building latrines and showers. It also addresses the problem of displaced population in a unique and community driven manner. Homeowners are assisted technically and financially in retrofitting their homes if they accept to host a displaced (IDP) family in their home, rent-free, for at least one year. To support this, contracts are signed by the two families and the local mayor. IDP communities are encouraged to assist in moving and clean-up, with a bonus paid to “evacuation committees” once an entire camp is empty and clean.

‘Love thy neighbours’

Lastly, the program recognises neighbourhoods as a space of economic opportunity with the potential to helping communities improve. To build this up, CARE Haiti is linking its highly successful Village Savings and Loans program, an Urban Agriculture initiative and micro-financing for small businesses. All this will help relocated families contribute to the community and stabilize their situation in the neighbourhood. CARE Haiti launched the Neighbourhood Improvement pilot program in September 2011. Since then, 160 homes have been retrofitted, with 158 IDP families having been relocated, more than 300 construction workers have been trained and a pilot area has reduced its vulnerability by the execution of mitigation works. Reflecting on this success, CARE Haiti was recently awarded a $10 million project funded by EuropeAid to expand the program into four neighbourhoods within its intervention areas in the city of Carrefour.

Melora Palmer is Proposal Writer for CARE Haiti
If you are skilled enough to navigate the gridlocked streets of Carrefour during rush hour, turn left at the gas station just off of National Route 2. Then drive up the rocky, pot-holed road about half a mile until you get to the meat pie merchant; now look to your left. You will see a most unusual sight for Haiti. A group of women glistening with sweat, wearing gloves and headgear, armed with shovels, trowels and pliers. They are mixing cement, sawing metal bars and placing blocks; all intensely focused on their task. You have just stumbled upon CARE’s Neighborhoods of Return–Improving Technical Assistance training program.

Neldie Innocent never liked dolls as a little girl. She was always fascinated with everything that had to do with constructions and handy work. When most girls her age played with dining sets, she was making little mud houses in the family yard. As a teenager, she even helped her father build an outdoor kitchen. Like many Haitian women, Neldie is the only provider of her household. Although he helps her however he can, she doesn’t live with the father of her child. She also supports her younger brother and sister. Their mother moved to Guadeloupe, herself struggling to make ends meet. Their sick father is unable to help them. Learning new skills is a source of hope for her. She hopes to find work on the multiple construction sites popping up throughout Port-au-Prince.

There is no such thing as ‘men’s work’

Neldie, along with all the women in the training program, believe there is no such thing as men’s work. In fact they are convinced everything a man can do, they can do better. “Women pay more attention to details, and they apply themselves better to the task at hand”. These women come from Carrefour, Port-au-Prince and all the way from Léogane, a town an hour away. Some of them are students in engineering or architecture, eager for hands on practice. Others are survivors of the 2010 earthquake, looking for a sense of closure after the destruction of their homes. What brings them together is their refusal to let their worth to be determined by their gender.

CARE’s Improving Access to Safer Shelter through Technical Assistance encouraging Self-Recovery project, is all part of a greater housing rehabilitation and urban development program, addressing poor construction and minimal or inexistent building norms in Haiti. Indeed, much of the destruction caused by the devastating earthquake in Haiti can be attributed to densely-packed, unplanned urbanization and subsequent poor building quality. Many women in the training program lost homes in the earthquake; some still live in temporary shelters or tents.

The program trains women on basic construction skills: iron framing, masonry, concrete laying and carpentry. All follow newly adopted Haitian Ministry of Public Works’ “Good Practice Guidelines”. Training includes general theory instruction on good construction practices accompanied by in-the-field training where they construct prototype walls and structures. Once trained, women can seek work in their new profession, some starting with the reconstruction of their own homes or those of their families and friends. CARE also employs some of these women in other Neighborhood Improvement projects as well as refers them to other organizations managing construction works in Haiti.

“They say the best cooks are men. Well, today we are proving that women are the better builders”, states Neldie with an infectious grin as she tackles her work.

Sénèq Pierre-Martelly is Communications Officer for CARE Haiti.

Photos: (left side top/bottom) Women participate in CARE Haiti’s Certificate Course on a building site in Port au Prince. CARE/Kate Holt (right side) Neldie Innocent, a strong builder for Haiti. CARE/Sénèq Pierre-Martelly
Just a stereotype? Women, girls and shelter

By Bill Flinn

The discussion around women and girls and the shelter sector falls into two areas. Primarily we seek to involve women and girls outside of their stereotypical roles, to incorporate them as equal participants in decision making, discussion and programme design. On the other hand we recognise their conventional role in the family and in the home, and acknowledge a status quo, far from perfect, that will only change gradually. By recognising both aspects of women’s role in regard to shelter we not only empower women with a greater sense of agency and ownership, but we will also produce better shelter projects.

A house is a home. Who, generally, does many of the household activities? Who cleans, hauls water, shops and cooks? Women, and older girl siblings, are also the first educators of young children. Women’s economic activities are often home-based. While not wishing to exacerbate a stereotype, women and girls and good shelter programming are intimately entwined. By contrast, men normally take the decisions, finalise the design and construct a new home.

A room for transformation

The short time-frame of humanitarian interventions makes it challenging to bring about long term transformation of gender relations, however good shelter programming can and should provide and promote a platform for empowering women. Including women and girls in the discussion and in decision making, and achieving gender balance in teams, is conducive to better project design and a better outcome. By keeping women and girls at the centre of our approach, the impact of a project can be greatly enhanced, not just for women and girls but for the entire project. It is a double win: good for women and girls; good for the project.

Regrettably this analysis is not very common in the shelter sector. Generally the debate revolves around beneficiary lists and discussing women as a vulnerable group rather than doing a proper analysis of the gender dimensions of shelter in the context and the different roles of women and men in relation to the home. Just making sure gender is considered in beneficiary lists or that women are targeted may seem like a useful way of fulfilling accountability procedures, but without a full analysis, it may actually do little to ensure that a shelter programme genuinely enhances the lives and equality of women, and can sometimes even do harm.

For example, anecdotal evidence suggests that in some cases focusing beneficiary lists exclusively on women-headed families can have the effect of splitting nuclear families so that both mother and daughter become eligible for shelter assistance. And by considering women as “vulnerable” rather than valuing women’s capacity, we are in danger of falling into the very trap that we are trying to counter.

Women should be centre-stage

Women look after the latrine, walk to the well, tend the kitchen garden and go to market. These are all activities that happen outside the four walls of the house and these issues are frequently forgotten in shelter programming. Access to roads and public transport, clean water, safe access to schools, protection issues, these are all areas of good holistic shelter programming that are much more likely to be adequately considered and included if proper account is taken of women’s involvement.

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The thoughtful and considered involvement of women and girls throughout shelter projects will have an impact on the entire community. Women should be centre-stage because of their role as home-builders, because their involvement will be an agent for change and empowerment and because it will benefit the entire community: men and boys, as well as women and girls. But most importantly because they are equal citizens and have an inalienable right to equality in every aspect of their lives.

What this means in practice will look different in each cultural context. What works well in the matrilineal societies of Aceh or West Sumatra may be totally inappropriate in Afghanistan. However, cultural restrictions should be no excuse for not having women at the heart of a project; especially as it will make for better programming for the benefit of the entire community. The key to a successful project is to ensure that you have done a robust gender analysis of how women, men, boys and girls operate and relate to each other and the home within the specific cultural context.
A fresh start after the floods

Philip Barritt, CI UK’s shelter advisor explains how a new house in Bangladesh can increase women’s social status

What is FRESH all about?
The Flood Resistant Shelter and Wash (FRESH) project was implemented by a consortium of six INGOs namely ActionAid Bangladesh, CARE Bangladesh, Concern Worldwide Bangladesh, Islamic Relief Worldwide Bangladesh, Oxfam Great Britain and Solidarites International. The aim was to provide disaster resilient family shelters and water, sanitation and hygiene (WASH) support for families whose homes were completely destroyed during the 2011 flooding and water-logging in the Shatkira district. An analysis found that more than 50,000 households were left out of any shelter emergency response, with only 17,000 having received some basic emergency assistance such as plastic sheeting and bamboo poles. So FRESH started to reduce that gap and provided more than 12,000 of the most vulnerable families with a new, disaster resistant home.

What type of shelter did families receive? Where they involved in the design stage?
Each shelter contained four main components as follows; a brick plinth, reinforced concrete pillar with locally available thatch fencing, secured roofing with wooden frame & corrugated iron sheets and safe sanitation through a latrine. We presented the families with the design and received different reactions, from strong appreciation to suggestion on improving the design. Unfortunately, due to budget constraints, we could not implement all these suggestions but focused on elements that reduced risk from future emergencies.

What different roles did women and men play during the implementation?
Usually, the husband and wife made the decision for the site selection of the houses and latrines. It has been confirmed from all the participants that women played a huge role in the construction of the houses and latrines. They did the ground preparation and collected and compacted earth for the plinth, carrying materials, supervising and providing assistance to the mason, monitoring and quality control. As the men had to seek work and earn the income, women had to take on the role of the constructors. However, that often proved challenging. For example, one widow heading a household did not hire labour to save money. The workload fell heavily to her and the eldest daughter, who was ten years old. They worked hard for compacting the soil for the plinth and watering the bricks. She monitored the entire construction work and sometimes her mother-in-law supported. Several men reported that the women started their daily activities as early as 5:30 am ending at 10:30 pm. This is a 17 hour work day! All of the women said that they worked so hard because they felt that it is their very own house and that no matter how much work was necessary they wanted to complete all tasks.

Who owns the new house?
In Bangladesh, property rights such as land, shelter and other assets usually fall under the custody of men. FRESH targeted both women and men and after feedback from the community we hoped that female ownership of the house and latrine would be a step towards uplifting women status, shifting and rewriting the unwritten law of property rights so they are not exclusive for men. So now the women own the house and the latrine while the men own the land. During our discussions with the participants the men pointed out that ownership secures women’s life - her husband now cannot threaten her or throw her out of the house.

How did people’s life improve?
The women feel more empowered and stated that their workload has been reduced as the houses and latrines are easy for maintenance. They feel more secure as the house and latrine are of good quality, provide dignity, privacy and safety. The structure can withstand the next annual flood and the family will be able to stay in the house instead of evacuating to higher ground. And with a more secure house and latrine the men stated that they feel at ease to go for work even for a long period as they are comfortable leaving their wives and children. Many men reported that the women’s social status has been increased since they own the house. Training on better health and hygiene has reduced disease and infection and improved marital relationships. In the Dalit community, which are the low castes, household violence decreased. In the past, domestic violence against women was high, often due to economic pressure. With women being the official owners their respect among their husbands rose and their status improved.

How did the local community support the project?
A Local Management Committee (LMC) was formed in each of the working villages or wards by the community representatives to monitor shelter and latrine activities. The LMC voluntarily played a significant role in project implementation and monitoring, but they also helped the elderly, pregnant women and disabled beneficiaries to carry home their shelter materials. They solved several challenges such as land disputes, they ensured the quality of construction materials and provided feedback and suggestion to the project management.
Shelter Resources to improve the quality and accountability of your interventions

Emergency Capacity Building Project agencies, led by CARE, have developed two useful resources for our country offices. The Shelter Accountability Resources are for project managers and decision-makers in humanitarian shelter programs, but also intended to be useful for CARE staff, partners and shelter cluster members who would like to monitor the accountability of particular projects and programs. The tools provide easy steps and examples to help plan, implement and monitor shelter projects and programs in a way that is accountable to disaster-affected populations and supports implementation of CARE’s Humanitarian Accountability Framework. You can find more here.

The Shelter Training Module is a facilitator’s guide and training materials to train participants working in the development and/or emergency sectors with a shelter component, and is suitable for use by anyone with some background in shelter and facilitation skills. The training is particularly relevant to humanitarian managers likely to be leading shelter technical staff. Click here to find out more or refer to Specialised Trainings section the Humanitarian Training Community on Minerva.

IN BRIEF
CARE Peru organized shelter contest

Thanks to an innovative shelter contest organized by CARE Peru, emergency response officials now have several carefully planned, region-specific, and cost-effective emergency shelter models available for use should a disaster strike the country.

The contest’s goal was to encourage private businesses to design appropriate transitional shelter models that national and regional government emergency officials can use during disaster response operations. Eighteen Peruvian and international businesses submitted 54 shelter models for consideration. The jury had a hard time narrowing down the short list of semi-final shelter options, according to CARE Peru, and finally agreed on eight winning shelter designs.

Currently, CARE Peru is advocating with the Ministry of Housing to open a National Registry of Emergency Shelter Designs and with the regional governments of Cusco, Piura, Puno and San Martin to open local registries. This will enable the awarded private enterprises to become the first emergency shelter vendors registered that comply with international standards and meet local needs.

The contest was sponsored by USAID/OFDA, and organized by CARE Peru, in close collaboration with the Government of Peru (GoP) National Institute for Civil Defense (INDECI) and the Business Working Group for Disaster Support.

CARE Emergency Toolkit

For more information on the practicalities of shelter programming go to the CARE Emergency Toolkit (CET) http://careemergencytoolkit.org

Here you can find general support for shelter programming under programming guideline/sector guidelines and specifications for shelter non-food items at operational guidelines/procurement

User name: cet@care.org and password: staff

MEET THE SHELTER TEAM:
The CARE shelter team is based in the CARE International UK office in London. The shelter team consists of interim team leader, Bill Flinn, and two advisors, Gabriel Fernández del Pino and Phil Barritt, who spend much of their time advising Country Offices’ humanitarian response and preparedness. For example, at the time of writing, Phil Barritt is completing a shelter assessment after the flash floods in India and Gabriel Fernández del Pino is nearing the end of a three-month deployment with CARE Myanmar. If you need support or have questions on CARE’s approach to shelter, feel free to contact us at: emergencyshelter@careinternational.org

Philip Barritt (left) and Gabriel Fernández del Pino are available for deployment and to support Country Offices with their humanitarian response.

Photos: CARE
Can you explain the main priorities of your position?
I guess the simplest way of describing it is to say that I am the person who makes sure international staffing needs are met in an emergency. This is what we call ‘surge capacity’ – the ability of an organization to rapidly and effectively increase its available resources in a specific geographical location, in order to meet increased demand. There are three key components to CARE’s surge capacity. Firstly, the Rapid Response Team (RRT) for which I coordinate movements of the 17 team members. Secondly, the CI Roster for Emergency Deployment (CI-RED) for which I lead development and maintenance, and coordinate specific deployments. And thirdly, I work on developing tools, mechanisms, systems and procedures that help build our emergency human resource capacity.

How does a ‘normal’ day look for you?
Any day can focus primarily on one of the three areas above, or include components of each of them, which is what makes it so interesting from my perspective! Any urgent deployment needs to take first priority of course, so once those are underway I have time to coordinate with colleagues on key initiatives, screen candidates for the roster, review and update an existing policy or tool, or talk to a member of the RRT to debrief on a recent deployment, for example.

You have to handle a lot of deployments, many of them happening at the same time. How do you stay on top of all the demands reaching you?
I have a lot of help! The key to success is teamwork, and I am fortunate to be joined to a great network of recruiters across the membership – one each from CAREs Australia, Canada, UK, and USA. I reach out to them daily to coordinate deployments and manage the roster. We all share the load and have a virtual meeting once a month to talk about things like improving the database mechanism, streamlining procedures or developing minimum standards for certain policies. CI members also have Sector Specialists or Job Leads who are always head-hunting for good staff and are great for identifying people to fill requests; and they also employ and manage RRT members. So the CI membership itself carries a lot of the load. And of course my fantastic CEG team-mates are on the job (literally) around the clock to help provide back-up and support!

You work remotely in Canada. How do you stay connected to the CARE Emergency Group (CEG) in Geneva and around the world?
I have come to rely on Skype a lot! While emails remain the standard, our team also sends text messages and Blackberry messenger notes, or calls when something is urgent and needs immediate attention. But for me Skype is really the standard for reaching people in remote locations everywhere at all hours, and it’s incredibly helpful. There are also lots of opportunities to get together in person due to travel demands. Our team has an informal rule that whenever two or more colleagues end up in the same location, they map out some time to spend together for both work and social catching up. I am lucky to be in Ottawa where CARE Canada is based, so I meet with a lot of the visitors coming through! And last but not least, our CEG team has a ‘virtual watercooler’ on Skype where people can post random observations and humorous updates – just like you might in an office hallway. It’s different from being in the same place, but it’s incredibly useful!

Did you know CARE has a global Rapid Response Team of 17 people?
CARE recognises that our ability to rapidly deploy personnel to an emergency is crucial for an effective response. We have therefore built a team of specialists, who are focused exclusively on supporting COs in their response to disasters – the Rapid Response Team (RRT).
RRT members are all full-time employees of CARE. They are employed by different CARE members and based all over the world; but their work in response to humanitarian emergencies is centrally tracked and coordinated by the CARE Emergency Group (CEG) within the CARE Secretariat. CEG is leading the effort to build this team, aiming to increase the number of RRT members from 17 to 35 staff, covering 14 different roles by the end of FY15. Team members currently consist of Team Leaders, Water, Sanitation and Hygiene (WASH) specialists, Gender Advisors, Shelter Specialists, Food security Specialists, Logistics Specialists, Proposal Writers and Media and Communications Officers. CARE is specialised in food security, logistics, sexual and reproductive health, shelter and (WASH). Each of these sectors has an ‘Offer of Services’ listing that explains what kind of specialised support they can provide. For more information, please contact CEG’s Head of Emergency Program Quality, Megan Chisholm: Chisholm@careinternational.org
Central America was hit by a devastating tropical depression at the end of 2011 and CARE has responded immediately. What were the highlights?

CARE provided relief to people in four countries in Central America: Guatemala, El Salvador, Honduras and Nicaragua. We saw that people in each of these four countries faced the same risks and had the same needs after the tropical depression hit, so CARE decided to respond in these countries through a multi-country approach. This was the first time in Central America that CARE’s response in these countries were linked through logistical cooperation among the four offices. During our response, which was supported by the European Commission’s Humanitarian Aid Department (ECHO), we gave priority to women-headed households. They were the most vulnerable, since they were either widows or because the men migrated to Mexico or to the United States to find work. We provided livelihood recovery kits for indigenous communities as well as educated people on ways to adapt to future emergencies through disaster risk and reduction (DRR) practices. We also trained women in hygiene promotion for their families and to promote hygiene actions in the communities. This also helped integrate women in local committees, which led to women having more influence within community structures. CARE also helped set up small family gardens. This allowed the families to have food and even some small income by selling the products.

What lessons did CARE learn from this disaster? How are you preparing for future rainy seasons and tropical depressions?

It proved challenging to respond in four different countries with one unified response because each of the offices in the four countries had distinct structures for emergency response. This could be improved in the future by adding a regional or sub-regional component to our emergency preparedness plans (EPP). Our staff had difficulties responding to the tropical depression because the existing official warning systems were not coordinated and slow in declaring an emergency. When the governments officially declared a state of emergency, the rapid assessment data taken by our emergency response teams enabled CARE to respond working with the local and national governments on the ground. In the future, we must be ready to respond to emergencies in the four countries with a coordinated response even though we are actually dealing with four different national emergencies.

What are the disaster trends that you’ve noticed in Central America over the past few years? What can we learn from these trends to better prepare for future disasters?

Over the past few years we have observed more and more small disasters, not only mega disasters. These emergencies have a huge impact on communities and families. People in Central America but also all over Latin America and the Caribbean are becoming increasingly vulnerable because of social, political and environmental factors, and this means that when disasters strike, communities who are already in precarious situations could be devastated. We’ve also noticed that a rise in rural to urban migration is causing people to be vulnerable in different ways than before, and we must respond to new urban needs as well as rural. CARE is working with governments and communities to promote policies of DRR, but at the same time, we must also remember that our emergency response should be balanced with our long-term programmes that focus on reducing poverty. Disasters interrupt the development process, they can even destroy the gains we made, and CARE must be able to address changing circumstances and be flexible in our response. We also must remember that poor and vulnerable people are impacted by small emergencies as well as mega disasters, and we must respond to their needs no matter the size of the emergency.