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CDA Collaborative Learning Projects (CDA) is a non-profit organization committed to improving the effectiveness of those who work internationally to provide humanitarian assistance, engage in peace practice, support sustainable development, and conduct corporate operations in a socially responsible manner.

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Introduction

CDA’s mission is to facilitate collaborative learning promoting effective and accountable international engagements. By listening to nearly 6,000 people in over 20 countries who have received, participated in or observed international assistance, CDA’s Listening Project gathered evidence on the cumulative effects of aid efforts and ideas to make international aid more effective. *Time to Listen: Hearing People on the Receiving End of International Aid* summarizes this evidence and shares the experiences and feedback from local people on how to more meaningfully engage them in aid efforts with a wide range of policy-makers and practitioners.

With this in mind, this report summarizes a single field visit that focused on hearing a broad-range of local perspectives on humanitarian effectiveness. This visit was part of an action-research project funded by the United Nations Office for the Coordination of Humanitarian Affairs, Policy Development and Studies Branch (UNOCHA) and the UK Department for International Development (DFID). Field visits were conducted in Myanmar, Philippines, the Democratic Republic of the Congo, Haiti and Ethiopia and supplemented with desk-based research on diaspora and their perspective on effectiveness of humanitarian action. The goal of the overall project, was to better understand local perspectives on the effectiveness of humanitarian action. This report and others in the series aims to feed into the larger conversation and recommendations for the World Humanitarian Summit in 2016.

This report does not represent a final product of the project. While this report may be cited, it remains a working document. This report represents a snapshot of the context, at the time it was written, and represents the viewpoints of those who participated in the study. Broad generalizations cannot be made from a single report. Instead, this report is meant to contribute to the larger learning on what constitutes humanitarian effectiveness and how to improve it.
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Section I – Background on CDA’s field visit to Haiti

Haiti was selected for field and desk research because of the complexity of its humanitarian needs following the 2010 earthquake that devastated an already poor and struggling nation. The country has struggled with weak governance and destabilizing political violence for two centuries since gaining independence in 1804. Haiti is regularly affected by cyclones and hurricanes, and in 2010, the devastating earthquake was followed by a cholera outbreak and a hurricane. Haiti’s chronic poverty and acute needs are characterized by malnutrition, infectious disease outbreaks, and gender-based violence in overpopulated urban slums.

In recent years, Haiti’s protracted state of crisis has underscored the weak capacity of the state and the limits of international aid in addressing the structural issues that are at the root of Haiti’s persistent humanitarian needs. The 2010 earthquake was the largest urban disaster that the international humanitarian aid community had faced. It resulted in a global mobilization of resources, a large-scale response with thousands of local and international responders (many for the first time) and an integrated UN country mission coordinated by UN Department of Peacekeeping Operations (DPKO), UNOCHA/Humanitarian Country Team, and, in the emergency phase, with the US military. Haiti became a testing ground for new approaches in shelter assistance in a densely populated urban context, for the innovative application of communication technologies, as well as for a large number of private individuals that took part in the response.

The CDA team in Haiti included, Isabella Jean, Co-Director of Collaborative Learning, and a consultant who provided transportation and translation support. The team spent five days in Port-au-Prince, from April 21-25, 2014. They focused on gathering the perspectives of Haitian government officials, civil society actors, private companies, and residents of several affected neighborhoods. Interviews were also held with UN OCHA, MINUSTAH, ECHO, and USAID/OFDA in Haiti and with Haitian diaspora representatives in Haiti and in the Greater Boston area.

The team used CDA’s listening methodology, which includes semi-structured interviews with key informants and focus group discussions. In total, 35 individuals were interviewed, eight of them in a focus group discussion. The team used a series of open-ended questions based on lines of inquiry developed for each constituency. This report presents findings from the desk research, in-country interviews and focus groups discussions with a range of people who were affected by and engaged in past and on-going humanitarian responses in Haiti.

In Haiti, the CDA team partnered with United Nations Office for the Coordination and Humanitarian Affairs (UN OCHA) in Port-au-Prince. The OCHA team supported CDA’s research by arranging meetings with colleagues, MINUSTAH, Haitian government and donor representatives.
and providing contacts for national NGOs. The CDA team worked with other in-country contacts to set-up interviews with representatives of Haitian and international companies, private businessmen and medical professionals.

The CDA team extends a sincere thank you to those who were willing to be interviewed as well as all the individuals that provided logistical and technical support to the team. This field report reflects the main themes that emerged from our conversations and does not represent all perspectives on the broader effectiveness of humanitarian assistance in all of Haiti.

Section II – Background on the Humanitarian Context in Haiti

Haiti has had a long history of international interventions: political, military, and humanitarian. The country has witnessed a series of military coups, destabilizing political violence, and riots over food prices. The lack of political stability has impacted on the Haitian government’s capacity to meet humanitarian needs, to deliver basic services to its population, and to reach development goals. Even before the earthquake, Haiti presented a multitude of challenges for humanitarian actors: a growing population, rapid urbanization, environmental degradation, recurring disasters, chronic poverty, and urban violence. Haiti remains anchored at the bottom of many global indicators on human development, governance, transparency, and political stability.¹

Haiti’s population is estimated to have increased from just over 8.5 million people in 2000, to almost 9.9 million people in 2010.²

In the decade prior to the January 2010 earthquake, official development assistance (ODA) to Haiti increased more than four-fold, from slightly more than 200 million USD in 2002 to 912 million USD by 2008, representing 13.1% of Haiti’s Gross National Income. In 2008, Haiti was ranked 12th, just behind Rwanda, on the list of fragile states receiving development aid. In 2002, humanitarian aid represented just 0.2% of all ODA, compared to 20% of all ODA by 2008. During this period, humanitarian aid was given primarily in response to tropical storms and hurricanes and to fund peacekeeping operations in response to unrest such as the food riots of April 2008. In 2008, for example, 575 million USD (66% of 2008 ODA) was spent on peacekeeping.³

While there are numerous publicly available tables showing aid flows to Haiti, the real deficit are figures showing how much of the aid money was actually spent in Haiti directly, by whom, and

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¹ See Bertelsmann Stiftung 2014; Human Development Index 2013, Transparency International 2013.
² UN Population Division 2014.
³ OECD 2010.
The lack of transparency in relation to pledge amounts, aid budget allocations, and operational expenditures of NGOs, bilateral donors, and private contractors has prompted mistrust and widespread speculation by the national government, local civil society groups, and Haitian citizens, as well as by private individuals across the globe who donated unprecedented amounts to the aid effort. Overall, the humanitarian response in Haiti has achieved many successes, but has also proven to be one of the hardest responses to track in terms of aid flows given the serious lack of transparency and accountability.

Through the massive international response, Haiti received an estimated 3.145 billion USD in international humanitarian assistance in 2010, of which 1.65 billion USD (52.6%) was bilateral aid (see table below). This constituted a more than 20-fold increase compared to 151 million USD the previous year. In comparison to 2010, 2011 saw the amount of humanitarian assistance to Haiti decrease to an estimated 534 million USD, although 516.5 million USD (96.7%) of this aid was bilateral.

There have been a number of other pressures that have and will continue to contribute to the humanitarian situation in Haiti. These trends compounded by contextual factors related to Haiti will also have an effect on humanitarian effectiveness, and are detailed below:

**Climate Change Pressures and Trends.** Climate change experts predict increased severity of tropical storms in warmer climates in the years to come. Haiti has been identified as one of the countries most exposed to the impacts of climate change. Echoing the global trend to strengthen resilience and national disaster management capacity, a number of donors have increased their funding of disaster preparedness and risk reduction activities. Preparedness is a priority area for UNOCHA, UNDP, and ECHO, all of whom support the government in establishing and operationalizing disaster management plans at national and provincial levels in an effort to decentralize this critical risk reduction function. Backed by international political momentum, the Haitian government launched the Political Champions Initiative in 2013 to support community resilience in the most vulnerable municipalities, to establish early warning systems, and to build resilient infrastructure. Disaster preparedness is a priority area for Haitian

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4 See Johnston and Main 2013; also Ramachandran and Barder 2013. For example, USAID disbursed $150 million to Chemonics, a private development company, but as recently as May 2012 there was no public record of how that money was spent, what projects were implemented, or how many people were served.

5 Ramachandran and Walz 2012.


7 Rubenstein 2012.

8 For the period from 1993 to 2012 Honduras, Myanmar and Haiti rank highest. See Kreft and Eckstein 2014.

9 No aggregated figure is available on how much is being spent on preparedness in Haiti by various actors.


11 See SNGRD: Political Champions for Disaster Resilience – Haiti.
private hospitals who are requesting capacity building and pre-positioning of supplies. Digicel, the largest mobile company in Haiti, has drawn up an extensive crisis management plan for hurricanes, earthquakes, and civil unrest\textsuperscript{12} and is working with the government on establishing an early warning mass broadcast system. The plan has been put to the test by Digicel to secure cell phone towers prior to tropical storms and hurricanes and to inform communication action steps (i.e. blast SMS messages to all mobile subscribers with hurricane warnings, public service messaging, safety instructions, etc.)

**Risks and Vulnerability in Urban Disasters.** Experts predict that in the decades to come, Haiti’s urban areas will continue to be a source of risk and vulnerability.\textsuperscript{13} The response to the 2010 earthquake highlighted the limitations of humanitarian response in crowded urban settings and generated critical lessons regarding shelter provision and protection of a displaced urban population. Among the roughly three million Haitians (30% of the population) affected by the earthquake,\textsuperscript{14} 1.5 million individuals were displaced to more than 1,500 camps. Many of the camp residents had not had proper housing prior to the earthquake.\textsuperscript{15} At the time of the CDA visit, 137,000 people were still living in temporary camps and scheduled to be resettled with the assistance of IOM.\textsuperscript{16} Camp residents have faced further displacement. As of January 2014, around 16,280 families faced the risk of forced eviction from 102 sites across the country. The protection cluster, ECHO, and other partners are working together to protect the rights of IDPs facing eviction. The search for durable solutions remains a priority for the UN Humanitarian Country Team.\textsuperscript{17}

**The challenges of shelter assistance in Haiti’s context.**\textsuperscript{18} Land ownership is at the heart of the persistent challenges with shelter-focused programs and relocation and resettlement efforts. According to one report:

Many IDPs found or created shelter on public land or on private land where landowners were willing to accommodate them. As the recovery has progressed, the inability of the Haitian government to significantly increase its capacity, the inability of the international community to underwrite its pledges, and waning resources in the international nongovernmental organization (INGO) community have contributed to growing unease on the ground. The problems with Haiti’s land tenure system predate the earthquake and were in fact amplified by it. Land rights in

\textsuperscript{12} Digicel Haiti, “Crisis Management Plan 2013”.
\textsuperscript{13} World Bank 2012.
\textsuperscript{14} GHA 2014.
\textsuperscript{15} OCHA 2013a: 2.
\textsuperscript{16} OCHA 2013a.
\textsuperscript{17} OCHA 2014.
\textsuperscript{18} This section appears in the ALNAP-CDA Case Study on Feedback Mechanisms in Haiti. See Jean with Bonino 2014.
Haiti have long advantaged those with access to title, which is granted through surveyors, lawyers, and notaries. The legal system’s inability to efficiently resolve land disputes and the outdated cadastral map all collude to further inhibit land rights.\textsuperscript{19}

As a result of many legal and political barriers to land acquisition and housing construction, a number of international agencies as well as the national government began providing rental subsidies to resettle camp residents. Rental subsidies are not a standard approach for humanitarian actors. The untested approaches and the local rental market present unique challenges all of which are critical for further inquiry and extraction of good and bad practices to inform future urban shelter focused responses.\textsuperscript{20}

**Defining “Humanitarian Crisis” since the 2010 earthquake.** As thousands of city residents remain homeless or continue to live in unsafe dwellings, the lines between social protection and welfare of chronically vulnerable citizens and the humanitarian needs of a displaced and affected population are blurred. There is no shared definition of what constitutes “a humanitarian caseload” in Haiti at the moment, which impacts discourse about humanitarian effectiveness. In CDA discussion about effectiveness, several aid providers in Haiti openly questioned: “whose caseload are the extreme poor?” and “whose responsibility is it to provide basic services to them?” These questions are likely to remain pertinent for humanitarian actors in Haiti, and elsewhere, as humanitarians continue to advocate for development actors and the national government to take ownership over the complex issues that drive humanitarian needs.

**Local Systems and Innovative Approaches.** Haitians have long been described as incredibly resilient in the face of recurring political upheavals, economic shocks, and natural disasters. Post-earthquake accounts by local residents and journalists are filled with examples of communal and professional support networks that saved lives, shared food and medical supplies, and organized neighborhood committees.\textsuperscript{21} Local businesses such as private clinics connected to the regional and global Rotary Club network or faith-based institutions outside of Haiti were particularly successful in accessing partners and networks outside Haiti and mobilizing timely life-saving assistance. In one instance, Rotary Club members were able to organize an airlift with life-saving food and medical supplies within a few days using private jets owned by wealthy businessmen across the Caribbean. Haitian banks experimented with mobile cash transfers and Haitian IT experts designed and launched crisis-mapping software within days of the disaster to identify, document and communicate urgent needs across the city. While this report highlights some of
these examples, there remain many untold stories about the multitude of individual and collective efforts that characterized the Haiti response.

Section III – Perceptions of Humanitarian Effectiveness

3.1. The Government of Haiti

3.1.1. Roles in Humanitarian Response

The US Air Force team was landing close to two hundred planes a day in a collapsed airport. This required significant management of relationships on our part to be effective.
- Senior Haitian Government Official

The earthquake destroyed government buildings and killed hundreds of civil servants in an already poorly functioning government. Key communications, transport, water, sanitation, and energy structures were damaged, including the airport tower, industrial port, and National Palace.

In the immediate aftermath, few government officials had the means to assess the full extent of the damage. Initially, there was little government presence in most neighborhoods, especially those historically deemed unsafe. The US military was critical in triggering the early coordination steps with the government (e.g. assisting the government with air surveillance of the damage).

The magnitude of the earthquake challenged the national disaster management system that was established prior to 2010. This existing system had been supported by UNDP, but was not well known to members of the Haitian government. One senior official recalled frustration with the decision taken by President Preval to hastily appoint a duplicate body (creating a duplicate system to the UNDP national disaster management system) to serve as the disaster management and coordination unit. He remembered attending coordination meetings called by this new team, while the existing National Disaster Management team was not invited. He also felt that initially even UNDP did not advocate for the use of the existing structures. In the end, the new body was dissolved within three months and the Directorate of Civil Protection (DPC)\(^\text{22}\) was formally recognized as the central government unit for disaster management. At the time of the visit, DPC has no autonomous budget and remained fully dependent on UNDP funds to pay staff salaries and cover operational costs.

By October 2010, in response to the cholera outbreak, the Ministry of Health played a leading role in managing the cholera response, with the support of foreign medical experts and the UN cluster system. Both government officials and Haitian doctors noted a timelier and more effective response compared to the earthquake response, especially in regards to coordination and

\(^{22}\) Abbreviations of organizational and departmental names are provided in French.
communication with the population about the disease and specific prevention messages. Several medical professionals noted that by the time of the outbreak the organizations participating in the health cluster had finally worked out the coordination challenges. Others suggested that the long-term presence of UNICEF and several medical INGOs in Haiti allowed the Health Cluster to rely on pre-existing relationships and networks and to engage prominent Haitian doctors and ministry officials in joint decisions. Elsewhere in reports, observers described the WASH (water, sanitation, and hygiene) Cluster as, “the most hands-on, local, empowerment-oriented approach and the most effective at attaining its results... It is also the only one headed by a Haitian government agency.”

In addition to aid delivery in the aftermath of crisis, another element of effectiveness from the government’s perspective is the measurement of its national disaster management capacity, considering the on-going cholera problem and recurring hurricanes and floods. In 2013, the Government of Haiti, Ministry of Public Health and Population (MSPP) and the National Department for Water and Sanitation (DINEPA) launched a 10-year strategic cholera elimination plan supported by key partners including WHO/PAHO, United Nations/OCHA, and the NGOs in the WASH Cluster. In addition, Haiti’s national disaster management unit, the DPC, has received a significant amount of support and capacity building in order to boost its ability to respond to disasters across the country and to provide disaster preparedness training at provincial and local levels. DPC has rolled out its preparedness and disaster prevention training across the country with the help of OCHA and MINUSTAH. Furthermore, they update annual contingency plans for “hydro, meteo, and seismic disasters” and maintain retainer contracts with private companies to repair roads after disasters, a service that is later reimbursed by the national government. DPC coordinates with WFP to set up logistics support for emergency food distributions in the aftermath of hurricanes.

3.1.2. Perceptions of Effectiveness

The Prime Minister’s office stressed that considering the depth of poverty and logistical hurdles that are inherent in a mega-urban disaster, the government was able to manage a number of successful infrastructure recovery efforts which were seen as priority for the government in the immediate aftermath of the disaster. One example of an effectively coordinated response involved the government owned electrical company (EDH) that hosted teams of electricians from the Dominican Republic, Colombia, Cuba, and the United States to support the electrical power restoration efforts. The solidarity of the visiting teams was a critical factor because every Haitian

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23 Schuller 2010.
team member had lost a relative. The Haitian electricians provided on-site rapid training about local substations to the visiting teams. One expert from each country joined the coordination team to dispatch daily teams to affected neighborhoods. EDH staff felt respected, engaged in decisions, and capable of working with peers because of shared technical expertise.24

Resettlement of the displaced population (or ‘decongestion’ of temporary camps) was seen as the next priority after immediate rescue and recovery and relief efforts (the first phase also included coordinating the burial of bodies and rubble removal). The government led the “16/6 Program” which resettled residents of six camps into 16 neighborhoods, and was implemented in partnership with IOM, UNDP, ILO, and UNOPS. It was widely recognized as effective in coordinating the multi-stakeholder process and reaching its goals. Observers attributed the program’s success to a strategic and sensible approach, which included paying people cash to move out of camps along with provision of basic services in the 16 neighborhoods and suburbs where they returned. The government was involved at national, municipal, and local levels and used a similar model for several subsequent relocations. Humanitarian actors felt they had no choice but to compromise on certain established principles and SPHERE standards, in particular ones related to shelter and resettlement,25 in order to move the relocation program forward, but in hindsight many felt that the final outcome was positive.

Among the critical reflections on missed opportunities, officials and observers underscored the inability of the national government to enforce inspection of newly constructed buildings according to an existing building code. There are publicly available guidelines on safer construction and many training sessions funded by donors in order to raise awareness of risks and to teach disaster-resilient construction techniques.26 But, as one international observer said, “all these disaster preparedness seminars did not translate information into better construction practices.” Local contractors continue to cut corners and build fast to accommodate the growing rental market spurred by the return and relocation programs. Some government officials expressed frustration over lack of funds available for urban planning while others acknowledged that the government is still lacking a clear strategy on urban planning. At the time of the CDA field visit, there was still no systematically enforced oversight to uphold building code standards.

26 MTPTC 2013.
3.1.3 Perceptions of Other Stakeholders and their Roles

Government officials acknowledged the indispensable role of humanitarian actors in the immediate relief phase. Many highlighted the accomplishments of emergency medical teams from across the globe that performed life-saving operations. Several officials also explained that they valued humanitarian efforts which boosted communal and government recovery actions during the first year after the earthquake – in particular clearing of rubble, provision of basic services in affected neighborhoods, and income-generating programs for affected residents. Conversely, some officials saw the extended concentration of aid provision in the camps as problematic, and in many ways detrimental to the government’s goal of resettling people, “decongesting” an overpopulated city, and preventing higher concentrations of poverty than what existed before the disaster. The entrenchment of aid provision in the camps became a point of contention between the international aid community and the government and was intensified by the lack of viable options for long-term resettlement due to land tenure issues (which remains a barrier for both the government and the international community).

Additionally, government officials voiced concerns that there are too many NGOs in the country. In their view, for humanitarian action to be effective, international organizations (large and small) need to reorient their role to be primarily focused on filling the gaps in the state’s response during emergencies, rather than bypassing the state institutions all together. Government officials suggested that one of the criteria for measuring the effectiveness of humanitarian action should be the strengthening of national and local disaster management capacity.

Interviews with government officials indicated that the tight control that international agencies exert over humanitarian resources along with the lack of transparency on expenditures are seen as extremely problematic and an affront to its role as a sovereign host government with a right to control aid resources and have access to information about resources expended in the name of its citizens. To be clear, none of the officials advocated for a full handover of humanitarian budgets to DPC and other relevant ministries, and some explicitly recognized the potential for aid resources to be misused for gaining political influence. An effective model in the government’s view would streamline the coordination among national and provincial decision-makers, which would allow non-governmental organizations to play a service-delivery role mandated by the government. This would avoid wastage, duplication, inefficient group processes, and unnecessary extension of the relief phase.

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27 See Anderson et al. 2012; ALNAP 2012 for similar perspective expressed by other affected governments.
28 See related discussion in Katz 2013: 111.
3.2. Haitian Civil Society Organizations (CSOs)

3.2.1. Role in the Humanitarian Response

Haitian NGOs, community-based organizations (CBOs), and church groups are among the first responders in natural disasters. In 2010, they quickly mobilized localized relief efforts in partnership with businesses and local individuals who donated food and medical supplies. These actions remain largely undocumented and invisible to the massive external effort that unfolded within days. Many local organizations were indeed undetectable by the external aid groups who were new to the context because there was no common association or platform that united local NGOs.

Some local organizations that were familiar with needs assessment processes and data collection instruments began surveying the damage and needs before the arrival of external responders. However, they were quickly sidelined by the large-scale and better equipped international teams who didn’t involve them in joint assessments or deliberations. After a while however, many international organizations realized that they could not function without a local partner familiar with the context. Many international agencies partnered with local Haitian NGOs and community-based organizations (CBOs). Due to the real and perceived weaknesses in institutional and fiscal management capacities, the local groups were largely implementing partners.

In order to address coordination weaknesses and to advocate for a stronger role for Haitian civil society, a national platform of Haitian Humanitarian NGOs (PONT) was established in 2011 with support from OCHA. PONT members are now able to access Emergency Relief Funds (ERF), which in the past were reserved exclusively for international organizations. PONT members continue to partner with INGOs to implement programs but are also actively proposing their own programs to ERF. PONT members are consulted by OCHA to identify and validate humanitarian priorities and goals.

3.2.2. Perceptions of Effectiveness

Haitian NGOs with longstanding presence in the communities and a history of partnership with international organization were better prepared to lead neighborhood-level response efforts and engage effectively with the UN cluster system. Conversely, most aid agencies, new to Haiti, did not effectively engage national NGOs, which in many places led to parallel and duplicate efforts.
Some national NGOs defined effectiveness of humanitarian action in relation to achieved outcomes and accountability for results measured against the overall ledger of operational and programmatic cost. Echoing other stakeholders in Haiti, local NGO representatives noted that humanitarian action would have been more effective at contributing to long-term improvements if it encouraged more people to relocate to provinces. Among critical elements that enable effectiveness people described both “hard” and “soft” inputs: sufficient funds, appropriate technologies and supplies, but also effective facilitation of strategy setting and treatment of national staff and affected people.

3.2.3. Perceptions of Other Stakeholders and their Roles

Haitian NGOs felt excluded from internationally led decision-making processes. They described cluster meetings that were held in English and instances when their input was not acknowledged or respected. The CDA team noted that the overall impression was that INGOs were signaling, “We come with money, we make decisions.” One local NGO director shared her frustration saying, “Because of weak state capacity in Haiti, there is an assumption that there is no capacity at all. We are asked to deliver programs but there is a persistent perception that we can’t manage budgets. They should measure their effectiveness based on how well they build our capacity for all the steps in the process.”

Among the negative impacts on the sector, the large-scale provision of free medical services by INGOs forced the closure of some community based clinics that were operating prior to the earthquake with a budget drawn from both reduced fees and charitable donations. One such case documented in a recent report suggests, “At the end of the yearlong emergency intervention, the INGO left. The local NGO has been unable to recover the resources needed to reopen their facilities. There has been a net loss to the community as a result.”

3.3. People Affected by Humanitarian Crises

3.3.1. Role in the Humanitarian Response

Residents of Port-au-Prince neighborhoods, rich and poor, took part in the immediate relief and recovery effort by pulling out trapped family members, neighbors, and colleagues, shuttling injured people to clinics, and organizing food provisions. A local technology firm executive described a neighborhood committee system that sprung up within 48 hours which closely mirrored

After the quake, people were saving lives, sharing plates, sharing what they had. Then ten days later, the same people were fighting over bags of rice at a distribution point.
- Community leader, Cité Soleil

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the UN cluster system: they had a team of women cooking food for all responders, a trained nurse who cared for non-critically injured, a "logistics team" that scouted for clean water and other supplies and an armed "protection team" for security.

People described instances of cohesion and solidarity in the immediate aftermath of the disaster. The residents of Cité Soleil, a densely populated shantytown historically neglected due to security concerns, had to rely on themselves for an extended period until state and international actors arrived. A few years earlier the residents had risked their lives to provide evidence for court cases that imprisoned the most notorious gang members in their neighborhoods. These gang members walked out of the collapsed national prison and began terrorizing the population the day after the earthquake. Neither MINUSTAH nor the National Police responded to frantic calls for protection as both had sustained human losses and were in disarray. The residents organized neighborhood committees for protection, food and water provision, and rubble and trash removal, relying on an age-old Haitian tradition of konbit, which is based on reciprocity. Later in 2010, an assessment conducted in Cité Soleil confirmed that most survivors had relied almost exclusively on their own limited resources and those of their neighbors and that neighborhood associations were received with more trust than local government officials.30

3.3.2. Perceptions of Effectiveness

Several Port-au-Prince residents suggested that to achieve effective humanitarian action one has to understand the communal leadership structures and build on the social cohesion that exists. People witnessed the earthquake testing human nature, and were uplifted by the examples of solidarity and compassion. At its core, effective aid should support communal efforts, but it has had the opposite effect on many communities.

Port-au-Prince residents’ experience with assistance and their perceptions of humanitarian effectiveness varied greatly based on their location on the vast city map. The disparity in assistance between neighborhoods has been documented and was primarily informed by security concerns: "None of the camps in Cité Soleil had a school, a canteen, a children’s recreational center, or a space that adults can use for committee meetings or other programming. Cité Soleil is far underserved because NGOs are afraid to (or didn’t want to) work there."31 An assessment from INURED also confirmed that common distribution schemes (e.g. WFP food –for-ticket) that

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30 INURED 2010.
31 Shuler 2010.
are carried out on a first-come, first-serve basis often favor those survivors that are the healthiest and most violent rather than the most vulnerable.\textsuperscript{32}

3.3.3. Perceptions of Other Stakeholders and their Roles

Local staff in small businesses appreciated the opportunity to be engaged in a meaningful aid effort through their places of work, however localized and small. Several people saw the role of local restaurants, supermarkets, and other businesses who provided food, medical supplies, and space for makeshift warehouses and clinics as critical in those early days before relief items were flown in. Community leaders highlighted the role of medical professionals in providing lifesaving assistance to many injured survivors and saw them as indispensable when many public and private medical facilities were damaged.

Criticism was primarily directed at the national government actors and the multitude of NGOs whose projects, priorities, and processes were not clear to many community members. Many relief agencies had little to no local knowledge and coordinated poorly with the communities. Because of this, certain communities and segments of the population received disproportionate attention and aid while others were entirely neglected.\textsuperscript{33} In the assessments carried out by other research teams, affected people in poor neighborhoods expressed disappointment by the relief effort and shared doubts that the large-scale relief effort would make a significant improvement in their lives “because big NGOs and the government rarely listen to them or partner with them to carry out relief work.”\textsuperscript{34}

3.4. Donors

Donor priorities and funding modalities in Haiti vary greatly and affect the relationship with the relevant line ministries. The field visit featured conversations with only two donor representatives who stressed both efficiency and effectiveness when engaging with national partners in relief, recovery, and disaster preparedness phases. ECHO was among the few donors that provided unconditional direct budget support to pay salaries for civil servants in the affected ministries. Since 2013, ECHO has insisted on continuing budget support with some conditions around governance and transparency and has had success with joint priority setting and joint budget management on some programs.

\textsuperscript{32} INURED 2010.
\textsuperscript{33} Ibid.
\textsuperscript{34} INURED 2010.
The current aid landscape in Haiti, however, is characterized by a multiplication of coordination forums, seminars, and meetings and the pressure on the government is unbearable as they try to attend many of these joint forums while attempting to attend to the lingering needs in the city and across the country. The message that donors routinely hear from the government is “We do not need any more technical support, just give us money.” Donors described a clear tension between the Haitian Government’s aspiration to “take control” and the persistent lack of human resources in the ministries to manage institutional processes and direct budget support funds. The government relies heavily on donor financial support and inputs for transportation, fuel, and other supplies in order for the national and provincial teams to carry out disaster management activities.

Donors and the national government are increasingly measuring humanitarian effectiveness in terms of ability to provide durable solutions to chronic needs and mitigate shocks. There are, however, no tested indicators for resilience in the Haitian context. Some humanitarian donors wish to return to the drawing board and collectively (with the national and provincial governments) define and assess lingering humanitarian needs, measure local and national capacities, and set joint priorities. Indicators for measuring humanitarian effectiveness would have to be closely aligned with this shared analysis, which the CDA team noted is currently lacking.

### 3.5 International INGOs and UN Agencies

No interviews with INGOs were conducted during the CDA field visit, as the team focused on national actors and the private sector.\(^{35}\) That being said, practically every conversation with other stakeholders in Haiti who experienced the UN cluster system featured opinions about its effectiveness. Hence, this section features only “perceptions of others” about the roles of UN/INGOs and the comparative advantage and effectiveness of their coordination approaches.

It has been widely acknowledged that the cluster system encountered challenges in a large-scale crisis such as Haiti’s earthquake. In particular, recent external reviews emphasize that the plethora of international, national, and local humanitarian actors, all with varying levels of skills, experience, and capacity, stretched the cluster’s coordination mechanism beyond its capacity.\(^{36}\) Frequent turnover of international staff, most of whom had never worked in Haiti, was seen as an impediment to strategic planning and context-sensitive decision-making. Accurate needs assessments were lacking, especially in areas deemed insecure, as strict UN rules hampered

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\(^{35}\) Many evaluations and reports have documented the roles, achievements and challenges of international actors.

\(^{36}\) Stumpenhorst, Stumpenhorst, and Razum 2011.
agencies’ ability to assess needs and respond to them. In February 2010, UN Humanitarian chief John Holmes harshly criticized the “lack of capacity” and failure to establish a concise overview of needs and to develop coherent response plans.

Many government officials described the persistent challenges with coordination and joint decision-making as indicative of ineffective processes in a fast-paced emergency. Many people strongly felt that effective coordination is a building block to effective action. The initial phase of the response was filled with frustration as government officials and local professionals (doctors, engineers, educators) felt largely sidelined in cluster coordination meetings – many of which were held in English. Staff of private clinics attended a few Health Cluster meetings, but felt alienated by the complicated security procedures at the entrance to UN logistics base (Logbase) and by the English-speaking environment. Haitian Government officials and staff at civil society organizations and medical clinics did not feel sufficiently involved in critical and substantive discussions, and were unable to keep track of all the meetings that the UN and INGOs were constantly organizing. Officials and local experts complained that there were “too many organizations, too many meetings, too many discussions” and that most of these took place at UN Logbase, which was hard for some local people to access and navigate. Additionally, private sector actors were not engaged and some expressed doubt about the value of sitting in endless meetings.

Unlike in other humanitarian emergencies (such as in Myanmar and Ethiopia), Haiti’s government did not impose restrictions on the multitude of aid providers that mobilized to provide assistance, and Haiti’s image as “the Republic of NGOs” only solidified. Staff at local clinics were particularly disappointed with “disaster tourists,” some of whom deployed with no medical expertise and insisted on spending their days at local hospitals. These disaster tourists were seen as “completely useless” while requiring housing, food, and, at times, psychological support from local Haitian clinic staff who were already overwhelmed.

Among many positive examples of “effective influence” of INGOs on local norms was the increased attention to the needs of disabled people. Local civil society groups noted that because INGOs were explicitly raising awareness about all kinds of disabilities, particularly after many amputations were done, more people are capable of assisting them and treating them in a respectful way.

38 Katz 2013: 106.
39 One positive outlier came from the education cluster which was operated entirely in French to meet local needs, according to Lattimer and Berther 2010: 8.
40 Streets et al., 2010; Grunewald et al., 2010.
41 Kristoff 2010.
Finally, among the missed opportunities, several local professionals that spoke with the CDA team discussed INGOs’ decisions not to purchase private plots of land for housing construction and resettlement. The assumption that such a bold intervention would have been effective raises questions about INGO mandates, legal implications, and the limitations of international agencies to engage in large-scale real estate purchases. Admittedly, some of the local health professionals and businesspeople we interviewed were landowners themselves and spoke from a purely personal viewpoint and not as policy recommendations. They also admitted that large-scale land purchases by any party would have driven-up prices even further and potentially caused other negative impacts on the housing and rental markets.

3.6 Military

3.6.1. US Military / Marines

3.6.1.1. Role in the Humanitarian Response

In the early days of the response, the US military took complete control over Port-au-Prince airport and the U.S. Air Force Special Operations Team oversaw the restoration of the airstrip—landing more flights than the airport had ever received in a single day. The marines distributed water and food parcels through airdrops and guarded key government sites, including the destroyed National Palace.

3.6.1.2. Perception of Effectiveness

National NGOs and community leaders who had encountered US soldiers felt that the decision to mobilize Haitian-American soldiers eased the language barrier and allowed for more effective communication and decision-making on concrete relief and reconstruction steps. Several community members that spoke with the CDA team, however, questioned the effectiveness of military coordination. Government officials and a journalist who reported daily during the emergency phase described the US military’s “command-and-control model” as both effective and decisive on urgent steps. At the same time, however, they described it as hindering effective joint action with the government and communities. One journalist noted that “the nature of a top-down, highly centralized model, as opposed to a broader-based approach involving more Haitians, meant that parts of the capital such as Petionville received tremendous amounts of attention while outlying areas such as Carrefour were mostly ignored.”42 In that sense, effectiveness of civil-military coordination needs to be assessed across several phases of the

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42 Katz 2013: 105.
response and comparatively across different parts of Port-au-Prince that saw uneven levels of response.

The US military was criticized for diverting aid flights from Venezuela for unexplained, but likely political, reasons. At the time of the field visit, ordinary Haitian people expressed dismay at the decision to allow a flight filled with journalists to land while medical supply flights were diverted to the Dominican Republic. Even while some speculate that the main distribution warehouse at the airport was being overwhelmed with donations, others recalled that several Haitian doctors who had tried to obtain supplies for their patients were not allowed to enter the highly secured airport. In contrast, one Haitian doctor’s son who carried an American passport and spoke fluent English was allowed by the US marines to walk through the gates and pick up whatever supplies were needed for the clinic. The differential treatment of local responders and foreigners by the military negatively impacted many local volunteers’ motivation to collaborate and participate in externally driven processes.

### 3.6.2. United Nations Stabilization Mission in Haiti (MINUSTAH)

#### 3.6.2.1. Role in the Humanitarian Response

A number of international and local observers described the role of MINUSTAH as having ossified around its initial mandate of security provision. However, conversations with MINUSTAH’s Humanitarian Focal Points as well as interviews with people in the Department of Civil Protection and OCHA confirmed its evolved and diverse roles. Local people affected by hurricanes and the earthquake come to MINUSTAH requesting assistance with transport, road repairs, and sometimes even food assistance. At first, MINUSTAH ran the disaster preparedness trainings at the provincial level, but this role has now been taken over by OCHA and DPC.

MINUSTAH’s Chief Regional Officers (CROs) were involved in coordinating with provincial governments, but found that sharing information even at the local level proved to be challenging. According to one CRO, “In the provinces, there was not a big deployment of aid providers, and local authorities were left to address the spill-out of the crisis. Some international organizations that arrived wanted to plant their flag and refused to coordinate. Lots of them arrived without informing anyone and didn’t come to coordination meetings. MINUSTAH didn’t have a mandate to enforce joint action.”

#### 3.6.2.2. Perception of Effectiveness

CROs recalled that one of the bottlenecks at coordination meetings was the fact that OCHA did not put people with decision-making authority at the provincial level, creating a lot of delays as decisions had to go through the central office. MINUSTAH has a Joint Operation Center at the
national-level and it also activates Regional Joint Operations Centers (RJOC) in times of crises. The CROs interviewed for this research strongly recommended that humanitarian NGOs and civilian UN agencies absorb the lessons learned from the Joint Operations Center and Regional Joint Operations Center structures in Haiti in order to improve the cluster system. In their view, the structures functioned particularly effectively for rapid information sharing from the provincial to the national levels, informing the integrated mission about population movements and shifting needs. CROs also echoed the reflections of many other interviewees in the private sector and in the government about the missed opportunity to use this data to deploy a more significant aid effort in the provinces that would have encouraged more people to stay there and to decrease the pressure on displaced camps in the city.

3.7 Private Sector

3.7.1. Role in the Humanitarian Response

Private companies and small businesses in Haiti provided a multitude of services, some of which were done on a charitable basis (in the form of in-kind donations) and some on a contractual basis. Charitable donations, for example, came in the form of more one-off donations from corporate social responsibility (CSR) budgets, while contractual services were explained as longer-term and directly fed into recovery efforts (such as rubble removal, water trucking, transitional shelter construction, permanent housing construction, and provision of other services). Some supermarkets donated food and used their warehouses as distribution points. Several local transport companies helped to move people out of the city. Haitian banks took part in mobile cash transfer schemes, which have been profiled in several reports. Observers of reconstruction efforts in Haiti also note that donor funds pledged for Haiti often went to private companies and contractors from the United States, while far fewer contracts were awarded to Haitian companies.

Private clinics. A great number of private hospitals and clinics all over Port-au-Prince opened their doors to treat survivors and to house recovering patients. After a week or two of non-stop operations, some clinics could not maintain operational costs because of the scale of the disaster and the competing provision of free care by NGOs working nearby. In order to provide free care to those in need, three private hospitals jointly submitted a proposal to the Clinton Foundation seeking funds to cover their operational costs during the relief phase (there was no response). This group of hospitals then appealed to their local Board members, one of whom covered payroll ($50,000) for a month. One clinic then raised $600,000 privately through a Facebook

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43 Bailey 2010.
44 Investigative reporters quote the following US government figures: 1,537 contracts had been awarded to U.S. based companies for a total of $204,604,670 as of Fall 2011. Only 23 of the contracts went to Haitian companies, totaling $4,841,426. See Valbrun 2012.
campaign abroad and was able to cover six months of payroll to keep its doctors and nurses working on rotating shifts. Private clinics and hospitals were able to obtain medical supplies through donations, local merchants, and through the Rotary Club. The process of raising funds distracted from the needs of the hundreds of patients and several staff members would have wished to have operational budget donations granted to small clinics.

**Transitional shelter construction.** An owner of a woodworking plant specializing in kitchen cabinets and burial caskets restructured his operations to supply transitional shelters for affected people. All of his staff survived but most lost homes. He came up with a concept for a wooden, transitional shelter and built a model that was improved based on his employee’s suggestions. The first order of business was to supply all affected employees with a transitional shelter. The shelters were quickly recognized by INGOs as exceptionally durable and several organizations placed orders with him. The production line employed 250 people and exceeded 50 shelters in a single day. The owner raised additional funding through church charities and was able to build over 10,000 transitional shelters – selling some to the INGOs and giving some away for free.

**Information/Communication Technology.** Digicel, the largest mobile company in Haiti, teamed up with Karolinska Institute in Sweden to track the initial population exodus from Port-au-Prince using pre- and post-earthquake data. The company shared the data widely and advocated for relief aid to be provided to those who moved to provinces. The head of the company was disappointed that in the end, “the aid did not follow the people” and in his view insufficient assistance was provided to incentivize people to start livelihoods in other parts of the country and “to decongest Port-au-Prince.” Digicel is now using a similar tracking system during hurricanes, and has developed an improved system for mass broadcasting early warning messages about impending hurricanes and cyclones. The company was involved in restoring its cell phone towers and key government communication towers. Digicel has provided services to MINUSTAH, OCHA, UNDP, and is now working with DPC on risk reduction plans for communication towers and on emergency communication capacity for provincial government offices.

A local IT firm called Solutions developed a crowdsourcing, crisis-mapping platform capable of receiving input from text messages and calls placed to its toll-free phone line. This service, called “Noula” which means “We are here” in Haitian Creole was offered for free to the clusters and to the DPC. The founder of the firm recalled that the typical response at cluster meetings was, “No, thank you, we already have a database” (even though Noula is not a database). Other agencies raised concerns about taking responsibility for actions that were out of their control. The company’s owner firmly believes that most people he encountered at cluster meetings did not have the technical knowledge to understand the potential of the system. Later, however, many
organizations (including the IFRC) paid for Noula call-center services, which later became a critical two-way communication platform for agencies.\(^{45}\)

3.7.2. Perceptions of Effectiveness

Haitian businesses measure their effectiveness in terms of efficient and high-quality service delivery. Many who spoke with the CDA team viewed the local population as potential customers and as long-term clients. In contrast to many relief agencies that rapidly distributed items (some of which were useless or poor quality) and then left the country, local businesses wanted to maintain trust and good working relationships. For them, poor quality items, construction, or services were not acceptable.

Both local and foreign companies were explicit about the financial incentives, which motivated their involvement, but also note that providing services that help rebuild the country ensures overall improvement of Haiti’s public image and increases tourism and investment, all of which has a significant positive impact on their sector. Some businesses are motivated by wanting to mitigate future disaster risks and are very interested in resilient construction and disaster preparedness in general.

Private hospitals specifically described the factors that enabled them to have an effective response: “We are reliable, we run a business. We ensure longevity. We don’t fire an entire department due to political winds of change [referring to frequent staff changes at the Ministry of Health].” The private clinics saw their effectiveness rooted in their long-standing presence in the neighborhoods, the cultural and linguistic kinship, and the trust of the local residents, as well as their existing relationships both in Haiti and beyond (which includes the extensive network of the Rotary Club). Small-scale efforts were particularly effective. When earthquake survivors were moved to the island of La Gonave for medical treatment, there was soon a shortage of food on the island. Rotarians in Haiti raised a call through their regional peer organizations to organize an airlift. Rotary Club of the Bahamas along with Rotarians from other Caribbean nations flew several private planes filled with food items directly to La Gonave and to Pignon in the north of the country, bypassing the US-military controlled main airport in Port-au-Prince, which was hard to access.

\(^{45}\) See Jean I. with F. Bonino 2014.
3.7.3. Perceptions of Other Stakeholders and their Roles

Private medical clinics have been negatively affected by INGO’s provision of free medical care. Some Haitian clinics were driven out of business.\textsuperscript{46} Despite this, some private clinics acknowledged that more of the city’s poor have access to free medical care, which they believe has already improved some health outcomes in poor neighborhoods. They also acknowledged the critical importance of INGO and UN medical expertise on cholera, which was quickly deployed as soon as the outbreak was identified.

Serious concerns, however, were raised about the government’s ability to sustain the free or affordable health service delivery on the same scale and of the same quality once INGOs reduce their programs and eventually leave. Private clinics suggested that they would have liked to see more investment from the UN agencies and the DPC in preparing clinics to respond to emergencies, which would have included training, technical expertise, and pre-positioning of some emergency supplies. One doctor who directs a network of clinics described the national government as “poor, disorganized, inefficient” and insisted that it is the government’s job to officially request the UN to provide emergency preparedness training and support to private clinics, but this has not taken place yet and “few private clinics can get a seat at the table when decisions are made.”

3.8 Diaspora

3.8.1. Role in the Humanitarian Response

The Haitian diaspora mobilized both financial and human resources soon after the earthquake. Beyond the remittances that flowed to private individuals and family members, Haitians in all major cities in the United States, Canada, and across the Caribbean used existing social structures to support family and friends. Home Town Associations, for example, are extensive networks of local organizations composed of diaspora members that contribute jointly pooled funds back to the town they are from for use in poverty relief, development schemes and to support local churches.\textsuperscript{47}

Dozens of Haitian nurses and medical professionals took leaves of absence from American and Canadian hospitals and spent weeks in field hospitals all over Port-au-Prince supporting the

\textsuperscript{46} Bailey 2014.
\textsuperscript{47} Bell 2010.
emergency medical operations and taking care of patients. For the most part, the diaspora response was described as a positive and useful contribution in the emergency phase in particular because of the language affinity. Some Haitian medical personnel, however, also pointed out that due to differences in professional standards in local medical culture, there were still many misunderstandings around pain management preferences and patient care. Some even recalled tensions when diaspora nurses demonstrated “controlling, disrespectful attitudes and overlooked existing local medical capacity.” One clinic staffer felt that diaspora nurses dismissed the trauma of the local nurses, many of whom had lost family members but nonetheless continued to work for days in the aftermath. Most diaspora medical teams rotated and went back to their home countries after a few weeks, whereas local Haitian nurses only had one job and were in acute demand.

3.8.2. Perceptions of Effectiveness

Diaspora members recognize themselves as skilled human capital, which is sorely lacking in many private and public institutions in Haiti. They brought technical expertise, which closely matched the specific needs of the post-earthquake patients, such as experience with orthopedic surgeries and post-op patient care. Their cultural and linguistic affinity and knowledge of the context helped to bridge the language and cultural barriers. Many whom the CDA team met with stressed that they are motivated by the desire to contribute to the recovery of their homeland and would consider providing such assistance again. They further suggested that they recognized that people in the diaspora bring different resources to the table. For example, some in the diaspora made financial contributions while others engaged their vast professional and social networks in fundraising and volunteering opportunities.

Those who deployed to provide medical and other technical services (i.e. restoring power, setting up logistics, temporary shelter construction) on the ground in the immediate relief phase felt both uplifted by the show of solidarity and overwhelmed by the pace and acute needs. Some diaspora medical professionals suggested that even training in the US hospital emergency rooms did not prepare them for the scale of the emergency. The sustainability of their contributions was questioned in light of the financial costs incurred by taking leaves of absences and volunteering for extended periods of time.

3.8.3. Perceptions of Other Stakeholders and their Roles

There was a notable agreement by many interviewees who suggested that the Government of Haiti and international partners could do more to attract diaspora representatives on longer-term contracts to incentivize more skilled Haitian experts to move back to Haiti for extended periods of time in support of recovery and reconstruction efforts. Business people in the diaspora
strongly felt that the US Government and other donors did not sufficiently consider Haitian-owned companies for bids and contracts to deliver products as part of the recovery process. Those monitoring Haiti’s recovery increasingly stress the need for increased local procurement. Diaspora businessmen see unrealized potential and missed opportunities to engage active members of Haitian Chambers of Commerce (in the US, Canada, Haiti, and beyond) in joint strategies focused on disaster risk reduction (in particular the tourism industry) and economic recovery.

Section IV – Context Matters

4.1. Adapting Humanitarian Action in Urban Disasters

The donors who pledged to finance the recovery and reconstruction of Haiti and aspired to “build back better” underestimated the complexity of achieving these goals in an overpopulated city against the backdrop of weak institutions, domestic political instability, and an equally slow donor mobilization. The scale of the earthquake and the congested urban context exacerbated existing housing needs. This, combined with elite control and bureaucratic gridlock over land titles, dictated the pace and sustainability of resettlement and overall reconstruction effort. The biggest obstacle by far was political will to push for significant population resettlement and large-scale urban planning and redevelopment. In the meantime, the effectiveness of humanitarian action has been increasingly judged based on the speed of resettlement of millions of people within an urban environment that lacks space and safe housing options.

The eventual shift to rental subsidy programs and the payment of rental amounts directly to landlords compelled many landlords to hastily build additional floors and rooms to accommodate the large number of subsidized renters. This construction boom was not accompanied by an aggressive inspection and enforcement of building codes. In the future, humanitarian responses focused on shelter provision in urban settings have to take into account the range of mitigating actions to improve effectiveness of the overall effort and to prevent harmful results in the long-term.

Among the significant missed opportunities noted in multiple conversations was the lack of effective solutions for decreasing the population of Port-au-Prince by harnessing the initial exodus of people out of the city. This could have been actualized by setting up sufficient and sustained relief efforts in the provinces and by working closely with development actors to support stable livelihoods. It would have required a radical change in a typical disaster

48 Walz and Ramachandran 2013.
49 Katz 2013: 112 -133.
emergency response, which focused on the perimeter of the disaster. Instead, as relief aid poured into the country and as the media sensationalized the large amounts pledged for “Port-au-Prince reconstruction,” more people flooded into the city than left after the earthquake. After all, people believed that if they moved into a temporary camp, they would be eligible for a brand new house, in the city which has long been the ‘promised land’ for employment and a higher standard of living. In the end, just like the disaster itself, the response remained largely Port-au-Prince focused and soon faced the limits of what was possible in a city destroyed by an earthquake and controlled by competing interests.

4.2. “Republic of NGOs” and Coordination

Haiti’s government has begun to slowly assert control over the registration, verification, and coordination of INGOs’ and national NGOs’ activities in the country. There is a draft “NGO law” that proposes a number of regulatory features, such as taxation and a stipulation about how long a humanitarian phase can last in the country. In the “the Republic of NGOs,” where no visa, travel permits, or registration are required and where church missions, charities, NGOs, and private philanthropists have come and gone as they wished, this could be a promising indicator of a strengthened institutional capacity and attention to matters of coordination and reduction of wasted aid resources. On the other hand, the proposed NGO law has become a major source of concern for many international aid providers who have experienced tight control and scrutiny of their activities in many other humanitarian contexts.50 Perceptions of corruption lead many to believe that the government’s tightening control is largely motivated by a desire to score political points with the voting population and to have greater control over development aid flows and budget support (which they typically do not have with the humanitarian relief funds).

Effective coordination was perceived by all to be a critical enabling factor for effective humanitarian action. The inherent limitations of the UN cluster system in a large-scale disaster, in particular during the relief phase, needs to be assessed based on lessons learned in Haiti. In September 2012, UNDP hosted a high-level meeting to outline both the Haitian Government’s roadmap for coordinating humanitarian, development, and charity-based organizations and the transition from the humanitarian to the long-term development phase, providing increased accountability and transparency throughout. At the time of the CDA visit, people directly

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50 BOND 2010.
involved in this meeting as well as observers uniformly agreed that this effort did not result in improved coordination and that leadership and political will on this issue has never materialized.

4.3. Humanitarian Action and Chronic Vulnerability

Currently, there is no common set of vulnerability indicators used in Haiti. The current government is increasingly defining the humanitarian phase as a short-term, life-saving response, lasting from three to six months in duration. Humanitarians are being accused of extending their mandates and are increasingly on the defensive, and in some cases resorting to advocacy campaign to explain their purpose in the country and remaining goals.\(^{51}\) There is no consensus on what constitutes chronic poverty and whose responsibility it is to address it. International and national actors need to reach a shared agreement on what defines vulnerability in the Haitian context and agree on a strategic overview of how their efforts will address the short-term and long-term needs of Haiti’s most vulnerable. Without such agreement, there will continue to be disagreement on humanitarian goals and the methods for measuring its effectiveness. UN officials that spoke with the CDA team felt strongly that humanitarian effectiveness overall would be strengthened if the bridge between humanitarian and development actors was built on shared definitions and strategy.

Section V – Conclusions

Despite the increased focus on resilience, humanitarian assistance in Haiti continues to be disconnected from long-term development goals and efforts. As many other affected governments across the globe, Haitian officials were also critical about the artificial boundaries between relief, recovery, and development phases.\(^{52}\) UN officials indicated that without improvements in these linkages and clear goals there will continue to be disagreement among the different actors in Haiti on timeframes for relief, early recovery and long-term reconstruction. Haiti has become a context “where traditional humanitarian interventions meet their limits and where sustainable solutions to meet residual humanitarian needs are needed.”\(^{53}\) Yet, the reduction in humanitarian partners and interventions has not been matched by any comparable degree with increased engagement from development partners.

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\(^{51}\) OCHA 2014  
\(^{52}\) ALNAP 2012:12.  
\(^{53}\) OCHA 2014.
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