

Real-time evaluation of humanitarian action supported by DG ECHO in Haiti

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Groupe URD

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Groupe URD (Urgence – Réhabilitation – Développement)

provides support to the humanitarian and post-crisis sector. It aims to improve humanitarian practices in favour of crisis-affected people through a variety of activities, such as operational research projects, programme evaluations, the development of methodological tools, organisational support and training both in France and abroad.

DG ECHO

is the European Commission's humanitarian aid office. The mandate of this Directorate-General is to bring assistance and emergency relief to the victims of natural disasters and conflicts by supporting United Nations agencies, NGOs and the Red Cross and Red Crescent Movement as well as to mobilize and coordinate European civil protection institutions.

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LIST OF ABBREVIATIONS

ACF	Action contre la Faim
ACTED	Agence de Coopération Technique pour le Développement
AFD	Agence Française de Développement
AMI	Aide médicale Internationale
OCHA	UN Office for the Coordination of Humanitarian Affairs
CaLP	Cash Learning Partnership
CAMEP	<i>Compagnie Métropolitaine de l'Eau Potable</i> (Metropolitan Potable Water Company)
CCCM	Camp Coordination and Camp management
CDAC	Communication with Disaster Affected Communities
CDC	Centre for Disease Control
CESVI	Cooperazion e sviluppò
CFW	Cash for Work
CGPE	<i>Comité de Gestion des Points d'Eau</i> (Water Point Management Committee)
CIAT	<i>Comité Interministériel d'Aménagement du Territoire</i>
CIMIC	Civil-military cooperation
CMO	Camp Management Officer
CNSA	<i>Comité National de Sécurité Alimentaire</i>
COLVOL	Voluntary Collaborator
COU	<i>Comité Opérationnel d'Urgence</i>
CRDT	Community Disaster Reduction Team
DG DEVCO	European Commission Directorate-General for Development and Cooperation
DG ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
DG RELEX	European Commission Directorate-General for External Relations
DINEPA	<i>Direction Nationale de l'Eau Potable</i>
DIPECHO	Disaster Preparedness ECHO
DPC	<i>Direction de la Protection Civile</i> (Haitian Civil Protection Directorate)
DRR	Disaster Risk Reduction
DTM	Displacement Tracking Matrix
ECDC	European Centre for Disease Prevention and Control
EDF	European Development Fund
ERM	Environmental Resources Management
FAO	United Nations Food and Agriculture Organisation
FAU	<i>Fondation des Architectes de l'Urgence</i> (Emergency Architects)
FSTP	Food security Thematic Programme
FTS	Financial Tracking System
GAA	German Agro Action
GACI	Groupe d'Appui de la Communauté Internationale
GRET	Groupe de Recherche et d'Echange Technologique
GVC	Gruppo di Volontariato Civile
HC	Humanitarian Coordinator
HI	Handicap International
HIP	Humanitarian Implementation Plan
IASC	Inter-Agency Standing Committee
ICC	Inter Cluster Coordination
ICRC	International Committee of the Red Cross
IDB	Inter-American Development Bank
IFRC	International Federation of Red Cross and Red Crescent Societies
IHRC	Interim Haiti Recovery Commission
IMG	International Management Group
IOM	International Organisation for Migration
JOTC	Joint Operation Tasking Center
LRRD	Linking Relief, Rehabilitation and Development
MDG	Millenium Development Goal
MDM	<i>Médecins Du Monde</i>
MINUSTAH	<i>Mission des Nations Unies pour la Stabilisation en Haïti</i> (United Nations Stabilization Mission in Haiti)
MSF	<i>Médecins Sans Frontières</i>
MSPP	<i>Ministère de la santé publique et de la population</i> (Haitian Ministry for Public Health and Population)

MTPTC	<i>Ministère des Travaux Publics, Transports et Communications</i> (Haitian Ministry of Public Works, Transport and Communications)
NSU	Nutritional Stabilisation Unit
OCHA	UN Office for the Coordination of Humanitarian Affairs
OREPA	<i>Offices Régionaux de l'Eau Potable et de l'Assainissement</i> (Regional Potable Water and Sanitation Services)
PAHO	Pan American Health Organization
PDNA	Post Disaster Needs Assessment
PROMESS	Program on Essential Medicine and Supplies
PTA	<i>Programme Thérapeutique Ambulatoire (Ambulatory Therapeutic Programme)</i>
QIP	Quick Impact Project
RINAH	Rapid Inter-agency Needs Assessment
SAG	Strategic Advisory Group
SNMGD	<i>Système national de gestion des désastres</i> (Haitian National Disaster Management System)
SOG	<i>Soins Obstétricaux Gratuits</i> (Free Obstetric Care)
TA	Technical Assistant
TdH	<i>Terre des Hommes</i>
TWIG	Technical Working Inter-agency Group
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
UN-Habitat	United Nations Human Settlements Programme
UNOPS	United Nations Office for Project Services
UNOSAT	UNITAR'S Operational Satellite Application programme
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation
WV	World Vision

MAP OF HAITI AND ITINERARY OF THE MISSION



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EXECUTIVE SUMMARY

Objectives and methodology

1. In keeping with EU regulations and in view of the substantial amount of funding which has been mobilised for Haiti since 2008, an operational and strategic evaluation was carried out from November 2010 to April 2011. This evaluation included a field visit from 28 January to 28 February, which was carried out by a multi-disciplinary team of four experts and covered the work of the DIPECHO programme, the Global Plan and the response to both the earthquake of 12 January and the cholera crisis. It was part of a broader prospective process between January and May 2011 which produced a note on Linking Relief, Rehabilitation and Development (LRRD), an in-depth literature review and a series of visual presentations in video format.

2. This executive summary presents the general conclusions about DG ECHO's strategy and operations as well as the evaluation recommendations. The full report describes the results for the main operational sectors funded by DG ECHO (Nutrition and Food Security, WASH, Health, Shelter-Housing, Coordination) and for the secondary sectors of Protection and Security.

Findings

i. The 4th largest donor - far behind private donors and the United States

3. Following the earthquake, DG ECHO mobilised considerable funds. However, in relation to the US response and private contributions, DG ECHO was only the 4th largest international donor.

ii. A relevant strategy on the whole

4. The programmes which were supported and the strategies which DG ECHO has adopted in Haiti in response to the different crises have been relevant on the whole.

5. In a country which is very vulnerable to natural hazards and where there is chronic poverty, a risk prevention and disaster preparedness approach is essential and the presence of DIPECHO programmes is relevant.

6. DG ECHO's advocacy for Disaster Risk Reduction (DRR) which is taken into account at every level (in DIPECHO and elsewhere), including in development policy, is appropriate.

7. The Global Plan¹ was based on a relevant, multi-sector operational approach linked to the issue of malnutrition during the post-cyclone period of 2008. However, by 2010 it was no longer responding to a real humanitarian situation, thus raising questions about its relevance.

8. DG ECHO's 3-pillared strategy for 2011 (withdrawal from the earthquake, withdrawal from the Global Plan and maintenance of a strong DRR component) appears completely appropriate in relation to the challenges of 2011.

iii. Effectiveness limited by institutional constraints

9. DG ECHO's presence in Haiti and its network of partners capable of carrying out operations in different humanitarian sectors contributed to the effectiveness of the European response. Faced with a rapidly changing context, the quality of programmes depended on their flexibility. This flexibility was the combined result of dialogue between implementing partners and DG ECHO's Technical Assistants and leftover funds from the 90 million Euro envelope which had not been allocated due to the limited capacity to

¹ The Global Plan is one of ECHO's four funding instruments. It establishes the general strategic framework for programmes to be carried out in a given region or country where there is a need for humanitarian aid over a long period.

absorb funds from the influx of private and public donations.

10. Though it is essential to coordinate with national institutions in natural disaster contexts, the difficulties of the Haitian government, which was very badly affected by the earthquake and was involved in the run-up to elections, slowed down decision-making mechanisms and consequently the implementation of certain programmes. This had a very damaging effect on the effectiveness of aid, notably in the Shelter-Housing sector.

iv. Humanitarian aid in cities: major challenges which have yet to be overcome

11. The urban dimension of the crisis following the earthquake showed how much the humanitarian system was badly prepared for this kind of context and found it difficult to adopt appropriate operational methods, both during the emergency phase and the post-emergency phase and in all sectors: WASH, Food Security, Shelter-Housing, etc.

v. Funds allocated sometimes for “political” reasons to the detriment of the quality of the programmes

12. The decision to fund a broad range of partners (UN agencies, Red Cross Movement and NGOs) was essential in Haiti. This variety made it possible to preserve the capacity to innovate (a characteristic of NGOs) and ensure that aid was delivered on a large scale (a comparative advantage of large agencies).

13. However, the capacity of partners to implement innovations needs to be assessed in greater detail. The question of transaction costs is obviously of concern to the DG ECHO teams, who also have to manage a large number of programmes with limited human resources.

vi. Difficulties linking relief, rehabilitation and development despite the shared will to do so

14. DG ECHO has made an effort to establish an LRRD process but its tools are

not appropriate, due, for example, to time frames which are limited to 18 months (in reality, these last from 12 to 15 months maximum). There have been major difficulties finding relay funds to pursue activities which had been launched with funds from DG ECHO. Significant opportunities for funding the reconstruction were lost because the priorities of the 10th EDF were not adjusted to take into account the post-earthquake situation. Generally, funding mechanisms for the transition have yet to be developed.

vii. Cross-cutting issues not sufficiently taken into account

15. Gender and Protection issues were only marginally taken into account. Very few of the projects run by the partners involved Protection. It was more common for Gender issues to be taken into account, but this was not always done appropriately. Though there is generally understanding of environmental issues, this understanding was rarely transformed into programme content, except when it was linked to questions of DRR.

viii. A context which remains volatile

16. The future remains unpredictable. Vigilance and reactivity are required. The political situation has become clearer since the Presidential election, but there are potential problems ahead, for example, due to the increase in prices which is going to make life harder for the Haitians. Cholera, the high probability of violent climatic events and the danger of new earth tremors represent a combination of risks which should be taken very seriously.

Recommendations

17. These recommendations refer both to strategic issues and to operational and technical issues.

i. Strategic recommendations

Findings related to recommendations	Ref.	Recommendations	Addressed to
DG ECHO's strategy for 2011 which involves three main areas (withdrawal from the earthquake response, withdrawal from the Global Plan and maintenance of a strong DRR component) responds to the challenges posed by the current context.	§ 48, §§ 201-204	R.N°1: Pursue the withdrawal during 2011-2012.	DG ECHO
It will be difficult for the development tools available to the delegation to take up funding of DG ECHO's projects; dialogue is complicated between DG ECHO and development donors	§§ 193-200 §§ 210-213	R.N°2: Pursue efforts to link relief, rehabilitation and development, including consideration of the links between humanitarian action and poverty reduction.	Humanitarian and development organisations and donors
Haiti's history and recent decades have shown the recurring nature of natural disasters and the impact of poverty on the population's coping strategies : deforestation, insufficient maintenance of watersheds, etc.	§. 11 § 219	R.N°3: Strengthen the Haitian disaster management and resilience building mechanisms at all levels. Risk reduction needs to be placed at the heart of development policies in Haiti, keeping in view the island of Hispaniola as a whole.	Humanitarian and development organisations and donors
The establishment of a reserve envelope ahead of the cyclone season made it possible to tackle the cholera epidemic. The risk of hazards of all kinds remains very high. These will require constant attention and flexible funding mechanisms.	§ 30, § 137, § 220	R.N°4: Allocate funds progressively to deal with the evolution of contexts.	DG ECHO
There was not sufficient analysis of the interconnection between issues of property, the installation of shelters, the removal of rubble, etc. There were major difficulties in terms of understanding and assessing urban contexts.	§§ 75-78 §§ 118-131 § 221	R.N°5: Support efforts to improve working methods in urban contexts.	Organisations who specialize in Urban Planning and Housing, relevant donors
Coordination between the many organisations conducting operations during the emergency phase was a problem, whether this was between humanitarian actors, with the Haitian authorities or with the military.	§ 160-188 § 222	R.N°6: Continue to advocate for better coordination in the field, both at the strategic and operational levels and both at the sector and multi-sector levels.	Cluster Lead agencies; Humanitarian Coordinator-Clusters; humanitarian donors

ii. Operational and technical recommendations

Findings related to recommendations	Ref.	Recommendations	Addressed to
Adapt humanitarian responses to the characteristics of urban environments			
Like all humanitarian organisations, DG ECHO's partners lack skills for urban operations. NGOs funded by DG ECHO tried to adapt themselves with varying levels of success.	§§ 75-78 §§ 118-131 § 223	R.N°7: Improve understanding of cities in order to establish the right scale of action by very rapidly funding urban planning assessments.	Donors and operational humanitarian organizations / urban planning experts
Some of DG ECHO's partners have taken part in the provision of aid at the neighbourhood level, either on their own initiative, or by adopting the Neighbourhood Housing approach promoted by UN-Habitat. Methods need to be adjusted in relation to the other	§ 115 § 224	R.N°8: Reinforce analytical, decision-making and coordination tools adapted to operations in urban contexts at all levels.	Humanitarian actors, Humanitarian Coordinator-Clusters

organisations working within a given area in order to improve effectiveness.			
It took a long time to identify the different options for helping people to leave the camps. Over and above DG ECHO funding the production of transitional shelters, an important relay was established with the EU Delegation for repairing damaged houses.	§ 117 § 120 § 122 § 123 § 225	R.N°9: Anticipate and accelerate the return process by exploring all possible solutions: finding land, repairing houses, rebuilding good quality structures.	Humanitarian organisations who manage camps / housing experts, relevant donors
There is a lack of social, cultural and economic understanding of the socio-political organisation of neighbourhoods and different urban areas. This is detrimental to the ability of actors to conduct more effective operations.	§ 130 § 131 § 226	R.N°10: Reconsider the notion of communities based on the reality of neighbourhoods rather than camps.	Humanitarian actors and socio-urban actors, relevant donors
Understanding of food security in urban environments and funding options in this sector remain limited, particularly in the post-emergency phase.	§57 § 227	R.N°11: Reinforce humanitarian organisations' expertise in food security in cities, particularly after the first emergency phase.	Specialised organisations, donors, including DG ECHO
The international community was badly prepared to deal with the issue of emergency sanitation in an urban environment.	§§ 74,- 78 § 228	R.N°12: Develop technical solutions for emergency sanitation in urban contexts.	Organisations specialized in WASH, donors, including DG ECHO
Concerning the Nutrition and Food Aid sectors:			
Better understanding of the determining factors of malnutrition is needed in order to design development programmes.	§ 49 § 229	R.N°13: Improve understanding of the causes and the cultural dimensions of malnutrition in Haiti and improve knowledge about at risk sections of the population.	Nutrition actors, donors (DG ECHO, USAID, WB)
In the context of the Global Plan, problems were encountered in relation to the implementation of projects and the functioning of partnerships between NGOs.	§§ 40- 41 § 230	R.N°14: Partnerships between NGOs aiming to reduce malnutrition should be based on a shared and multi-sector initial assessment.	Specialised organizations; relevant donors, including DG ECHO
The data collection and monitoring system is still not adequate.	§ 39 § 231	R.N°15: Reinforce the multi-sector structuring of the Nutrition sector, particularly by collecting data and monitoring malnutrition.	Haitian authorities; development donors, including the European Commission; UN agencies
The nutritional response was effective in the areas affected by the earthquake, with specific issues in relation to infant feeding.	§ 44 § 232	R.N°16: Reinforce operational methods for responding to the basic needs of very young children in emergency situations.	Humanitarian actors; humanitarian donors, including DG ECHO
Innovative cash-based programmes were implemented in urban environments to respond to the emergency, but the choice of funding the WFP's CFW programme on a large scale proved to be disappointing.	§§ 53- 56, §§ 61 § 233	R.N°17: Reinforce innovative cash-based approaches and prepare humanitarian actors for their implementation on a large scale.	Humanitarian actors; DG ECHO
CFW programmes during the emergency phase encountered implementation problems and there is little visibility with regard to their impact on household economies.	§§ 57- 60 § 234	R.N°18: Limit CFW programmes in the post-emergency phase and improve the assessment of opportunities for replacing CFW programmes by direct cash transferal programmes during the emergency phase.	Humanitarian actors ; relevant humanitarian donors, including DG ECHO

The Clusters system proved to be badly adapted in terms of cash-based operations and issues of food security.	§ 171 § 235	R.N°19: Ensure that the “Food Security” Cluster is effectively set up in the field.	FAO, WFP, UNDP, Global Clusters, Humanitarian Coordinator, donors (including DG ECHO)
Concerning the WASH sector:			
Efforts to involve the population were observed in the projects visited.	§ 71 § 236	R.N°20: Encourage the participation of communities and civil society in the management of water and sanitation.	Specialised humanitarian actors, donors and the relevant Haitian authorities
An increased tendency to treat drinking water and improve hygiene (individually) was reinforced in the face of the cholera epidemic.	§ 84 § 237	R.N°21: Reinforce the resilience and the autonomy of communities vis-à-vis their water and sanitation needs to deal with the recurring disasters in Haiti.	Actors specialised in WASH, donors and the relevant Haitian authorities
Global assessment of the situation, including the practices of the Haitian population has been weak.	§ 75 § 238	R.N°22: Ensure that established cultural practices in Haiti are taken into account more in order to improve access to water which is of good quality, is socially equitable and financially sustainable.	Humanitarian and development actors specialised in WASH, the relevant donors
Direct interaction with DINEPA is of central importance.	§ 69 § 72 § 239	R.N°23: Reinforce consultation with local and national actors.	Humanitarian and development actors specialized in WASH, relevant donors
Concerning the Health sector :			
Insufficient post-surgical care and patient follow-up.	§ 94 § 99 § 240	R.N°24: Provide treatment to physically and psycho-socially handicapped people who emerge in the months and years ahead.	Health actors and the relevant development donors
The cross-sector integration of DRR is still not very effective and the directives of the WHO to make Health bodies safe are not applied.	§ 153 § 241	R.N°25: Make Health organisations resilient to disasters.	Health organizations, development and humanitarian donors (including DG ECHO)
Negative impacts on an already fragile Health system were observed, notably on human resources and the sector economy.	§ 100 § 242	R.N°26: Advocate for the implementation of an economic policy for the Health sector.	Haitian authorities Health actors, development donors
The global coordination of the response to the cholera crisis was too centred on health aspects. The new endemicity of cholera raises the question of preparation.	§§ 144-146 § 243	R.N°27: Take measures to deal with the new endemic nature of cholera in Haiti.	Haitian authorities, Health and WASH actors, donors (including DG ECHO)
Cross-cutting issues:			
Globally, protection and environmental issues were badly neglected, gender to a lesser extent.	§§ 214-215 § 244	R.N°28: Ensure that the cross-cutting issues of Gender, Protection and the Environment are properly taken into account.	Humanitarian and development actors, relevant donors, Haitian authorities

REPORT

1. INTRODUCTION AND METHODOLOGY

1.1. Objectives of the evaluation

1. This evaluation of the European Commission's Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO)'s operations and strategy in Haiti is in keeping with Articles 7 and 18 of Council Regulation 1257/96 concerning humanitarian aid and Article 27 of the Financial Regulation (EC, Euratom) 1605/2002.
2. DG ECHO has been running programmes in Haiti for more than fifteen years. These programmes have concerned issues related to disaster preparedness (DIPECHO programmes), the response to natural disasters and the humanitarian consequences of political and economic turmoil (different types of emergency decisions). On the basis of an analysis of the humanitarian situation carried out in 2007², an ad hoc decision was made in 2008 which allowed programmes in the sector of Maternal and Child Health to be funded, complementing the funding of projects in connection with decisions made on the Food Aid budget line. In 2009, to respond to the high levels of malnutrition following the hurricanes of 2008, DG ECHO opened an office in Port-au-Prince and established a Global Plan. In the hours following the earthquake of 12 January 2010, DG ECHO rapidly mobilized funds both through the European Civil Protection mechanism and by making funds available to its partners via primary emergency, emergency and ad hoc funding decisions. These efforts continued in response to the cholera crisis from October 2010. At the end of 2010 and during the first weeks of 2011, DG ECHO clarified its objectives for 2011 as well as its coordination strategy with other European instruments and the Member States.
3. The evaluation covered all these arrangements and actions at both strategic and operational levels in order to help DG ECHO and its partners to be as accountable as possible and draw as many lessons as possible from this series of operations.

1.2. Evaluation methodology

4. Having drawn up an inventory of activities supported by DG ECHO, the evaluation team analysed the available literature, including the numerous evaluations and studies which had been carried out before and since the earthquake. A certain number of key points were identified to build the evaluation itinerary and information was gathered to refine the evaluation questions in the Terms of Reference. An initial short document was produced "*Au delà de l'urgence en Haïti*", then a larger document "*Les défis du lien urgence-développement en Haïti*", in order to contribute to discussions about post-emergency relief.
5. The evaluation itinerary was drawn up in order to take in projects which were chosen on the basis of a typology of operational issues. The typology of areas to visit was as follows:
 - Areas directly hit by the earthquake in metropolitan Port-au-Prince;
 - Areas directly hit by the earthquake outside Port-au-Prince;
 - Areas at risk from hurricanes included in the DIPECHO Programme;
 - Areas targeted by the Global Plan where people had moved following the earthquake;

² *Analyse de la situation humanitaire, évaluation ex ante Haïti 2007, Agrisystems consortium*

- The area where the cholera outbreak began (Artibonite).
6. The evaluation team tried to meet a wide range of actors:
- **At the European level:** the Directorate-General for Humanitarian Aid and Civil Protection (DG ECHO), the Directorate-General for Development Cooperation (DG DEVCO), the European External Action Service (EEAS), Member States and the European Union delegation in Port-au-Prince.
 - **Haitian Representatives:** The National Directorate for Water Supply and Sanitation (DINEPA), the Ministry for Public Health and Population (MSPP), the Ministry for Planning and International Cooperation, the Inter-ministerial Committee for Town and Country Planning (CIAT), the National Committee for Food Security (CNSA) and various municipal authorities.
 - **UN and associated system:** The office of the Humanitarian Coordinator (HC), OCHA, WFP, WHO, IOM, UN-Habitat, UNICEF, FAO, UNDP, UNEP and UNOPS.
 - **NGOs and Red Cross movement organisations:** ACF, ACTED, CARE, OXFAM, Solidarités International, MDM, MSF, GAA, GVC, French Red Cross, German Red Cross, ICRC, IFRC, WV, HI, Terre des Hommes (TdH).
 - **Coordination mechanisms:** OCHA, Clusters, Inter-cluster and inter-NGO coordination, the Interim Haiti Reconstruction Commission (CIRH), donor coordination.
 - **The Haitian population:** visits to Gressier, Léogane, Anse Rouge, Gonaïves, Petit Goâve, Port-au-Prince, Corail, Grande Anse (Mouron, Bonbon).
 - **Development donors:** the Inter-American Development Bank, the Canadian International Development Agency, the French Development Agency.
7. The evaluation team tried to be particularly attentive to the interaction between the different stakeholders to the evaluation, such as DG ECHO, Member States and partners, by organising several opportunities for exchange around different outputs:
- An initial series of meetings in Brussels during the briefing phase made it possible to meet the different departments of the Commission involved in the response to the earthquake in Haiti in addition to DG ECHO.
 - Several feedback sessions took place in Haiti with partners as well as with the European Union delegation.
 - A first presentation was made in Brussels in the week following the field visit to present the evaluation team's preliminary thoughts based on a substantial aide mémoire written at the end of the mission, in order to ensure that the first returns were available for the Geographic Desks in Brussels and DG ECHO's Technical Assistants (TAs).
 - More formal presentations were made in Brussels with DG ECHO and Commission and Member State services between February and April 2011.
 - The team produced a series of videos illustrating the different programmes implemented and the lessons learned during the evaluation in order to make the results of the evaluation as widely available as possible (available on the DG ECHO and Groupe URD websites).

2. ANALYSIS OF THE CONTEXT AND THE CONSTRAINTS

2.1. Analysis of the context

8. The Haitian context is particularly complex. Haiti has a very varied landscape and has a rich and troubled past. It is a former French colony, was the first black republic in the world and early on became a beacon for its culture, its poets and its writers. But this has not prevented it from going through periods of great turbulence, with dictatorships and internal troubles which have led to international armed interventions. The most recent episodes led to the setting up of the integrated mission, the United Nations Stabilization Mission in Haiti (MINUSTAH) in 2004.

9. Haiti is a poor country in a region which is relatively rich or is in rapid transition. The geostrategic area in which the island of Hispaniola is situated is at the crossroads between the US's sphere of influence (migration control, drug trafficking control and relations with Cuba), that of the emerging powers of Latin America (Brazil, Chile, Argentina and Venezuela) and the boundaries of Europe, with the presence of French overseas departments and British and Dutch territories which gives Haiti a particular weight on the international stage.

10. The economic and social situation is characterized by a certain number of worrying indicators, which are the result of the widespread poverty in Haitian society and handicaps which will be difficult for the country to overcome (see Box 1).

Box 1. The situation in Haiti – some figures

Population: 10.2 million in 2010. According to the UN's Department of Economic and Social Affairs, demographically it is 82nd out of 230 countries.

Number of refugees who have left Haiti: due to its troubled recent history, more than 24 000 refugees left Haiti in 2009 (30th out of 190 countries according to UNHCR).

IDPs: estimates vary a great deal: more than 500 000 people left Port-au-Prince after the earthquake and many have returned to their area of origin. 1 200 000 have been displaced within the destroyed cities, according to OCHA. The International Organisation for Migration (IOM) estimates the figure to be 610 000 people.

Population living on less than 1.25 US\$/day: 54.9% of the population in 2001 (104th out of 120 countries according to the World Development Indicators list, 2010).

Mortality rate amongst children under 5 years old (per 1000 live births): 72 in 2008, or 148th out of 195 countries (WHO).

Life expectancy at birth: 62 years in 2008, or 141st out of 188 countries (WHO).

Human Development Index: 145th out of 169 (Human Development Report, UNDP, 2010).

Global Peace Index: 114th out of 149 countries (Institute for Economics & Peace, 2010)

Adult literacy rate (% aged 15 and above): 62.1%, or 164th out of 190 countries (UNESCO, April 2009).

Gross Domestic Product per capita: Haiti falls into the category of low income countries with 995 US\$ or less/person (World Development Indicators, World Bank, 2010).

GINI Index: 139th country out of 142 (World Development Indicators, World Bank, 2009).

Corruption Index: 148th out of 178 countries (Transparency International, 2010).

11. Finally, Haiti is also a very fragile territory in relation to climatic hazards which regularly turn into humanitarian disasters, as shown by the various events of 2010.

12. It was in this already economically, institutionally and socially fragile context that an earthquake of magnitude 7 on the Richter scale hit Port-au-Prince and the surrounding area on 12 January 2010, killing almost 230 000 people and leading to the displacement of more than

2 million people. Several months later, the country was affected by one of the worst cholera epidemics globally in recent decades which killed more than 4000 people³.

2.2. Analysis of constraints

2.2.1. The ongoing transformation of European institutions

13. The earthquake of January 2010 in Haiti took place while the new institutions resulting from the Lisbon Treaty were being put in place. The new Commission was in the process of being nominated when the earthquake struck. The joint planning mechanisms between the Commission and the Member States which were established by the Lisbon Treaty were implemented and tested in practice for the first time. An extraordinary session of the Foreign Affairs Council was organized on 18 January, 6 days after the disaster. As soon as they had been nominated, the High Representative and the Commissioners were very active in providing coordination between the Haitian government, the United Nations, the US government and the Secretary General's Special Envoy, Bill Clinton.

14. The disaster took place only a few days after the European Civil Protection mechanism had been integrated into DG ECHO. Even though the integration was not yet running completely smoothly, this new DG ECHO department was able to ensure that there was a certain amount of coherence in the deployment of search and rescue teams, equipment and Member States' emergency relief thanks to past experience (when it had been attached to the Directorate-General for the Environment).

2.2.2. The many constraints of the Haitian crises

15. **The earthquake was a major disaster which affected a country with major poverty and inequality** and where individual interests often take precedence over collective interests. The agricultural sector, which has been ruined in part by international competition, and the urban population, which is very dependant on capital from the diaspora and international aid, were already very fragile.

16. **There have been many tensions in the country's recent history**, the most recent of these having led to the creation of an integrated mission, the MINUSTAH. The existence of this mission is regularly questioned both by Haitians and by many international organizations.

17. **The geopolitical situation in the region** – Though countries like Canada (with its large Haitian diaspora), France (due to its proximity via its overseas departments), the Southern Cone countries⁴ and Cuba are very involved in Haiti, the proximity of the United States has led to particularly strong involvement in Haitian affairs.

18. **A macro-disaster which hit the capital with full force** – This earthquake affected the national decision-making centre and the headquarters of most of the international agencies working in Haiti. The central authorities and aid organizations were both affected. Circulation in Port-au-Prince was a major logistical constraint holding up first aid efforts, trucks bringing humanitarian aid and the movements of humanitarian organisations.

19. **The absence of governmental decision-making on crucial subjects** (for example, concerning property ownership) caused by pre-existing political tensions, the shock of the

³ According to the report of the Ministry of Public Health and Population of February 2011, approximately 216 000 cases have been recorded throughout the country since the epidemic began in October 2010.

⁴ The Southern Cone is the southernmost part of South America. It includes Argentina, Chile and Uruguay.

earthquake and the local political context in the run-up to the presidential and parliamentary elections complicated and even sometimes paralysed the work of humanitarian actors, creating tension between humanitarians and the national authorities.

20. The difficulties of large-scale intervention in a non-anglophone country – The arrival en masse of organisations who could neither speak French or Creole made communication with the local population and authorities difficult. Projects such as “Communication with Disaster Affected Communities” or the OIM’s newspaper (Chemin Lakay), were very relevant but often had a limited impact faced with the scale of difficulties, having had a lifespan which was too short (CDAC) or having come too late (the OIM newspaper).

21. The risks related to the politicisation of aid and intensive media coverage – In a context with so much media coverage, the CNN-effect was very strong, making calm analysis of the situation difficult and drawing a wide variety of non-professional actors including stars from politics and the media and even NGOs created especially for the occasion... A lot of time was invested by professional organisations to manage this flow of people and the extra coordination constraints which this caused.

22. A lot of money to spend in a short time – Massive amounts of funding arrived from private donors and certain large institutional donors. Certain NGOs had very large amounts of money, sometimes more than the main United Nations agencies. Pressure to use the money quickly and demand for visible results created a great deal of tension for operational organizations who had to deal both with this pressure and issues of programme quality.

23. The succession of disasters in 2010 – an almost continual series of disasters took place in 2010: the earthquake of 12 January, the tornado in August, hurricane Tomas⁵ and the cholera epidemic which began in October. This succession of crises made it difficult to address the issue of crisis resolutions and exit strategies for the humanitarian sector.

24. The complexity of Haitian society – Haitian society is complex, with a variety of different and sometimes conflicting religious currents. Understanding these cultural and religious foundations is essential for programmes in the long term. The way deaths and bodies were dealt with after the earthquake has affected and will continue to affect the collective subconscious of the survivors. The cholera crisis and the taboos that it highlighted about how bodies were managed, burial methods in this highly contagious context and the risks of stigmatization of survivors and the families of victims showed very clearly that these cultural dimensions need to be taken into account.

⁵ Hurricane Tomas did not cause too much damage in Port-au-Prince and in areas affected by the earthquake despite the fears which had existed about those living in precarious conditions in camps and temporary shelters. It did, however, have a major impact on banana production in the region of Grande Anse and on the coastal economy in the North-East of the country.

3. ANALYSIS OF DG ECHO'S STRATEGY

3.1. European humanitarian aid in perspective

25. To carry out this evaluation, it was important to look at DG ECHO's response to the Haitian crises between 2009 and 2011 within the perspective of the overall spectrum of humanitarian aid in Haiti following the earthquake of January 2011.

26. The total funds from the European Commission implemented by DG ECHO following the earthquake came to 120 million Euros. This was made up of three funding decisions which came to 112 million (a primary emergency decision of 3 million Euros, an emergency decision of 19 million Euros and an ad hoc decision of 90 million Euros) and 8 million Euros which had been promised before the earthquake and which were re-orientated to respond to the emergency. Of this sum, a total of 12 million Euros which had not been used from the ad hoc decision of 90 million Euros in preparation for the Cyclone season, was re-allocated to respond to the cholera crisis which has been raging in Haiti since October 2010. In addition, a special cholera allocation of 10 million Euros was made to strengthen the response capacity. What is more, the European Commission allocated funds for the emergency and reconstruction response via other financial instruments such as the Instrument for Stability (20 million Euros⁶) and the B envelope (23 million of which for the issue of shelters), but did not re-orientate its development aid to emergency aid to any significant level.

27. The allocation of 130 million Euros is unprecedented for DG ECHO in Haiti. Over the past 15 years, DG ECHO had provided the country with support to deal with emergency needs caused by disasters due to natural phenomena and the economic crisis, as well as to implement disaster preparedness activities. The total amount of funding provided over the period 1995 to 2009 is around 81 million Euros.

28. According to OCHA's Financial Tracking System, 3.6 million dollars were disbursed in 2010 to respond to humanitarian needs in Haiti. North American donors (and particularly the USA) and private funds contributed a great deal to funding the emergency response. Humanitarian aid from the European Commission and the Member States of the European Union amounted respectively to 4% and 10% of total aid in 2010 (cf. figure 1). However, this data needs to be analysed with care as the contributions recorded in the FTS system do not only include humanitarian aid. For example, the figure for the USA includes the cost of the military operation carried out under the heading of humanitarian assistance (500 million dollar operation carried out by the Department of Defence)⁷.

Unprecedented levels of aid with an envelope of 130 million Euros for the response to the earthquake and the cholera epidemic

4th largest donor for the emergency response to the crisis in 2010, behind private donors and North American donors

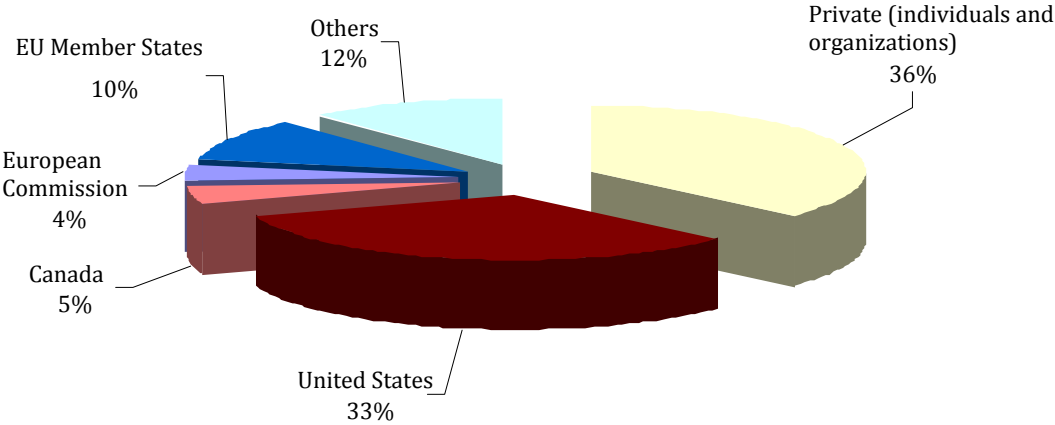
29. However, though a lot of money was available following the wave of generosity of private donors to respond to the emergency, the proportion of these funds which will still be available for the reconstruction phase is not known. Nevertheless, certain actors in the private sector learned from the response to the tsunami in South-East Asia and have put some funds to one side for the reconstruction phase⁸.

⁶ European Commission, Commission decision on Adoption of an Exceptional Assistance Measure under the Instrument for Stability to support the restoration of Haitian Government crisis preparedness capacity, draft.

⁷ Global Humanitarian Assistance, Stoianova, V. *Donor funding in Haiti, Assessing humanitarian needs after the 2010 Haiti earthquake*. Briefing paper, October 2010, p7 .

⁸ Thus, from the beginning the Fondation de France kept 2/3 of the 24 million Euro envelope collected, or 16 million Euros, to fund the post-earthquake reconstruction.

Figure 1. Humanitarian aid to Haiti in 2010 by donor



Source : Groupe URD using data from the Financial Tracking System FTS on 4 March 2011

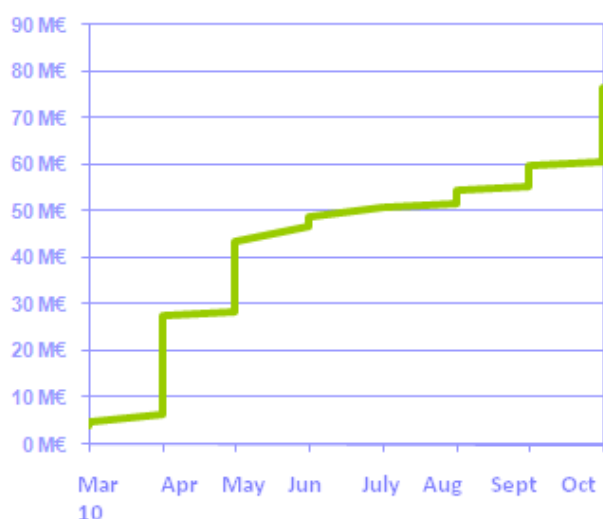
3.2. Key points of the strategy

30. DG ECHO had some difficulty with disbursements of aid in Haiti, whether for the emergency decisions (19 million Euros allocated in response to the earthquake and 10 million Euros in response to the cholera epidemic) or the ad hoc decision (90 million Euros allocated for 18 months). Figure 2 shows the rhythm at which the money from the ad hoc decision was disbursed from 1st March 2010. DG ECHO’s partners had difficulty carrying out their programmes within the strict timeframes imposed by the emergency decisions (limited duration of 6 months). As a consequence, a large number of amendments had to be signed to re-adjust the projects in a rapidly changing context. Also, in a context which has received an enormous amount of media attention, there was a great deal of political pressure because they had to be present in the country and carry out the disbursement rapidly despite the fact that a lot of money was already present in the country and actors’ capacity was saturated. Contrary to other crises and contexts, “large” NGOs received a lot of funding and encountered very little difficulty in funding their own crisis response strategies⁹. As DG ECHO is often perceived to be a demanding donor, these NGOs did not always come to it first. DG ECHO also claims that it had difficulty disbursing because of the low quality of the proposals which were submitted. The size of the ad-hoc decision caused numerous problems as the financial regulations which DG ECHO has to follow do not allow funds to be kept in reserve or allocated by phase. In order to overcome these problems, the decision was made to fund large contracts, particularly during the first months. In the end, the cholera crisis allowed the funds left over to be spent usefully as well as the 12 million Euros which had not been used during the cyclone season. In addition, DG ECHO reacted rapidly by allocating a further 10 million Euros to respond to the cholera crisis.

Problems disbursing the funds allocated rapidly but this allowed a rapid reaction to the cholera crisis

⁹ Interviews with managers of large NGOs.

Figure 2. Disbursement of funds from the ad hoc decision



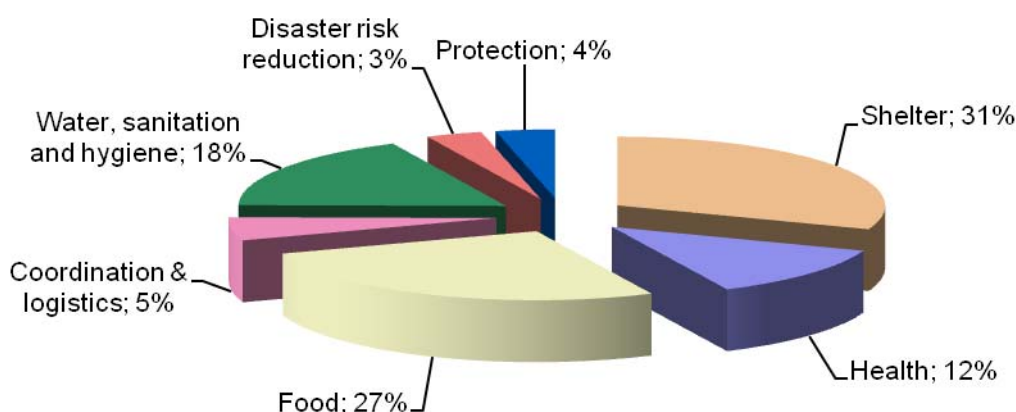
Source : Groupe URD based on the operational files of DG ECHO projects

The ad hoc decision began on 1st March 2010 for a period of 18 months. Over the first three months, from March to May, around 43 million Euros were disbursed via 14 contracts, often for very large amounts, which were established with NGOs (such as Concern Worldwide: 5.2 M€ and Save the Children : 3.6 M€), Red Cross Movement organisations (French Red Cross: 5.6 M€) and United Nations agencies (WFP: 12 M€; IOM: 4 M€). From May to October, 24 contracts were signed, often for small amounts. At the end of October, 15 million had yet to be allocated from the ad hoc envelope.

31. DG ECHO funded projects in all operational sectors during the emergency phase including coordination activities, logistics and telecommunications. In the second phase of the emergency, there was less need for emergency logistics and the priority was to respond to people’s basic needs in terms of shelter and means of subsistence. DG ECHO also funded protection activities via a number of specific programmes (4 programmes for a total of around 4 million Euros¹⁰), and as a cross-cutting issue in other projects (taking into account the needs of vulnerable groups and gender issues).

The decision to allocate funds in all operational sectors during the emergency phase and to concentrate on key sectors for the reconstruction.

Figure 3. Distribution of humanitarian aid from DG ECHO following the earthquake, by operational sector



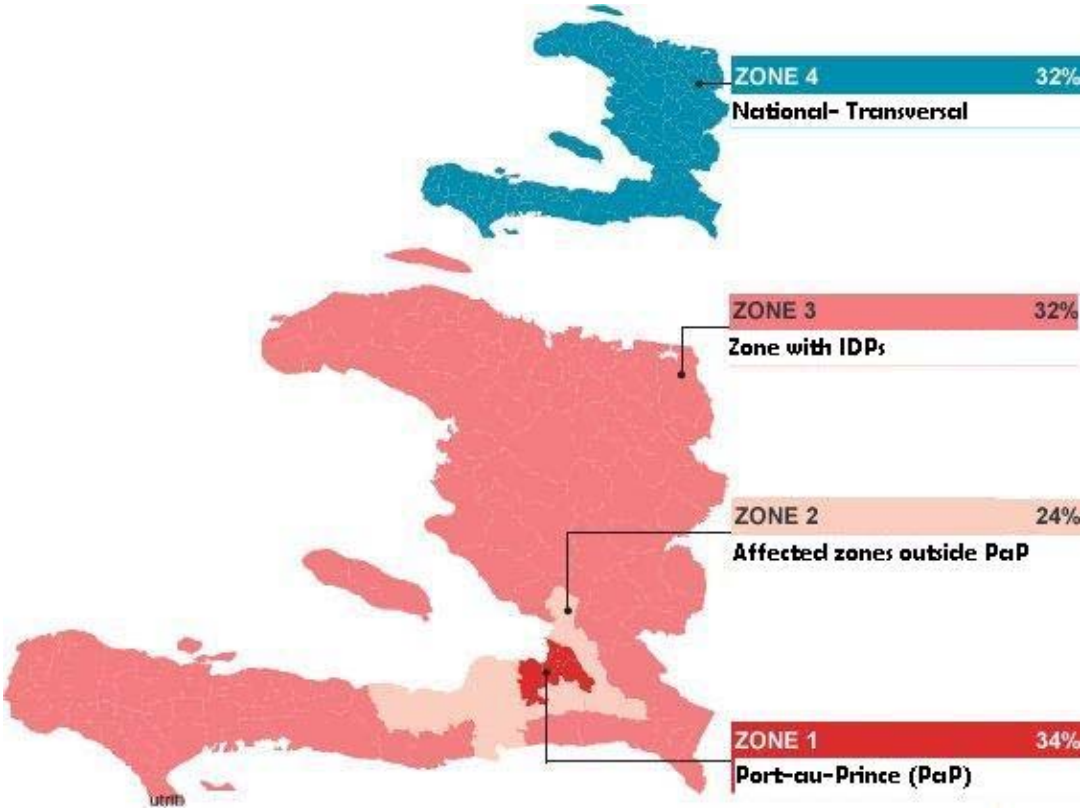
Source : Groupe URD with data from DG ECHO

¹⁰ DG ECHO funded Plan UK, MDM, UNHCR and IRC for programmes involving the protection of children and women (for example, screening of cases of sexual violence).

32. DG ECHO’s strategy was to target both urban areas which had been very badly affected by the earthquake (Port-au-Prince and the other affected cities) and the areas to which IDPs had moved (cf. figure 4). While significant needs existed and the majority of organizations and donors were focusing on the cities affected by the earthquake, DG ECHO’s strategy was made possible by the fact that it already had a network of active partners across the country.

Aid which targetted both areas where IDPs had moved and the other cities affected apart from Port-au-Prince thanks to a network of partners in place before the crisis

Figure 4. Geographical distribution of aid from DG ECHO in 2010



Source : DG ECHO

4. SECTOR BY SECTOR ANALYSIS

4.1. Nutrition

33. The projects dealt with in this section concern the nutrition and food security operations which were funded as part of the Global Plan 2009 (10 projects for a total of 7 million Euros) as well as those implemented to respond to the emergency and reconstruction needs following the earthquake of January 2010 (around fifteen projects for a total of around 30 million Euros). In general, the projects implemented involved a large variety of activities (cf. Box 2).

Box 2. Nutrition operations funded by DG ECHO as part of the Global Plan and the response to the earthquake (source: DG ECHO)

- Treatment and prevention of acute malnutrition
- Nutritional supplements for children under 5 years of age.
- Coupons to buy fresh food when it is available at the market.
- Promotion of breastfeeding.
- Nutritional programme for children under 5 and pregnant and breastfeeding women.

4.1.1. The treatment of malnutrition before the earthquake via the Global Plan

4.1.1.1. Principle results and progress made

34. The Global Plan, which was implemented in 2009 for a period of 18 months and allowed projects of up to 15 months to be funded, had 3 specific objectives: 1) *To provide multi-sectoral aid to contribute to reducing malnutrition and mortality*, 2) *To provide food assistance to complement the global strategy for the reduction of malnutrition and mortality* and 3) *To strengthen preparedness and the response to humanitarian crises*¹¹. Thus, the Global Plan funded one or more partners

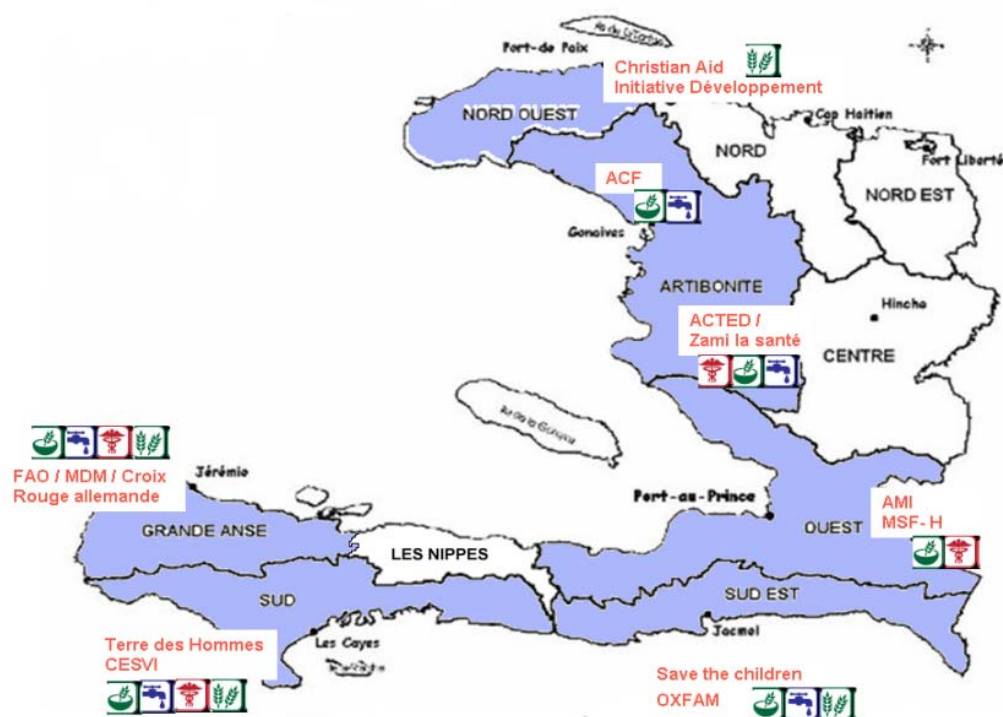
A relevant approach to malnutrition via an integrated multi-sector vision

with a view to integrated programmes in the following sectors: Water, Sanitation and Hygiene (WASH), Food Security, Health (essentially obstetric care programmes) and Nutrition. 7 departments out of 10 were covered with a partner NGO or group of NGOs for each department. The initial concept had 3 different phases: the initial phase was meant to allow networks to be established between the partners; a second data consolidation phase was meant to allow an integrated data collection system to be set up; and the third phase was meant to focus on advocacy activities vis-à-vis development actors.

35. The Global Plan was therefore a useful experience: in a context where there was no coordination or dialogue between actors from different sectors, it allowed actors to establish relations, to build “bridges” between sectors and to place the issue of malnutrition on the agendas of development actors and the Haitian government.

¹¹ DG ECHO. Decision on the approval and financing of a Global Plan for humanitarian operations in Haiti from the budget of the European Communities, April 2009, p7

Figure 5. Geographic location of NGOs funded by the Global Plan 2009



Source : Groupe URD based on data from DG ECHO

36. The Global Plan allowed a certain amount of progress to be made in the treatment of malnutrition. First of all, bodies responsible for malnutrition such as the Nutritional Stabilisation Unit (NSU) and the *Programme Thérapeutique Ambulatoire* (PTA), who apply the national protocol for the treatment of malnutrition established in 2010, were created and were present in the departments visited during the evaluation (Grande Anse and Artibonite). NGOs reported that the number of children treated in these structures has risen during the project, which shows that screening, which has been implemented at community level by agents in charge of awareness-raising and referral, has been relatively effective.

Effective screening and treatment centres in the regions where DG ECHO's partners are present

37. For example, the rate of occupation of beds in the nutritional stabilization unit in Jérémie in the Grande Anse department went up steadily from 17% to 105% between March and August 2010¹². These figures nevertheless need to be analysed with care as this increase could also have been caused by a number of other factors, such as the increase in the number of children present in the department after the arrival of around 120 000 IDPs following the earthquake and the rainy season (peak malnutrition in July-August).

38. In addition, in the majority of cases, these bodies employ Ministry of Health nurses who are trained by the NGOs in treating malnutrition in accordance with the national protocol¹³, and in management. Through the support provided over a year and a half, the bodies have become autonomous in providing treatment for malnutrition¹⁴.

4.1.1.2. Main problems encountered and points to improve

¹² MDM, project data.

¹³ In particular, the new protocol recommends that the Weight/Height ratio should be measured. In the past, height was often overlooked as it was common to use a Weight/Age ratio as in the "Chemin la Santé" card.

¹⁴ Interview with the Head of a Nutrition programme funded by the Global Plan.

39. It is always very difficult to quantify malnutrition in Haiti. The data collection and monitoring system was not implemented as initially intended, in part because programmes were interrupted following the earthquake. However, the data available from actors appears to show that, strictly speaking, there are no pockets of malnutrition. In some departments, there does, nevertheless, seem to be more malnutrition the more one moves from the coast towards the centre of the mornes, as in the Grande Anse department, for example.

Few pockets of malnutrition identified.

40. Partnerships were badly affected by the earthquake, causing gaps between the implementation of activities. The absence of genuine pockets of malnutrition also made integrated work more complicated as it sometimes was not easy to identify precise target areas where water and sanitation and food security partners could focus their activities¹⁵. Attempts were nevertheless made to select beneficiaries on the basis of cases of malnutrition in several departments, with mixed results. In the Grande Anse department, the FAO chose its operational areas on the basis of the programmes being run by MDM, but when the FAO began to implement its activities, MDM had already closed its PTA in one of the areas selected.

Problems implementing projects and regarding the functioning of partnerships

41. In Les Cayes, the partnership between CESVI and Terre des Hommes (TdH) led to joint targetting of beneficiaries and the setting up of a single community team working on Nutrition, Water and Food Security. However, this partnership has now come up against certain problems as Terre des Hommes wants to re-focus its activities on the city of Les Cayes, where the majority of cases of malnutrition are found, whereas CESVI is reticent about re-orientating its activities towards the difficult question of food security in cities. Over and above these constraints, opportunities have been missed between partners to genuinely work in an integrated way and carry out operations together. Few shared and cross-sector initial assessments have been carried out by partners. Staff turnover and individual problems faced by each NGO have often made working together difficult.

42. The COLVOL (Voluntary Collaborators) system, which is used by organisations to carry out work in communities, developed without coordination between NGOs from one department to the next. The salaries and responsibilities of the COLVOLs vary a lot depending on the department and the related programmes. It is common for several community-based systems to be present in the same zone: alongside the network of volunteers of the Haitian Red Cross, there can be a hygiene awareness team and a malnutrition screening team. These roles now need to be integrated¹⁶.

Care needs to be taken about multiplying “community-based” mechanisms with very different payment systems depending on the organization

¹⁵ Leading integrated operations in rural areas, where housing is spread out very widely, is much more complex than in an area with clear limits like a camp or a city neighbourhood, and particularly for organisations working in Water and Sanitation or Food Security.

¹⁶ The new *Initiative Agent Polyvalent Communautaire* supported by the World Bank seems very useful in this regard.

43. At the departmental level, the work of NGOs allowed the issue of malnutrition to be taken into account better in health centres. For example, NSUs are more and more effectively integrated into hospitals. However, this integration of malnutrition treatment bodies into health bodies remains incomplete and its future is uncertain. The only places where malnutrition is really treated is in the centres supported by NGOs. The departmental health authorities do not currently have the capacity or the means to run NSU- or PTA-type centres in the long term. NGOs have had their regular activities interrupted by strikes by health staff (who have not been paid by the Ministry) and have been forced to abandon the centres which they have set up because the Ministry has not made the necessary funds available to take them over.

Departmental health authorities have had difficulty integrating malnutrition treatment, raising questions about the future of the programme in the mid term

4.1.2. The Nutrition response to the earthquake and the other crises of 2010

44. Following the earthquake of January 2010, the NGOs involved in the Nutrition sector rapidly ran nutritional programmes in Port-au-Prince to respond to the immediate needs of the thousands of affected families and provide relief if the nutritional situation deteriorated. This increase in the number of nutritional programmes took place in a coordinated manner via the Nutrition Cluster. Though the communities in the affected areas have shown an astonishing level of resilience, these programmes probably also contributed to maintaining a stable nutritional situation in camps and residential areas immediately after the earthquake¹⁷.

An effective nutrition response in the areas affected by the earthquake, with specific issues regarding infant feeding

45. Via the emergency and ad hoc decisions, DG ECHO rapidly mobilised funds in order to:

- Prevent the nutritional situation of children under the age of 5 from deteriorating (funding of complementary food distributions) ;
- Improve the treatment of severe acute malnutrition;
- Promote breastfeeding (funding of projects like the Baby Nutrition Advice Points, also known as “mother and baby tents”) to respond to the specific needs of very young children and pregnant and breastfeeding women.

46. This feature of operations for very young children, such as the distribution of ready to use products, is still not properly formalised in emergency contexts and during the response it was necessary to innovate, which meant that organizations had to learn as they went along. The Nutrition cluster played an important role in helping to take these issues into account. DG ECHO funded ACF and CONCERN, two key actors of the response in Port-au-Prince, who shared their expertise in implementing these “mother and baby tent” programmes with other NGOs¹⁸.

¹⁷ UNICEF, Press release of 5 August 2010 about the preliminary results of the nutritional study carried out from April to June 2010.

¹⁸ Dolan, C; Ververs, M. The Haïti Earthquake, Country and Global level cluster coordination, experiences and lessons learnt, *Field exchange*, September 2010, issue 39.

47. DG ECHO and its partners showed reactivity and flexibility in adapting their programmes to the crises of 2010: the earthquake, the cholera epidemic and Cyclone Tomas. For example, the therapeutic feeding programmes in the areas not affected by the earthquake were temporarily suspended in order to focus on the response to the earthquake. Other programmes were reorientated or adapted to take the impact of the crises into account or improve understanding of them (selection of beneficiaries taking into account the issue of cholera, additional questionnaire in the PTAs to understand the relations between malnutrition and crises).

Good reactivity from DG ECHO and its partners and a good level of flexibility in programmes to respond to the different crises of 2010

4.1.3. LRRD perspectives in Nutrition¹⁹

48. Malnutrition in Haiti is a development issue. The rates of acute malnutrition which figure in nutritional studies do not reach humanitarian thresholds. DG ECHO's decision to withdraw in the coming year therefore seems justified. The issue of malnutrition and its causes needs to be dealt with by other actors. The pursuit of the activities initiated by the Global Plan in 2011 should allow advocacy work to be done in order to increase awareness amongst bi- and multi-lateral donors as well as national institutions about this important issue. In the mid to long term, it is one of the conditions for children's - and consequently the country's - development.

Malnutrition – an issue which needs to be on development agendas

49. One of the main challenges will be to improve understanding of the processes which generate malnutrition in Haiti: health, access to water, educational and cultural issues, women's work, etc. This will provide the basis for policies to combat malnutrition. In particular, the role of beliefs and cultural practices in relation to children's health (inappropriate weaning, women's work and the structure of the Haitian family, etc.) needs to be better understood. Also, the possible existence of malnutrition amongst older children (over 5 years of age) needs to be analysed better. This was repeated by several Nutrition actors²⁰ and was already an issue before the earthquake though the screening carried out does not allow this section of the population to be targeted.

¹⁹ This section appears in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD, which was written in connection with the present evaluation.

²⁰ ACF. *Evaluation de la situation nutritionnelle sur les sites de distribution*, BSF, July 2010 / Interview with a manager of ACF's Nutrition programme.

4.2. Food security and household economy

50. The major approach in the response to the earthquake was that of cash-based operations and particularly Cash for Work (CFW) projects²¹. Indeed, the Haitian government asked for cash-based programmes to be given priority on 31 March 2010. Food distributions were stopped and replaced with CFW programmes. Even though the reasons behind this decision are debatable²², the decision was appropriate to preserve the local economy as local markets had rapidly started running again after the earthquake.

51. DG ECHO contributed significantly to the emergency response by funding programmes by the World Food Programme (WFP): general food distributions from January to March 2010 (1.1 million Euros allocated from the primary emergency envelope) then the national cash for work programme (with a food for work component) for a sum of 9 million Euros. DG ECHO also funded cash-based programme implemented by NGOs²³: CFW activities, distribution of Food coupons and direct cash donations.

52. In rural areas, DG ECHO also funded agricultural support projects (distributions and seed fairs, the construction of silos for farmer organizations, kitchen and market gardens, small livestock and nurseries) both as part of the Global Plan and in response to the different crises of 2010.

Box 3. Food assistance programmes funded by DG ECHO as part of the earthquake response (source: DG ECHO)

- Distribution of ready-to-eat meals (January 2010).
- Contribution to the global response, to distribute 4.5 million food rations per month (February and March 2010).
- Food and Cash for Work programmes (from April 2010).
- An unprecedented CFW programme, involving the clearing of rubble, risk reduction and the protection of livelihoods at the national level, with a community level focus.
- Support for agricultural recovery (seeds and tools).
- Rebuilding of livelihoods in the affected urban and rural areas.

4.2.1.1. Principal results and progress made

53. Faced with the scale of the disaster and its urban dimension, innovative programmes needed to be funded to deal with the emergency in cities. Cash-based programmes are now recognised as one of the tools available to humanitarian actors to cover primary needs and support the livelihoods of communities in the emergency and post-emergency phases. Significant amounts were injected into the local economy (the WFP's programme was planned to help 700 000 households) in addition to what was sent to families by the diaspora. Different agencies²⁴ documented the effects in terms of contributing to the gradual recapitalization of family economies (supporting consumption and covering school and medical fees) and re-invigorating the informal economy.

Innovative cash-based programmes to deal with the emergency in urban and peri-urban environments.

²¹ There were at least 500 000 beneficiaries of CFW projects in 2010.

²² The government's real motivation for stopping food distributions is not absolutely clear – many feel that the decision was made to protect the interests of large importers.

²³ Acted, ACF, Concern, Welthungerhilfe, Save the Children, Tear Fund, Solidarités International.

²⁴ ACF, OXFAM, CARE, ACTED.

54. The WFP's figures suggest that the CFW and FFW activities had a positive impact on family food consumption. A study shows that the percentage of families in poor or "borderline" consumption groups is much smaller amongst households involved in the CFW and FFW programmes than those who did not receive assistance (7.2% rather than 27% in affected areas in June 2010)²⁵.

CFW programmes meant that a little money was injected into a large number of households

55. CFW programmes were used for various activities such as the clearing of rubble, draining and cleaning canals and ravines and rehabilitating infrastructure.

56. An example of the programmes funded by DG ECHO is the "Koupons Manjé Fré" approach, which was implemented by ACF in Port-au-Prince as part of the emergency response. This programme gave households a choice of products to buy and helped to reboot the local markets targeted by the project and stimulate the local economy thus allowing those most affected by the earthquake to cover part of their nutritional needs²⁶. 14 965 families benefited from these fresh food coupons and 163 market stall holders increased their profits²⁷.

4.2.1.2. *Main problems encountered and issues to improve*

57. It took a long time to implement the CFW programmes. This situation can be explained by a number of factors:

Problems with the implementation of CFW programmes

- Actors lacked preparation and did not have the necessary capacity to implement CFW programmes on a large scale: in particular, the complexity of implementing these programmes was no doubt underestimated by the United Nations agencies who became involved in large-scale CFW programmes without any previous experience;
- Disbursement problems: establishing operational methods with the banks for transferring cash to beneficiaries was long and complex;
- Working with the government: the fact that projects had to be validated by committees managed by the government considerably slowed down the process (at the beginning, only one or two programmes were validated per week²⁸);
- Problems identifying community work: in the urban areas which were very badly affected by the earthquake, a lot of time was spent identifying the activities to be carried out, which slowed down the implementation of the programmes and the provision of aid to families.
- The difficulty of carrying out community work in cities: a lot of the work involved the clearing of rubble, but this came up against a number of constraints (What plots were to be cleared? Where was the rubble to be dumped?) and was not always perceived to be very efficient²⁹.
- Problems selecting beneficiaries: though the goal was to respond to the emergency food needs of communities, there was no real targeting of beneficiaries;
- Lack of support for and monitoring of programmes.

²⁵ PAM, Food consumption score discussion, non-published document.

²⁶ ACF, *Document de capitalisation Programme de Coupons Produits Alimentaires Frais, dans le cadre de la réponse d'urgence au séisme, Port-au-Prince, Haïti, version n°1, September 2010.*

²⁷ ACF, *Rapport sur la réponse à l'urgence séisme – January to July 2010.*

²⁸ Interview with the WFP.

²⁹ An audit of USAID programmes underlined that rubble clearing activities needed much more investment in terms of machinery than human labour. Questions were also raised about which areas should be cleared : private or public ? (Source : USAID/Office for Inspector General . *Audit of USAID's Cash-For-Work activities in Haiti, Audit report n° 1-521-10-009-P, September 24, 2010.*

58. It is difficult to know what effect CFW programmes have had on the food security of the affected households, for a number of reasons:

- Other financial contributions at the family level, such as contributions from the diaspora, are not always quantified and taken into account during assessments.
- The national CFW programme was implemented in a homogenous way over the whole country, including in rural areas which had not been particularly affected by the earthquake or population displacement.
- Programmes were often insufficiently monitored to genuinely measure their effects on the situation of households.
- The objectives of these programmes have often been unclear or misunderstood by actors. CFW programmes were initially supposed to replace general food distributions. As such, their main objective was to help families to provide for their basic needs in an emergency situation. Certain actors did not understand this. The delays in the implementation of activities also meant that the programmes strayed from their original objective.

Mid-term impact of CFW programmes in response to the earthquake is not easy to establish

59. The fact that these programmes have continued beyond the emergency phase raises questions about their relevance as tools for the transition, with the aim of reviving the household economy. In reality, studies carried out by NGOs have shown that CFW programmes had little impact on the household economy in the mid term as the amount injected over around twenty days of work is not enough to really allow the family economy to be revived. Several NGO evaluations concluded that the CFW programmes should have been stopped earlier.

60. In addition, CFW programmes have had a certain number of negative effects, such as the creation of social tension, beneficiaries sometimes finding themselves in dangerous situations (for example, as victims of racketeering) or the creation of aid dependence. However, these problems are not specific to CFW programmes and are often observed during other emergency operations. A specific problem with CFW programmes is that they remove part of a family's work force and undermine traditional forms of mutual help (Kombit). Certain actors chose rather to transfer money directly to the families.

61. DG ECHO initially chose to allocate an envelope of 12 million Euros to the WFP programme³⁰. This envelope was divided into a first lump sum of 9 million Euros with the possibility of extending the funds to 12 million depending on the results. Due to the problems encountered by the WFP in disbursing the first sum, the additional envelope was not allocated. The WFP had never run a CFW programme on this scale and does not appear to have been sufficiently prepared to do so. The WFP would have benefited from developing links with the members of the Cash Learning Partnership (CaLP)

The decision to provide substantial funds to the WFP's CFW programme proved disappointing

³¹ who had established ad hoc coordination in the initial months following the crisis (cf. section on coordination). Though there were some problems with this first experience of a large-scale CFW programme with the WFP, it is still relevant for DG ECHO to fund programmes of this kind on this scale, particularly in urban contexts. This experience in Haiti will have allowed actors like the WFP and UNDP to build their capacity in implementing these programmes.

³⁰ USAID allocated an envelope of 35 million dollars.

³¹ The CaLP was established by 5 organisations who came together to support capacity building, research and information-sharing on cash transfer programming as an effective tool to help deliver aid in times of crisis. For more information: www.cashlearning.org

62. In the first months following the earthquake, actors had a tendency to focus on camps, where they have greater experience, whereas they could have begun working in the neighbourhoods sooner. Actors are now beginning to work in neighbourhoods (neighbourhood approach), but few of them have included an “economic dimension” in their programmes. Food security and livelihoods are complex issues to deal with in urban environments. Humanitarian actors are not used to working in cities and are currently testing a certain number of approaches: support for entrepreneurs for the re-use of rubble, income-generating activities, support for micro-businesses and small shops, etc. in the form of conditional cash donations, micro-credit activities, professional training and small family-based agriculture such as “courtyard gardens”. As a result, the projects which are currently being proposed to DG ECHO are pilot projects (for a limited number of beneficiaries and/or for a very high cost per beneficiary). DG ECHO, which does not fund micro-credit projects and cannot go over 100 000€ per NGO project for unconditional cash transfers, is limited in the type of programmes it can fund. It will be important to follow up the results of the studies carried out by the Livelihoods Working Group (Early Recovery Cluster) on cash-based programmes and the labour market in Port-au-Prince in order to identify funding options.

Des options de financement pour de la sécurité alimentaire en milieu urbain qui restent limitées dans la phase de post-urgence

63. Certain programmes which are funded by ECHO in rural environments can be seen to be contributing to the transition to development. However, DG ECHO’s funding terms are too short (12-15 months) for in-depth assessment (for example, regarding agrarian systems or social and farmer organization) to be properly integrated. Funding shortages need to be covered for DG ECHO’s partners in order not to lose what has already been learned. These activities will have to be taken up by development organizations, but the options are somewhat limited.

4.2.1.3. Very weak LRRD perspective in terms of food security

64. It is regrettable that in a country that is as rural as Haiti, opportunities to fund food security programmes are so limited at the Delegation level because food security is not a focus of the 10th EDF. The Food Security Thematic Programme (FSTP), one of the rare tools which can contribute to linking the actions of DG ECHO and those of the European Delegation³², will unfortunately contribute very little to LRRD in Haiti, even though the content of the FSTP for 2011-2013, which includes an envelope for 13 million Euros spread over three years (6 million in 2011 and 7.3 million in 2012), does nevertheless provide opportunities for the funding of programmes for the transition to development in rural areas where there are IDPs and possibly for peri-urban areas and agriculture in cities (but not income-generating activities, which are so necessary in cities).

Limited opportunities to link the projects funded by DG ECHO to European Delegation funding

65. The timetable and terms of the new Millennium Development Goals Facility (MDG Facility)³³ have not yet been clarified, so very little will be done in terms of LRRD in the food security sector in Haiti.

³² European Commission, *Food Security Thematic Programme, Thematic strategy paper and multiannual indicative programme 2011-2013*, Brussels, 21 December 2010, p24.

³³ The funds available from the Facility have yet to be confirmed. It will be somewhere between 15 and 24 million Euros.

4.3. Water, sanitation and hygiene (WASH)

4.3.1. The situation before the earthquake

66. Before the earthquake, the water and sanitation situation in Haiti was already very precarious. According to the study conducted by DINEPA in December 2010 (ERM-BID), Haiti has one of the lowest levels of access to potable water and sanitation in the Latin America and Caribbean region. Out of a population of more than 10 million, only 50% of those in urban areas and 30% of those in rural areas have access to the public water distribution network. There is very little sanitation. 29% of the urban population is connected to the network and only 12% of the rural population. A few cities have rainwater drainage networks, but the country does not have sewage networks. The majority of houses are equipped with rudimentary sanitation³⁴. In cities, many Haitians pay for their water. This either comes from the inverse osmosis treatment system instigated by Culligan, the global leader of the process and companies like SaniSwiss or from the distribution and standpipe networks run by the metropolitan company CAMEP and, since 2009, by DINEPA. In rural areas, water is supplied via wells, springs, bore holes equipped with pumps and rivers.

67. DG ECHO already supported a whole range of operations in the water and sanitation sector as part of the Global Plan, such as in the dry areas of North Artibonite. These involved, for example, the implementation of spring collection points and the installation of wells with pumps. On the other hand, DG ECHO decided not to support large rural latrine programmes in connection with the Global Plan: even though sanitation is clearly one of the keys to countering water-related illnesses which cause malnutrition, the investment which this would have required was greater than the resources available for the Global Plan.

4.3.2. The response to the earthquake

68. In response to the earthquake, DG ECHO allocated 20 million Euros to the WASH sector, or 18% of the overall budget allocated to the earthquake response, supporting projects by NGOs, the Red Cross movement and specialist United Nations agencies (UNOPS).

Box 4. WASH operations funded by DG ECHO as part of the response to the earthquake (source: DG ECHO)

- The acute emergency response: distribution of water by tanker, chlorination of water, distribution of buckets, supply of emergency toilets and tankers for pumping, distribution of hygiene kits, hygiene promotion and training of promoters;
- The efforts to withdraw from the emergency phase (e.g. plan to end water trucking, the setting up of an emptying system with a fleet of trucks to be taken over in time by the DINEPA)

The majority of projects supported are integrated with other sectors.

³⁴ ERM (*Environmental Resources Management*) and the Inter- American Development Bank, Resettlement Policy Framework for DINEPA, December 2010.

4.3.2.1. Main results and progress made

69. The first objective was to respond to acute emergency needs via free water distributions carried out in the different sites. After a short period when bottles were distributed, treated water was then distributed by tanker and stored in “bladder” reservoirs. At the instigation of DINEPA and development agencies present in Haiti before the earthquake like the GRET, a certain number of actors³⁵ began to repair the networks, the standpipes and their storage reservoirs (kiosques³⁶), though these long-term recovery strategies were difficult to implement quickly.

Relevant and good quality projects in general

70. In urban areas, a free service in IDP camps began to be replaced by a neighbourhood approach in summer/autumn 2010³⁷. Technical innovations gradually emerged such as controlling the fleet of emptying trucks by SMS.

71. In rural zones, efforts to involve the population in the projects visited were relatively effective³⁸ and certain methodological innovations should be highlighted (establishment of networks of water point management committees: CGPE³⁹). DG ECHO’s partners were technically experienced as regards access to water in these zones.

Active role played by DG ECHO and its partners in coordination and knowledge management mechanisms

72. Direct interaction between DINEPA, DG ECHO and its partners was very important in order for concrete solutions to emerge to the operational problems which existed. DG ECHO and its partners were very involved in running clusters, sub-clusters and a large number of ad hoc work groups⁴⁰.

73. A certain number of DG ECHO’s WASH partners were already present in Haiti before the earthquake or had already worked there. On the other hand, they had rarely worked in Port-au-Prince, and consequently knew little about access to water and sanitation there⁴¹. The availability and presence of DG ECHO’s Technical Assistants was highly appreciated⁴².

A relevant choice of partners

³⁵ Projects by ACF, Solidarités International and Oxfam.

³⁶ Before the earthquake, water was available in Port-au-Prince via numerous private-sector-owned water kiosques (which were supplied either by the metropolitan network or by tanker) as well as those of the CAMEP managed by committees in poor neighbourhoods (supplied by the metropolitan network).

³⁷ Solidarités International project in Bristout Bobin.

³⁸ Such as the GVC project in Petit Goave.

³⁹ GVC project in Petit Goave.

⁴⁰ Interview with DINEPA and different ECHO implementing partners.

⁴¹ Project documents, ECHO single forms.

⁴² Interview with different ECHO implementing partners.

4.3.2.2. Main problems encountered and points to improve

74. The initial assessments which preceded water and sanitation programmes did not look into pre-existing practices in terms of access to water and excreta management, notably in urban environments. It took a long time before water treated by inverse osmosis, the existence of standpipes and of CAMEP networks were taken into account in organizations' strategies⁴³. This can be explained in part by the size of the challenge involved in establishing emergency sanitation for more than a million displaced people.

75. The application of common humanitarian standards (15 litres of potable water and 50 people per latrine in acute emergency situations) proved to be inappropriate in urban contexts. Three weeks after the earthquake, DINEPA recommended an initial evolving standard of 100 people per latrine⁴⁴. The very large number of people in the IDP sites increased health risks, notably that of diarrheal illnesses. According to a study by the CDC carried out in June 2010, there were 190 people per latrine. At the same time, an unknown proportion of displaced people continue to use the toilets in their destroyed houses or in the houses near their sites.

Generally poor situation assessment, including that of Haitian practices

76. It is difficult to know exactly how people get water as there are various possible sources. In cities, territories overlap, making the targeting of beneficiaries extremely complex: the WASH services supplied by humanitarian organizations (whose number is based on the number of IDPs per site) are also used by those who live nearby in tents, in camps which spread into areas with destroyed buildings. Data concerning access is therefore distorted. In contrast to the emergency supply of water, the humanitarian sector was not prepared to deal with emergency sanitation on such a scale in an urban environment (for example, no ad hoc partnerships with business foundations or contingency stocks). The usual technique of digging pits for latrines was not appropriate in the majority of camps and city neighbourhoods.

77. This lack of preparation held up the response, which, in the end, involved the hiring of portable toilets which were emptied on a daily basis by private companies contracted by the NGOs. This system came up against the absence of a final destination for the waste matter, a problem exacerbated by the property ownership constraints of the capital which blocked the construction and running of new sites. As was pointed out by DINEPA in its newsletter of 20 January 2011, between 500 and 900 m³ of excreta were still being provisionally emptied in the Truitier dump every day in January 2011, a process which had begun in February 2010. This dump is now reaching saturation. Without an official, controlled site, the excreta are just dumped in the countryside, with all the risks that this brings of contamination and spreading of the cholera epidemic.

⁴³ Groupe URD real-time evaluation reports from February, April and August 2010.

⁴⁴ Cf WASH sector operational strategic framework, version 1.

78. The land ownership constraint reinforces the need to find solutions involving in situ treatment/recycling or ad hoc composting sites when possible. In a context where there is endemic cholera, recycling would require maximal precaution, but is still completely possible.

79. Very often, the latrines and showers for men and women were set up in the same place, with very little privacy. They were even sometimes built alternately, with a pictogram and/or an H or “Gason” for men and a pictogram and/or F or “Fanm” for women. This error in design had already been regularly pointed out in other contexts. It meant that people, and women in particular, were at real risk in certain camps and neighbourhoods.

Limited integration of Gender issues

80. Certain points could be improved, such as:

- The waterproofing and the overflow systems could have been finished with more care;
- Some of the message boards on which hygiene promotion messages are displayed are missing or are damaged, despite the fact that they represent an important means of communicating with the communities and promote proper use of the facilities.

81. In addition, the technical implementation of certain projects could also be significantly improved: working with local businesses, who lack expertise, requires that the partner provides technical support and establishes control mechanisms, which is not always done correctly.

4.3.3. Outlook and LRRD⁴⁵

82. Through its involvement in the WASH sector in connection with DIPECHO, the Global Plan and hurricane responses, DG ECHO tried to develop a strategic approach to LRRD issues in order to help its partners deal with the challenges of the post-earthquake context.

One year long projects which limited the impact of LRRD strategies

83. Work groups like the Beyond Water Trucking group are trying to define exit strategies. Certain agencies had made progress in terms of exit strategies for the emergency phase. This involved a return to a paying system and internal management of WASH infrastructure. However, the credibility of these community approaches was undermined when the cholera epidemic forced a return to the free supply of chlorinated water. It is nevertheless necessary to continue the withdrawal process wherever it is possible.

84. Though the population has been very receptive to hygiene promotion messages since the cholera outbreak and it has become more common to treat drinking water, one of the challenges today is to ensure that these trends continue in the long term due to the risk that cholera has become endemic to Haiti.

⁴⁵ This section is developed in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD, which was written as part of the current evaluation.

4.4. Health

4.4.1. The situation before the earthquake

85. The health situation was poor in many parts of the country before the earthquake. Of the 10.2 million Haitians, more than 40% are under 15 years of age. With a birth rate of 31.68 per 1000 and a mortality rate of 15 per 1000, the population is growing by 1.4% per year. Child mortality is very high: 72 per 1000, and life expectancy is amongst the lowest in the world: 62 years. 60% of the population does not have access to Health services. AIDS also plays a significant role: in 1999, 5.17% of adults (and 210 000 people in total) were HIV positive and an estimated 23 000 people died of HIV⁴⁶.

86. The existing health system was mostly private, with a very small public sector, notably in rural areas. Health institutions linked to churches and NGOs partly filled the gaps in healthcare provision and this was complemented by Cuba which was active in sending doctors. Haiti has one of the highest rates of mother and child mortality in the sub-region, which has led to aid projects such as the *Soins Obstétriques Gratuits* (SOG) project, which was funded by Canada.

87. National health indicators place Haiti at the bottom of the global table. The figures below show Haiti in relation to other countries ten years ago. With the crises which have taken place since then, these indicators will have tended to get worse. For example, according to the WHO, the child mortality rate rose to 87 in 2009 compared to 83 in 2001.

Figure 6. Comparison of a number of health indicators between different countries ten years ago

	Number of doctors per 100 000 inhab. in 1999	% of HIV infected people between 15 à 49 years old in 1999	Child mortality rate per 1000 live births in 1999	Public expenditure on Education as % of GDP 1995-97	Public expenditure on Health as % of GDP 1998
Norway	413	0.07	4	7.7	7.4
Portugal	312	0.74	5	5.8	5.2
China	162	0.07	33	2.3	(2.1 en 95)
Ghana	6	3.6	63	4.2	1.8
Comores	7	0.12	64		(2.9 en 95)
Haiti	8	5.17	83		1.4
Bénin	6	2.45	99	3.2	1.6
Niger	4	1.35	162	2.3	1.2

Source : UNDP, 2001

88. As part of the Global Plan, the funding of certain Health NGOs such as Zamis de la Santé, MSF-H, AMI and MDM specifically targeted the treatment of obstetric problems by attempting to improve prenatal consultation systems (screening the risk of childbirth problems), taking care of difficult births and, more generally, coordinating traditional matrons and the Health system.

⁴⁶ Ministry of Health statistics.

4.4.2. The earthquake response

89. In order to analyse the situation and the response, we need to distinguish between two different phases:

- **The acute emergency phase** (surgery and post-operation care) – Treatment needed to be provided to the very large number of people with injuries of all kinds: single or multiple fractures, polytraumas, cranial traumas, affected vertebral and medullar systems, injured « soft organs » (which generally led to death due to the health situation prevalent in Port-au-Prince), amputations, burns, etc. During this phase, there was a lot of international aid, with a large number of emergency hospitals set up (on land and at sea) as well as several hundred medical staff mobilized in the field.
- **The stabilisation phase** – This involved establishing or re-establishing a healthcare service for the hundreds of thousands of people who had settled in sites while also reviving the healthcare centres in neighbourhoods.

Box 5. Operations in the Health sector funded by DG ECHO (source: DG ECHO)

DG ECHO allocated 13.8 million Euros to the Health sector (or 12% of the 112 million Euros for the immediate and ad hoc emergency funding decisions), both to NGOs and specialized United Nations agencies (WHO, UNFPA). This included the funding of partners in the following areas:

- the extreme emergency response (healthcare units and operation blocks) ;
- public health (preventive and curative) including support for existing institutions and the setting up of mobile clinics as well as support for the supply of essential medicines;
- support for the provision of artificial limbs and aid for those handicapped by the earthquake;
- psychosocial assistance, including care for children;
- coordination, providing the WHO with support to run the Health Cluster.

This involved either specific programmes or the Health components of multi-disciplinary programmes.

4.4.2.1. Main results and progress made

90. Haitian medical staff were very active, despite having been badly hit themselves. In the initial hours and days, the existing medical bodies, though very badly affected (destroyed infrastructure, people killed and others affected by the loss of loved ones, etc.) immediately made extraordinary efforts to provide the thousands of injured people who arrived at their doors with care. The diaspora also took action very quickly: a team of 60 Haitian doctors and medical personnel arrived from the United States via the Dominican Republic on 14 January and made itself available to the Ministry of Health. As early as the night of 12 January, the international medical teams who were in place before the earthquake, such as the ICRC, MSF, MDM and AMI began to draw up an inventory of the situation, assessing needs and transmitting this information to headquarters, while the response began to be put in place, with the means that were available. Health and Civil Protection bodies from the Dominican Republic were also mobilized very quickly.

Relatively fast deployment, but with major logistic constraints

91. Towards the end of the day after the earthquake, the first teams specialised in traumatology began to arrive (an MDM team from Guadeloupe, American military doctors⁴⁷ and doctors deployed as part of civil protection detachments, from Europe and Israel, for example) as well as teams from the International Red Cross Movement (ICRC, IFRC, Red

⁴⁷ Humanitarian Response following the earthquake in Haiti: reflexion on unprecedented need for Rehabilitation, Toronto Rehabilitation Institute, World health & population, vol 12, N°1, 2010.

Cross societies). At the end of the first week, a large number of emergency hospitals began to be set up on land⁴⁸ and at sea⁴⁹. One of the most spectacular innovations was the deployment of MSF's inflatable hospital which was operational from 26 January for 180 patients.

92. After the extreme emergency phase, the challenge for the Health sector was to provide healthcare treatment and the necessary resources to monitor over 1 300 sites spread across the different municipalities of the capital and the other cities affected⁵⁰. Health tents were installed by different NGOs, a significant role being played by DG ECHO's "Health" partners and national healthcare staff. The latter were often from private clinics which had lost their clientele, as well as national institutions where the working conditions had become very difficult.

93. The setting up of mobile clinics helped to improve coverage of public health needs in urban and peri-urban areas where it had previously been very poor. There was a gradual change from a camp-based operational strategy to one based on reinforcing the health service in neighbourhoods by supporting pre-existing health units.

An improved situation for those who previously did not have access to healthcare

94. Due to the large number of people with multiple traumas, medullary and spine injuries and amputations, the earthquake of 12 January created a lot of serious medico-social issues in relation to those who were handicapped. These people were rapidly located and followed up thanks to Handicap International's "Handicap unit" strategy. Seven Handicap Units were set up. These temporary bodies, which were set up in the centre of affected areas, made it possible to continue providing care which ranged from monitoring to referral if necessary and the establishment of psychosocial support systems and more broadly of socio-economic support for people who had been made handicapped by the earthquake.

Integrated treatment of handicapped people

95. The warehouses of the *Programme d'approvisionnement en médicaments et matériel essentiels* (PROMESS) near the airport were full of non-allocated stocks which were not affected by the earthquake. These stocks, including surgical equipment linked to the *Soins Obstétricaux Gratuits* programme were rapidly made available to the bodies that had the capacity to use them⁵¹. Following this, PROMESS played an important role in ensuring that there was coherence in the supply of medicine, by imposing the WHO's lists of essential medicines. It also facilitated the joint purchasing and customs clearance of medical equipment and consumables. On the other hand, PROMESS also had to deal regularly with packages of medicines which were not on the lists or containers of open boxes of medicine, without instructions, which had to be destroyed.

⁴⁸ Haiti earthquake 2011: a field hospital pediatric perspective, 2010, Springer:

⁴⁹ Dermatology aboard the UNNS CONFORT: Operation in Haiti after the 2010 earthquake.

⁵⁰ Responding in a crisis: the role of national and international health workers: lessons from Haiti, MERLIN, August 2010.

⁵¹ Minutes of the Health Cluster, interview with WHO.

4.4.2.2. Main problems encountered and points to improve

96. The deployment of means of treating the injured was held up by access constraints, including restrictions in using the airport. Planes bringing medical teams and essential equipment (Emergency Response Units) were sent back to the United States, the Dominican Republic and the French Antilles. Staff and equipment had to arrive by road via Jimani. In addition, use of the runway was reduced during the first weeks by the congestion caused by the arrival of numerous Search and Rescue teams and their considerable logistical needs as well as the priorities imposed by the US army being deployed. Yet, in the extreme emergency phase, any time lost represents more injured people who are not treated and deaths.

*Difficultés
logistiques
considérables
ralentissant
considérablement
le déploiement du
matériel et des
équipes médicales*

97. In Northern countries, healthcare in disaster situations has become more and more specialised in dealing with individual cases. Specialists are thus trained to stabilize the condition of injured people so that they can be transported to fully-equipped technical platforms⁵². They do not, on the other hand, have great experience in managing situations where there are very large numbers of injured people (mass injury treatment). Techniques for selecting patients and working in precarious conditions are taught less often, which causes difficulties for international and national staff deployed in disaster contexts.

*The difficulty of
moving from
individual to mass
injury treatment*

98. Due to the lack of specialised staff and of registration equipment, including simple materials such as patient files, there is not much information available to analyse the medical response and the surgical response. This creates numerous problems for the ex-post medical follow-up of the patients who have received treatment.

*Lack of data about
the management of
injured people and
deaths during the first
two weeks*

99. There were many flaws in relation to post-surgical treatment of the injured: insufficient means were allocated to this phase of the treatment faced with the scale of the disaster and the state of health structures. It appears that it was easier to set up traumatology infrastructure than post-surgical treatment for those who had had operations. Many people left the healthcare units very soon after having been operated on without advice or any follow-up. For example, the screening of problems related to fractures which need to be retreated (due to the lack of medical imaging equipment during the first weeks, numerous fractures were badly set, with incorrectly applied plaster casts or external fixers) or where there are risks of bone infection is only just being put in place.

*Insufficient
post-surgery
care and follow-
up*

⁵² Partnered Disaster Preparedness: Lessons learned from International events, Journal of the American Academy of Orthopaedic Surgeons, 2011, pp S44-S48.

100. In a context where healthcare was predominantly private and where a large part of the population only had limited access to public health structures, the different ways in which the costs of staff, medicine and consumables are covered create problems for operations in terms of coherence. The fact that staff from the public system were drawn to NGO projects and the exodus of a lot of staff to foreign countries may have significantly weakened and even ruined certain institutions.

Risks of negative impacts on an already fragile health system

4.4.3. Outlook and LRRD⁵³

101. Even though the health sector is not one of its focus areas, the European Union Delegation in Haiti can play a role both in relation to the Member States or in mobilising certain specific budget lines (non-state actors lines, IfS⁵⁴, etc.) to reinforce the health system in Haiti. Several points are essential to extend the positive effects of the actions carried out by DG ECHO and limit certain risks of negative effects. For example, this covers the strategic reinforcement of the health system at the central level (planning, training), the treatment which will be needed for bone-related and psychosocial complications, support for the medicine supply centre (PROMESS) and, finally, strategic support for the implementation of an economic policy for health which will allow for more synergy between the public and private systems.

4.5. Shelter and rehousing

4.5.1. The situation before the earthquake

102. Haitian demographics are characterised by the major urban concentration around the city of Port-au-Prince. This urbanisation developed in an anarchic manner in a mixture of built up areas. A large number of neighbourhoods had been built in the last four decades, without any reference to norms or an urban plan. There was significant urban vulnerability with various dimensions: uncontrolled urbanization, fragile buildings and a lack of urban services. The social context, property rights and living conditions were explosive. There was a considerable shortage of housing, which was constantly getting worse. Municipal authorities had no economic or decision-making power in their own territories and they were not even sure where the limits of these territories were. The absence of urban planning and the lack of available land led to a situation where all city spaces, including at risk areas (steep slopes, ravines, unstable dumps, etc.) and protected areas (green spaces, agricultural and forestry areas, coastal areas, etc.) were completely built up.

⁵³ This section is gone into in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD which was written in connection with the current evaluation.

⁵⁴ The Stabilisation Instrument or IsF was initially created within DG RELEX to deal with the numerous challenges posed by post-crisis contexts. It is now managed by the External Action Service.

103. Despite the construction boom of the last decades funded by the diaspora, there was a huge shortage of housing before the earthquake, which was estimated to be between 200 000 and 300 000 houses⁵⁵. This figure explains the gap between the estimated number of houses damaged by the earthquake and the larger number of families who need to be rehoused.

Endemic shortage of between 200 000 and 300 000 houses in Port-au-Prince depending on sources

104. The majority of concrete buildings were built without any technical control and without consideration for earthquake risks. Anti-cyclone measures were taken, but the technical choices made caused structural weaknesses which became apparent during the earthquake tremors. Concrete roofs which were cyclone-resistant collapsed onto the inhabitants when the earthquake struck. However, it should be noted that “gingerbread” style urban residential houses from the 19th century and the majority of traditional rural houses – which have in common that they are built with wooden structures – resisted rather better due to their greater flexibility compared to concrete houses, a great many of which collapsed in cities and peri-urban sectors.

Concrete buildings badly built and designed in relation to earthquake risk

105. In the different cities affected, there were very few collective facilities, if any, for more than 50% of the illegally occupied areas. In the official neighbourhoods of the city they are often obsolete. The distribution of urban services between precarious and residential neighbourhoods does not cover people’s needs and their very presence is uncertain due to the absence of official records regarding civil status and property rights. Poor neighbourhoods have needs and demands which have never been taken into consideration.

No networks and services in more than half the urban perimeters

106. Added to this is a very complicated and often fraudulent situation regarding the occupation of property with a very old system⁵⁶ in which private property rights are given absolute priority⁵⁷. Land grabbing, complicated legal procedures and the settling of scores during property disputes make the issue of property particularly complex. In Haiti, property is intrinsically linked to the history of the country’s independence and Haitian identity. The property registry which exists only covers the region of Artibonite and can not be updated because the system for certifying and recording property is so complicated. In addition, the ownership of a piece of property can only be known if documents have been recorded by notaries. But these documents are not all communicated to the authorities and are rarely mapped. Many transactions are carried out by private agreement. The property ownership system is therefore the cause of many of the difficulties and delays which affect operations in these contexts, whether funded by DG ECHO or other donors.

Very complex land ownership situation

⁵⁵ Final report of a mission for “Assistance à la préparation d’un plan national pour l’habitat en Haïti” carried out by the *Caisse des Dépôts et Consignation* (CDC) and France’s *Union Sociale pour l’Habitat* (USH), led by the Haitian urban planner, Paul Emile Simon, for the Haitian state, March 2011.

⁵⁶ Property system based on French law, based on private property.

⁵⁷ Article 6 of the Constitution of 20 May 1805: “Property is sacred, its violation will be severely prosecuted”.

4.5.2. The response to the earthquake

107. The evaluation of the different Shelter programmes supported by DG ECHO shows that there is a wide variety of types of programme including assistance in camps, the building of temporary shelters and aid to help people return to their neighbourhoods.

Box 6. Shelter and re-housing programmes funded by DG ECHO as part of the response to the earthquake (source: DG ECHO)

- Aid logistics in autonomously established camps.
- Programmes involving the production of temporary shelters.
- Support to allow people to return to their homes, which came up against several context-specific problems: streets and plots blocked by rubble, houses in a genuinely or potentially dangerous state, construction faults, uncertainty about occupation rights and delays while waiting for official technical recommendations for repairing damaged houses.
- Integrated approach in which the neighbourhood is seen as the unit on which to base programmes to improve living conditions and the running of communities.

4.5.2.1. Main results and progress made

108. Classic assistance operations in spontaneous camps in the city were well coordinated with the CCCM⁵⁸. All of DG ECHO's partners organized the emergency distribution and installation of tents, tarpaulins and other basic necessities (NFI⁵⁹). On the insistence of DG ECHO, Camp Management Officers were deployed in different camps by a certain number of NGOs alongside the IOM.

The decision to provide aid in self-established camps in cities rather than the creation of camps outside cities.

109. The humanitarian agencies funded by DG ECHO avoided the creation of problematic artificial camps outside the city⁶⁰, choosing more appropriately to provide aid in the autonomously created camps in the city, thus responding to the needs of people near their home neighbourhoods. Given that there will be more storms and cyclone seasons before all the camps are emptied, there will continue to be needs in them, such as replacing or repairing tents and makeshift shelters. DG ECHO therefore decided to fund the Shelter Cluster's coordination of a needs assessment and the preparation of stocks for the cyclone season.

110. One year on, aid in the camps has evolved into "aid to get out of the camps". Two factors have contributed to this change: the Haitian authorities have urged people to return to their homes and there has been increasing pressure to do so due to the threat of eviction from the private land where camps were set up during the emergency. The work led by the CCCM to establish a list of those in the camps in order to adapt the aid to people's needs has proven to be pointless due to the fluidity of people's movements in the camps, and unusable to prepare people's return to their homes. The IOM, the French Red Cross, UNOPS, Solidarités International, the FAU and other actors had to invent another type of study to identify solutions for people to return. A process known as « participatory enumeration » is currently being considered and tested via pilot projects implemented by different bodies including organizations funded by DG ECHO.

Aid to help people leave the camps

⁵⁸ Camp Coordination and Camp management.

⁵⁹ Non Food Item.

⁶⁰ As is the case in Camp Corail, 15 kilometers from Port-au-Prince which has created a situation of aid dependence for its inhabitants and has attracted families who settle all around it creating the beginning of informal neighbourhoods.

111. The gradual reduction of camps is proving to be easier in rural areas⁶¹ than in urban ones. The work of the CMOs currently consists of anticipating expulsion procedures. Negotiations are carried out with the owners and the municipal authorities to push back expulsion deadlines to gain time to find alternative solutions. Support is then provided to accompany returns: an investigation of the victims' itinerary in terms of family and community land is carried out. Negotiations are then conducted with the landowners (families, neighbours, communities), and then humanitarian agencies are called upon to supply shelters once land has been found. The camp managers, like those of the IOM in Petit Goave, make a particular effort to encourage those leaving the camp to clean up behind them. This form of accompaniment could have been implemented much earlier, which raises questions about the appropriateness of a mechanism which gives priority to aid in camps (CCCM) rather than cross-sector aid between camps and villages or neighbourhoods.

112. A dozen NGOs funded by ECHO⁶² began building and installing shelters via almost twenty programmes generally related to other activities (distribution of tents and non-food items in camps, activities related to water, hygiene or health, cash for work projects involving the clearing of rubble). The building and installation of temporary shelters accelerated from September 2010 after delays due to numerous contextual factors which were not specific to the NGOs funded by ECHO: incitement by the Shelter Cluster to make the planned shelters more earthquake- and cyclone-resistant, the lack of land available due to urban density, plots covered in rubble, difficulty in obtaining shelter installation rights, etc. In the end, these obstacles and the adjustments which they imposed in relation to the initial locations were useful as the time spent establishing the legitimacy of installing a shelter on a particular plot proved to be essential to avoid conflicts between the beneficiaries and the land owners. This time spent analyzing contexts was also a means of reducing the risk of people re-settling in dangerous areas (mudslides, floods, etc.)

The installation of shelters to be gradually adapted over time

113. In situ resettlement, via repairs or the construction of shelters is relatively successful in rural environments or in small neighbourhoods where there is family and social solidarity and some land is available. In the countryside, the investigations led by camp managers about the original location of IDPs revealed very precise links with family relations who had land available and were willing to come to agreements⁶³. Return programmes in rural areas were well coordinated with identifiable communities and accelerated as a result in February 2011. It is regrettable that these returns were not begun earlier.

114. Similarly, in small towns and small urban neighbourhoods with clear limits, some return programmes were able to be carried out by certain DG ECHO partners⁶⁴, where there were coherent and easily identifiable communities and where living areas or neighbourhoods were restricted with recognised and accepted limits (slopes, dead ends, ravines, cul-de-sacs). But these programmes carried out in close collaboration with communities necessitate personalised accompaniment, social acceptance of the occupation of plots and provision for collective needs over and above the installation of individual shelters. The implementing organisation is not always qualified to respond to the needs involved such as to build retaining structures for the installation of the temporary shelters.

⁶¹ In Leogane, the IOM has begun to close camps.

⁶² CrF, GAA, UNOPS, FAU, CARE, HI, GRC, Oxfam GB, Concern, OIKOS, ASF-DPA, Tearfund.

⁶³ IOM in Leôgane or Petit Goâve.

⁶⁴ In Delmas 7-9 by the French Red Cross with support from ECHO, in Mangeoir by IOM (non-ECHO funded) and by UNOPS with support from ECHO.

115. In cities, or in the very urbanised peripheral areas, the problem of return is more complicated due to the density of houses, the absence of available land, the interconnection of networks and the complexity of different actors involved. Humanitarian actors had a lot of difficulty establishing the right operational level and who they should choose as interlocutors. The approach to resettlement at the neighbourhood level or “Neighbourhood Housing” approach was launched in parallel by other actors like the CRF or UNOPS. It is slowly being adopted by all the actors operating in the city, including international donors (WB, AFD), even though this approach raises some questions about the capacity of humanitarian actors and whether or not it is compatible with their mandate. Nevertheless, this requires that an urban planning approach is adopted from the post emergency period. Possible and desirable objectives, constraints and interconnections need to be decided between operating partners and decision-makers within individual neighbourhoods (donors, municipal authorities, community committees, NGOs and technical administrations). The pilot project carried out in Bristou-Bobin by several of DG ECHO’s partners highlights the need for coordination, explanation and consensus about operational objectives: improvement rather than just restoration of houses and access to networks within a common framework.

Emergence of the “Neighbourhood Housing” approach

116. The MTPTC’s⁶⁵ assessment of the state of houses and the recommendations that it produced only concerned concrete buildings which are the most common in cities. Some of DG ECHO’s partners⁶⁶ tackled this issue in rural and semi-urban environments where the traditional buildings (timber structures with wicker and earth or stone walls) did not sustain too much damage though they required some repairs and new reinforcements and their occupants were still sleeping in tents. These NGOs developed real know-how in construction, carrying out analyses of the resistance of buildings, raising awareness about risks and providing training in improved practices for local tradesmen (stonemasons and carpenters). They developed methodologies and operational guides and it would be useful to share the knowledge that they accumulated.

The repair of timber framed houses in rural zones began early, but was limited

117. However, during the post-emergency period, the response in cities fell short of the needs which existed in terms of houses to re-occupy, repair or rebuild. A great deal remains to be done and it is in response to these huge needs that the Delegation of the European Union decided to allocate the 23 million Euros from envelope B to repairing concrete houses.

Repair of concrete houses in urban areas began late but was effective with funding from envelope B of the EDF

⁶⁵ Ministry of Public Works, Transport and Communication.

⁶⁶ FAU in Gressier, GAA in Petit Goâve.

4.5.2.2. Main problems encountered and points to improve

118. The adoption of a classic humanitarian approach led to the setting up of camps despite the fact that it was an urban population near their neighbourhoods who had taken refuge in case there were further tremors. Despite efforts to register people, the geographic referencing of sites by the CCCM and the attempt to distribute the different geographical areas between humanitarian agencies, the camps were unevenly served. Logistically, the sector had problems adapting to the large number and different types of camps which spontaneously sprang up in every spare gap in the city (from a few isolated tents in the streets to camps of several thousand people). In city centres (Port-au-Prince⁶⁷ and Pétiion ville⁶⁸) and on the coast (for example in Jacmel and Petit Goâve), some camps received an abundance of aid while certain sites in isolated rural areas and host areas were sometimes forgotten.

A camp approach which is not adapted to urban density

119. However, in the cities, cases were observed of camps with NGOs trying to outdo each other and others where there were no NGOs and people were left to fend for themselves. These disparities pushed beneficiaries to look for the best offer available from aid organisations. Ghost camps and unoccupied tents can now be observed. These disparities are as much to do with the absence of coordination between donors as between field actors.

120. The activities of the CCCM, whose objective it is to provide coordination of aid coverage in the camps, were somewhat disconnected from the context. In the urban anarchy of Haiti in the context of a major disaster and in the absence of official records, it was difficult to know how many people were living in the camps and who they were. The registration methods used by the IOM and the DTM⁶⁹ in camps had the side effect of attracting others in the hope that they might be attributed a shelter or even a plot of land. Other identification systems were needed to begin thinking about closing camps, in particular information about victims' situations in their neighbourhoods before the earthquake. This change of identification system led to delays.

Registration methods which give priority to responding to needs in camps over allowing people to leave the camps

121. Those staying in camps and the inhabitants of the surrounding neighbourhoods – often ex-neighbours or from the same families – generally share the aid provided in the camp (water, healthcare, tools, etc.). But problems emerge when NGOs try to speak to representatives of the camp communities and the neighbourhood communities at the same time. This is because NGOs are used to managing the provision of assistance in camps by creating ad hoc committees and have real difficulty establishing the legitimacy of neighbourhood representatives.

Cohabitation difficult between camp community representatives and urban neighbourhood representatives

Representation and power conflicts exist between camp committees who have managed aid since the disaster and neighbourhood committees who existed before. The presence of gangs does not make it any easier to understand the power relations within certain neighbourhoods where humanitarian aid is needed. Generally, the problems are due to the distortion between social representation, the limits of the area occupied and the absence of administrative arbitration. The notion of community also needs to be re-examined in relation to the municipal authority on which the neighbourhood depends.

⁶⁷ Champ de Mars spontaneous camp.

⁶⁸ Place St Pierre spontaneous camp.

⁶⁹ DTM: Displacement Tracking Matrix.

122. The evaluation of the damage done to houses carried out by the MTPTC, the Ministry of Public Works, with support from certain organisations⁷⁰, established a mapped inventory of the damage done⁷¹ to around 400 000 houses in Port-au-Prince with a colour code for different levels of damage: slightly damaged but habitable (green); unstable and requiring repair (yellow) ; partly or completely destroyed or dangerous (red). But this inventory is incomplete for the informal neighbourhoods, as houses that were interconnected or closed in were sometimes overlooked in assessments. Certain visits were too quick or only conducted from the outside. This meant that victims continued to be unsure of the actual state of the houses and humanitarians did not know what repairs were needed. Outside Port-au-Prince, in the other affected cities, these inventories were very slow in coming and none were carried out in rural contexts.

Haitian evaluation of damage to buildings well conducted but insufficient to lead the humanitarian response

Figure 7. Different types of houses after the earthquake

Houses	Percentage	Colour	Signification
80 000	20%	red houses	Major rehabilitation needed or to be destroyed and replaced (not habitable in the present state)
120 000	30 %	yellow houses	To be repaired or reinforced (unstable, partly destroyed)
200 000	50%	green houses	Habitable without any work needed (little, if any, damage)

123. The implementation of the temporary shelter response proved to be complicated. Few of ECHO’s partners chose, like the Danish NGO ASF-DPA, to build simple shelters with local materials, which would have provided shelter for a large number of families more quickly. But this would probably only have pushed back the issue of the fragility of the houses and people’s vulnerability for a certain amount of time. What is more, there would not have been enough local materials. The existing economic sectors (materials from the Dominican Republic) and the different artisan activities in the local building sector were therefore not reinforced as a result. The Shelter Cluster⁷², led by the International Federation of the Red Cross (IFRC), tried to reduce risks as much as possible by encouraging the building of transition or T shelters which were structurally very strong. Consequently, the search for high performance earthquake and cyclone resistant models took a long time, leading to delays of at least 6 months on top of the contextual difficulties. Few organizations were able to avoid this spiral of delays: the time needed for structural tests, validation by technical experts, importing materials and clearing them through customs, prefabrication and construction of sophisticated shelters, investigation into occupation rights for plots, etc.

Significant delays due to very technical debates about the resistance of temporary shelters

124. In January 2011, the inter-cluster coordination produced its umpteenth version of a return and resettlement strategy for people living in camps, indicating that their number in areas affected by the earthquake in Haiti, at the end of the month of December 2010, was still estimated to be approximately 810 000 people in approximately 1 150 camps⁷³. The problem will remain of families without any solution, without shelter, for whom it will not be possible to close the camps. The IOM has warned of the risk of having a very large number of families still living in tents by the end of 2011. In early 2011, the CIRH estimated

Families with no solutions who remain of concern to the humanitarian sector

⁷⁰ UNOPS.
⁷¹ Dès mars 2010.
⁷² Cluster shelter.
⁷³ Source: Camp level Assessments –Displacement Tracking Matrix – DTM – 7 January 2011.

that 400 000 people would still be living in the camps by the end of the year, though funding is running out.

125. ECHO's partners need to consider emergency solutions to meet the needs of those still in the camps. Emergency shelter reinforcement programmes⁷⁴ have begun in preparation for the bad weather ahead in the camps which will still be occupied. The need for programmes of this kind will no doubt continue to grow.

126. More durable solutions need to be considered for families who do not have access to any land. It is very difficult to find sites which are unoccupied and obtain occupation rights in cities and this is therefore a long drawn-out process. Some of ECHO's partners are currently in negotiations with town halls and private landowners to get access to land on which it would be possible to set up villages of transitory shelters⁷⁵. For example, the NGO Concern is currently in negotiations with the local authorities in Tabarre as is the French Red Cross in Delmas and Croix des Bouquets, while UNOPS is in negotiations with a land-owning family in Morne Lazare.

127. The presence of huge amounts of rubble on plots and in the streets has been another source of delays and complications for *in situ* returns, preventing materials from being delivered and shelters from being built. Once the plots have become available and their initial occupants have been identified (owners, tenants, squatters), shelters have had to be adapted to different geometric layouts almost on a case by case basis in terms of the width and relief of plots and the direction of windows and doors and standard pre-programmed shelter models have had to be modified. This raises the question of the appropriateness of building shelters which, admittedly, are of good quality, but are transitional, when, several months after the disaster, the post-crisis context means that assistance is needed for permanent reconstruction.

The issue of rubble and the freeing up of plots has considerably held up the return process

128. One year after the earthquake, only 35% of the planned shelters (39 219 out of 110 440⁷⁶) had been put up or were in the process of being built according to UN-Habitat who took over coordination of the Shelter Cluster in November 2010: “*The transitional housing programme has come up against unprecedented problems due to the complexity of the urban environment and an approach which needs to be constantly adapted to this context*”. UN-Habitat underlines the difficulty for humanitarian actors to adapt their sector-based programmes to the reconstruction context in an urban environment. Despite the fact that the production of shelters by humanitarian organisations has accelerated since September 2010, the 110 000 planned resettlements will not have been completed by the end of 2011.

Huge needs in terms of resettlement in a complex urban environment

129. The complexity of relations between those living in a house or on a plot and the owners has made the allocation of shelters and the securing of access and their use by the target beneficiaries difficult. Contracts which have been prepared and negotiated by NGOs and accepted by the different parties involved (beneficiary-tenants, owners and sometimes a guarantee from the local authorities) are sometimes only valid for a limited time (two or three years). Several months later, certain NGOs have noted that they are not always respected⁷⁷.

The difficulty of targeting “legitimate” beneficiaries

⁷⁴ For example, CARE in Gressier.

⁷⁵ An example of a project not funded by DG ECHO is a tent camp which is being transformed into a transitional village of wooden shelters by the IFRC on a site made available by the local authorities next to Cité Soleil.

⁷⁶ Shelter Cluster figures from 10 January 2011.

⁷⁷ As observed by the CRF.

130. In cities, helping people to return to their neighbourhoods is complicated by a lack of understanding of the property system and local procedures and practices as well as the absence of land made available by local authorities, as mentioned above.

131. In order to deal with threats of eviction, humanitarian actors have invested themselves in improving understanding and in contributing to coordination and advocacy. The Protection and Early Recovery Clusters, who were responsible for these activities, which involved numerous exchanges with NGOs and other work groups, submitted a written request⁷⁸ to the Haitian government in September 2010. In it, they insisted on the need for the government to recognize the exceptional nature of the situation and to allow enough time for the negotiations to generate alternative solutions. The right words also need to be found to help reassure those who left their houses in fear during the emergency. Negotiations over property rights to install transitory shelters should follow clearly established procedures.

4.5.3. Outlook and LRRD⁷⁹

132. As was experienced by one of DG ECHO's partners⁸⁰, a major question in urban environments is whether to build back the same or to try to improve the situation when carrying out operations after a disaster? Building back the same can appear irresponsible due to the precariousness or problems which existed before, whereas trying to improve the situation can be an opportunity to implement the recommendations which may have emerged from urban planning studies. But this means revising programmes, working in partnership with other types of actor and may raise questions about the mandate of humanitarian actors.

Conducting operations in urban environments requires that actors and programmes are interconnected, which means that schedules and programmes will need to be modified.

133. A significant proportion of families will remain in the camps in 2011, and probably still in 2012 due to the huge needs in terms of resettlement and the time it takes to implement solutions which are dependent on a genuine housing policy. In the short and mid term, the poorest people need to continue to receive assistance. It is necessary to anticipate vulnerability to cyclones, storms and tropical rains during the 2nd and 3rd years in tents by reinforcing temporary shelters and preparing replacement stocks. But the presence of the aid community and the level of assistance should gradually be reduced with the aim of returning to non-camp solutions as quickly as possible. The aid community should aim to close the camps and should make this clear to the population to avoid people being attracted to them.

Continue to provide aid to the poorest people beyond the emergency phase

134. Closing camps and assisting people in being rehoused means supporting every opportunity to return to existing neighbourhoods but also requires broader reflection about planning new neighbourhoods, helping to provide basic services to the plots to be built on, building social housing, supporting organizations which promote more secure self-built housing, temporary housing solutions and providing support in negotiations over rental or temporary occupation of private or public

Over and above the repairing of houses, more houses need to be built to allow the camps to be closed more rapidly.

⁷⁸ Housing, Land and Property Working Group: policy options and recommended approaches to address forced eviction in post earthquake Haiti.

⁷⁹ This section is gone into in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD which was written in connection with the current evaluation.

⁸⁰ Solidarités International, who were planning to remove the rubble from a site discovered that a particular plot presented an opportunity, following an urban study carried out by FAU: the house which had collapsed could be replaced by a collective facility which was needed in the neighbourhood, the location being well-suited to the purpose.

land. These activities should be programmed with the appropriate institutions⁸¹ and partners.

135. Apart from the architects of the FAU, DG ECHO's humanitarian partners generally lack the urban skills needed for operations in cities. Urban planning assessments include different phases: studies, discussion of solutions, political validation, communication, launching of operations with specific socio-urban approaches (spatial, technical, property rights and social approaches). These processes require effective coordination including in terms of funding. The Delegation of the European Union has decided to provide funding for a repair programme and certain donors have joined the process such as the French Development Agency (AFD) and the World Bank. This could be a vehicle for European funding in connection with development programmes.

Funding urban planning assessments which go further than project management

4.6. The response to the cholera crisis

136. The first cases of cholera were picked up along the Artibonite River on 16 and 17 October 2010 and referred to the authorities by the biomedical surveillance department of the Albert Schweitzer hospital. The number of cases grew considerably on 19 and 21 October and the Haitian Ministry of Health confirmed that a cholera epidemic had broken out. The Atlanta Center for Disease Control identified the micro-organism involved, vibrio cholerae O1, Ogawa serotype, El Tor biotype, propagating the classic cholera toxine. This form of cholera is resistant to some of the antibiotics available (such as sulfamides), but is relatively sensitive to a range of common drugs (ampicilline, chloramphénicol, tétracycline, etc.).

137. Very quickly, DG ECHO decided to allocate funds which had initially been destined for the earthquake response but which had not yet been attributed at the end of 2010 as well as a new envelope of 10 million Euros. This new allocation made it possible to support 13 specific operations implemented both in the provinces and in Port-au-Prince. The sectors involved were health, access to potable water, improved sanitation and hygiene education.

Rapid re-allocation of unspent funds complemented by an injection of resources

4.6.1. Main results and progress made

138. The cholera epidemic brought new challenges and the majority of donors and actors quickly took up the call. Specialised teams and the appropriate means were mobilised so that cholera treatment centres and units were rapidly deployed at the different levels of the referral chain. There was also a very significant mobilization on the part of the WASH sector.

Good mobilisation in response to the cholera outbreak and good geographical coverage

139. It should also be noted that organisations which were not funded by DG ECHO were also very reactive, such as MSF and the Cuban health brigades⁸². MSF showed once again that it was exceptionally reactive. The Cuban teams, who were already present in the field, also helped to treat a large number of cases rapidly.

⁸¹ The C.I.A.T. *Comité Interministériel d'Aménagement du Territoire et les municipalités*.

⁸² With MSF, the Cuban Medical Brigades were among the first organisations to support the MSPP in the fight against cholera. They treated a high percentage of cases of cholera and diarrhoea when the epidemic was at its peak, thanks to a network of 23 CTCs and 47 CTUs. Around 52 Brigades are currently deployed in the field to investigate and, if necessary, treat cases in areas which are difficult to access.

140. Discussions between the partners often allowed funds which had already been allocated for the earthquake response to be re-allocated to the fight against the epidemic. DG ECHO tried to fund actors in all regions in order to achieve the broadest geographical coverage possible. This was initially made easier by the presence of organisations involved in the Health and WASH sectors who were already established in the field due to the Global Plan, launched in 2009, such as ACF, ACTED, OXFAM, Mdm, CESVI and TdM. Further organizations then arrived to complement these.

141. DG ECHO's mobilization of the European Centre for Disease Prevention and Control was very effective and useful in relation to the need to improve understanding of the situation and its evolution. Its three field visits, and particularly the third, permitted strategic reflection about the ongoing epidemic and its possible consequences. This engagement in strategic reflection is essential to plan the measures to take to deal with the disease. Haiti had previously been unaffected by cholera, but the disease has very probably now become endemic to the island and the region.

Very effective support from the European Centre for Disease Prevention and Control

4.6.2. Main problems encountered and points to improve

142. The time taken to deploy new WASH teams in the field was relatively long despite the fact that funding was made available rapidly by DG ECHO. On 19 November 2010, MSF complained about the slowness of deployments in response to the cholera crisis despite the massive presence of international organisations in the field. For MSF, the fact that the epidemic had already caused more than 1 100 deaths and that there had been at least 20 000 cases in the country in less than a month (according to the national authorities) raised questions about whether the gravity of the situation had really been understood.

143. Vertical coordination of operations in the Health sector worked relatively well, with the implementation of a referral system including several levels:

- Cholera Treatment Centres (CTC) and Cholera Treatment Units (CTU) at the field level⁸³ ;
- Hospitals at the municipal and departmental levels to treat serious cases in their treatment centres ;
- Centralisation of information and monitoring by the Ministry of Health with support from the Pan American Health Organisation.

144. Though cross-sector Cholera units were often implemented in departments, the absence of strategic coordination such as a Cholera Task Force at the central level raises numerous questions. Cholera is as much a "WASH" emergency as it is a "Health" emergency and the response should necessarily include these two sectors. It would appear that, having been advised by the WHO, the President's office and the Ministry of Health tried to stay in charge of managing the epidemic. Neither OCHA nor the Humanitarian Coordinator managed to impose this cross-sector management of the epidemic, despite the fact that a Task Force approach worked reasonably well in other cholera crises, such as in Zimbabwe.

Overall coordination of the cholera response too centred on Health aspects

⁸³ CTCs are referral centres. They provide a specialised service, isolating patients to prevent the disease from spreading and treating and stabilizing them. CTUs are frontline treatment units. They provide the majority of treatment in rural areas and refer the most serious cases to the CTCs.

4.6.3. Outlook and LRRD⁸⁴

145. With the prospect of endemic cholera and the general epidemiological risks which are emerging, the outlook is quite alarming for Haiti, the Dominican Republic and the sub-region. The ECDC report underlined the seriousness of these risks and the importance of the measures which will need to be taken. Funding will need to be made available for this very rapidly.

Cholera is now endemic to the island of Hispaniola and the broader sub-region

146. A monitoring and rapid reaction system will need to be put in place, for example. This will contribute to reinforcing the local emergency medical response capacity. But these efforts to prepare for the risk of endemic cholera should not be limited to systems which allow for rapid response and treatment. They should also contribute to improving access to water of better quality, sanitation facilities and hygiene education in at risk areas.

⁸⁴ This section is developed in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD, which was written in connection with this evaluation.

4.7. Disaster risk reduction (DRR)

147. DG ECHO has been involved in Disaster risk reduction (DRR) activities in the Caribbean in general and Haiti in particular for more than 15 years. The location of the island of Hispaniola (Dominican Republic and Haiti) in the middle of the area affected by the El Niño and La Niña oscillations brings very frequent cyclones and tropical storms as well as numerous floods and landslides. These phenomena are made worse in Haiti by the degradation of the natural environment which is the result of overexploitation of wood and charcoal resources, itself the result of the major poverty which exists in rural areas. Less well known, but just as serious, are seismic risks and the possibility of tsunamis. The island of Hispaniola is situated in an area where there is active interaction between several plates and there is permanent tectonic activity in the area. The report presented by the Haitian Civil Protection Directorate at the Kobé Conference in 2005⁸⁵ mentioned all of these risks.

148. DG ECHO's activities in the DRR sector in Haiti have included several phases:

- Involvement in the DIPECHO programme - community-based component and regional DRR institutions (via NGOs, for example);
- Investment in institutions (Civil Protection Directorate, Haitian Red Cross) directly and via UNDP and European Red Cross organisations since the earthquake of 12 January;
- Systematic inclusion of DRR in all projects, not only in connection with DIPECHO (pillar 3 of ECHO's strategy in Haiti in 2011).

4.7.1. Main results and progress made

149. Certain agencies who had established stocks before the earthquake were able to mobilise these very quickly. The existence of the inter-agency fleet of vehicles (all-terrain trucks, etc.) also helped to accelerate the provision of relief during the first days. Previous capacity building efforts with the Haitian Civil Protection teams proved to be very important in relation to the initial response, as was the support of people trained in first aid, rescue work, needs assessment, communication, etc. Many Haitians from the Departmental Civil Protection Directorates travelled to Port-au-Prince and the other affected areas to contribute to the response.

Disaster preparedness allows a faster and more effective reaction

150. The operational team of the Haitian Civil Protection Directorate (DPC) was conducting exercises outside Port-au-Prince when the earthquake took place and quickly returned to the capital as soon as the tremors were felt. The DPC "stayed on its feet" despite losing its infrastructure. The vast majority of international aid organizations worked with this institution which shows that institutional investment in structures of this kind is essential.

151. Dialogue with the European Union Delegation in Haiti was relatively successful on this issue, such as for the sharing of experiences between DG ECHO and the Delegation staff in charge of implementing civil protection activities funded by the Instrument for Stability and set up by the International Management Group (IMG). The participation of the DIPECHO expert in charge of Haiti in the design and planning of this programme was essential.

⁸⁵ *Rapport National sur la prévention des catastrophes*, DPC, 2005.

152. The concept of integrating Disaster Risk Reduction as a cross-cutting issue in all programmes is beginning to be accepted. Problems of understanding, acceptance and implementation remain, but there were some very interesting results. For example, certain water points are now protected against the risk of flooding in rural areas. Drainage is now almost systematically added in “at risk” areas of IDP sites in different neighbourhoods in Port-au-Prince. This proved to be very important in steep-sloped areas of the capital (Canapé Vert, Bourdon, etc.) where heavy rains would have transformed the sites into torrents. In areas near the coast where there is a danger of flooding, such as the town of Tabaré, and where the water table is very close to the surface, NGOs raised certain latrines. The mobilization of MINUSTAH’s public works equipment was very useful to raise a site like that of Tabaré Issa and make it less vulnerable to flooding.

The cross-sector integration of DRR is beginning to bear fruit

4.7.2. Main problems encountered and points to improve

153. In Haiti, all the disaster prevention and preparedness programmes (establishment of norms, contingency plans, warning systems, etc.) were designed referring only to a short period and focusing only on climatic risks (cyclones and tropical storms) and their consequences (floods and landslides). The other major risks, such as those related to tectonics (earthquakes and tsunamis), were perceived to have very low probability. However, a study of their frequency shows that they represent a major risk⁸⁶.

Seismic risk under-evaluated

154. Managing the risk of disasters requires coordination over time (before, during and after the crisis), geographically (between central and local levels) and in terms of responsibilities (DPC, Haitian Red Cross, local authorities, health services, etc.). Coordination between the mechanisms of the DPC and those of the Haitian Red Cross proved to be difficult and efforts are under way to improve this⁸⁷.

Coordination difficult between the different levels of disaster management

155. The inclusion of the European civil protection mechanism within DG ECHO has revealed new challenges with regard to the internal coherence of Disaster Risk Reduction and preparedness programmes. This means that DG ECHO needs to ensure that there is common and complementary understanding of the concepts of preparedness and disaster risk reduction between humanitarian approaches on the one hand and the civil security approach on the other (a humanitarian approach, like that of DIPECHO, involves the preparation and training of communities and local authorities and the implementation of warning systems at the community level or the systematic inclusion of disaster risk in all humanitarian programmes while the civil security approach can involve different types of cooperation which can be developed by the MIC and Member States’ Civil Protection forces). This effort to achieve greater coherence should be made both in Brussels and in the field.

156. The different operational strategies adopted by the different actors who support the DPC (DG ECHO, Member States) and the different ideas about the role of Civil Protection forces in Haiti mean that the European approach is not clear. Consequently the DPC does not have a clear direction and the preparation of the response capacity is made more complex. For example, the Haitian DPC rightly defends its non-interference in events caused by political unrest, whereas in certain

Different approaches to the concepts of civil protection and civil-military action amongst Member States and within European Commission mechanisms

⁸⁶ F. Grünwald et Y. Georges, 2010.

⁸⁷ This is one of the objectives of the creation of the *Community Disaster Reduction Teams* or CRDTs, a concept which is very present in the English-speaking and Spanish-speaking Caribbean.

Member States, the concept of civil protection includes a mixture of civil protection and maintaining law and order.

4.7.3. Outlook and LRRD⁸⁸

157. Faced with the risks ahead, such as climate change modifying the patterns of El Nino and La Nina, further degradation of the environment and demographic pressure on at-risk areas, a holistic approach to risk needs to become second nature in relation to Haiti and the island of Hispaniola as a whole. This will require efforts to improve understanding of risks and strategic investment to strengthen the capacity of central state, regional and community institutions. Regional cooperation, for example with the Dominican Republic, will without a doubt play an essential role in making Haiti more resilient.

158. The environment is of central importance with regard to the vulnerability and resilience of Haiti and its population and this has been the case for decades. The degradation of watersheds and riparian forests (forested areas of land adjacent to a body of water) is one of the reasons landslides and floods have become more frequent. Though there is awareness and understanding of environmental issues in the rural sector, the urban environment was never taken into account before the earthquake. This broadly remains the case, though certain initiatives have seen the light of day in recent months. The presence of very large numbers of actors, who were able to see for themselves the terrible impact that the cities' ravines have on drainage, has meant that this issue has been pushed higher up on aid agendas. Strategic reflection is essential to envisage how DRR can be integrated into the EDF and this should be a priority for the 11th EDF in each of its focus areas. As a development donor, the EU should lead by example, including risk reduction as a cross-cutting issue.

159. One of the challenges that Haiti, the Dominican Republic and their international partners will face in the future, is how to include tectonic risks and risks linked to endemic levels of cholera in global strategies, including in urban contexts.

⁸⁸ This section is gone into in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD, which was written in connection with this evaluation.

4.8.Coordination

4.8.1. The situation before the earthquake

160. Before the earthquake there were a lot of coordination mechanisms which had varying levels of success: development coordination took place within the *Groupe d'Appui de la Communauté Internationale* (GACI), in inter-donor discussion bodies (G11-G12) and in technical mechanisms at the central level (sector tables) and the departmental level (concertation tables). Regarding the government, coordination of crisis management took place within the *Comité Opérationnel d'Urgence* (COU), which is attached to the *Système national de gestion des désastres* (SNGD) under the aegis of the Interior Ministry and the Prime Minister. Since 2008, coordination has existed between humanitarian actors via the Cluster system which was the result of the United Nations humanitarian reform⁸⁹.

4.8.2. Humanitarian coordination

161. DG ECHO, which is very involved in supporting the United Nations reform at the global level, provided generous support to the coordination mechanisms in Haiti following the earthquake. This took the form of significant financial support for OCHA, support for the IOM in its deployment of Camp management coordination managers, support for WHO/PAHO for the coordination of Health sector activities and, more recently, support for UN Habitat and the coordination of the “neighbourhood housing” approach.

4.8.2.1. Main results and progress made

162. Humanitarian coordination was rapidly put in place by means of the Cluster approach. The networks which had been established in response to the floods in the Gonaïves following hurricanes Ike and Jane in 2008 were immediately mobilized and four essential clusters were operational in the first days (Food aid, WASH, Logistics and Health). The different agencies in charge of the Clusters rapidly deployed staff and resources.

Rapid setting up of clusters

163. The Cluster system was not conceived to accompany an operation involving more than 1000 NGOs and various organisations⁹⁰. Very quickly meetings became unmanageable (too many people in tents which were not designed for this purpose, the noise from the constant air traffic, etc.). Faced with the major challenges posed by the huge number of agencies and the multitude of non-professional organisations, it was necessary to innovate. Thus, a clear separation was made between meetings to address strategic issues involving a limited number of professional organizations (setting up of Strategic Advisory Groups (SAGs) and Technical Working Interagency Groups (TWIGs)) and meetings for information purposes, which targeted all operational organizations. DG ECHO's partners, and notably those who have developed technical know-how, were often the driving forces of these coordination mechanisms.

But difficulties due to the number of participants

164. The regional *hubs* (Léogane, Jacmel) were set up relatively quickly to support the coordination of the response outside Port-au-Prince. The regional coordination of Gonaïves, which was put in place after the floods of 2008, played an important role in coordinating the cholera crisis.

Recognition of the importance of the regional hubs

⁸⁹ Haiti Report of the Cluster II Evaluation, GPPI, Groupe URD, 2009

⁹⁰ RTE Haiti, May 2010, IASC/Groupe URD

165. With the United Nations system facing serious difficulties, the Haitian government bogged down in governance issues and the Interim Haiti Recovery Commission (IHRC) without any real direction, it is crucial that there is coordination between humanitarian NGOs so that their voice can be heard. DG ECHO's support for the *Comité de Coordination des ONG* (CCO) via the financing of a coordination position for NGO advocacy activities is therefore very useful.

Relevant support for the inter-NGO coordination mechanism

4.8.2.2. Main problems encountered and points to improve

166. Like other institutions, OCHA was directly affected by the earthquake and consequently had a lot of difficulty playing its role at crucial times. With nobody at the helm during the first five months after the earthquake or since November 2010, OCHA found itself without any genuine leadership to deal with hurricane Tomas, the cholera crisis and the political crisis of December following the first round of the presidential elections. At the time of the evaluation, there was still a great deal of uncertainty about how the office would evolve, despite two field missions sent by New York.

Insufficient leadership from OCHA and the Humanitarian Coordinator

167. Though maps and satellite imagery were used as never before during the response to this crisis, with the mobilisation of a series of tools and institutions (universities, UNOSAT, Ushaidi, Map ONG, etc.), they did not become a central coordination tool. It took a lot of time before Who, What, Where (3W) maps began to appear, a classic coordination tool which was planned as part of DG ECHO's support to OCHA. Each Cluster lead agency opened its own map unit linked to its own data bases which were often incompatible with those of other agencies. There is general disorder throughout the information management sector and OCHA was unable to impose any rules.

The production of 3W type tools was too slow

168. OCHA's national role should have been separated from its Port-au-Prince role. The creation of a regional OCHA office for the Port-au-Prince area would have removed its operational tasks from the national coordination body. This would have made coordination easier in the different municipalities which make up Metropolitan Port-au-Prince and would have made more time available in the national office to work on strategic issues.

The overlapping roles of OCHA National and OCHA Port-au-Prince affected the effectiveness of the coordination.

169. The coordination of evaluations and assessments was difficult and generally quite weak, with little exchange even if the subject was discussed very often and resulted in the creation of a short-lived platform. There was little coordination about methods. The initial evaluation process, the Rapid Interagency Needs Assessment in Haiti, was complicated and the results were not really satisfactory, due to issues of method and institutional legitimacy. DG ECHO's Technical Assistants were also very involved in the Post Disaster Needs Assessment (PDNA) even though, with hindsight, there is some doubt about the efficiency or even the usefulness of this type of expensive and energy-consuming exercise in contexts which change very rapidly.

Weak coordination of assessments and methods

170. Inter-Cluster Coordination (ICC) was generally ineffective. Its positioning above the Clusters, with a predominant role for OCHA, was not effective because OCHA was not really respected by the aid agencies because the OCHA Head of Office position and the ICC Coordinator position were either vacant or insufficiently high in the hierarchy to have any real weight.

171. There is an overlap between the Inter-Cluster Coordination group and the Camp Coordination and Camp Management (CCCM) cluster as the CCCM is responsible for cross-sector coordination in sites. This overlap is even greater when the CCCM cluster tries to extend its role outside sites and seeks to “coordinate” the response there. OCHA was unable to impose area-based coordination which could have been strategically useful.

172. Despite the fact that the cluster system was put in place very rapidly, several months were needed before cash-based programmes genuinely found their place in the coordination system. These programmes respond to a range of needs at the household level which affect several sectors (food security, housing, recapitalisation, non-food Items, repaying debts linked to means of subsistence, etc.) and the Cluster system itself is often linked to one particular sector. It took some time to get the Early Recovery Cluster up and running⁹¹ and the Food Aid Cluster and the Agriculture Cluster did not include cash-based livelihoods recovery programmes. The members of the Cash Learning Partnership (CaLP)⁹² filled this gap by creating their own coordination system during the emergency phase, which was finally replaced by a Livelihoods Working Group within the Early Recovery Cluster.

The Cluster system is not very well adapted to coordinate cash-based operations and food security issues

173. The coordination of food security activities is also an important coordination issue in Haiti. Discussions took place regarding the creation of a single Food Security Cluster to replace the Food Aid Cluster and the Agriculture Cluster (which would include the Livelihoods Working Group). These discussions have unfortunately not yet borne fruit due to WFP’s resistance to the creation of such a mechanism.

174. The urban Neighbourhood Housing approaches need to be multi-disciplinary. For the time being, the DINEPA and health institutions have not been very involved. This is all the more evident in the micro-economic and economic security sectors. In the same way, multi-sector coordination to manage malnutrition (Health, WASH, Nutrition and Economics) is still quite weak, despite the fact that it should have a central place in the response and is a fundamental part of the Global Plan.

175. National coordination of the cholera crisis was dominated by the Health sector, whereas there should have been multi-sector coordination. The difficulty for DINEPA to find its place in the cholera-related coordination (it is only a technical agency within the national Ministry of Public Works – MTPTC) and the weakness of OCHA in relation to the Pan American Health Organisation created a situation which was difficult to manage.

176. Collaboration between national and international NGOs was a weak point of the response. There are a variety of reasons for this: the difficulty of finding reliable partners, language problems, the difficulty for Haitians to take part in the coordination mechanism (which had been set up in the logistical base of the MINUSTAH, within the military enclave, to which access is very strictly controlled), little analysis of existing capacity by humanitarian NGOs (as opposed to development NGOs who had well established partnerships) and fear of politicizing aid by working with civil society organizations who were themselves involved in complex political debates in the run-up to elections. The complexity of managing sites and camps in which there were both associations and newly-formed committees, made relations between international organizations and Haitian civil society all the more difficult.

Weak coordination between international NGOs, national NGOs and Haitian civil society

⁹¹ The Early Recovery Cluster had difficulty functioning during the first months of the response to the earthquake and was only properly set up in October (interview with the director of UNDP in Haiti).

⁹² The activities of the CaLP are supported by DG ECHO as part of the capacity building programme.

4.8.3. Coordination with national institutions

177. In a natural disaster context where the government is supposed to be in charge of the emergency response, it should be a priority to ensure that there is good interaction between the state and humanitarian actors.

4.8.3.1. Main results and progress made

178. Coordination with the Haitian Directorate of Civil Protection (DPC) was exemplary from the beginning of the phase involving the European Civil Protection Mechanism. This continued during the relief operations, though less intensively.

Good coordination with the DPC

179. In a state where civil servants, including the police, are no longer being paid, there is a significant risk that public services will become demobilised and there will be security problems. Though this issue is not amongst the operations to be evaluated, it is clear that the funds allocated by different donors, including the European Commission, to allow civil servants to be paid, were very important. Though it was difficult to implement this support rapidly due to the destruction of the Ministry of Finance, it possibly had a positive impact in the humanitarian aid institutional environment.

The importance of maintaining budgetary support

180. DINEPA took over coordination of the WASH sector very quickly. Its offices were not damaged, it was supported by a dynamic group of international consultants and its head managed to impose his leadership throughout the sector, despite resistance. This made a huge difference and the WASH sector was one of the best coordinated sectors.

DINEPA coordination: on the whole a success.

4.8.3.2. Main problems encountered and points to improve

181. Faced with the general problem of governance and the slowness with which decisions were made by the authorities and due to a weak analysis of existing needs in terms of capacity building, the international aid sector gave the impression that it did not want to work with the national authorities. The fact that all coordination took place in the MINUSTAH's military base near the airport made interaction between the Haitian institutions (who therefore had to travel to get to meetings but were not guaranteed of being able to get into the base) and international actors difficult and politically very sensitive.

Coordination difficult between the Haitian state and humanitarian actors

182. But the real issue was probably elsewhere, in this country where the earthquake disturbed the whole administrative pyramid: not enough support was given to technical departments in ministries and regional authorities, such as town halls, which are both essential and weak.

4.8.4. Civil-military coordination

4.8.4.1. Main results and progress made

183. Military resources were mobilised on a large scale to respond to the consequences of the earthquake, both multilaterally, through the MINUSTAH, and bilaterally. A very significant amount of military medical resources were mobilised, including specialised ships (the American hospital ship, the USNS Mercy) and the logistical resources of navies (Spanish, French and American ships), of air forces (various airlifts set up by the US Air Force, by certain European countries and by other countries in the region) and of military engineering forces⁹³.

Major mobilisation of military resources requiring additional coordination

184. The rules set out by the United Nations (the Oslo⁹⁴ Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief⁹⁵) as well as those recommended by the European Consensus on Humanitarian Aid⁹⁶ give a clear framework for civil-military coordination. In Haiti, OCHA very quickly set up a civil-military coordination unit to deal with the CIMICs of the armed forces. This consisted of a small team of specialists, a location for meetings with humanitarian organizations and a network of contacts within the armed forces deployed, notably the US forces.

Implementation of significant civil-military coordination

185. In general, most of DG ECHO's NGO partners did not use military escorts, while UN agencies were often obliged to. Most of DG ECHO's partners managed to stay outside this process of aid militarization and the process which led to the creation of Camp Corail. The majority of European humanitarian actors were careful not to get involved in the MINUSTAH's Quick Impact Projects (QIPs) or bilateral military deployments.

Civil-military coordination very sensitive for European actors

⁹³ This refers to engineers in charge of construction, public works battalions and mine clearing units.

⁹⁴ http://www.mofa.go.jp/mofaj/gaiko/jindo/pdfs/oslo_g2007.pdf

⁹⁵ http://reliefweb.int/sites/reliefweb.int/files/resources/E87ABE5C1E4B9D1485257405007643D9-Full_Report.pdf

⁹⁶ http://ec.europa.eu/echo/policies/consensus_en.htm

4.8.4.2. *Main problems encountered and points to improve*

186. The absence of clear directives from the IASC for coordination between humanitarian actors and UN integrated missions⁹⁷, and past difficulties related to the role played by the Civil Affairs departments of the MINUSTAH in previous disasters made civil-military coordination complex. A great deal of discussion was necessary between the Deputy Heads and the Head of the MINUSTAH to clarify the situation.

Relations between humanitarian actors and the military in the context of integrated peace missions requiring additional coordination not sufficiently clarified

187. Coordination with the other armed forces deployed after the earthquake was not always easy, notably with the US army, even though it did make a significant effort to establish dialogue with humanitarian actors in Port-au-Prince from Washington and the South Command in Florida, two places where OCHA deployed Civil-Military specialists very early on.

188. The weakening of the humanitarian leadership after the earthquake made civil-military coordination difficult. Coordination with the US army via the Joint Operation Tasking Center (JOTC) was one of the weak points of relations between humanitarians and the military. The former, under-represented within the JOTC, were only able to influence it marginally. Certain humanitarian actions by the armed forces, which were not coordinated with those of other actors, could have a negative impact: this is the question raised by the creation of Camp Corail, which was imposed on the humanitarian sector and is on the way to becoming a major urbanization problem on the outskirts of Port-au-Prince. DG ECHO has not supported any of the projects in Camp Corail. It should also be noted that the small black filters distributed by the MINUSTAH in Artibonite cancel out the efforts made by humanitarians to ensure that there is an acceptable level of residual chlorine in drinking water.

Civil-military coordination difficult when the balance of power is so uneven

4.8.5. **Donor coordination**

189. Coordination between donors before programmes are implemented is essential for the overall coherence of operations.

4.8.5.1. *Main results and progress made*

190. DG ECHO's TA team played an essential role regarding emergency donor coordination from very early on. The daily, then weekly, meetings between donors which took place in a container in the MINUSTAH base during the first weeks, then in DG ECHO's office in town, were of major importance to improve the coherence of the response.

DG ECHO's crucial role in coordinating humanitarian donors

191. The earthquake has meant that Disaster Risk Reduction and disaster preparedness, on which DG ECHO has been working for years, have become the focus of a great deal of activity. DG ECHO is trying to improve communication between the different operators, including with the Member States.

⁹⁷ This was already pointed out in the Cluster 2 evaluation of 2009.

4.8.5.2. *Main problems encountered and points to improve*

192. The joint programming mechanism planned by the Treaty of Lisbon only worked partially, notably because the 10th EDF was not renegotiated between the government and the Delegation. The Member States chose their priority areas (the WASH sector for Spain, the Health sector for France) and this took place outside and alongside the Commission's focal areas in Haiti. It is not always easy to identify opportunities to coordinate the actions of Member States and those of the European Commission, including those of DG ECHO. For example, with regard to civil protection, approaches differ between the Commission and certain Member States. DG ECHO's theme of "civil protection" does not completely overlap with the notion of "civil security" which France proposed to the DPC.

Coordination with Member States for certain sectors difficult, including DRR coordination

4.8.6. **LRRD coordination**⁹⁸

4.8.6.1. *Main results and progress made*

193. The major LRRD coordination subjects are either very technical (e.g. beyond water trucking), or cross-cutting (e.g. the challenges of reconstruction in urban contexts, which involves urban planning, the WASH sector, household economics, waste management, etc.).

194. An increasing number of "exit strategy" discussion sub-groups and work groups have been organised, often in connection with Clusters, to identify technical solutions for exit strategies. There are major difficulties in synchronizing humanitarian actors' exit strategies and the involvement of developers, including at the Commission level. The actors supported by DG ECHO are very actively involved in these work groups.

195. For the European Commission and the EU delegation in Haiti, as well as for the staff and partners of DG ECHO, the issues are particularly complex due to the rigidity of the processes involved in the functioning of the EDF. Efforts were made thanks to the use of flexible tools like the EDF's B envelope, the Instrument for Stability (IfS) to reinforce certain sectors in which DG ECHO is very active (Neighbourhood Housing programmes, DRR and strengthening Haitian civil protection).

Positive efforts made by certain donors, including Europe

196. Though joint programming between the European Union, the European Commission and the Member States is still in its infancy, the efforts of certain Member States like Spain in the water and sanitation sector are quite remarkable. The United Kingdom is developing a strategy to support the economic sector⁹⁹ including economic cooperation between Haiti and the Dominican Republic. France is involved in the Health sector, the strengthening of civil protection and land registry issues in Port-au-Prince.

⁹⁸ This section is gone into in greater detail in the document *Les défis du lien Urgence- Réhabilitation- Développement en Haïti*, May 2011, Groupe URD, written in connection with this evaluation.

⁹⁹ Interviews with DFID and the Foreign Office in London.

4.8.6.2. Main problems encountered and points to improve

197. The difficulties met in moving from the Cluster mechanism to the sector tables are similar to the difficulties faced by all actors, and notably donors, in coordinating LRRD processes. The need to carry out different types of programmes (emergency relief, post-emergency and development) at the same time makes it difficult to establish the link between relief, rehabilitation and development. It is not only a question of establishing a link over time (moving from one form of action to another) but also between different geographical areas (working in different ways in different areas at the same time) and between different methods (making the most of the know-how of both humanitarian and development actors and adapting tools to different contexts).

Difficulties coordinating relief, rehabilitation and development

198. The mobilisation of other EU instruments such as the Food Security Thematic Programme, the Water Facility and budgetary lines for non-state actors, should normally allow operations to be continued and the activities funded by DG ECHO to be completed. Unfortunately, this will be far from simple: the procedures involved are very complicated and the timeframes and methods of selecting projects are different (some in Haiti, others in the context of general calls for proposals in which Haiti does not have priority).

199. DG ECHO is trying to contribute to discussions with development organisations on the issue of taking over structural programmes (Global Plan, the responsibility of the development sector for DRR) and post-earthquake crisis programmes (Housing, WASH and Health). It is not easy for DG ECHO's TAs to take part because the European Delegation representatives who are invited to these forums are generally those who manage the development budget lines

Dialogue difficult between DG ECHO and development donors

200. Finally, Haiti's vulnerability to climatic hazards, which has been made worse by the consequences of climate change, to tectonic hazards and to the new risks related to the endemic levels of cholera which are foreseeable on the island and global economic instability, must be at the heart of development policies to make Haiti a more resilient country.

Risk reduction needs to be at the heart of development agendas

5. CONCLUSION

5.1. A relevant strategy on the whole

201. The programmes supported by DG ECHO and the strategies it has adopted to respond to the different crises in Haiti have been relevant on the whole. In a country which is so subject to natural hazards and where there is so much chronic poverty, a risk prevention and disaster preparedness approach is essential and the presence of DIPECHO programmes is relevant. It is rightly one of DG ECHO's goals to promote Disaster Risk Reduction at every level (within and outside DIPECHO), including in development policies.

202. The Global Plan, though based on a relevant multi-sector approach, is not being implemented in response to a nutrition emergency of humanitarian proportions and is therefore the programme which raises the most questions.

203. Following the earthquake, DG ECHO was one of the few donors to very quickly decide to support not only programmes in Port-au-Prince and the other affected cities, but also in host areas. This was a relevant choice even though few actors seized this opportunity in the end.

204. To conclude, DG ECHO's strategy for 2011, which is based on three key areas (withdrawal from the earthquake response, withdrawal from the Global Plan, maintenance of a strong RRD component), responds to the challenges posed by the current context.

5.2. Effectiveness limited by technical and institutional constraints

205. DG ECHO's presence in Haiti and its network of partners in the field, capable of conducting operations in the different humanitarian sectors, were factors which contributed to the effectiveness of the European humanitarian response. In a rapidly changing context, the quality of programmes depends on their flexibility. The dialogue between DG ECHO's partners and its Technical Assistants made it possible to preserve this flexibility and a non-allocated envelope, which DG ECHO had saved to deal with the cyclone season, was available to be used as the situation and needs evolved.

206. It is good practice in natural disaster contexts to interact as much as possible with the national institutions who are in charge of coordinating the response. Following the earthquake, the decision to wait for the government to make strategic decisions (property, allocation of land for dumping, etc.) had a negative effect on the implementation of certain programmes and therefore on the effectiveness of aid.

207. The urban dimension of the crisis caused by the earthquake has created problems for actors who are not used to this type of context and have had difficulty establishing the appropriate operational methods both during the emergency and the post-emergency phases. This has been true for all sectors: WASH, Food Security, Shelter/Habitat, etc.

208. In general, there was not enough communication with the population. This is an area where the humanitarian sector needs to improve.

5.3. Political efficiency sometimes chosen to the detriment of programme quality

209. Deciding who to fund (UN agencies, Red Cross Movement or NGOs) is difficult as it means choosing between the quality of programmes, the capacity to implement programmes on a large scale and the political acceptability of the level of representation of the different families of actors. It was essential in Haiti to preserve this diversity of partners in order to maintain the capacity to innovate and be able to supply aid on a large scale. However, a more detailed assessment of the capacity of UN agencies seems necessary when they are going to test new approaches. This was the case for the WFP's Cash for Work programme which took a long time to implement in the end. This raises the question of transaction costs and that of political visibility vis-à-vis the big international organisations and the other donors.

5.4. Difficulty linking relief and development despite a shared ambition

210. DG ECHO is funding the introduction of the LRRD process without having the appropriate tools (such as a timeframe which is too short). It will be difficult for the development tools which are available to the European Union delegation to take over from DG ECHO's funding, particularly because schedules and disbursement delays are not compatible. However, the advocacy work carried out by DG ECHO's Technical Assistants has allowed certain opportunities to be identified.

211. As the priorities of the 10th EDF were not re-adapted to the post-earthquake situation, important funding opportunities for the reconstruction were lost. In general, funding mechanisms for the transition still need to be invented.

212. In a poor country which has been devastated by a series of tragic events, the state's ability to provide a minimum amount of public services is very limited (no coherent tax system, widespread poverty, etc.). Funding social services during the reconstruction phase should be a central preoccupation of donors. Different budgetary aid initiatives are therefore quite appropriate, but monitoring systems and the accountability of national institutions need to be reinforced.

213. At the operational level, one of the challenges of LRRD should be to reinforce and coordinate research in social sciences to improve understanding of Haitian society and the power relations within it.

5.5. Cross-cutting issues not properly taken into account

214. Cross-cutting issues like protection and gender were the subject of very heated debates during the post-earthquake response. There were very few project proposals in the protection sector. More projects dealt with gender issues, but these were not necessarily implemented effectively.

215. Though environmental issues in rural areas are generally well understood, these are rarely incorporated into programmes by DG ECHO's partners, except when they are related to DRR issues. DG ECHO's partners argue that responding to environmental challenges is fundamentally a development issue.

5.6. A context which remains very volatile

216. The future will be far from simple: vigilance and speed of reaction will be needed. The political situation has become clearer with the end of the presidential elections, but there are still political risks, with, for example, the rise in prices which is making day to day life more and more difficult. Endemic cholera, the constant possibility of cyclones and tropical storms and the danger of new earth tremors form a collection of risks which need to be taken very seriously.

6. RECOMMENDATIONS

6.1. Strategic recommendations

217. **Recommendation N°1: Pursue the withdrawal strategy during 2011-2012.** DG ECHO's exit strategy should allow it to withdraw from its different operational sectors if there are no more humanitarian emergencies during 2011-2012. In particular, it should withdraw from programmes involving the treatment of malnutrition which is no longer a humanitarian issue in Haiti, continue its disengagement from water trucking and pursue the action it has begun in the Sanitation sector.

Addressed to: DG ECHO

Applicable to: Haïti

218. **Recommendation N°2: Pursue efforts to link relief, rehabilitation and development, including consideration of the links between humanitarian action and poverty reduction.** It is important both to facilitate the disengagement of humanitarian actors when the context no longer corresponds to their mandate and allow operations which are to continue to be taken up by the appropriate institutions and development organisations. To do this, further analysis is required to determine what is the domain of the humanitarian sector and what is the domain of development organisations in terms of addressing social problems, social vulnerability and poverty.

Addressed to: Humanitarian and development organisations and donors

Applicable to: Haiti, other countries

219. **Recommendation N°3: Strengthen the Haitian disaster management and resilience building mechanisms at all levels:** Risk reduction needs to be placed at the heart of development policies in Haiti, keeping in view the island of Hispaniola as a whole. In terms of disaster preparedness, it is essential that medical personnel are trained to deal with these situations.

Addressed to: humanitarian and development organisations and donors

Applicable to: Haiti, Dominican Republic, and Caribbean

220. Recommendation N°4: Allocate funds progressively to deal with the evolution of contexts: One of the important points to emerge from the evaluation is the importance of both being able to not engage too many funds when there is a rapidly saturated absorption capacity and being able to retain genuine flexibility in the face of unstable contexts. This needs to continue to be the case in Haiti, where there is a major risk of further crises due to political and economic fragility (with food prices rising globally) and due to its exposure to numerous climatic hazards. This progressive approach is even more important in terms of providing support to innovative projects as it allows initial pilot phases to be funded, then evaluated, before funding is provided for larger scale deployment.

Addressed to: DG ECHO

Applicable to: Haiti, other countries

221. Recommendation N°5: Support efforts to improve working methods in urban contexts: The interconnections between issues of property, shelter construction, water distribution, rubble clearing, etc. need to be analysed in greater detail in order to improve understanding of urban contexts. A review of current knowledge and practices should be conducted and tools should be developed.

Addressed to: DG ECHO, organisations that specialise in urban planning and housing, donors

Applicable to: Haiti, other countries

222. Recommendation N°6: Continue to advocate for better coordination in the field, both at the strategic and operational levels and both at the sector and multi-sector levels. Coordination is a fundamental issue which DG ECHO should continue to promote from Brussels via the European Union representatives in New York and Geneva, and especially in the field to ensure that those responsible for coordination are really providing the necessary service.

Addressed to: United Nations Cluster Lead agencies, the Humanitarian Coordinator – Clusters system and humanitarian donors that support the Cluster Approach, including DG ECHO.

Applicable to: Haiti, lessons learned for the humanitarian sector

6.2. Operational and technical recommendations

6.2.1. Adapt humanitarian responses to the characteristics of urban environments

223. Recommendation N°7: Improve understanding of cities in order to establish the right scale of action by very rapidly funding urban planning assessments (the issue of knowledge). From the beginning of an emergency phase, urban planning assessments need to be launched. Humanitarian actors also need to be given the opportunity to share their experiences and discuss the specific difficulties of working in urban contexts and Haiti.

Addressed to: all humanitarian actors (donors, humanitarian organisations)

Applicable to: lessons learned for the humanitarian sector

224. Recommendation N°8: Reinforce analytical, decision-making and coordination tools adapted to operations in urban contexts at all levels (the issue of method): Tools are needed to work on town and country planning (complementarity between cities, peri-urban areas and the countryside), improve the ability to integrate general aspects of urban planning (spatial planning, risk management and the ability to carry out work of a better quality in neighbourhoods) and allow strategic reflection on the provision of services (roads, water, sanitation, waste management, health, education, etc.).

Addressed to: all humanitarian actors (donors, humanitarian agencies) including the Humanitarian Coordinator – Clusters system

Applicable to: lessons learned for the humanitarian sector

225. Recommendation N°9: Anticipate and accelerate the return process by exploring all possible solutions: finding land, repairing houses, rebuilding good quality structures. This will require increased dialogue with the authorities both at municipal and national levels.

Addressed to: CCCM, IOM, organisations which specialise in housing construction, relevant donors

Applicable to: Haiti

226. Recommendation N°10: Reconsider the notion of communities based on the reality of neighbourhoods rather than camps. Operations in cities should be based either on technical networks or on neighbourhoods. Working in partnership with the local authorities is indispensable even though this requires additional effort on the part of humanitarian actors.

Addressed to: organisations specialised in housing reconstruction, relevant donors

Applicable to: Haiti

227. Recommendation N°11: Reinforce humanitarian organisations' expertise in food security in cities, particularly after the emergency phase. In Haiti, there are opportunities to explore to create jobs in the rubble and waste treatment and construction sectors and to develop family farming in urban and peri-urban areas (like the gardens in the FAO's courtyard).

Addressed to: organisations specialised in food security, relevant donors, including DG ECHO

Applicable to: lessons learned for the humanitarian sector; Haiti

228. Recommendation N°12: Develop technical solutions for emergency sanitation in urban contexts. The humanitarian community must draw lessons from this disaster and improve the preparation of emergency responses in urban contexts, by sharing all the experiences of ecological sanitation tested in Haiti and in other contexts. Emergency excreta management systems such as portable latrines and peepoo bags need to be explored as do longer term solutions such as ecoSan, bio-gas, dry latrines and socio-economic sectors.

Addressed to: organisations specialised in WASH, relevant donors, including DG ECHO

Applicable to: lessons learned for the humanitarian sector

6.2.2. Concerning the Nutrition and Food Aid sectors

229. **Recommendation N°13: Improve understanding of the causes and the cultural dimensions of malnutrition in Haiti and improve knowledge about at risk sections of the population.** Even though the evaluation highlighted that malnutrition was not a major issue, it does, nevertheless, contribute to low socio-economic indicators for certain categories of the population and increases following natural disasters. Advocacy activities should focus on the importance of better understanding of the causes of malnutrition in order to facilitate its treatment. Improving understanding of the determining factors of malnutrition in Haiti (weaning practices, childcare, women's work and the structure of Haitian families) will help to understand and target vulnerable sections of the population better.

Addressed to: organisations specialised in Nutrition including DG ECHO's partners for the Global Plan, relevant donors, including DG ECHO, USAID, the World Bank

Applicable to: Haiti

230. **Recommendation N°14: Partnerships between NGOs aiming to reduce malnutrition should be based on a shared and multi-sector initial assessment:** Partnerships between NGOs should be preceded by a thorough assessment of the intervention zones in order to understand nutritional issues and the main causes of the malnutrition observed and evaluate the relevance and feasibility of a multi-sector approach. This initial assessment should allow the specific characteristics of partnerships to be decided.

Addressed to: organisations that specialise in Nutrition, including DG ECHO's partners for the Global Plan, relevant donors, including DG ECHO

Applicable to: Haiti; Lessons learned for the humanitarian sector

231. **Recommendation N°15: Reinforce the multi-sector structuring of the Nutrition sector, particularly for data collection and the monitoring of malnutrition.** To take malnutrition into account in the long term, it is important that the multi-dimensional aspect of the Nutrition sector should be reinforced (Food Security, WASH and Health). In particular, it is necessary to reinforce partnerships and integrate nutritional data in studies produced by the CNSA. The planned disengagement of the European Union should be managed in a way that does not prevent the CNSA from carrying out such studies in the future.

Addressed to: Haitian authorities; development donors, including the European Commission; UN agencies

Applicable to: Haiti; lessons learned for the Nutrition sector

232. **Recommendation N°16: Reinforce operational methods for responding to the basic needs of very young children in emergency situations.** The field of nutritional care for very young children needs to be further reinforced and the group of actors actively working to develop practices and share experiences needs to be supported. It will be essential to share experiences from the response to the Haiti earthquake in order to prepare for future disasters.

Addressed to: humanitarian actors, networks and researchers that specialise in nutrition for very young children in emergency situations, relevant humanitarian donors, including DG ECHO.

Applicable to: lessons learned for the humanitarian sector concerning the emergency phase

233. **Recommendation N°17: Reinforce innovative cash-based approaches and prepare humanitarian actors for their implementation on a large scale.** DG ECHO must continue to support the development of cash-based operations by funding pilot projects which allow new approaches to be tested and also by supporting the implementation of these projects on a large scale. For this to be possible, it is indispensable to build humanitarian organizations' capacity to implement such programmes on a large scale. The fact that unconditional cash transfers are limited to 100 000€ per project may be a constraint in this regard.

Addressed to: humanitarian actors; DG ECHO

Applicable to: lessons learned for the humanitarian sector concerning the emergency and post-emergency phases; Haiti

234. **Recommendation N°18: Limit CFW programmes in the post-emergency phase and improve the assessment of opportunities for replacing CFW programmes by direct cash transferral programmes during the emergency phase.** During the early emergency phase (a period of several months after the crisis), CFW programmes can help to provide people with their immediate needs by injecting a little money into household economies when markets are running properly. However, these programmes were difficult to implement, which held up the provision of emergency aid to the affected population. It is necessary to assess other emergency aid options including unconditional cash transfers which might be easier to implement and therefore more appropriate for a rapid response. In post-emergency phases, CFW programmes, which are currently being used in Haiti to carry out numerous activities, including large scale operations requiring technical know-how and proper supervision, should not replace access to “normal” work. CFW programmes should only be considered if they are part of a broader project with clear objectives.

Addressed to: humanitarian actors; relevant humanitarian actors, including DG ECHO

Applicable to: humanitarian sector during the emergency and post-emergency phases; Haiti

235. **Recommendation N°19: Ensure that the Food Security Cluster is effectively set up in the field.** The decision was made to set up a Food Security Cluster at the global level. DG ECHO, which supports the implementation of the Cluster Approach, should support the setting up of this Cluster at the country level when this is justified by the context. This Cluster should allow cash-based operations to be more effectively coordinated.

Addressed to: FAO, WFP, UNDP, Global Clusters, Humanitarian Coordinator – Clusters system, donors that support the Cluster Approach (including DG ECHO)

Applicable to: Haiti; the humanitarian sector during the emergency and post-emergency phases

6.2.3. Issues for the water and sanitation sector

236. Recommendation N°20: Encourage the participation of communities and civil society in the management of water and sanitation. The social or private management of resources and services should be developed (for example, water point management committees, *bayakou* unions¹⁰⁰) in order to avoid aid dependence which would compromise the return to development.

Addressed to: humanitarian organisations specialised in WASH, donors and the Haitian authorities

Applicable to: Haiti

237. Recommendation N°21: Reinforce the resilience and the autonomy of communities vis-à-vis their water and sanitation needs to deal with the recurring disasters in Haiti. Home water treatment (e.g. Antenna Wata), collective mechanisms in which the cost of chlorination is recovered (via Water Committees or private actors) or sustainable sanitation techniques which allow the residue of treated excreta to be re-used (dry latrines, biogas, etc.) should be explored more.

Addressed to: humanitarian and development actors specialised in WASH, donors and the relevant Haitian authorities

Applicable to: Haiti, other countries

238. Recommendation N°22: Ensure that established cultural practices in Haiti are taken into account more in order to improve access to water which is of good quality, is socially equitable and financially sustainable. This will involve reviewing the current situation in terms of relations between private organisations and landowners, sharing experiences about the social acceptance of Water Committees and exploring in greater detail the use of water treated by inverse osmosis in Haiti.

Addressed to: humanitarian and development organisations specialised in WASH operations, the relevant donors

Applicable to: Haiti

239. Recommendation N°23: Reinforce consultation with local and national actors. DINEPA and OREPA have developed a framework agreement protocol for NGO operations and relations with the Haitian state. It is important to ensure that this is respected.

Addressed to: humanitarian and development organisations specialised in WASH operations, the relevant donors

Applicable to: Haiti

6.2.4. Issues concerning the Health sector

240. Recommendation N°24: Provide treatment to physically and psycho-socially handicapped people who emerge in the months and years ahead. Taking care of complications following badly treated injuries (fractures to reset, bone-related complications) requires a long-term commitment. The replacement of artificial limbs and orthopedic devices as well as the different social, economic and psycho-social consequences of the handicaps caused by the earthquake will require a significant amount of resources which the Haitian budget will not be able to provide alone.

Addressed to: Health organisations and the relevant development donors

Applicable to: Haiti; lessons for the sector

¹⁰⁰ See the description of the *bayakou* system in the chapter on WASH.

241. **Recommendation N°25: Make Health organisations resilient to disasters.** There needs to be greater effort to prepare the Health system to deal with disasters by applying the WHO's "Safe Hospital" policy and by reinforcing its capacity to be involved in disaster management alongside the Civil Protection Directorate. Also, it is important that medical training should include disaster management.

Addressed to: Health organisations, development donors and humanitarian donors in relation to disaster preparedness (including DG ECHO)

Applicable to: Haiti; lessons learned for the sector in natural disaster contexts

242. **Recommendation N°26: Advocate for the implementation of an economic policy for the Health sector.** With very unequal access to the healthcare system in Haiti, a national economic strategy for the health sector needs to be developed and implemented to clarify, for example, the coordination between the public and private sectors. With support from DG ECHO, the EU Delegation in Haiti should conduct advocacy campaigns on this issue aimed at donors and the Haitian government.

Addressed to: Haitian authorities, Health organisations, development donors (including the European Union Delegation with the support of DG ECHO for advocacy work)

Applicable to: Haiti

243. **Recommendation N°27: Take measures to deal with the new endemic nature of cholera in Haiti.** To avoid epidemics, it is absolutely crucial that, with the support of the international community, the Haitian government invests massively in the implementation of a system which includes more monitoring, the setting up of rapid deployment mechanisms and support to reinforce water and sanitation services.

Addressed to: the Haitian authorities, Health and WASH organisations, development and humanitarian donors regarding disaster preparedness (including DG ECHO).

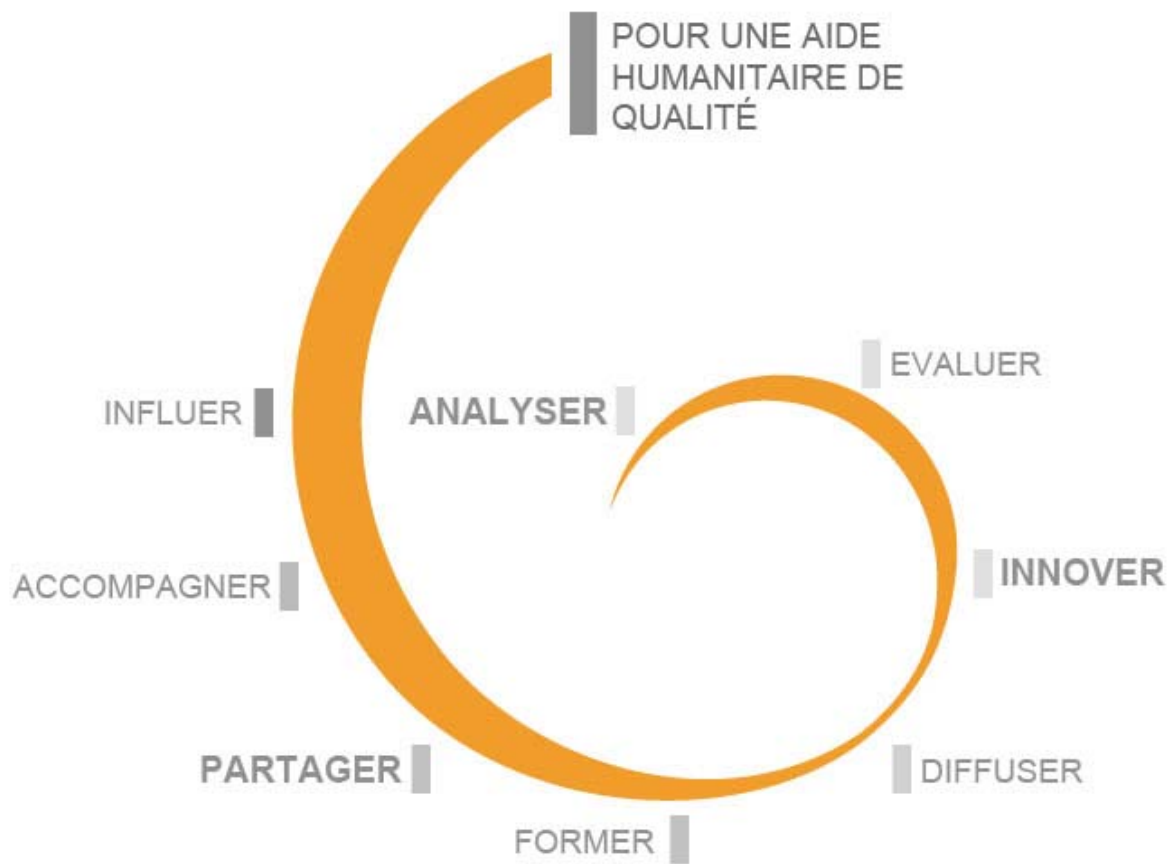
Applicable to: Haiti

6.2.5. Cross-cutting issues

244. **Recommendation N°28: Ensure that the cross-cutting issues of Gender, Protection and the Environment are properly taken into account.** On the whole, protection and environmental issues were badly neglected, gender to a lesser extent.

Addressed to: humanitarian and development organisations, the relevant donors, the Haitian authorities

Applicable to: Haiti





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