HUMANITARIAN SHELTER AND THE ETHICS OF SELF-RECOVERY: a discussion paper[1]

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January 2019

Abstract

Is it acceptable to support the building of unsafe houses? Indeed, can it even be *better* to advocate for 'safer' rather that 'safe'? Does the imperative of respecting people's autonomy, and their right to choose their own route to recovery, trump the understandable desire for quality and safety? These are some of the issues discussed in this paper with reference to a 'self- recovery' approach to post-disaster shelter responses. It is argued that there is no clear-cut answer and that a hybrid standpoint has to be adopted: one that simunltaneously recognises that choice and agency must be respected, while also placing a responsibility on the humanitarian community to support families and communities with the best possible information to allow for informed choice. It is shown that an insistence on structural safety not only compromises people's choice, but can also fail to produce the 'best shelter outcome'.

Humanitarian ethics

The topic of humanitarian ethics is principally discussed in relation to compliance with internationally accepted standards and codes of conduct such as the Red Cross/Red Crescent Code of Conduct and the Sphere Project Humanitarian Charter (IFRC, undated; Sphere Handbook, 2018). The ten points of the Red Cross code focus on neutrality and impartiality and putting the humanitarian imperative first; the Sphere Charter encompasses the principles of the right to dignity, humanitarian assistance and protection. The inherent assumption is that these codes and standards provide an inalienable and incontrovertible marker by which to judge humanitarian action. It does not take too much scratching beneath the surface to see that the humanitarian sector regularly falls short. The geo-political nature of aid, coupled with the power of the media, means that some disasters are prioritised and will receive relatively high *per capita* funding compared to smaller, or less eye-catching, 'forgotten' disasters (Parrack et al., 2014). In these circumstances the humanitarian imperative of need and need alone is clearly compromised. The active advocacy of donors and agencies can also call into question the seriousness of our commitment to the code of conduct. For example, humanitarians are frequently exhorted to work with government; where does that leave them in terms of impartiality, neutrality and independence?

Peter Walker, writing in 1997, noted that "*humanitarian organizations, by adhering to the principles of impartiality, neutrality and independence, have in fact straitjacketed themselves. They are limited to addressing only the effects of crisis, not its causes …*" (Walker, 1997). The position taken in this paper further challenges the concept of humanitarian aid being limited to duties, rights, saving lives and providing immediate emergency needs.

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[1] The author is a member of the interdisciplinary Promoting Safer Building research team. It received funding from the British Academy's *Cities and Infrastructure Programme* (Ref. CI170172) The views expressed in this paper are the author's own, and are not necessarily shared by all the members of the research team.

Indeed humanitarian thinking has moved on since Walker was describing the situation in 1997. In a world threatened by climate change and increasing environmental disasters, disaster risk reduction (DRR) is now seen as an integral and essential part of a humanitarian response. Moreover, the disaster itself – the event – is understood as part of a cycle that includes preparedness, response, recovery and mitigation (Twigg, 2015). The 2016 World Humanitarian Summit coined the phrase 'humanitarian development nexus' (not a particularly new idea: it was previously known as the humanitarian-development continuum or humanitarian pluralism) in recognition that many disasters, caused by both natural hazard and conflict, are very protracted. The recently developed Core Humanitarian Standards include participation, strengthening local capacity and accountability to the affected population, although they still hold neutrality, impartiality, independence and humanity at their core (Sphere Handbook, 2018). This demonstrates a broadening of the scope that has always included the alleviation of suffering and saving of lives, to embrace a more holistic approach that gives equal emphasis to dignity, well-being and preparedness as well as seeing developmental opportunities even in the trauma of the aftermath of a disaster.

Ethics, in this paper, is not viewed specifically against these established standards and codes. It considers questions that are raised by adherence to an approach that supports self-recovery after disasters. The focus is on the provision of housing after a disaster (shelter), as this is the humanitarian sector that has most advanced the concept of supporting self-recovery.

What is self-recovery?

The ethical implications of self-recovery discussed here, how to support it and the advantages of doing so, draw heavily on two recent research projects led by the Overseas Development Institute[2]. The general findings of the research have been analysed elsewhere (Twigg et al., 2017). For the purposes of this paper it is sufficient to describe self-recovery as the inevitable post-disaster reconstruction of houses by the affected population itself, mostly using the family's own resources. It is argued that after most major disasters 80 to 90% of affected families rebuild without support from aid agencies (Parrack et al., 2014). They self-recover. Currently little is done to support that process. Indeed the total aid budget can frequently be out-stripped by remittances from the diaspora, implying that most of the impetus to rebuild comes from sources other than humanitarian aid: savings, loans, remittances, government compensation payments. Frequently the aid programme is a bit-player in a much larger picture (Savage and Harvey, eds., 2007).

What 'ought' to be done.

In looking at the ethics of self-recovery, consideration is given to what 'ought' to be done, and what can and could be done in the circumstances. Philosophers would describe the first of these considerations (the question of 'ought') as 'normative', where different outcomes have to be evaluated and 'competing goods' reconciled. There are many examples that illustrate the point: we all agree we shouldn't succumb to paying bribes, but is it acceptable to pay a bribe if it allows the safe passage of a convoy of relief items to a desperate population? Can we sacrifice one good (that it is morally unacceptable to pay a bribe) so that an arguably greater good (getting the relief through) can be achieved? To take a less extreme example from the shelter sector: should we sacrifice the

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[2] The research projects were an interdisciplinary collaboration between the Overseas Development Institute, CARE International UK, University College London, British Geological Survey and Loughborough University.

'good' of training local masons in order to achieve the 'good' of getting the job done quickly by rapidly hiring contractors from the nearest large town?

The decision as to what 'ought' to be done has to be weighed and evaluated. There will be no clear right or wrong answers. It goes beyond the universal humanitarian ethic of helping one's neighbour in need, to the more nuanced idea of 'helping with dignity' that defies objective definition (IFRC, 2003). This examination of humanitarian ethics also more closely resembles the dilemmas and knotty problems experienced by the practitioner in the field.

The greatest good for the greatest number.

On the face of it, achieving the best overall outcome would seem to be the morally correct intention. However the bribery predicament described above helps to illustrate a dilemma that has immediate implications for a self-recovery approach. There are two 'right' answers to the bribery conundrum. The first is that the bribe should be paid because the consequence is that the population will be reached, and this is clearly the greatest good for the greatest number. This is a 'consequentialist' or 'utilitarian' standpoint: it is clear that the decision has a consequence that is convincingly positive (Scheffler, ed., 1988). Alternatively, it could be argued that it is an inalienable principle that we should not succumb to bribery and this cannot be compromised under any circumstance, even in the knowledge that many people may suffer. This is a 'deontological' position, in which adherence to principles, duties or codes is considered paramount.

Happily the parallel in the world of shelter self-recovery is not quite so traumatic. Nonetheless, how decisions are made, and the principles and thinking behind them, will have significant impact on a community's recovery. The proponent of self-recovery is faced with a similar dilemma: there is a moral principle that maintains that people have a right to make their own decisions; and this is pitted against some agreed recipe of what would be the best possible outcome for the greatest number of people. The deontologist will argue for adherence to the principle; the utilitarian will point out that unsafe houses may be constructed as a result. While this could be seen as a tension with no clear resolution, it can also be construed as a necessary hybrid. It is argued here that while the right of people to determine their own recovery pathway is central to the self-recovery approach, it is also incumbent on the humanitarian community to provide the best possible information that will allow for a properly informed choice. Put another way, people's right to autonomy is respected, while at the same time it is recognised that the advice rendered, and the material and monetary support given, will have a consequential effect on the outcomes.

Both standpoints, that of the utilitarian and the deontologist, present an impossibly demanding position that is sullied inevitably by the pragmatics of real life and disagreement about the ranking of competing factors. There will be as many possible definitions of the best possible outcome as there are ways of ranking the various factors that create that outcome. In shelter programming, for example, the definition of a good outcome has to balance all the diverse aspects of what constitutes a home: structural safety; health; space; privacy; a place for livelihood generation; its place in the community; and a host of other factors (Oliver, 1981). Some of the more difficult dilemmas are discussed in the sections below.

People's agency in the inevitable self-recovery process

There are two considerations, particular to self-recovery, that have a strong bearing on this discussion of ethics.

1. Self-recovery is *an inevitable process.* Disaster-affected families are never passive and are always the first responders (Davis, 2015). Within days of the 2013 Typhoon Haiyan in the Philippines, families were rebuilding and repairing their homes as best they could. As time progresses, this process of self-build (or self-directed construction, as many families will employ local labour) develops into permanent durable homes (Twigg et al, 2017). So supporting self-recovery is supporting a process that is *already happening*, and has its own momentum and rhythm. The train has left the station; the humanitarian system is helping it on its way, smoothing the journey and improving the outcome.

2. The second, related issue concerns the *primacy of people's control*, choice and agency. Proponents of self-recovery maintain that people have a right to choose their own recovery pathways, prioritising their actions according to their own perceived needs. Does this moral standpoint trump all others? Is it axiomatic that people's agency and control should be respected, even if the outcomes (an unsafe house, for example) are not palatable to the taste of the humanitarian practitioner or donor?

This goes to the heart of the ethical challenges of supporting self-recovery. Advocates of the approach say that people's right to choose is paramount (within the constraints of national laws and codes) and, in any case, the recovery journey has already been embarked on. Explaining this to donors and policy makers is unlikely to be easy, but it is nonetheless essential if supporting self-recovery – already well-accepted within the humanitarian shelter sector – is going to gain traction. The implication of respecting people's right to choose is necessarily a transfer of risk from the INGO, local NGO and the donor, to the household or community (Twigg et al., 2017). The responsibility of the shelter practitioner is no longer to provide a product (a safe house) but to provide the family with the best possible information with which it can make an informed choice. This delivery of 'information as aid' could take many forms: public awareness campaigns; training; demonstrations and model houses. And of course it can be supported in parallel with materials, cash and technical assistance in line with the families' priorities. However, the rightness or wrongness of their choice falls out of the hands of the practitioner. Does this imply that there is no such thing as a 'wrong' choice, and that the practitioner may have to support a family that has made a decision they consider to be incorrect, or even unsafe? Evidence from the few available case studies (CARE UK, 2015; Flinn and Echegaray, 2016) suggests that families do generally make sensible choices but it is clear that they lack both the initial information to make more informed and perhaps better choices as well as the technical support to ensure the best possible outcome.

What are the ethical conundrums facing shelter self-recovery practice?
Much of this theoretical discussion can be given practical significance when tested against the complicated reality faced by communities and assisting organisations in the aftermath of a disaster.

Quality vs coverage
Setting the balance right between the quality and the coverage of a shelter response programme is an obvious dilemma. Low quality can result in less safe or less durable houses; similarly there is an ethical dimension to limited coverage, leaving many families entirely unprotected.

In some instances low quality, in the case of a repeat disaster, could mean loss of an asset, injury, or even death. It could be argued that this trumps the imperative of high coverage under some circumstances, in particular where low-quality housing poses a significant risk. An earthquake occurs

without warning and substandard reinforced concrete construction can kill. By contrast there is generally sufficient warning of an approaching storm and most families will evacuate to a safe location. Even if they remain at home in lightweight houses built of timber or bamboo, these are much less likely to maim or kill than masonry in an earthquake, and the loss of asset is less significant. So, understandably, structural safety might rank higher in an earthquake-prone region where masonry houses predominate, than in a region of lightweight houses subject to cyclonic storms.

Low coverage brings its own moral considerations. It can mean condemning those left out to sub-standard housing. It can foment dissatisfaction as some are seen to benefit while others are excluded. The response programme can be seen to lack 'significance' in terms of reaching an acceptable number of beneficiaries.

Rationality can be brought to this debate. By contrasting the relative merits of supporting a large number of people to some degree, against a much more comprehensive package to fewer people, it can be shown that the overall benefit is greater in the former case. Although it is very difficult to apply a quantitative analysis it does provide a compelling argument that the best possible outcome, or the greatest good to the greatest number, is achieved by a broad coverage. The counter argument is that this can imply a failure to reach minimum standards as set out in, for instance, the Sphere Project (Sphere Handbook, 2018). This is further discussed in the section on structural safety below.

Supporting self-recovery, an 'inevitable' process, has the potential to provide at least a partial answer to this conundrum. A self-recovery response simply supports an existing recovery process, improving safety and quality along the way. While not absolving the humanitarian organisation of responsibility, it does suggest that a rigid insistence on standards of materials and structural design cannot be appropriate. Families have to decide if they want to prioritise the safety of their homes over their livelihoods, the children's education, or repaying their debts. The role of assisting agencies is to support their choice with the best information.

The concept of good enough, or fit for purpose
The Filipino fisherman, rebuilding after a typhoon on land of uncertain security of tenure, is faced with multiple choices. He could follow the advice of the shelter practitioner and include cross-bracing and hurricane strapping in his new bamboo house. This will add cost, time and complexity. Alternatively, weighing up his options, he can build as he always has done. Typically, in this situation, he might be given a small cash grant by an INGO and so this, arguably, could cover the cost of extra safety features promoted by the shelter expert. But, as he has a large family, he could also spend the extra cash on making his new home bigger, or repairing his boat, repaying his debts, buying food for the family. The family is aware that their bamboo and timber home is not likely to last more than 15 years under any circumstances. It is equally likely that it will be old age, termites, eviction or the next typhoon that will be the cause of the house's demise.

Shelter cash grants often come with conditions. They are dispersed in tranches, and each tranche is conditional on the progress and quality of the construction. In theory this controls quality and safety, but in practice supervision and monitoring can be patchy (Flinn and Echegaray, 2016). It certainly restricts choice, and it has been argued that a policy of 'smart conditions' that opens a much greater array of options to the family would at least increase choice, even if it does not give unlimited

choice. Smart conditions might include, for example, a latrine, rainwater harvesting, mosquito netting, a concrete floor, or even simply a bigger house for a large family. All would contribute to a 'better house', or one that is fit for purpose.

There is a current trend towards unconditional multi-purpose cash transfers (CaLP, undated). This is seen as an efficient, catch-all approach that crosses the sectors and allows families to make their own decisions in line with their priorities. In this respect it aligns well with a self-recovery approach, although this may be more by coincidence than design. If this approach becomes as prevalent as appears to be the case, then it places an onus on the humanitarian community to move away from the provision of goods towards the delivery of information, technical advice and supplementary support that encourages the best use of this unrestricted cash.

It is evident that there is an ethical issue that arises from the humanitarian insistence on conditions that may be contrary to the perceived priorities of the family. Everyone would agree that the safer the better. But 'safer' is not the only criterion: a house should be healthy, secure, large enough to avoid overcrowding and a space for developing household livelihood. This is further debated in the following section, but, in sum, it is a clear argument that points to the moral obligation to provide the best possible information that genuinely allows for informed choice.

<u>The best possible outcome: why structural safety is just one of several factors</u>
Utilitarians argue for the best possible outcome, the greatest good for the greatest number. As already stated, there is recognition that this is a very high moral standpoint and that reality and pragmatism inevitably intervene. Nonetheless an analysis of different factors that could contribute to a final 'best shelter outcome' sheds light on the very difficult decisions facing the shelter practitioner and policy maker. Structural safety is one such factor. For structural engineers the concept of approving a structure that is not safe, or that at least does not comply with standards and national codes of safety, is anathema. Accepting 'safer' as not only the appropriate but also, on most occasions, the better solution is very challenging.

In a disaster, there will always be a fixed amount of money and a huge case-load. A severe storm or earthquake can damage or destroy hundreds of thousands of homes. For the sake of this argument, this can be reduced to a simple choice: does the INGO provide 500 families with a 'safe' home, or does it support 5,000 families to build more safely? In the first instance, if there is a subsequent hurricane, the 500 families with a safe house will survive with their homes intact, but 4,500 will lose their major asset, there may be injuries, even deaths. If the latter choice is taken and 5,000 'safer' homes are built, then a certain percentage (let's for the sake of argument say 50%) have severe damage, possibly injury or considerable economic loss. But 2,500 families emerge largely unscathed. In the event of this storm happening, the overall harm (where harm can be economic, social, human etc.) is greater in the case of 500 safe houses than in the case of 5,000 safer houses. While there has been very little analysis to substantiate this argument with quantitative data, it is nonetheless very compelling: the overall outcome is better if there is marginal improvement to a great number of people. It also, of course, would seem to be much more equitable.

The argument that safer is better than safe may lack some rigorous quantifiable data. However the argument that other factors may outweigh structural safety altogether does have hard data to support it. Water-borne disease, indoor smoke inhalation, malaria, TB are all responsible for countless deaths across the world, not to mention ill-health, suffering and economic loss. All have

direct correlation with housing quality. Clean water can be collected off corrugated iron roofs, a latrine is the first step towards eradication of open-defecation, improved stoves and better ventilation remove smoke from kitchens, netting in the windows controls mosquitoes at night-time and increased space can reduce the spread of TB. The table below shows annual deaths worldwide from water-borne disease, indoor household smoke inhalation, malaria and TB, and the comparable number of deaths from earthquakes, storms and floods. The orders of magnitude tell their own story: many more people die each year from vector-borne disease, dirty water, poor hygiene and respiratory disease than from earthquakes, storms and floods.

Earthquakes	Storms	Floods	Water-borne disease	Indoor smoke	Malaria	Tuberculosis
35,000	4,000	5,500	3,400,000	1,300,000	1,000,000	1,300,000

Table: Average number of deaths per year from different housing-related causes. (EM-DAT; WHO; Langbein, 2017)

If the destruction of tens of thousands of homes in a disaster presents an opportunity to rebuild improved building stock, and if the intention is to strive for the 'best shelter outcome', then it would seem clear that there are a number of factors, or 'competing goods', that can be considered and even ranked. Here we have considered structural safety and a number of health issues related to the quality of housing. However, if shelter is seen as closely linked to a broad definition of recovery, then many other factors come into play. Livelihood is likely to be one. Is space for home-based economic activities considered? Is there scope for gardening or back-yard livestock? Disaster risk reduction and training in improved building practice may well be another. All of these factors combine to create a loose definition of a 'good house', a definition that will vary from one context to another.

Conclusion

It is now widely recognised that supporting self-recovery is effective, appropriate and timely (Global Shelter Cluster, 2018). Despite a number of successful self-recovery responses, there are still no tools nor guidelines that will help the shelter practitioner through the maze of decisions briefly discussed in this paper. It is clear, in this new world of providing 'information as aid' so that families make their own decisions based on good information, that some guiding principles are needed.

This paper suggests that these cannot be codified; that there is no alternative to the careful weighing up of factors in each unique context. Determining the correct package of assistance for the family on a self-recovery pathway is a matter of judgement and has to be developed *with* the community so that it is tailored to their priorities and choices. Neither a deontological standpoint, that respects the primacy of people's autonomy, nor a utilitarian one that seeks the best outcome for the greatest number, can alone provide a full answer. Ultimately a hybrid, or a balance between the two is required. Assistance cannot be conditional, as the family and community need to be in control of their own choices; but the humanitarian community also brings a lot to the table. It brings, science, engineering and good construction practice – but it has to be discussed *with* the affected community and families. If that enables families to build homes that are safer, healthier, tailored to their needs and priorities while at the same time respecting their own agency, then that will be a big step towards long-term sustainable recovery.

References

CARE UK (2015), *Typhoon Haiyan shelter recovery evaluation*. London: CARE UK with CARE Philippines.

CaLP (undated) http://www.cashlearning.org/thematic-area/multipurpose-cash-assistance

Davis, I. (2015), *Shelter After Disaster.* Geneva: OCHA and IFRC.

EM-DAT database www.emdat.be

Flinn, B., Echegaray, M. (2016), *Stories of Recovery: CARE Philippines Post Haiyan/Yolanda Shelter response.* London: CARE International UK.

Global Shelter Cluster (2018), *Shelter & Settlements: The foundation of Humanitarian Response. Strategy 2018-2022.* Geneva: Global Shelter Cluster.

IFRC (2003), *World Disasters report, 2003: Focus in Ethics in Aid.* Geneva: International Federation of the Red Cross.

IFRC (undated), *The Code of Conduct for the International Red Cross and Red Crescent Movement and NonGovernmental Organisations (NGOs) in Disaster Relief.* Geneva: IFRC and ICRC.

Langbein, J. (2017), 'Firewood, smoke and respiratory diseases in developing countries—The neglected role of outdoor cooking'. *PLoS ONE* 12(6): e0178631.

Oliver, P. (1981), The Cultural Context of Shelter Provision. In Davis, I. (ed.), *Disaster and the Small Dwelling.* Oxford: Pergamon Press: 41.

Parrack, C., Flinn, B., Passey, M. (2014), *'*Getting the message across for safer self-recovery in post-disaster shelter'. *Open House International* 39(3): 47-58.

Savage, K. and Harvey, P., eds (2007), *Remittances during crises: Implications for humanitarian response*. London: Overseas Development Institute.

Scheffler, S. ed. (1988), *Consequentialism and its critics.* Oxford: Oxford University Press.

Sphere Handbook, (2018) *Humanitarian Charter and Minimum Standards in Humanitarian Response*. The Sphere Project 2018.

Twigg, J. (2015), *Disaster Risk Reduction.* London: Humanitarian Practice Network.

Twigg, J., Lovell, E., Schofield, H., Miranda Morel, L., Flinn, B., Sargeant, S., Finlayson, A., Dijkstra, T., Stephenson, V., Albuerne, A., Rossetto, T., D'Ayala, D. (2017), *Self-recovery from Disasters: An interdisciplinary perspective.* London: Overseas Development Institute.

Walker, P. (1997), To do the right thing or to do the thing right: Humanitarianism and ethics*. The Ecumenical Review* 49(1): 78-84.

WHO website www.who.int/water_sanitation_health/takingcharge.html (accessed Dec. 2018)