

HRI THE
2011 HUMANITARIAN
RESPONSE
INDEX



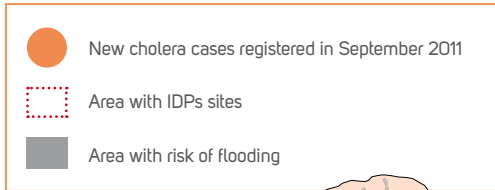
FOCUS
ON **HAITI**

BUILDING BACK BETTER?

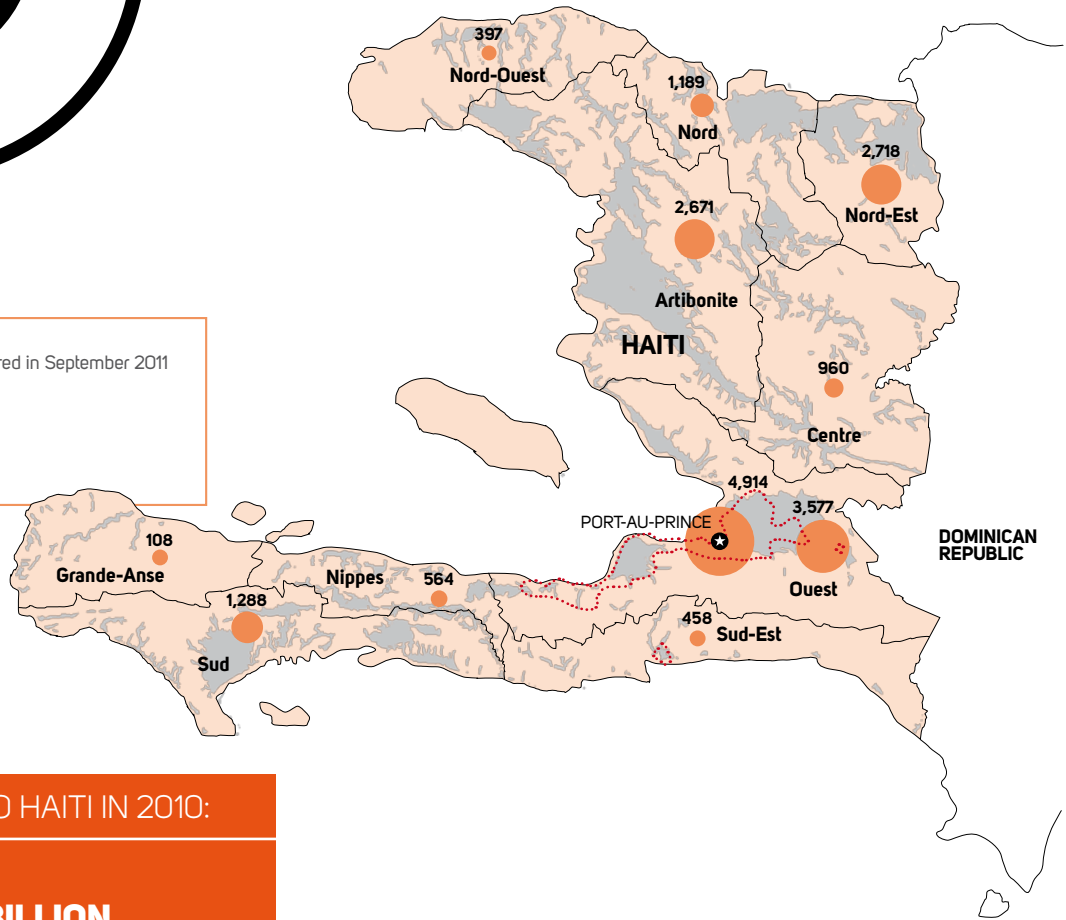


CRISIS AT A GLANCE

HAITI



Source: OCHA



TOTAL FUNDING TO HAITI IN 2010:

US\$ **3.6** BILLION

31% INSIDE THE FLASH APPEAL

THE CRISIS AND THE RESPONSE

● On January 12th a devastating earthquake struck Haiti, one of the poorest countries in the world, wracked by chronic poverty, weak infrastructures and governance, and subject to frequent disasters.

● The earthquake caused massive destruction of the capital Port-au-Prince and surrounding areas. Between 70,000 to 230,000 people were killed, millions were left without homes or shelter. Two subsequent cholera epidemics added to Haitians' misery.

● The earthquake mobilised a massive international response, triggered partly by the close proximity to the United States and Canada and high media attention. Billions of dollars of aid were pledged to help Haiti recover and *build back better*. Hundreds of new, inexperienced donors and organisations flooded the country, causing huge challenges in coordination.

● Initial relief efforts were partially successful, but hampered by a lack of experience among humanitarian organisations to deal with major disasters in urban setting, poor planning and coordination, and a lack of integration with Haitian authorities and civil society organisations.

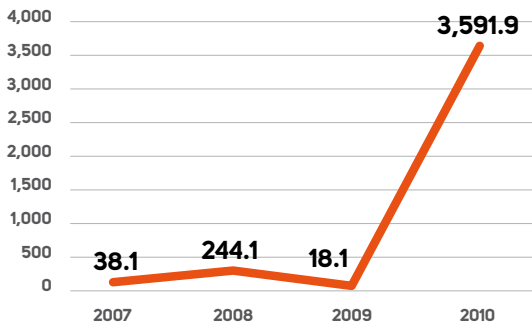
● Two years after the disaster, long-term recovery efforts are still inadequate. Hundreds of thousands of Haitians still live in temporary shelters, and the country is ill-prepared to face future crises.



HAITI

TOTAL HUMANITARIAN FUNDING TO HAITI

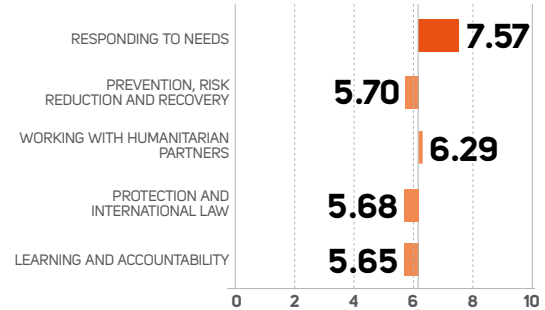
US\$ MILLION



Total funding committed and/or contributed inside and outside the appeal

HRI DONOR PERFORMANCE BY PILLAR

FIELD PERCEPTION SCORES

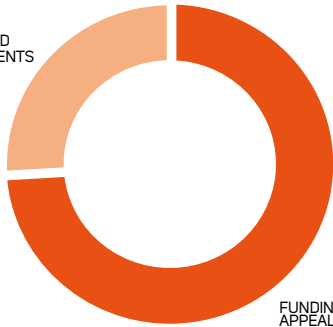


Source: DARA

Colours represent OECD/DAC donors' performance compared to overall average pillar score
 ● Good ● Mid-range ● Could improve

2010 HAITI FLASH APPEAL COVERAGE

UNCOVERED REQUIREMENTS
26%

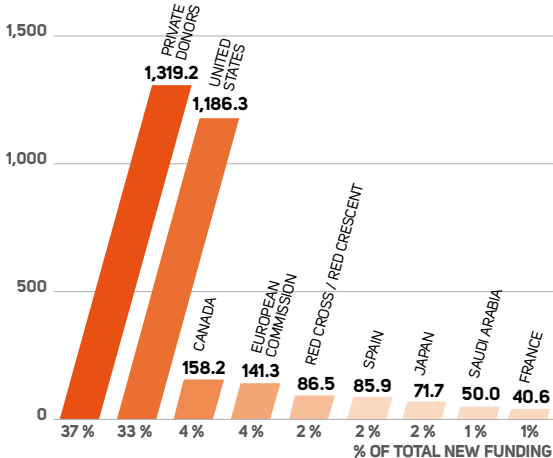


TOTAL REQUIREMENTS
US \$ 1.5 BILLION

FUNDING TO THE APPEAL
74%

MAIN HUMANITARIAN DONORS IN 2010

US\$ MILLION



Source: UN OCHA FTS, accessed in February 2012

Total funding inside and outside the appeal. Total new funding excludes carry-over.

DONOR PERFORMANCE

- Western donor governments pledged massive amounts of aid to Haiti, but much of that aid has still not been delivered, raising questions about donor accountability and transparency.
- The crisis also saw the emergence of new, non-traditional donors, such as Brazil, Venezuela and Cuba, the "Red Cross/Red Crescent", NGOs and private sector donations, supplanting the role and importance of traditional donors to a certain extent, but also increasing coordination challenges.
- Many of the lessons from previous major disasters were not applied. Donors should have done more to ensure Haitian authorities and civil society organisations were better integrated into the response and recovery.
- Donors have largely missed the opportunity to integrate the response to previous disasters in the country to build local response and preparedness capacity, and have neglected longer term disaster risk reduction and longer-term recovery and resilience measures in the current recovery efforts.

BUILDING BACK BETTER?

On January 12, 2010, a massive earthquake devastated much of Port-au-Prince and Haiti. The earthquake struck one of the poorest countries in the world, highly vulnerable to natural disasters, and with a long legacy of poor governance and weak institutions. Unlike previous disasters, such as four back-to-back hurricanes in 2008, the international community responded quickly and generously to the earthquake. Governmental and private donors offered US\$4 billion of aid to Haiti, promising to *build back better*. Two years later, however, Haiti is as poor today as it was before, and not sufficiently prepared should another major disaster occur.

The Haitian earthquake and the cholera epidemics that followed highlighted the inadequacy of the international humanitarian system to respond to disasters in large, urban settings. Many of the lessons from other major disasters, such as Hurricane Mitch in 1998, were not considered or applied in the response. More than anything, though, the earthquake and the response exposed the failure of the international community to help Haiti build preparedness capacity to face disasters, or link emergency relief efforts to a long-term recovery strategy that reduces vulnerability and strengthens the resilience of the Haitian people.

OVERVIEW OF THE CRISIS

The earthquake – which hit just southwest of the capital city, Port-au-Prince, killed between 70,000 and 230,000 people, depending on the source (Grunewald 2010). The earthquake's extraordinary lethality and destructiveness resulted from Haiti's failure to enforce even minimal building standards, itself a reflection of government neglect and corruption. Almost all of the deaths were due to immediate crushing and suffocation from

construction collapse. In addition, thousands of Haitians required immediate, life-saving amputations, with many more performed over the months that followed. These amputees and thousands of others required psychosocial support (Kelly 2010; Handicap International 2010).

Since January 2010, the challenge of massive homelessness and displacement has declined from 2.3 million people to around 500,000

■ THE EARTHQUAKE RESPONSE EXPOSED THE FAILURE OF THE INTERNATIONAL COMMUNITY TO HELP HAITI BUILD BACK BETTER

today, although no distinction was made between those affected by the earthquake and those who were homeless prior to the earthquake (Davidson 2011). Concerns remain about the potential

for gender-based violence in approximately 750 camps that still exist. By the end of 2011, reports indicated that incidences of rape increased several-fold in some Port-au-Prince camps. An early survey found that in the weeks after the earthquake, 11,000 people were sexually assaulted and 8,000 physically assaulted in Port-au-Prince. Non-governmental organisations (NGOs) repeatedly appealed to donors to focus on gender-based violence, including transactional sex workers (Kolbe 2010; Center for Human Rights and Global Justice 2011). Meanwhile, Haiti continues to have the highest maternal mortality rate in the Western Hemisphere. Furthermore, rising food prices have pushed poor Haitians, who already have the lowest per capita income and purchasing power in the Western Hemisphere, to remain dependent on aid.

COMPACTED CRISES: THE SECONDARY DISASTER OF CHOLERA

On top of the earthquake, two waves of cholera epidemic shook the nation beginning from mid-October 2010. Cholera spread quickly during the third quarter of 2010, with an unusually high fatality rate, particularly among the rural poor, who were unfamiliar with the basic treatment: simple, oral rehydration. The epidemic continued to resurge with dramatic increases with each new month until late August to early September 2011. The second wave hit in the second and third quarter of 2011 when donors and aid organisations had become complacent about their success in bringing cholera cases down. By the end of 2011, there were close to 500,000 cases identified, with over 6,500 deaths (OCHA 2012). The cholera epidemics temporarily brought humanitarian organisations together around a common strategy, though cooperation fell apart after only a few months.

At the time, there were fears that the epidemic would ravage the population in Port-au-Prince due to the high number of displaced there, between 1 and 2 million people. However, the opposite proved true: there was close to zero mortality in the internally displaced person (IDP) camps, a remarkable testament to the aid community's focused attention on this population and a complete reversal from the patterns of vulnerability seen in almost all other emergencies, where refugees and camp-based populations have exhibited the highest death rates from basic health problems (Tappero 2011). The worst case-fatality rate was not seen in IDP camps, as many feared, but in prisons, where 24% case-fatality was recorded, particularly among male prisoners, partly due to the lack of adequate gender analysis leading to incorrect targeting of women for cholera prevention and treatment. As one interview respondent reflected, "The fact that there is less cholera in camps than in neighbourhoods means that we must have done something right in the earthquake response." Nevertheless, the difficulties of containing the outbreak despite the massive international presence and resources was a source of outrage for many organisations consulted.

THE CHALLENGE OF BALANCING INTERNATIONAL COORDINATION WITH BUILDING LOCAL CAPACITY

Aid agencies working in Haiti prior to the earthquake, including development organisations, scaled up their operations, while the earthquake brought a flood of first-time NGOs, who looked to UN cluster meetings for guidance on how to perform as humanitarians. Due to their proximity, dozens of American and Canadian universities and university hospitals responded with volunteer doctors, nurses and logisticians, which proved critical during the early stages when physical trauma needed attention. A great deal of un-coordinated private aid, particularly by unconventional or first-time NGOs,



Haiti / Two girls from earthquake zone living with a host family washing and cooking. / UNHCR / J. Björvinsson / March 2010

was oriented toward medicine, health, and building hospitals. The Red Cross/Red Crescent Movement played a larger role than in any other emergency in recent memory, with numerous large national societies managing camps and building shelters.

The multiplicity of agencies crowding around Port-au-Prince made the need for effective cluster coordination essential; clusters were highly active in the capital, as well as in Leogane and some of

the provinces. Cluster meetings in Port-au-Prince tended to be held at the central United Nations logistics base, which facilitated good coordination among the multilateral aid agencies and also proved convenient for international NGOs to meet with the UN. Interestingly, as the cluster system worked well and agencies brought their own funding, OCHA did not

play a strong role, and was phased out in 2011.

As an example, according to one respondent, "Coordination was given great importance, especially through the cluster system. Finland distributed aqua-tabs through the WASH cluster instead of giving them to a particular agency. It gave them to different organisations in the cluster so they would be distributed in a more efficient manner."

However, the focus on coordinating international actors came at the price of better engagement and ownership of local actors. After the first few months, however, the UN logistics base system excluded local NGOs: there was no mechanism by which the large number of Haitian NGOs could be identified or contacted, and their participation was physically limited by making their entry difficult to the logistics base and by convening cluster meetings in English.

■ THE EXCLUSION OF LOCAL ORGANISATIONS FROM THE INTERNATIONAL COORDINATION SYSTEM WILL DO LITTLE TO BUILD CAPACITY AND RESILIENCE TO FUTURE CRISES

"Donors having meetings in a military base in a humanitarian crisis makes no sense and the fact that they still do it one year and a half later is even worse. It hampers participation. Haitians are totally excluded. Many people can't enter because there are strict controls at the entrance. As Haitians it's harder for them to get through," affirmed a respondent interviewed for the Humanitarian Response Index field mission.

The exclusion of locals from the international coordination system will do little to build capacity and resilience to future crises, especially since individual Haitians and Haitian staff of NGOs played such an important role in the response. Despite the personal suffering and trauma experienced by Haitians, they were the first to respond. NGOs interviewed during field research for the HRI reported that their local staff was extremely effective in the initial response, especially when newly arrived international staff took time to adjust to the situation. In the words of one interview respondent, "it is easy to underestimate the extent of the impact on Haiti. There was no functioning government, up to 20% of government and service providers died in the earthquake, others just left. Everybody knows somebody that died, people were traumatised. Our 70 national staff were totally traumatised, and, still, they performed better than NGOs and UN staff that came in later and had to set out." Nevertheless, throughout the entire relief and recovery responses, Haitian civil society was largely marginalised and kept out of sight by the donors and the Haitian government.

SLOW PROGRESS IN SHELTER RECOVERY FOR CAMP POPULATIONS

Camps and shelters were unusually well coordinated by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Organisation for Migration (IOM), which established an unprecedented database to track the hundreds of camps early in the crisis and worked both as an implementer and liaison to donors on behalf of the shelter cluster. Throughout early 2010, the donors drove their agenda on high standards for quality shelters – using the refrain “building back better” (MacDonald 2011). No winner was ever declared, and the model home idea quietly lost attention. However, as an audit by the US Office of Inspector General of USAID’s shelter programme concludes, there was inadequate monitoring of application of quality standards in temporary shelters, leading to huge differences in quality and costs (US Office of the Inspector General 2011).

One year after the earthquake, major delays in the construction of permanent housing, and even transitional shelter continued, partly due to property claims and poor or destroyed land title registries, but mostly poor planning and coordination. The Haitian government had a short window of opportunity to declare eminent domain and squandered it, in large part because donors did not provide early and strong support for such a controversial and bold action despite similar problems occurring in past natural disasters. Meanwhile, the vast majority of Haitians displaced by the earthquake were previously renters, not owners, many of whom remain displaced, migratory, squatting, or renting on precarious income. One INGO field staff who had worked in Haiti in the 1980s and 1990s, upon returning to Haiti in 2011 observed: “Things are much worse than they were in the 1990s. Nothing is started for rebuilding.”

There did not seem to be a clear strategy to move from transitional shelters to permanent housing.

Few humanitarian NGOs or contractors are adept at resolving deep-rooted land tenure issues, which have complicated reconstruction efforts for decades in other crises. As one respondent explained, “Most of foreseen temporary shelters haven’t been built yet. The approach now, 18 months after the earthquake, should be permanent shelters, but donors still keep on talking about temporary shelter.”

By the end of 2011, few homes had been built and aid agencies realized that donor funding for permanent housing would be limited. One respondent summarised the situation faced by many: “DFID (UK), the US and ECHO were talking about high standards, but they were not willing to pay for them. They wanted to pay only US\$1,500, but the criteria they set would have cost US\$3,500. The DEC [Disasters Emergency Committee] was the only donor who did fund the proper shelters.” As a result, the reality has been that many transitional shelters being built will serve as permanent homes. Meanwhile, donors and the Haitian government have merely a very short-term view of plans for the residents of the IDP camps.

The IDP return process also became political. In late 2010 and 2011, much of the donors and the government’s efforts were focused on how to get IDPs out of camps that occupy public spaces. The Martelly government (elected in 2011) recommended a process that began with moving IDPs out of six large, visible camps back to sixteen communities of origin, hence the reference to it as the *16/6 plan*. Donor governments and UN agencies supported this controversial process, which involved paying IDPs to move, including the cost of their new rent. Many organisations interviewed for the HRI assert that IDPs were not informed of their rights, and note that many IDPs did not receive long-term residence.

Haiti / Earthquake aftermath / Haitian children sitting on a stone by the Peruvian UN MINUSTAH military border base at Cachiman as UNHCR convoy waits for escort. / UNHCR / J. Björgvinsson / March 2010



DONOR RESPONSE

Even prior to the earthquake, Haiti already had one of the largest poverty-oriented aid programs in the world. Haiti received close to US\$1.2 billion the year before the earthquake, complemented by an equally large value of private remittances, largely from Canada and the United States (Fagen 2006). The country also had received international support for the response to crises in the recent past, and was host to a UN peacekeeping force. In other words, there were significant financial and technical resources in the country at the time of the earthquake. The massive destruction caused by the earthquake inspired a flood of publicity and donor support from government and private sources. However, the initial wave of enthusiasm waned under the constant pressure of added challenges that continued to ravage the country, not the least of which were the difficulties of a smooth transition to recovery when many state institutions were in shambles.

As with so many high-visibility disasters, donor governments committed millions to support immediate relief and recovery efforts, but pledges were slow to be fulfilled, and were in many cases not reported transparently, making it difficult to monitor. Tracking aid flows was even more complicated by the huge number of private donors,

estimated at over 40% of reported aid, though the actual figures were likely quite higher (OCHA FTS 2011). Donors came together to create the Interim Haiti Recovery Commission (IHRC), a joint Haitian-international entity created in April 2010 and vested with the goal of creating transparent procedures for how reconstruction funding would flow. The Commission was slow in becoming operational, and several donors intentionally held back most of its pledges for longer-term recovery and development programs. Eighteen months after the earthquake, the US had disbursed less than 14 percent of the US\$900 million that were budgeted. Other donors had similarly low disbursement rates.

The UN Secretary General appointed former President Bill Clinton as Special Envoy to Haiti to attempt to bring some order to this chaotic situation. The Office of the Special Envoy (OSE) reported that virtually all the early relief aid right after the earthquake was channelled through international humanitarian agencies, with little to none going towards rebuilding the shattered Haitian government donors, despite donors' claims that they were there to support the government. The OSE declared that by the end of 2011, the majority of donors had not yet released roughly two-thirds of the funds pledged for 2010/2011 for the earthquake response and recovery, and only 12 percent of international aid was channelled through the government (OSE 2011). This represented a huge missed opportunity to strengthen the Haitian government and local authorities. "It would be less expensive and more efficient to give funding through the government of Haiti instead of the UN and the World Bank," asserted one HRI interviewee.

Some of the reasons for the delays were that many donors adopted a wait-and-see attitude for the 2011 election results. Many organisations interviewed for the HRI complained that donors allowed too much time to pass because of uncertainties about the elections and subsequent delays by the incoming Martelly administration to select officials for key ministries and clarify new government policies and priorities. With no functional national government for

much of 2011, this meant little was accomplished for much of 2011.

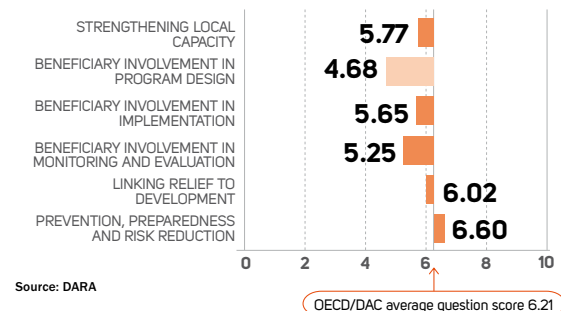
Several respondents felt that this was a form of politicisation of the crisis: "Donors don't trust the government. It is very difficult to work with them; very slow. Supplies get blocked in customs so donors don't release funding any more. We're trying to engage a government that doesn't exist. Corruption is a very big problem." Rather than tackle the issues, donors were seen to be too passive in advocating for access, transparency and results. As many interview respondents claimed, donors could have made a strategic decision to work through local authorities and civil society organisations while the political process continued, instead of sitting on the sidelines.

One of the consequences of the change in government was that the mandate of the IHRC expired in October 2011, and despite some expectations, was not renewed by the new Parliament. The effort to provide a mechanism to pool funding and make strategic, transparent decisions on aid allocation failed to be sustainable because it was overtly a part of the political process, according to some respondents, perhaps tainting donor governments at the same time.

One example of the differences between donor governments and the new Martelly administration was on the proposal to reconstitute national army. While the idea of a new army was popular among some Haitians, who resent the pervasive, but inactive UN Stabilisation Mission in Haiti (MINUSTAH) peacekeeping troops, donors quickly advised the Martelly government that they would oppose spending money on a new army in lieu of an improved police force (Heine 2011). In the end, however, the impasse has not resolved the security situation which remains precarious in many parts of Port-au-Prince, despite the heavy military presence. "The fact that MINUSTAH is in charge of humanitarian security and coordination goes against basic humanitarian principles. We are witnessing the militarisation of aid. Sometimes you think you are in Afghanistan," explained one respondent.

DONOR PERFORMANCE

DONOR PERFORMANCE IN PREVENTION, RISK REDUCTION AND RECOVERY FIELD PERCEPTION SCORES



Source: DARA

Colours represent OECD/DAC donors' performance compared to overall average question score

● Good ● Mid-range ● Could improve

Donor governments almost universally claimed that they were committed to integrating disaster risk reduction into recovery and rehabilitation efforts as part of the mantra of *building back better*. Yet few donors followed through to ask implementing agencies how this was being achieved. "Disaster risk reduction is a trendy issue here in Haiti," reported one HRI interviewee, "It's in style." Disaster risk reduction efforts have been oriented toward recurring floods and their associated mortality during rainy and hurricane seasons. However, instead of integrating disaster risk reduction in the selection of sites, materials and awareness-raising activities, humanitarian actors were struggling to retrofit IDP camps to become resilient to the types of storms that have killed many in the past. This shows how limited disaster risk reduction efforts were. As a result of this poor planning by aid organisations, and poor follow-up by donors, more than 10,000 people were displaced by the flooding caused by new hurricanes in 2011 (OCHA 2011b).

In Haiti, donors supported disaster risk reduction with regard to imminent threats of flooding. Ironically, little attention has been given to mitigating the risks associated with future earthquakes. Donors are aware that even after billions have been spent in aid to Haiti, the struggling nation is hardly any better prepared to face another disaster like the 2010



earthquake. Unfortunately, Haiti sits on another fault line that runs through the island of Hispaniola. Geologists claim this fault is building pressure for another earthquake, which could potentially bring to light the failures of the aid community to adequately address risk reduction all too soon.

Organisations interviewed reported that support for the transition from relief to early recovery and longer-term development was lacking. Many donors preferred to support the emergency relief phase solely. “Now there is a gap between emergency and rehabilitation,” affirmed one interviewee. “It is very difficult to get funding for Haiti once the emergency has passed. Donors are not interested in funding rehabilitation and reconstruction,” noted another.

This was especially problematic in the second cholera epidemic. The resurgence of cholera in the spring and summer of 2011 became the biggest scandal between NGOs and institutional donors. NGOs vocally criticised the donors for the abrupt termination of cholera funding at a point when the attack rate of cholera was increasing, in the spring and summer of 2011. For example, one interviewee reported, “donors are only willing to pay for cholera for four to five months. Then you have to find more funding. A lot of NGOs are closing cholera units down.”

Donor rationale for cessation of funding was that cholera was not going to disappear and a long-term orientation toward sustainable primary health care

was preferred over short-term operations. However, the donors, collectively and individually, offered no guidance to humanitarian organisation on how to fund the ongoing epidemic. Quietly, the US Centers for Disease Control and Prevention (CDC) and American Red Cross helped contribute some transitional cholera funding.

Gender was not given the attention it deserved. Many donors and humanitarian organisations seemed to consider the needs so overwhelming that there was no time to address gender. According to one interviewee, “Donors do require a gender approach in other projects, but not here. These are humanitarian projects and target entire populations. Big numbers. They aren’t focused on women.” The misunderstanding that gender-sensitive approaches entail programmes focusing solely on women is prevalent among donors and humanitarian organisations alike. “Did cholera equally affect men and women? We haven’t checked. I just can’t recall any disaggregated data,” noted another. Nevertheless, subsequent epidemiological studies did in fact show that the orientation of cholera prevention and treatment was targeted to women, when it was men who were the most affected (Mazurana et al 2011). This is just one example of how the lack of attention to gender meant that the specific needs of women, men, boys and girls were not sufficiently taken into account in the response and recovery efforts.

■ EVEN AFTER BILLIONS HAVE BEEN SPENT IN AID TO HAITI, THE STRUGGLING NATION IS HARDLY ANY BETTER PREPARED TO FACE ANOTHER DISASTER LIKE THE 2010 EARTHQUAKE.

allocated to strengthening the capacity of local NGOs, and was generally seen as particularly timely and flexible. When coupled with the isolation and exclusion of Haitians from key coordination mechanisms, and the focus on donors on the high-level political issues, it is hardly surprising the response has done little to build and strengthen local capacities and resilience.

Respondents noted that for most of the donors, “personal relationships” were important factors for decision-making, rather than public transparency in their procedures. In the case of the US, many partners complained that relationship was lacking, and criticised the US government for being confusing, non-transparent and inward-looking, despite their large presence. “USAID has had a complete bunker mentality. It’s impossible to have any continuity in conversations with them. OFDA had platoons of consultants rotating in and out.” ECHO, on the other hand, received excellent reviews for its engagement throughout the country, technical expertise, and efforts toward capacity building, including workshops for NGOs. Partners of Sweden also noted that they participated in field visits, asked for detailed information and followed up closely on the response. However, according to one respondent from a multilateral agency, “Most European donors are looking for an exit; they don’t want to be here.”

Few donors funded local NGOs, and international NGOs reported that donors were inflexible in allowing Haitian NGOs to be sub-grantees. Spain was an exception, as it required aid programmes to include Haitian counterparts. Canada also had a fund specifically

NON-DAC DONORS

The scale of needs resulting from the earthquake also brought a range of non-DAC donors, both governmental and non-governmental. The governments of Venezuela, Brazil and Cuba, and AGIRE (Agenzia Italiana Risposta alle Emergenze), the Disaster Emergency Committee (DEC) of NGOs in the UK, the American Red Cross, and the United States’ Center for Disease Control (CDC) all played significant roles in the response to the crisis, supplanting in fact the role and importance of many traditional OECD/DAC donors.

Brazil was an early and liberal donor to the World Food Program and has been a leader in the UN Peacekeeping mission in Haiti. The governments of Spain, Venezuela, and Cuba had an innovative tripartite aid arrangement where each contributed different components to a program. Cuba and Venezuela had an agreement with Haiti’s *Ministre de la Sante Publique et Population* to build hospital facilities, but not in consultation with other donors. Venezuela funded Cuba’s doctors, the Cuban Brigades to work in Haiti.

While the UK’s Department for International Development (DFID) was largely inconspicuous in Haiti, DEC was a very visible donor, with an active system to track and evaluation how the substantial donations raised are being spent. One recipient of funding from DEC admired its evolution: “The DEC asked for ongoing, longitudinal reporting from the beginning of its aid: A good way to report. Sometimes they come and double check our progress.” The newer, DEC-like consortium of Italian NGOs, AGIRE, with twelve NGO members, was also prominent in Haiti as a donor and actively evaluated how donations were spent.

The American Red Cross successfully raised funds passively from a new form of funding: massive numbers of SMS messages that triggered automatic donations, encouraged after the earthquake by the White House. In past emergencies, where the American Red Cross sub-granted to other NGOs, it took them many months to get their legal processes

established in order to disburse funds. In Haiti, however, the American Red Cross had evolved, and acted like a flexible donor from the outset, although their processes of decision-making, awards, and long-term strategy were not transparently evident to the agencies seeking their funds, including the broader movement of Red Cross/Red Crescent national societies.

The United States' CDC, normally important in emergencies for its technical advice, became a major donor in Haiti, re-directing funds allocated through the President's Emergency Plan for AIDS Relief (PEPFAR) programs for HIV/AIDS to cholera control by NGOs. Other donors also re-directed funds nimbly and quickly that had been in the pipeline for earthquake relief.

LESSONS LEARNT AND OPPORTUNITIES

The humanitarian response to the Haitian earthquake and its aftermath exposed the sector's poor capacity and ability to respond to disasters in large, urban populations settings. The sudden and unexpected earthquake and cholera epidemics of 2010 drew the world's attention, compassion and donations at a scale not seen since the 2004 tsunami. But coordination between donors and private aid agencies was poor, each working off their own individual agendas. Politics also got in the way of focusing on results and impact for the Haitian people. The international community cannot claim that it has helped Haiti *build back better*, and missed an opportunity to redress years of neglect and inattention to the issue of building capacity, resilience and strengthening preparedness for future crises.

The cholera crisis demonstrated the typical strength of donors to provide funding while the crisis was in the news, but similarly demonstrated the weakness of donors to be transparent or communicative about their proposed solutions for the transitional phases. While cholera was killing an increasing number of Haitians in the

second semester of 2011, donors individually and collectively pulled back without advice other than to encourage integrated health care. The flaw in this expectation was that integrated primary care programmes and referral networks are far from capable of containing the excess deaths that continued to occur due to cholera throughout 2011. The inter-donor committee on health should have given clearer answers earlier on to frontline NGOs. One major health-oriented NGO complained, "The donors don't have a vision about what needs to be done, and an overall strategy should be their responsibility as donors."

When and how aid is spent has a powerful magnetic effect on the population. In the case of Haiti, the collective aid community sucked hundreds of thousands of people back into the already over-congested capital of Port-au-Prince, an unintended by-product of the many cash-for-work, other employment, and cash distributions that were focused on the area of destruction, not the areas where people had fled to. The lack of a coherent strategy was a major impediment according to many interviewees. "There should be an integrated, multi-donor funding approach," said one. "It could be led by ECHO, since they fund most projects anyway, and the reporting requirements should be the same for all donors. Unified reporting would save us a big work load." Others commented on the complicated process that stifled innovation, flexibility and risk taking. "Funding mechanisms are not adapted to respond to needs. The process of having an idea, thinking how to implement it, convincing donors it's a good idea, getting funding for it and actually putting it in place takes too long, and needs change every month here."

Donor funding to rebuild Haiti largely missed a window of opportunity. Over 700,000 Haitians fled the capital city of Port-au-Prince, where deaths from the earthquake, homelessness and historic violence had been the worst, but then migrated again to Port-au-Prince where donors spent the greatest share of their donations. This practice generated jobs there and not elsewhere in Haiti where economic

Women pumping water at Camp Hope./
UNHCR / J. Björgvinsson/ March 2010

development has long stalled. “Donor coordination is poor in general among humanitarian donors, but it’s even poorer between humanitarian and development donors. There’s a great disproportion of budgets between humanitarian and development agencies and that means a great disproportion of political power too,” explained one respondent. This was seen as a major factor impeding a more integrated approach to linking relief to recovery and development.

Most donors preferred to support the response in the capital, where their aid was more visible. “Aid is too focused in Port-au-Prince. They need to give aid to rural areas, otherwise you’ll never end the overpopulation in this city,” reported one interviewee. A notable exception was Denmark. According to another interviewee, “We designed a program that targeted a rural area. DANIDA was ready to fund it. You have to have guts to target an area without rubble here in Haiti.” Other donors should have extended their funding much earlier to regional development poles, such as Cap Haitian, and to rural areas around Hinche, the Northwest, and East.

There was a similar failure of donors to support implementing agencies with regard to the massive backlog of relief supplies held up at ports and in customs. The Haitian government failed to observe basic principles of international disaster laws (IDRL) by requiring NGOs to pay large fees for the import of donated relief supplies. As a result of this rent-seeking behaviour, nearly every NGO interviewed complained that a wide range of donated goods, from medicines to vehicles, were never able to enter Haiti during the timeframes of their projects, and certainly not during the worst periods of early 2010. Donors should have taken these concerns to the government of Haiti just as they have resolved customs issues in innumerable other crises. However, from the perspective of some donors interviewed, it is also important for partner organisations to report these difficulties to their donors, so that they are fully aware of the situation and can act accordingly.

While the crisis highlighted once more the inadequacies of the “traditional” humanitarian



system on donors, UN agencies and other actors, the response also signalled what may be the wave of the future. The importance of new governmental and private donors was evident in Haiti, and much more needs to be done to assess their contributions and learn from their successes and failures.

Similarly, new technologies, crowd-sourcing with SMS-messaging, software for extended logistic systems, mapping, and aerial imagery, continue to inspire networking and the sense of rapid evolution of how humanitarian aid can be delivered. Much of what was learned about mass migrations in Haiti came from surveys of mobile phone owners with built-in GPS, by the large Haitian telecom, Digicel. Digicel worked with aid agencies to track displacements in a way that provided greater insight and precision in a way that provided greater insight and precision than has ever occurred before in any emergency. Since the earthquake, there has been a wave of attention to the application of information technologies to Haiti and future disasters. Haiti catalyzed a wide community of mappers and information technologists to work together, both supporting the search and rescue effort and in creating unprecedented city maps of Port-au-Prince, through crowd sourcing. New technologies and collaborations clearly provided an exciting model for the future of humanitarian aid, but more work is needed to take advantage of it fully in information-sharing mechanisms.

CONCLUSIONS

In future crisis situations like Haiti, where a government itself loses many staff to the disaster, a major goal should be to restore the technical capacities of the government. Given the long-term recovery needs in Haiti, UN agencies and clusters should have been physically based within government ministries, to expedite their re-building and support their efforts. Instead, much of the international aid community was isolated from their natural counterparts. At the same time, donor governments' concerns about the national political process essentially meant that many aid efforts came to a virtual standstill, when much more efforts could have been made to channel aid through local authorities and actors, particularly outside of the Port-au-Prince area.

Given the experience from the past, donors should have actively planned and engaged in creating more space for transition, development and humanitarian planning to be integrated into a long term vision that would have focused on building resilience and capacities of the Haitian people, civil society and government authorities. The Haitian NGO Coordination Committee, for example, repeatedly encouraged donors to integrate – achieve better coherence between their development and emergency funding, a message repeated by virtually all respondents interviewed for the HRI. A clearer focus on how donors would support and facilitate a transition from relief to recovery to development (LRRD) and integrate longer term disaster risk reduction into plans was largely missing, and donors could have done much better at working with their Haitian government counterparts to achieve this.

To be fair, the heavy losses of both human and physical resources of the Haitian government were a key challenge, as was the political uncertainties of the electoral process. And there were a multitude of donors and other actors on the scene, making coordination difficult. But amongst the main OECD/

DAC donors, much more could have been done to coordinate their own efforts, and to be more transparent and less political about their aid allocations and decision-making processes. The fact that many of the billions of aid promised has still not been delivered and is nearly impossible to track is scandalous.

While many mistakes have been made, there are still opportunities to set a new course for longer-term recovery and development that

will take these concerns into consideration, and focus on living up to the promises made to Haiti that the international community will not abandon them, but work with them to rebuild and renew.

■ A CLEARER FOCUS ON HOW DONORS WOULD SUPPORT AND FACILITATE A TRANSITION FROM RELIEF TO RECOVERY TO DEVELOPMENT AND INTEGRATE LONGER TERM DISASTER RISK REDUCTION INTO PLANS WAS LARGELY MISSING



INFORMATION BASED ON FIELD INTERVIEWS WITH KEY HUMANITARIAN AGENCIES IN HAITI FROM THE 27TH OF JUNE TO THE 4TH OF JULY, AND 133 QUESTIONNAIRES ON DONOR PERFORMANCE (INCLUDING 93 OECD/DAC DONORS). THE HRI TEAM WAS COMPOSED OF COVADONGA CANTELI, FERNANDO ESPADA, STEVE HANSCH AND ANA ROMERO. THEY EXPRESS THEIR GRATITUDE TO ALL THOSE INTERVIEWED IN HAITI.

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