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OCCASIONAL PAPER

The Role of Nongovernmental Organizations in Long-Term Human Recovery After Disaster

Reflections From Louisiana Four Years After Hurricane Katrina

Anita Chandra • Joie Acosta



GULF STATES POLICY INSTITUTE

A study by RAND Health

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Preface

Over the past four years, countless volunteers and nongovernmental organizations (NGOs) have provided manpower and resources to help communities respond to and recover from the impact of hurricanes Katrina and Rita. Compared to previous disasters, the level of devastation and the challenges of rebuilding were far more significant for families and communities in the region. The purpose of this occasional paper is to summarize some of the lessons learned by NGOs as these organizations worked through the cycle of emergency response into a lengthy long-term recovery process that continues today. This paper also offers potential actions for federal and state agencies to support long-term *human* recovery, an often-overlooked element of the disaster recovery cycle. State and federal health officials and NGOs may be interested in using this document to inform their decisions about changes to disaster policies that better define the components of and organizational roles and responsibilities in long-term human recovery.

The RAND Gulf States Policy Institute and RAND Health partnered with the Louisiana Association of Nonprofit Organizations, the Louisiana Family Recovery Corps, and the Louisiana Association of United Ways to convene NGO leaders and give them an opportunity to share their lessons learned and ongoing challenges. This effort is consistent with the RAND Corporation's mission to respond to the hurricanes of 2005 by channeling corporate resources to support research and analysis. RAND established the RAND Gulf States Policy Institute to support hurricane recovery and long-term economic development in Louisiana, Mississippi, and Alabama. Today, RAND Gulf States provides objective analysis to federal, state, and local leaders in support of evidence-based policymaking and the well-being of individuals throughout the Gulf States region. More information about RAND Gulf States can be found at www.rand.org/gulf-states/.

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Summary

Human recovery is the process of rebuilding social and daily routines and support networks that foster physical and mental health and well-being. The four-year aftermath of Hurricane Katrina has provided a case study of the lengthy and complex process of human recovery, the instrumental contributions of nongovernmental organizations (NGOs), and the policy and resource challenges that affect NGOs' ability to support human recovery. To capture lessons learned, RAND researchers conducted a facilitated discussion with NGO leaders in Louisiana. In that discussion, NGO leaders were asked about difficulties they faced in supporting human recovery and about potential actions needed to address these challenges. This occasional paper describes these issues, including the lack of understanding about which models of long-term human recovery should be used and how they should be financed, inadequate NGO-government coordination, and the lack of clarity about how to formalize and operationalize NGO roles and responsibilities. Development of a formal federal and state system to support human recovery and changes to long-term recovery policies are addressed in the discussion of potential actions. This paper also outlines future directions for research to build the evidence base on what works in long-term human recovery.

Acknowledgments

We would like to thank the many NGO representatives who contributed to the conceptualization and content of this paper by participating in the New Orleans meeting, reviewing documents, and providing valuable comments. A full list of participating organizations can be found in this paper's appendix.

We extend a special thanks to the Louisiana Family Recovery Corps, the Louisiana Association of Nonprofit Organizations, the Louisiana Association of United Ways, and the United Way for the Greater New Orleans Area for co-hosting the meeting that brought together the NGO representatives.

This paper also benefited from the input of our reviewers, Jeanne Ringel of RAND and Angela Blanchard of Neighborhood Center, Inc.

Finally, we express our appreciation for the contributions of colleagues at the RAND Gulf States Policy Institute, who assisted us in refining the paper and provided logistical support for the meeting of NGO representatives. Thanks to Melissa Flournoy, Sally Sleeper, Samantha Francois, and Stacy Fitzsimmons for these important contributions.

Abbreviations

DRF	Disaster Relief Fund
ESF	Emergency Support Function
FEMA	Federal Emergency Management Agency
NIMS	National Incident Management System
NGO	nongovernmental organization
VOAD	Voluntary Organizations Active in Disaster

The Role of Nongovernmental Organizations in Long-Term Human Recovery After Disaster: Reflections from Louisiana Four Years After Hurricane Katrina

Introduction

The aftermath of Hurricane Katrina vividly illustrates that recovery from disasters is not simply the restoration of roads and buildings, but a long process of restoring individual and community functioning. *Human* recovery goes beyond infrastructure recovery to include restoring the social and daily routines and support networks that foster physical and mental health and promote well-being (Cutter et al., 2006; Weisler, Barbee, and Townsend, 2006; Sizer and Evans, 2009). The hurricanes of 2005, along with Hurricane Ike, showed that nongovernmental organizations (NGOs, including community- and faith-based organizations) are instrumental contributors to human recovery. However, communities' abilities to draw on NGO services have been highly variable. In many cases, NGO activities cope with inadequate policy and financial support (Cutter et al., 2006; Waugh, 2006), which have hindered participation in recovery activities. Further, there is little clarity in terms of what human recovery looks like (e.g., What are the essential services, core components, and effective models?) and what policies are needed to support essential services and engage NGOs. While NGOs provide critical social, economic, and health services, there is evidence to suggest that their effectiveness could be enhanced if they were more formally engaged in recovery efforts and better integrated into planning at the local and state levels (Cutter et al., 2006; Waugh, 2006).

What are the barriers confronting NGOs' extended and systematic involvement in recovery activities? To date, there has been no formal articulation of the specific challenges they face. Further, we have limited understanding about the challenges NGOs face in providing services to support human recovery. In addition, potential actions for how state and federal government could better engage NGOs in these human recovery efforts are missing from the dialogue.

This occasional paper is intended as a first step toward addressing this need. The paper outlines the ongoing policy and financial challenges that NGOs confront when supporting long-term human recovery. The information about areas of need is based on a structured discussion with Louisiana NGO leaders in April 2009. The discussion focused on NGOs' involvement in human recovery and barriers to providing appropriate and timely human recovery services. The goal of this paper is to highlight issues that emerged from this discussion and to identify next steps for research and analysis. The paper has the following specific aims:

- Identify the elements needed to support a system for long-term human recovery and the challenges to creating such a system.
- Describe the roles NGOs can play in this system and the challenges they face in engaging government leaders in long-term human recovery efforts.

- Propose state and federal policy actions to formalize and integrate NGO roles into the planning and implementation of long-term human recovery efforts.

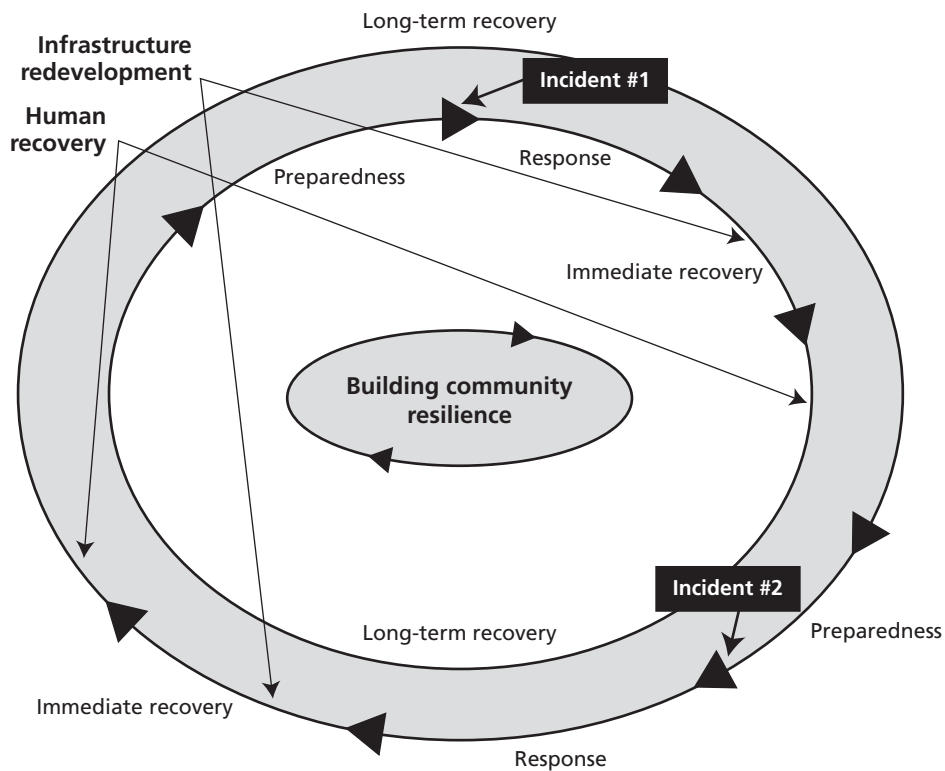
In the remainder of this section, we discuss what is known about human recovery and the roles of NGOs. We then discuss the themes that emerged from the structured discussion.

Long-Term Human Recovery Is Longer and More Complicated Following Multiple Disasters

Recovery—and, particularly, human recovery—is a long process, and the pathway is not straightforward. As shown in Figure 1, disaster planning, response, and recovery are not linear processes with clear transitions from planning to long-term recovery, but rather parts of a cycle. Further, recovery entails both infrastructure and human elements that can overlap. In addition, as recovery is achieved, there is potential to develop greater community resilience for the next incident.

Progress toward recovery is slowed by multiple incidents (Public Entity Risk Institute, 2006). Competing priorities make it difficult to assign dedicated resources in a community that is in the response or recovery phase of multiple incidents simultaneously. For example, communities have limited resources and face difficult decisions about spending funds on rebuilding homes versus providing health services, particularly when multiple disasters deplete minimal resources. In Louisiana, there are still approximately 70,000 displaced residents and more

Figure 1
Simultaneous Phases of a Disaster in a Community Dealing with Multiple Incidents



than 4,800 residents in Federal Emergency Management Agency (FEMA) trailers or receiving disaster housing assistance (Alfred, 2007). These difficulties have been compounded by the significant increases in the prevalence of serious mental illnesses and post-traumatic stress disorder among individuals affected by Katrina (Kessler et al., 2008).

Human recovery happens at the individual and community levels; for individuals to recover, the community supporting them must be rebuilt and operating. The human elements of recovery extend over a period of months because destruction of community structures affects individual and community well-being. Daily routines and social gatherings are disrupted when a community is devastated by disaster. The resulting declines over time in relations between residents and community organizations and the loss of family and peer networks increase the negative impact of disaster stress (Kaniasty and Norris, 1993). A recent article (which used Kates and Pijawka's 1977 model) estimated that long-term recovery and reconstruction from Hurricane Katrina would take approximately 11.5 years, given that immediate recovery took 60 weeks (Cutter et al., 2006). The Kates and Pijawka model, developed more than 30 years ago, may not accurately represent the length of time needed for all aspects of human recovery because it does not take into account the time needed to recover *psychologically* from a disaster. We are still learning about the mental health impacts of disasters, which often persist far beyond infrastructure redevelopment efforts; addressing these impacts is a key part of human recovery (Kessler et al., 2008).

Repeated disasters have been especially problematic for the working class and working poor, whose tenuous circumstances are magnified by the negative impacts of disaster. A study of families in Mississippi after Hurricane Katrina found that 53 percent of households with an annual income below \$10,000 lost all salaried jobs in the household after the hurricane, compared to 15 percent of households with an annual income above \$20,000 (Abramson, Garfield, and Redlener, 2007).

NGOs' Roles in Long-Term Human Recovery Are Not Well-Reflected in State or Federal Policy

Although we know that NGOs deliver services to support human recovery after disasters have ended (Homeland Security Initiative, 2006), there is no official federal or state policy, documentation, or guidance for how NGOs lead or work with government through the disaster *recovery* phase. In the absence of this government guidance, several models have emerged. For example, NGOs in Louisiana continue to be a part of collaborative community efforts, including long-term recovery committees, which connect individuals who lost homes and property with local agencies and services, and resource roundtables to discuss coordination, support, and logistics for recovery along the Gulf Coast. In many regions, the United Way leads long-term recovery committees in partnership with local nonprofits. Other models for long-term recovery services are emerging, including one-stop shops such as the St. Bernard Project (see St. Bernard Project, undated), which supports families in rebuilding their homes and offers services to promote psychological healing, and local, neighborhood-driven service centers such as the Beacon of Hope (see Beacon of Hope Resource Center, undated), which uses local resource centers in 19 neighborhoods to lead community organizing efforts that encourage residential and economic development.

Integrating NGO roles and responsibilities into relevant federal policies and guidance such as the National Incident Management System (NIMS) and the Stafford Act, summarized

in Table 1, is an important first step to formalizing NGO involvement; this integration is difficult, however, due to the lack of clarity on what human recovery should entail.

NGOs Contribute to Human Recovery and Bolster Community Resilience

During short- and long-term recovery efforts, NGOs facilitate disaster recovery and are uniquely positioned to advocate for changes that may improve the resilience of communities to withstand future disasters. For example, NGOs can strengthen social networks by enhancing connections between residents and community organizations. A case study of disaster recovery in Honduras after Hurricane Mitch suggests that NGOs, because they are a permanent part of a given community, are more focused on community development and, consequently, on resilience-building during disaster response and recovery (Telford, Arnold, and Harth, 2004).

Community resilience “occurs when resources are sufficiently robust, redundant, or rapid to buffer or counteract the immediate [after-disaster] effects of a stressor” (Norris et al., 2008, p. 130). NGOs are critical partners because their organizational networks are key to rapidly mobilizing immediate and long-term support services for communities affected by disaster. Given that NGOs are permanent fixtures in the community, they can also work on an on-going basis to increase population resilience by developing economic resources, reducing risk, ameliorating resource inequities, and attending to areas of social vulnerability. NGOs’ role in the human service delivery system also positions them to support individuals with acute needs who are affected by disaster as well as those who require sustained human services support prior to and after a disaster.

Table 1
Relevant Federal Policies and Guidance

Topic	Description
National Incident Management System (NIMS)	“[NIMS] provides a systematic, proactive approach to guide departments and agencies at all levels of government, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects of incidents” (FEMA, undated).
Emergency Support Functions (ESFs)	ESFs are an annex to the National Response Framework, which builds on NIMS to provide a guide on how the nation conducts all-hazards response. The ESFs focus on roles and responsibilities associated with the key actions needed during response and provide a high-level summary of the response and organizational structure. Of these, ESF-6 (mass care) and ESF-14 (long-term recovery) are the most relevant to human recovery.
Robert T. Stafford Disaster Relief and Emergency Assistance Act	The Stafford Act (42 U.S.C. 5121 et seq.) ^a defines when and how major disasters are declared, determines the types of assistance to be provided by the federal government, and establishes cost-sharing arrangements among federal, state, and local governments.

^a The Stafford Act

authorizes the President to issue major disaster declarations that authorize federal agencies to provide assistance to states overwhelmed by disasters. Through executive orders, the President has delegated to [FEMA] . . . responsibility for administering the major provisions of the Stafford Act. Assistance authorized by the statute is available to individuals, families, state and local governments, and nonprofit organizations.

Activities undertaken under authority of the Stafford Act are provided through funds appropriated to the Disaster Relief Fund (DRF). Federal assistance supported by DRF money is used by states, localities, and certain non-profit organizations to provide mass care, restore damaged or destroyed facilities, clear debris, and aid individuals and families with uninsured needs, among other activities. (Bea, 2005, p. 1)

The issues described in the preceding sections regarding government engagement with NGOs in human recovery, the true duration of the need for services, challenges posed by overlapping periods of recovery, and the missed opportunities for NGOs to be a formal part of enhancing community resilience after disaster all merit further investigation and need to be connected with specific policy recommendations. To address these critical issues, we engaged Louisiana NGO leaders to examine these topics via structured discussion. Given these leaders' experience with hurricanes and other natural disasters, the forum provided a unique opportunity to explore these challenges in-depth.

Methods

In April 2009, the RAND Gulf States Policy Institute, the Louisiana Family Recovery Corps, the Louisiana Association of Nonprofit Organizations, the Louisiana Association of United Ways, and the United Way for the Greater New Orleans Area convened local leaders from 47 Louisiana organizations in New Orleans to discuss lessons learned from their experiences with recent hurricanes and to generate recommendations for bolstering support for communities and enhancing the involvement of NGOs in long-term recovery.¹

These leaders were in a unique position to reflect on recovery issues, given the time elapsed since hurricanes Katrina and Rita, and the forum provided an opportunity to compare those events with more recent hurricane experiences.

Using a semistructured protocol, RAND researchers and community partners facilitated a discussion with NGO leaders. Questions posed to the group included the following:

- Is there a system to support long-term human recovery?
- Since Hurricane Katrina, have NGO roles in disaster response and recovery been formalized and integrated into state and local planning and disaster recovery efforts?
- How can federal and state agencies better engage NGOs to leverage NGO resources in the long-term recovery period?

The session lasted two hours, and a RAND researcher took notes during the discussion. Each participant at the meeting also submitted an index card listing what he or she perceived to be the three greatest challenges to long-term human recovery in Louisiana. RAND researchers and community partners reviewed the meeting notes using a qualitative analysis methodology called *constant comparative analysis* (Lincoln and Guba, 1985; Denzin and Lincoln, 2000). First, two RAND researchers independently read through the meeting notes and list of challenges and identified the themes and ideas that were raised most frequently. Next, each researcher used the resulting list for a consensus-building exercise. To ensure that the two researchers identified the most salient themes, they reviewed similarities and differences in their lists, resolved inconsistencies, and reached a common set of key themes. A follow-up meeting with key stakeholders from the participating organizations was held to validate the key themes identified.

In the following sections, we describe findings from this structured discussion, which we present as a set of challenges and potential actions to address them. The paper then builds on

¹ The appendix contains a complete list of organizations that were represented at the meeting.

these findings and identifies opportunities for future research on NGO involvement in long-term human recovery. These research directions were informed by our meeting, a review of relevant literature, and the researchers' expertise in disaster response, developed through multiple analyses of gaps in response and recovery systems.

Challenges Identified and Potential Actions

The discussion with NGO leaders in Louisiana identified several challenges that they continue to face in engaging with government leaders to play an effective role in long-term recovery.

Challenge #1: There Is No System of Services or Operating Plan to Support Human Recovery

NGOs in Louisiana indicated that current federal and state guidance lacks a focus on human recovery, offers virtually no protocols on how to implement human recovery (particularly for those who have the fewest resources predisaster), and provides little support for long-term case management (a core component of human recovery). Further, NGO roles have not been formalized or integrated into local and state planning and recovery efforts.

First, the NGO representatives argued, federally supported recovery efforts focus on infrastructure and economic recovery (e.g., the repair of damaged buildings and infrastructure, debris removal, temporary housing and limited home repairs, and revenue-loss loans) and do not address human recovery. The participants noted that there are three critical components to promoting human recovery:

1. *information and referral* with respect to trends, needs, and gaps in services—particularly the use of services such as 211, a telephone service supported by the United Way that assesses service needs and connects families with local providers
2. *direct services* to help families cope with their disaster experiences, find homes and jobs, and make plans to rebuild their lives—including case management, children's services, employment, emotional well-being, housing, and reunification
3. *financial supports* to help families make payments to reestablish their household, such as rental deposits, major appliance purchases, and household bills.

Human recovery and infrastructure recovery are interdependent. For example, health care institutions cannot reopen without appropriate staff, who may not return to work until their households and the social networks that buffer them from chronic stress are rebuilt (Weisler, Barbee, and Townsend, 2006; Cutter et al., 2006).

Second, in addition to the lack of federal support for human recovery, there is limited guidance on how to implement human recovery plans. Despite ESF and NIMS provisions that articulate the need for health-related services to support human recovery (e.g., ESF-6 focuses on mass care and ESF-14 on long-term recovery; see Table 1), there is a lack of clarity in terms of how to operationalize this guidance, and there is no standard alignment of resources with these functions. Local leaders contended that the definition of what can be included in public-sector assistance, how that definition is implemented during response and long-term recovery, and who funds these activities are also largely unclear.

In ESF-6 (mass care), the U.S. Department of Health and Human Services is charged with expediting claims for federal benefits, ensuring continuity of services (e.g., Medicaid, Temporary Assistance for Needy Families program) to beneficiaries, and supporting agencies that provide case management services. In ESF-14 (long-term recovery), federal agencies are positioned to provide technical consultation and expertise on necessary services to meet the long-term physical and behavioral health needs of affected populations and encourage short- and long-term public financing to meet those needs. Taken together, ESF-6 and ESF-14 appear to have the right language to support human recovery postdisaster, but there is confusion about how these activities will be executed and which organizations (government and/or NGO) are in leadership roles and at what time points in the response continuum. Guidance to help NGOs and government organizations plan for human recovery, with attention to developing timelines, memoranda of understanding, and decision trees for involvement at particular phases may be very useful. This guidance document could accompany the ESF information but maintain flexibility for local leaders to craft their own human recovery responsibility map.

Third, participants cited a lack of support for long-term case management services. These services entail a “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality cost-effective outcomes” in the short and long terms (Case Management Society of America, undated, p. 7). In the wake of hurricanes Katrina, Rita, Gustav, and Ike, local leaders struggled with how NGOs should provide case management services, which entities should fund those efforts and for how long, and how the various agencies involved in human services should coordinate their activities. Further, there is no commonly accepted technological or computer-based operating platform through which NGOs and government entities can systematically collect and manage data on constituents. For example, FEMA and the American Red Cross encouraged the use of Coordinated Assistance Network software for data collection and client tracking. In Louisiana, many nonprofit providers were using other systems and were reluctant to adopt a new data system. The lack of a common reporting system resulted in complications and duplication of effort in client tracking. As a result, some constituents experienced long delays in securing supports (e.g., health, housing, economic assistance, employment) to transition successfully through recovery, or those supports “ran out” before recovery was achieved. There is unnecessary duplication of services and missed opportunities for greater efficiency when NGOs are unable to communicate about common clients.

Many models for case management and human recovery emerged during the post-Katrina period. Several demonstration programs, such as the Community-Based Service Network in New Orleans and the Human Services Response Institute in Lake Charles, focused on strategies to coordinate the case management process at the local level across agencies, funding sources, and data collection platforms. The Louisiana Family Recovery Corps has developed a holistic approach to human recovery using a case management model that combines traditional human services with direct assistance to provide bridge support for households affected by disaster (Sizer and Evans, 2009). This model provides both the direct services and financial supports needed to promote human recovery. However, until there is stronger empirical evidence about which models are most effective, it is difficult to identify the core elements of human recovery and how government entities can best engage NGOs in any long-term case management efforts.

Potential Action #1: Develop a Recovery-Specific Service System and Operating Plan to Guide Long-Term Human Recovery

Based on the concerns articulated by NGO leaders, there is a need for clearer federal guidance or templates outlining how NGOs should be involved in the plans for human recovery via ESF-6 and ESF-14 and supported by the Stafford Act (see Challenge #2). There is also a need to understand when the transfer of responsibility between government and nongovernmental entities should occur and to describe the funding and accountability plans for these efforts. While guidance should allow for local variation regarding how agencies organize their responses, the lack of an operating framework mires NGOs in unnecessary bureaucratic challenges to deliver services. Although the purpose of NIMS, as previously mentioned, is to provide seamless support to prevent, protect against, respond to, recover from, and mitigate the effects of incidents, NGOs continue to face difficulties in implementing ESF-6 and ESF-14 effectively. There are also challenges in securing the needed support through the Stafford Act. A recovery-specific NIMS could offer detailed parameters on how government and NGOs should coordinate recovery services and how those activities would be structured and financed. A recovery-specific NIMS may include a defined model that operationalizes the phases of recovery; identifies target capabilities, key roles, and responsibilities for each phase; allows for coordination between phases; and provides fiscal support structures in the short and long term.

Challenge #2: The Stafford Act Does Not Sufficiently Support Human Recovery

Recent catastrophic events, such as the September 11 terrorist attacks and Hurricane Katrina, have shown that the federal regulations and policies included in the Stafford Act are designed to meet the needs presented by smaller-scale disasters. However, these regulations can become roadblocks that hamper both the initial response and long-term human recovery in large-scale disasters. NGO leaders in Louisiana indicated that this legislation has not sufficiently supported human recovery from Hurricane Katrina. This section describes the specific challenges and related recommendations for improving the Stafford Act, particularly in terms of NGO roles.

Challenge #2.1: The Stafford Act Does Not Explicitly Identify Case Management and Services Provided by NGOs as Eligible Expenses

Louisiana NGO leaders noted that many of the critical human recovery services (e.g., mental and physical health care, employment and housing assistance) provided by NGOs during Hurricane Katrina were not eligible for reimbursement under the Stafford Act. Louisiana NGOs were concerned when FEMA interpreted case management as the coordination—not the provision—of needed direct services. The state of Louisiana received significant federal funds that could be used only for short-term, nontherapeutic services and not for case management or counseling. Case management, as defined by the Stafford Act, is for “services, to victims of major disasters to identify and address unmet needs” (42 U.S.C. 5189d § 426, Case Management Services).

Potential Action #2.1: Expand the Eligibility Requirements to Include Services and Case Management Provided by NGOs

Expanding the definition of *case management* to include direct services may help address current and future needs by ensuring their consistent coverage. The Stafford Act could also include

provisions for an NGO capacity assessment for human services, directions for state and local governments to integrate NGOs into planning and service delivery, and guidance for how to publicly fund the designated services.

Challenge #2.2: The Stafford Act Requires States Affected by Multiple Incidents to Come Up with Matching Funds, Which Often Stifles Human Recovery

The Stafford Act–based system relies too heavily on reimbursements, in which disaster-affected communities must first apply for funds to repair or rebuild and then incur the costs, receiving reimbursement from FEMA at a later time. States devastated by disaster must come up with matching funds. For a state affected by an isolated event, this may be possible. However, for states like Louisiana, devastated both structurally and economically by hurricanes Katrina and Rita and then suffering additional wide-scale damage from hurricanes Ike and Gustav, the requirement to pay a 10-percent or greater match is unrealistic and can stifle recovery.

Potential Action #2.2: Amend the Stafford Act to Include a Dedicated, Streamlined Process for Resource Allocation, and Consider Decreasing or Eliminating Matching Fund Requirements in Certain Catastrophes

A more efficient and appropriate resource allocation process is needed during catastrophic events, particularly for support of critical health infrastructure. For example, FEMA could use a format similar to a block grant to distribute funds directly to state and local governments following a catastrophe. This will give state and local governments flexibility in using the money and help reduce the federal burden associated with administering assistance.

During a catastrophic incident, FEMA could also consider opportunities for decreasing match requirements or giving the state a 100-percent federal cost share. This amendment may afford NGOs more accessible funding to support their roles in recovery efforts.

Challenge #2.3: The Stafford Act Penalizes Communities for Smarter Rebuilding in the Long-Term Recovery Phase

Structural vulnerabilities become apparent when large-scale disasters occur. Therefore, rebuilding a similar infrastructure in the same place may be a poor decision that perpetuates vulnerabilities or economic and social inequities that existed prior to the disaster. Further, persistent inequities can entrench the challenges that make human recovery difficult. For example, the current public assistance program penalizes jurisdictions by as much as 40 percent of the predisaster value if they rebuild their infrastructure differently rather than simply replacing it—for example, by rebuilding in a more secure location. This penalty occurs because recovery assistance is interpreted to mean returning a community to its predisaster condition rather than improving it. For NGOs, this makes recovery planning difficult because there are limited supports for thinking innovatively about community strengthening (combining both infrastructure and human recovery principles) rather than simply offering the assistance to return constituents to *status quo ante* conditions.

Potential Action #2.3: The Stafford Act Could Incentivize Rebuilding That Creates a Stronger and More Secure Education, Social Service, and Health Care Infrastructure

Instead of penalizing communities, the act could help communities build a stronger infrastructure, particularly in places with infrastructure that was already insecure or failing. One way to encourage “smarter” investment may be to relax the strict requirements that the mea-

asures funded must be directly tied to a damaged element, and to reduce or eliminate the associated penalties. Alternatively, eligibility could be determined using a more flexible standard that represents an investment to strengthen the community and build resilience. For example, NGOs could receive support to enhance the general mental health of their constituents before the next event or to ensure that their members have access to preventive health care.

Challenge #3: The Scope, Scale, and Sustainability of Response and Recovery Efforts Have Been Insufficient

During a disaster, both human and material resources need to be mobilized quickly. As evidenced by the critical gaps in services during hurricanes Katrina and Rita, government agencies do not have the resources and are not able to quickly achieve the scope and scale needed to deal with large-scale disasters. While local NGOs helped fill these critical service gaps, NGOs reported that they have faced long delays or have been denied reimbursement, making it difficult to sustain recovery efforts.

Potential Action #3: Establish Preexisting Contracts with NGOs to Be Activated Quickly During an Emergency

During a disaster, both human and material resources need to be mobilized quickly. The responses to hurricanes Katrina, Rita, Ike, and Gustav further demonstrated that local organizations are well positioned to act quickly and often are the initial responders to a disaster. Staff and volunteers associated with local NGOs were involved immediately with response activities, such as evacuation and basic needs assistance, but they faced difficulties in meeting these constituent needs over the long term due to financing and poor coordination.

Currently, the Stafford Act allows the state to contract with companies for services such as debris removal prior to an event. Other than the American Red Cross for some shelter services, there is no provision to allow the government to contract with NGOs for services related to human recovery. Established contracts between the federal government and local NGOs are one possible mechanism for pre-positioning needed resources. Having these contracts in place could encourage a more efficient, timely, and coordinated local response. Many of the NGOs in Louisiana belong to the national or Louisiana State Voluntary Organizations Active in Disaster (VOAD), a coalition of nonprofit organizations that respond to disasters as part of their overall mission. In lieu of preparing individual organizational contracts, the federal government could consider contracting with the national or state VOAD for nongovernmental support or with some of the umbrella nonprofit organizations in Louisiana, such as the Louisiana chapter of the American Red Cross, the Catholic Charities, the Louisiana Association of United Ways, the Louisiana Food Bank Association, the Louisiana Association of Nonprofit Organizations, or the Louisiana Family Recovery Corps.

Directions for Future Research

The discussion with leaders in Louisiana highlighted NGOs' anticipated roles in disaster recovery yet underscored a persistent lack of clarity in how the federal and state governments define NGOs' roles in long-term recovery. Specifically, more investigation is warranted to define NGOs' roles during recovery and to outline how government can better support NGOs in human recovery efforts. Further, while not explicitly raised in discussions beyond pre-

positioned contracts, the larger issue of how to calculate the appropriate funding level for each NGO recovery role is a critical next step. There is a limited evidence base with respect to long-term recovery, and therefore any efforts to increase the involvement of NGOs in response and recovery planning and to improve government-NGO and NGO-NGO coordination must be accompanied by a strong research component. We identified a need for additional data and analysis in five areas.

Research Area #1: Conduct Additional Analysis of What Human Recovery Entails and How Policies at the Federal, State, and Local Levels Can Best Engage NGOs

Work in this area could include more research on the best mechanisms for government to engage and maintain NGO involvement, specific planning for NGO roles in long-term recovery, and evaluation of which NGO roles and plans may yield the most benefit. In particular, research is needed to identify the key components of human recovery, the most effective and efficient models for human recovery, and the best strategies to marshal resources in advance for NGO readiness to support these components. In addition, there is little consensus on the NGO benchmarks for successful recovery or when community restoration is achieved, specifically in the context of ongoing and multiple emergencies.

Research Area #2: Examine Instances When Responsibility May Shift Between Government and NGOs in Recovery Efforts

NGO leaders shared that the timing of the “responsibility handoff” between government and NGO involvement in recovery remained unclear. Therefore, there is value in examining government-NGO coordination in response efforts. We know that there are many challenges to incorporating NGOs in response and recovery activities, including cross-sector collaboration issues, varying management structures between government and NGOs, and differences in missions. Despite the benefits and sustainability of NGO involvement in providing health and related social services after an event, there is no standard for how NGOs are incorporated into government plans. Further, there is no universal guidance or timetable for how NGOs should assume roles and responsibilities for providing citizen services, particularly when government presence necessarily recedes. An analysis of best or promising practices for this coordination is important.

Research Area #3: Determine the Costs Associated with Human Recovery

Given the discussion about preestablished contracts and other supports for recovery, an analysis of financing for human recovery is merited. We do not have an established algorithm for calculating the resources needed for human recovery. We also do not have a sense of the elements for that algorithm, such as a per-person accounting of the resources needed for housing, health, and other social services. While the total amount will vary based on the nature and extent of a disaster, an investigation of resource allocation and the relative percentage needed for NGOs in the recovery phase would be beneficial for preparedness planning. For example, many NGOs assist in providing case management services during long-term recovery; however, there is minimal information on how to fund those services appropriately. When developing new or revising existing models or algorithms that estimate the length of disaster or financial support needed, it would be useful to disentangle infrastructure and human recovery to ensure that adequate time and cost estimates are developed.

Research Area #4: Consider Such Issues as Cost Savings and Return on Investment Related to NGO Involvement in Recovery

In addition to developing a recovery algorithm, understanding the efficiencies associated with NGO leadership in recovery is worth exploration. First, does NGO leadership in providing services to support human recovery result in cost savings? A cost-saving analysis would focus on the funding that may be saved by government if NGOs, rather than federal or state government, are conducting the programs. Second, how much spending by NGOs is needed to realize a given outcome level (e.g., moving families to permanent housing)? Cost-effectiveness analysis is needed to address this question. Third, how long are federal- or state-supported investments in NGO activities needed in the recovery phase to restore communities? This analysis could also identify what other investments (e.g., private sector) can be leveraged and at what point during recovery.

Research Area #5: Assess the Response Reliability of Specific NGO Engagement

In addition to answering these broad questions about the NGO “return on investment,” we need to identify a standard set of criteria to determine which NGOs are best positioned to lead response or recovery efforts, to use government dollars effectively, and to handle surge in the event of a major disaster. Building these characteristics into a funding accountability or monitoring system will help ensure that federal, state, and local dollars are invested in NGOs with the greatest likelihood of success. The concept of response reliability, in which there is an assessment of a system’s response capabilities, resources, and the factors that shape how well it would respond in an event, could be used to assess how well the current constellation of NGOs in a community would handle a disaster response (Jackson, 2008). In many cases, NGOs are working at cross-purposes or independently without coordination. By conducting a response reliability analysis prior to an event, policymakers could identify how well organizations can assist in a long-term recovery effort, given certain event conditions and accounting for response fatigue.² This analysis could also identify what supports are needed to reduce the burden along the recovery continuum (i.e., When do organizations “give out”?).

Conclusions

As renewed attention is focused on the resilience of communities to withstand the next major disaster, it is critical to address the challenges faced by NGOs in supporting recovery. It is clear that NGO-government coordination is not adequate, and while there is greater acknowledgment that NGOs are essential to emergency preparedness, there are still many unanswered questions. These include how to formalize and operationalize NGO roles and responsibilities, which NGO activities could be financed and how, and which NGO should lead efforts in a community. Moreover, articulating NGO roles in human recovery requires early planning, and this planning may have collateral benefits in enhancing the resilience of a community to withstand a disaster. Although this paper describes lessons learned from NGO experiences in Louisiana, we believe that these lessons are generalizable to other communities, particularly those affected by multiple incidents. However, an important next step is to continue this pro-

² *Response fatigue* is a loss of effectiveness displayed by an organization that has been leading some effort for an extended period, because the will to be in charge of a response or recovery effort can wane.

cess of describing lessons learned from other communities in the Gulf States region and around the world. This effort would enhance the evidence base and strengthen the system of support for long-term human recovery.

Participating Organizations

Local Nongovernmental and Community Agencies

American Red Cross, Southeast Louisiana Chapter
Baptist Association of Greater New Orleans
Bayou Interface Shared Community Organizing
Beacon of Hope Resource Center
Capital Area United Way
Catholic Charities Archdiocese of New Orleans
Coliseum Square Association
Community Center of St. Bernard
Consultant for Nonprofits
ERACE
EWIHC Consulting, LLC
Family Service of Greater Baton Rouge
Family Services of Greater New Orleans
Greater Baton Rouge Food Bank
Greater Light
Greater New Orleans Disaster Recovery Partnership
Kingdom Works, Inc.
Kingsley House
Literacy Alliance of Greater New Orleans
Metropolitan Human Services District
New Orleans Legal Assistance
Phoenix of New Orleans and the New Orleans Neighborhoods Partnership Network
Rebuilding Together New Orleans
Responsibility House
Revitalization Social Aid and Pleasure Club
Sovereign Grace Homeland Missions
Stay Local! and The Urban Conservancy
The Beautiful Foundation
The First Three Years
The Presbytery of South Louisiana
United Way for the Greater New Orleans Area
United Way of Acadiana
Youth Rescue Initiative

State Nongovernmental and Community Agencies

232-HELP/211

American Red Cross

Coordinated Assistance Network

Louisiana Annual Conference of the United Methodist Church and Disaster Response, Inc.

Louisiana Association of Nonprofit Organizations

Louisiana Department of Health and Human Services

Louisiana Family Recovery Corps

Louisiana Interfaith Disaster Recovery Network

Louisiana Public Health Institute

Louisiana State University

Louisiana State University Health Sciences Center

Louisiana Association of United Ways

U.S. Department of Homeland Security, Office of the Federal Coordinator for Gulf Coast
Rebuilding

Private Businesses

ASI Federal Credit Union

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