

Haiti:  
Earthquake Response  
and Funding Opportunities  
Executive Summary

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Often described as the poorest country in the Western Hemisphere, Haiti has had a difficult history. A series of coups and dictatorships marred by repressive violence dominated the last century, with only a few free elections in that time. Political violence in the early 2000s encouraged the formation of the Integrated UN Stabilization Mission for Haiti (MINUSTAH) in 2004 to oversee elections and strengthen the rule of law. As Haiti's political system began to portend a rise in democracy and equitable development, tropical storms battered the Caribbean island in 2008. In 2009, Haiti ranked 149th out of 182 countries in the UN Human Development Index and 175th out of 182 countries in Transparency International's Corruption Perception Index.<sup>1</sup>

Yet the country of almost ten million had been on a slow path towards progress when a 7.0-magnitude earthquake rocked Haiti on January 12, 2010, the worst in 200 years.<sup>2</sup> With the earthquake's epicenter located just twenty miles west of Haiti's capital city Port-au-Prince, the immediate impact was catastrophic: 300,000 people died, another 300,000 thousand were injured, and 1.3 million were left homeless. In total, an estimated three million people found themselves in need of emergency aid.<sup>3</sup> Within hours, the international community responded to the crisis with one of the largest outpourings of aid the world has seen in recent years.

Today, many difficulties remain. Over 500,000 Haitians still live in tent cities, the worst cholera outbreak in recent world history continues to spread, and growing food insecurity affects nearly half of the country's population.<sup>4</sup> Haiti's small government budget, the majority of which is externally funded, is insufficient to provide basic services to many of its citizens. And though the internationally donor community was generous immediately following the quake, interest has since waned and desperately needed funding is scarce.

**As Haiti moves forwards into a period of reconstruction, the spectrum of needs has shifted towards the fundamental issue of weak state institutions.**

The most effective avenues for further funding uncovered by this research are those that offer a long-term future both for program participants and the Haitian economy: professional development, youth- and women-focused leadership training, and rural agriculture programs. Other potential levers of change include justice sector reform, IDP return, transitional housing, cholera relief, and rubble removal.

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## I. Successes of the Earthquake Response

The international donor community responded to the crisis by disbursing more than \$4.8 billion disaster relief to date, out of a total pledged \$8.4 billion<sup>ii</sup> through the end of 2011.<sup>5</sup> Additionally, the government of Haiti received nearly \$1 billion in debt relief by the end of 2011 from donor governments.<sup>6</sup> Donations were critical in saving lives, with most saved in the first fifteen to twenty days.<sup>7</sup> In the first emergency phase from January 12 to March 31, hundreds of thousands of medical cases were treated. The United Nations' long-standing presence on the ground enabled water and medical supplies to be rapidly dispersed after the quake. However, relief efforts were complicated by the fact that roughly 50% of Haitians lacked access to clean water even before the quake, and 80% did not have adequate sewage systems.<sup>8</sup>

**HEALTHCARE EFFORTS:** Healthcare facilities were spread throughout the country relatively quickly. Médecines Sans Frontières (MSF) managed to re-open two out of their three hospitals, Red Cross Red Crescent organized mobile field hospitals, and Partners in Health established health posts at four IDP camps around Port-au-Prince. Surgical stock and medical consumables from the WHO-supported national obstetric programs were shipped to the few remaining operation rooms for emergency procedures.

**THE INTERIM HAITI RECOVERY COMMISSION (IHRC):** Formed on April 21, 2010 by presidential decree, the IHRC aimed to assure international donors that their money would be well spent. Rather than fund projects directly, it promoted intersectoral partnerships and oversaw projects funded by bilateral or multilateral donors. Specifically, it was responsible for strategic planning, coordination, and implementation of projects related to funds pledged at the 31 March New York Donor Conference. The organization was co-chaired by Prime Minister Bellerive and former President Clinton with an 18-month mandate that expired on October 21, 2011. The IHRC remains closed to date, though a month after the commission's end, Clinton told reporters, "If [the Haitian Government] wants it to continue, I would be happy to continue... It's their decision."<sup>9</sup>

**HOUSING CONDITIONS:** Settlement and housing conditions have improved since the months after the quake. Over one million people have left the tent cities that materialized after the quake, leaving over 500,000 IDPs remaining.

A year after the quake, the U.N. Office for the Coordination of Humanitarian Affairs (OCHA) reported that it had built 31,656 transitional shelters had been built, housing 158,000 families. The International Federation of Red Cross and Red Crescent Societies had provided temporary housing to another 170,000 households by April 2011. The number of people living in high-quality transitional shelters has tripled since October 2010.<sup>10</sup>

**CHOLERA REDUCTION:** The severity of the October 2010 cholera outbreak is beginning to be controlled. Though cholera affects 5% of the Haitian population and continues infecting 200 people a day in Port-au-Prince, the death toll is down to roughly 1% of those infected, in line with international standards.<sup>11</sup> PIH ranks as one of the largest nongovernmental health care providers in Haiti; as cholera began to spread, PIH established treatment centers and began community education, prevention, and treatment campaigns. The American Red Cross, Partners in Health, Doctors Without Borders, UNICEF, J/P Human Relief Organization, and Oxfam have also emerged as among the largest players addressing cholera, with programs promoting good hygiene and providing fresh water to rural areas and refugee camps. Recent efforts have involved strengthening the capacity of DINEPA, Haiti's national water and sanitation agency.

## II. Criticisms of the Initial Response

**FOCUS ON IMMEDIATE RELIEF:** While hundreds of thousands of medical cases were treated in the emergency phase, many of the patients had begun to experience complications by the end of the first month.<sup>12</sup> Operational capacity was limited in surgery wards, as was post-operation care; the lack of protocol for injury management led to one of the highest rates of amputation in a disaster.<sup>13</sup> The provision of medical aid was also limited by restricted patient access, little local knowledge of first aid, delays in equipment shipments, and damages sustained by the medical infrastructure in most of the affected areas.

**IDP CAMPS:** Conditions were horrific within the camps for internally displaced persons, and many of these problems have continued to the present-day. Hastily constructed shelters were already partly rotten and no longer watertight after just three months; others were destroyed by a constant battering of heavy rain, hurricane winds, and unrelenting sun.<sup>14</sup> The lack of camp management committees or international NGOs coordinating

ii. This data includes donations from public and multilateral entities. Of this \$8.4 billion, \$5.7 billion is for recovery and development, \$2.5 billion is for earthquake humanitarian relief, and \$180 million is for cholera humanitarian relief. More specific information about the funding details broken down by sector and donor can be found at the UN Office of the Special Envoy for Haiti.

nearly half of the camps led to poor hygiene conditions; around forty percent of the camps lacked access to water and thirty percent had no toilets months after the earthquake.<sup>15</sup> Standing water and poor sanitation led to an outbreak of cholera in October 2010 that has already killed over 7,000 people.

Although less people now live in temporary encampments, the International Organization for Migration and UN Office of the Special Envoy for Haiti estimates that only 4.7 percent of Haitians have left the camps because their homes have been rebuilt or repaired.<sup>16</sup> Forced eviction, high crime rates, insufficient hurricane shelter, poor sanitation, and overall deteriorating conditions in the IDP sites have all been principle reasons for leaving.<sup>17</sup> The potential destinations for these refugees are limited; in one study, only 42% of respondents who had left a camp said they currently lived in a house with no damages.<sup>18</sup> Yet due to the difficulty of verifying ownership or ensuring that previous tenants can move back to previous homes without rent increases, home repair has not been a priority for the donor community. It should be noted that over 50% of Haitians lived in inadequate housing before the earthquake.<sup>19</sup>

**UNINTENDED CONSEQUENCES OF AID:** The disproportionate focus on healthcare provision unintentionally resulted in the deterioration of the Haitian healthcare system. Before the quake, the majority of domestic Haitian hospitals had been privately run. The widespread supply of free healthcare in Port-au-Prince undercut the services they provided, and many were forced to declare bankruptcy. As the flow of aid has diminished, Haitians have been left behind with a weaker health sector than before the quake, facing continued health crises. Nearly every basic health service is privately run in Haiti, so the inadvertent bankruptcy of private facilities has exacerbated extreme inequality.

Accusations have also arisen that the cholera outbreak was caused by UN aid worker negligence. Though an outside commission commissioned by the international body absolved it of responsibility, lawyers representing thousands of cholera victims have still threatened to sue in US courts.<sup>20</sup>

**LACK OF COORDINATION:** By many accounts, there were insufficient communication channels between local Haitian NGOs, the Haitian government, and the donor community. Even various members of the IHRC, the very organization set up to create linkages between donors and local groups, told Bill Clinton that they felt disconnected from the decision-making process. The UN cluster system, also intended to coordinate and integrate the work of humanitarian groups, was widely criticized for its approach in Haiti. It was flawed by turnover of leadership, meetings in English or French and not Kreyol,

and lack of inclusion of Haitian civil society groups and government.<sup>21</sup> This has left many local NGOs coordinating outside of the cluster system, which they believe is disconnected from “the reality outside of the U.N. compound.”<sup>22</sup>

**LACK OF TRANSPARENCY:** The opaqueness of the Haitian government and NGO sector is troubling, creating a breeding ground for corruption. Thousands of NGOs flooded Haiti after the earthquake and complaints have since poured in that the NGOs are “a parallel government hobbled by poor coordination, high turnover and lack of transparency.”<sup>23</sup> The presence of “suitcase NGOs” was widely acknowledged, with one interviewee estimating that “20 percent of the NGOs do 80 percent of the work” and the remaining 80 percent of NGOs clog the system.<sup>24</sup> A study conducted by the Disaster Accountability project revealed that the smaller organizations are much more diligent in reporting their plans and had much greater transparency than the larger ones.

**POORLY RUN RELIEF:** One common complaint was that money has been spent on faulty or ineffective relief projects. For instance, twenty prefabricated buildings donated by the Clinton Foundation to the Haiti Recovery Commission had repeated issues with high levels of mold and formaldehyde; some schools these buildings had housed were forced to shut down due to extreme temperatures as well as a lack of water or sanitation facilities. Some of the food aid provided by ERLY industries in the wake of the disaster has been criticized for perverse incentives; the more dire they reported the situation, the more rice they could import. In mid-2010, a scandal erupted when an ERLY industries subsidiary distributed 475 tons of genetically modified seeds chemically treated with highly-toxic pesticides throughout Haiti for free.

**Haitian officials have also complained of difficulties matching the desires of the donor community with Haiti’s needs: donors want to build schools, but no one wants to fund the teachers.**

**INSUFFICIENT LONG-TERM PLANNING:** A survey conducted by the Foundation Center in January 2010 found that of the 50 foundations who answered that they anticipated responding to the earthquake (60 percent of those surveyed), most intended to direct their assistance exclusively to intermediary organizations headquartered outside of Haiti. Though several respondents referenced the need to support longer-term recovery efforts, the vast majority of leading foundations responding to the crisis (90 percent) expected to focus on providing “emergency relief.”<sup>25</sup> With only 13% of bilateral and multilateral funding supporting the Haitian government

budget, there was a dangerous lack of attention to national institutions that would continue after the donor community left the country. Haitian NGOs were similarly left out of the process; according to the U.N. Special Envoy for Haiti, only 0.4 percent of international aid was provided directly to Haitian nonprofits.<sup>26</sup> Haiti has thus become semi-dependent on the slowly dwindling resource of donor financing.

Prime Minister Jean-Max Bellerive said that NGOs have ignored government planning and sometimes risk undermining long-term recovery efforts. Businesses that would provide food, water, and health care have actually been hurt by infusions of free goods from NGOs and foreign governments. The Haitian government is now trying to force NGOs to stop giving food and services so that Haitians will be forced to return to their homes and rebuild.<sup>27</sup>

### III. Reflecting at the Two Year Mark

The profile of Haitian needs is shifting as the country moves toward towards a period of reconstruction based on economic growth and institutional development. To be sure, the cholera outbreak and the 500,000 people in refugee camps have kept relief programs on the agenda. But the recent increase in programs aimed at promoting jobs, removing rubble, and constructing permanent or semi-permanent housing suggest a desire to treat the causes of poverty rather than their manifestations. The Haitian government has championed reconstruction and trade, working on reforms to eliminate obstacles to business involvement. In January 2012, President Martelly affirmed that Haiti wants “hands up over hand-outs.”<sup>28</sup> The NGO sector’s profile is also changing to reflect this shift to reconstruction. Many of the superfluous NGOs that flooded Haiti immediately after the earthquake have left the country over the course of 2011, consolidating the majority of work and donor funding into fewer major players.

### IV. Institutional Needs

At the heart of Haiti’s difficulties lie weak state institutions, which vastly exacerbated the earthquake’s consequences and obstructed efficient recovery efforts. Many experts believe that the international community needs to engage more with the Haitian government; a recent New York Times editorial advocated “guidance to Haiti’s ministries and monitoring [of]

their efforts” as the best path forward.<sup>29</sup> On the other hand, government critics cite corruption, bureaucracy, and delays for their reluctance to engage; current President Michel Martelly was elected in May 2011 but Parliament only approved his choice for prime minister in October.<sup>30</sup>

Alternately, the Ansara Family Fund recommends focusing on grassroots leaders and building institutions from the ground up.<sup>31</sup> Partnering with community organizations will provide a local perspective of needs and employ local talent for work. Investment in capacity building programs for government workers at the federal and municipal levels will provide for more equitable development. Experts agree on the necessity of involving Haitians in the rebuilding process; “Haiti’s people have been completely excluded from the recovery effort,” says Pierre Esperance of Haiti’s National Human Rights Defence Network.<sup>32</sup>

### V. Funding Opportunities

#### A. PROFESSIONAL DEVELOPMENT

When the earthquake destroyed a significant portion of Haiti’s infrastructure, crushing hospitals, educational centers, and small businesses, it crippled Haiti’s economic development. The unemployment rate in 2010 was a staggering 40%, though the underemployment rate is much higher and some estimate that up to two thirds of Haitians do not have formal jobs.<sup>33</sup> Haiti now needs professional development programs to break free from the earthquake’s stifling aftermath; business leaders, entrepreneurs, and health professionals may help jumpstart the Haitian economy and provide a path for future growth. Partners in Health has been one of the largest executors of training programs for Haitian health professionals; in the summer of 2012, PIH is set to open the largest hospital outside Port-au-Prince as a training facility. Notably, the Clinton Bush Haiti Fund is one of the most prolific funders in this space.

#### B. YOUTH–AND WOMEN–FOCUSED LEADERSHIP TRAINING

Youth and women are particularly vulnerable populations following emergencies: job opportunities are minimal and lack of security in IDP camps exposes them to risk of violence or sexual abuse. With around half of the Haitian population under the age of 18, youth leadership programs are a pressing need.<sup>34</sup> Current programs in Haiti include construction or vocational training and life-skills development courses.



Women, too, play an integral role in Haitian society as the “poto mitan” (centerposts) of family and community matters. Women manage 40% of the nation’s households, comprise over 75% of its informal economy, and filled 40% of the 300,000 temporary jobs created by the UNDP and other international donors after the quake.<sup>35</sup> Yet women do not earn as much and remain dramatically underrepresented in government; the 49<sup>th</sup> legislature of the Haitian Parliament has only five women deputies. Although promoting women’s leadership in the political process is widely recognized as an important need, few NGOs pursue this strategy.<sup>36</sup> The few programs that exist focus on training women politicians, providing microcredit loans, or raising awareness of women’s rights issues.

Gender-based violence remains a serious threat; the World Bank has estimated that 70% of women have been affected by some form of violence, much of it domestic.<sup>37</sup> Even before the quake, 46% of Haitian girls between the ages of 5 and 17 faced sexual abuse.<sup>38</sup> Empowering women leaders can help reverse this trend.

### C. REBUILDING THE JUSTICE SYSTEM

According to the Post-Disaster Needs Assessment conducted by the Haitian government in March 2010, 80% of the justice sector in Port-au-Prince was significantly affected by the earthquake.<sup>39</sup> Nearly 50 buildings were badly damaged, archives were lost, and judicial activity was stalled.<sup>40</sup> With land disputes providing a significant barrier to IDP return and violence thriving in a culture of impunity, restoration of the judicial branch is a cornerstone of Haiti’s reconstruction.<sup>41</sup> Ultimately, the long-term solution to rebuilding the Haitian justice system lies with improving government capacity, building the establishment’s credibility, and removing access barriers. Few funders have focused in this space due to the difficulty of working through the Haitian government. However, rights-based NGOs have gained increased prominence; anger at the misuse of donor funds has even sparked the beginning of lawsuits targeting aid providers.

### D. RURAL AGRICULTURAL PROGRAMS

Rural agriculture programs are closely tied both to Haiti’s economic recovery and IDP return. In addition to providing sustenance to participants, agriculture projects may incentivize Haitians to move away from Port-au-Prince and the remaining tent camps, where economic opportunities are minimal. The UN Food and Agriculture Organization (UNFAO) believes that with enough training, a tenth of camp inhabitants could move to the countryside.<sup>42</sup> In addition, these programs multiply food produced within Haiti by increasing farmers’ productivity. This is necessary to wean the country off imported food; over

50 percent of food consumed in Haiti is bought abroad, compared with only 20 percent a few decades ago.

Decentralization is seen as a fundamental need within Haiti, to prevent relief and reconstruction efforts in major cities from being overwhelmed. In December 2011, President Michel Martelly told potential investors, “decentralization is a critical cornerstone supporting my vision for a new Haiti... we want to strengthen and empower our rural communities and create new ones.”<sup>43</sup>

A number of promising strategies have recently emerged. Widespread best-practices training can improve farmer’s productivity through training centers or community-focused programs. Small, farmer cooperatives can provide a draw for those Haitians not yet trained in agriculture and can tackle food insecurity on a community level. And crop-specific training programs represent a more targeted approach to increasing exports or reducing countrywide food insecurity. Many NGOs have been involved in this sector; more research is needed to determine which model is most effective.

### D. IDP RETURN

While forced eviction from IDP camps has become common, expelled Haitians do not necessarily have a place to go. According to Interim Haiti Recovery Commission housing section leader Priscilla Phelps, the issue is tied to land and a lack of permanent housing programs; there are simply not enough sustainable places for returnees to live.<sup>44</sup> Complicating the matter, many IDPs either did not own land before the quake or are entangled in ownership disputes; therefore, knowing where to build is a difficult task.<sup>45</sup> A national strategy needs to be conducted in concert with the Haitian government to create permanent jobs and designate IDP return areas. In August 2011, the IHRC began a “16 Neighborhoods – 6 Camps” reconstruction and relocation project. This project aims to reconstruct 16 high-priority neighborhoods in Port-au-Prince and subsequently encourage the voluntary resettlement of over 5,000 households, approximately 30,000 people, which are spread out through six IDP camps across the Port-au-Prince, Delmas, and Petion-Ville municipalities.<sup>46</sup>

### E. TRANSITIONAL AND PERMANENT HOUSING

Many homes were destroyed in Haiti earthquake, forcing over 1.5 Haitians to seek refuge in settlement camps. Though this number has been reduced to approximately 550,000 people today, the quality of the remaining camps varies widely.<sup>47</sup> Some long-term focused programs have advanced with the construction of transitional shelters with timber or steel frames. A one-year update by OCHA stated that 31,656 transitional

shelters had been built, housing 158,000 families. Some critics have faulted aid groups for focusing too much on transitional housing rather than long-term solutions. Permanent housing is a must, due to the short lifespan of tents and tarpaulins in a tropical climate.

#### F. CHOLERA RELIEF AND HEALTHCARE PROVISION

Containing the massive cholera outbreak affecting over 500,000 people nationwide and causing over 7,000 deaths to date remains a priority;<sup>iii</sup> at 5% of the population, the infection rate is the highest in the world.<sup>48</sup> To contain the further spread of cholera, clean water and sanitation infrastructure must be built, and local populations must be sensitized with clean hygiene awareness programs. Those already infected still require ongoing medical treatment.

As Haiti is still recovering, it retains a need for continued healthcare, including thorough medical analysis of patient outcomes from the early days of medical emergency care. The Inter-Agency Evaluation found that many patients began to suffer complications from earlier treatments and amputations were excessive, yet no comprehensive data has been compiled. Those that have become handicapped from lack of treatment of physical injuries are at great risk; work opportunities are virtually non-existent and proper medical, psycho-social and economic assistance are lacking. Donors must shift their focus to supporting the Haitian healthcare system to avoid creating a parallel health provision structure.

This funding strategy remains the most heavily funded in Haiti today, even as Haiti shifts to a period of reconstruction. Though critically important, this strategy treats the symptoms of health problems in Haiti rather than the causes; as long as IDP camps remain and people do not have housing, cholera will continue to spread and health crises will persist.

#### G. RUBBLE REMOVAL

The slow pace of rubble removal has hurt relief and rebuilding efforts. Dump trucks have trouble on narrow dirt roads, a poor records system makes it hard to determine who owns property, and there are few places to dump the rubble, which also often contains human remains. Furthermore, no central authority or NGO has taken charge of rubble clearing efforts, so the work is uncoordinated and done in piecemeal fashion.<sup>49</sup> To date, fifty percent has been cleared.<sup>50</sup>

## VI. Conclusion

There are ample paths for funding to have a direct positive impact on Haiti; it is no secret that the country is still in need of serious support. But within the above-identified levers of change, it is clear that grants will advance certain strategies more than others. Measurably reducing the cholera epidemic, large-scale rubble removal, or building sufficient permanent housing requires a very expensive commitment and a significant on-the-ground presence. Agricultural reform provides a critical long-term opportunity, though many players are already involved within the space. Professional development programs are also important in Haiti's reconstruction phase to strengthen the economy, but they by-and-large have significant donor interest already. The most highly valued and underfunded sector is women and youth leadership training, to ensure equitable development for the company's future and have maximum impact.

iii. As of December 25, 2011 the Haitian Health Ministry reported 522,335 cases of cholera and 7,001 attributable deaths.

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