

Inter-agency real-time evaluation in Haiti: 3 months after the earthquake



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August 31, 2010

FINAL REPORT

Map of Haiti and sites visited



Acknowledgements

The evaluation team would like to thank all those who provided support and input during the research process and the field visit to Haiti. We are thankful to the representatives of the Haitian authorities who received us in Port-au-Prince, Léogane, Jacmel and Gonaïves. We are also particularly grateful for the support of the OCHA office in Port-au-Prince who provided us with input and a work space and helped us organize the debriefing workshop. Thank you to CARE Haiti for hosting two of our workshops, the NGO Coordination Support Office in Haiti for helping us organize the workshop with international NGOs and the Haiti Response Coalition for organizing and hosting the workshop with Haitian NGOs. We would also like to thank Vincent Grammont for helping us travel to Bristout-Bobin, Ravine Pintade and other areas in Port-au-Prince where access is difficult.

Photos

Camp Corail, Andrea Binder

Destroyed settlements in Canapé Vert, François Grünewald

Acronyms

ACF	Action Contre la Faim
ACAPS	Assessment Capacities Project
ALNAP	Active Learning Network for Accountability and Performance
CCCM	Camp Coordination Camp Management
CDAC	Communication with Disaster Affected Communities
CSC	Coordination Support Committee
DART	Disaster Assessment and Relief Team
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DPC	Direction Nationale de la Protection Civile
DPKO	Department of Peacekeeping Operations
DSRSG	Deputy Special Representative of the Secretary General
ECHO	European Commission Humanitarian Assistance Office
ERC	Emergency Relief Coordinator
ERRF	Emergency Response Relief Fund
ERU	Emergency Relief Unit
GACI	Groupe d'Appui de la Coopération Internationale
GII	Group of Eleven
GoH	Government of Haiti
GPPI	Global Public Policy Institute
Groupe URD	Groupe Urgence, Réhabilitation, Développement
HC	Humanitarian Coordinator
HCT	Humanitarian Country team
HLCC	High-Level Coordination Committee
IASC	Inter-Agency Standing Committee
ICC	Inter-Cluster Coordination
ICRC	International Committee of the Red Cross
IADB	Inter-American Development Bank
IFRC	International Federation of the Red Cross
IOM	International Organization for Migration
IRC	The International Rescue Committee
JTF-H	United States Joint Task Force Haiti
MINUSTAH	United Nations Stabilization Mission in Haiti
NGO	Non-governmental organization
OMA	Office of Military Affairs (USAID)
PDNA	Post-Disaster Needs Assessment and Recovery Framework
PDSRSG	Political Deputy Special Representative of the Secretary-General
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
RINAH	Rapid Initial Needs Assessment for Haiti
SMS	Short Message Service
SRSRSG	Special Representative of the Secretary-General
UN	United Nations
UNCT	United Nations Country Team
UNDAC	United Nations Disaster Assessment and Coordination
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAR	Urban Search and Rescue
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

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EXECUTIVE SUMMARY

Background, scope and method

On January 12th 2010, an earthquake of magnitude 7.0 on the Richter scale struck Haiti's capital Port-au-Prince and its surrounding areas. The earthquake had devastating effects: an estimated 230,000¹ people were killed, with many left injured and homeless. Material loss is reported to be equivalent to more than 100% of Haiti's national income.² More than 2 million displaced persons³ sought refuge in spontaneous settlements in and around the capital, with host families, and in rural areas. The humanitarian situation in Port-au-Prince and the provinces was compounded by the high level of chronic poverty in Haiti. The scale of the disaster was comparable to the Indian Ocean Tsunami in 2004, but in a much more limited area.

By May 2010, over 1,000 international organizations had provided humanitarian assistance in Haiti.

- 57% of the 1.5 billion US dollar Revised Humanitarian Appeal had been funded,⁴
- thousands of wounded people had been provided with care,
- the Food Cluster had provided 3.5 million Haitians with food aid; 17,500 people had been employed in Cash for Work programs,
- thousands of cubic meters of potable water had been distributed,
- the Shelter Cluster had distributed over half a million tarpaulins and the Protection Cluster reported that it had organized social activities for 45,000 children.⁵

In view of the scale of the disaster and the subsequent response, the Inter-Agency Standing Committee (IASC) launched a Real-Time Evaluation (RTE) to inform decision-makers at country and headquarters levels, to draw lessons and to allow corrections to be made where necessary.

The Haiti RTE includes three phases. The first phase was implemented between April and May 2010. The three-week country mission included several workshops with key stakeholders, in-depth data analysis, and debriefings in Port-au-Prince. The process of gathering information and recording local people's perceptions was carried out as rigorously⁶ as possible on the basis of a typology of different sites and zones via semi-structured face-to-face interviews and focus groups. The field work was followed by a series of debriefings and additional data collection exercises in New York, Geneva and London.

¹ Government estimate from February 2010 (estimates of the number of dead vary)

² Government of Haiti (2010): 6

³ International Organization for Migration, April 2010

⁴ Financial Tracking Service (2010): Table A: List of all commitments/contributions and pledges, 08 June 2010

⁵ OCHA (2010a), OCHA (2010b), OCHA (2010c), OCHA (2010d)

⁶ In accordance with the Handbook on Participation prepared by Groupe URD for ALNAP (see www.alnap.org)

The first field mission was carried out less than 3 months after the disaster. Interviews were conducted with more than 170 individuals from Haitian institutions and international agencies (face-to-face interviews, focus groups and teleconferences) as well as with individuals and groups from the affected communities in different sites in Port-au-Prince, Léogane, Gressier, Jacmel, Gonaives, Saint Marc and in rural areas of the Artibonite and South East regions. More than 150 Haitians were interviewed either in face-to-face encounters or during focus groups.

This report analyses the humanitarian response following the Haiti earthquake between January and April 2010. in order to identify what worked, what did not and why. It presents key findings, recommendations and lessons learned for immediate implementation in Haiti and for future large-scale disasters.

Key findings and lessons for future large-scale disaster response

The Government of Haiti (GoH) and many international actors, particularly the United Nations, were both victims of the disaster and actors in the response. This affected all control and command mechanisms at the central level.

Despite the quick mobilization of aid, the quality of the achievements was drastically affected by serious constraints linked to the magnitude of the disaster, the uncontrollable flow of frequently inexperienced small NGOs, the inappropriateness of many practices in urban contexts, and weak global leadership. The RTE found that the response to the earthquake between January and April 2010 was a missed opportunity to translate the quick setting up of cluster coordination and the availability of substantial resources in the form of money, military assets and staff into timely results.

Several critical points should be underlined in particular:

- The weakness of the humanitarian leadership;
- The limited collaboration between international actors and national institutions at both national and decentralized levels;
- The difficulties encountered in establishing an appropriate system for collecting and analyzing data in order to provide decision-makers with information in a timely manner;
- The difficulties encountered by the humanitarian system due to the urban setting.
- The departure of many experienced Haitians for the US or Canada within a few days of the disaster left the country with depleted levels of competent human resources and the arrival of members of the Diaspora was not enough to make up for this loss.

Key humanitarian actors recognized these shortcomings and worked hard to improve the response by strengthening humanitarian leadership and local ownership, increasing coverage and preparing for the upcoming hurricane season.

Taking into account experiences from earlier disasters, six key lessons can be drawn from the Haiti experience for future large-scale disasters:

• **Get the analysis right.** Humanitarian agencies and NGOs, in cooperation with donors, should strive to carry out a comprehensive “diagnosis” of a humanitarian situation, which covers:

- analysis of the context and how it may evolve,
- needs and how they may evolve,
- existing capacities and the support which could be provided to strengthen them, and
- the constraints affecting the response. In particular, the analysis of the security situation should also be improved and not left to “risk-averse” institutions as this leads to paralysis of the humanitarian sector.

While clusters should be seen as central to sector-based assessments, OCHA should be strengthened so that it can conduct global strategic analysis, risk assessments and multi-sector/cross-cutting analysis.

Finally, the information and analyses should be available on time: “better have it 70% right on time than 100% right too late.” The system should comprise rolling mechanisms to ensure that information is regularly updated.

• **Get the paradigms right.** The humanitarian community, including the United Nations, NGOs, the Red Cross movement, donors, policy makers and academics need to challenge a series of paradigms that distort the way aid functions. There is a need to:

- include the urban dimension into humanitarian thinking,
- adopt participatory approaches,
- revise the way the security of humanitarians is managed,
- ensure that the survival strategies of the affected population are systematically included in the response as they are critical to effectively alleviate suffering, and
- rethink the interaction between humanitarian aid and local economies in order to optimize the positive contributions which both can make to people’s survival and limit possible negative effects.

• **Get the resources right.** Humanitarian organizations and donors need to ensure that the right resources are available at the right time.

- First and foremost, this means assessing existing local capacities and bringing in additional resources (in the form of money, staff, goods and services) to support these capacities.
- Staff who are brought in have the right skills, including languages and contextual and technical knowledge.
- In-kind donations need to be managed more effectively at the global level. In-country logistical capacity and time are limited and should not be strained further to manage unusable donations.
- Staff welfare should be seen as a critical factor for the success of the response. Agencies should proactively address this issue to avoid burnt-out staff and high rates of costly medical evacuation.

• **Get the coordination right.** Several points were identified:

- The Inter-Agency Standing Committee and global clusters need to support cluster coordination through guidelines on how best to manage the influx of a large number of agencies. The experience of small “strategic advisory and technical groups” (baby clusters) should be incorporated as good practice into those guidelines,
- The interaction and coordination between the cluster system and integrated missions is not sufficiently covered in IASC guidance. Additional work on this subject is still needed,
- The Emergency Relief Coordinator and global clusters need to support the Humanitarian Coordinator and the Humanitarian Country Team to build up a cluster system that is compatible with local coordination structures,
- At a strategic level, proper articulation of country, regional and global decision-making levels is essential in order to avoid confusion and weakened accountability. There are also a lot of additional opportunities to develop enhanced collaboration and coordination between the clusters (especially Health and WASH) with rapid deployment teams (UNDAC, FACT, etc.),
- Donor presence in-country and inter-donor coordination are crucial, but donors also need to ensure that they do not hold up aid agencies in their work. They should therefore avoid time-consuming control processes and limit high-level visits.

• **Get the communication right.** Two specific communication actions are essential:

- Communication with the affected population is a first crucial step towards more inclusive humanitarian assistance.
- Communication with donors, the press and the general public is also a key part of crisis communication and should be the job of a professional press spokesperson. Professional crisis communication helps humanitarians to deliver results in relation to realistic rather than exaggerated expectations.

• **Get the leadership right.** The Haiti response shows that leadership remains an important issue for humanitarian reform. There are key examples in the Haiti response that demonstrate the importance of strong leadership, for example the Health and Food Clusters (UN leadership), WASH (national leadership), and the political and military branches of the UN mission. Best practice exercises between cluster lead agencies and between the Department of Peacekeeping Operations and OCHA could help to identify success factors and good practice.

In order to address weaknesses in leadership, it is recommended that:

- Top management staff showing signs of stress should be provided with appropriate support or should be replaced; and
- Coordinator positions be filled by sufficiently senior staff to ensure that the clusters have sufficient strategic weight.

Key recommendations for the operations in Haiti

At the country level, the five key recommendations outlined in the table below are crucial to improve the current response. The table also shows which findings support the respective recommendation.

Related findings	Key recommendations
<ul style="list-style-type: none"> • For the first time in recent history, an earthquake hit a country’s national capital and surrounding (semi-) urban areas with great force. (§18) • The weak analysis of the disaster context meant that the urban dimension of the disaster and the coping mechanisms of the affected population were neglected. (§ 80) • Humanitarian actors had limited capacity to respond because they were not prepared for a disaster in an urban context, because they by-passed local authorities and civil society groups and thus lacked local knowledge about social structures, coping mechanisms, etc. and because experienced actors came in late. (§80) 	<p><u>Go urban</u></p> <ul style="list-style-type: none"> a. Donors, cluster leads and humanitarian agencies need to adjust the response to its urban environment by moving from an individual to a community-based approach and by engaging in close cooperation with local authorities, civil society groups and development actors to provide the services needed together. b. The Humanitarian Country Team should hold a meeting with national and international urban experts to assess the most important first steps towards an urban response and preparedness for future disasters.
<ul style="list-style-type: none"> • Rural areas were neglected leading to insufficient geographical coverage. (§ 90) 	<p><u>Go rural</u></p> <ul style="list-style-type: none"> a. Donors and humanitarian actors need to extend geographical coverage to rural areas by funding, resuming and strengthening rural programs, including those with an emergency component. b. Cluster coordinators need to ensure that cluster meetings in Port-au-Prince equally address issues from areas outside the capital. This can be done either by setting up separate working groups or by devoting clear time slots to these issues during cluster meetings.
<ul style="list-style-type: none"> • Where local capacity existed and was involved in the response, such as in the water sector, positive results were observed. (§ 46, 47) • The inclusion of local capacity into the relief, recovery and reconstruction phase increases the likelihood of longer-term positive effects (§33) • The affected population was largely excluded from the design and implementation of the response because assessments did not include an analysis of existing local capacities (§68). This led to the biased assumption that there was no local capacity. In addition, the emphasis on speed and the lack of contextual and language knowledge of most humanitarian actors made communication with the affected population and local authorities difficult. Further factors hindering a more inclusive response were the lack of government communication and the 	<p><u>Get inclusive</u></p> <ul style="list-style-type: none"> a. Cluster lead agencies, humanitarian organizations and donors have to return to French and Creole as working languages. All meetings and relevant documentation should be in French. If necessary, agencies need to work with translators. b. OCHA and the Humanitarian Country Team, the Government of Haiti and donors need to make a concerted effort to embed clusters within technical ministries. The ultimate goal should be the inclusion of clusters into the government structure. Alternatively, clusters should be co-led by the government. The government should name a focal point to engage with the clusters. c. All humanitarian actors and the Government of Haiti must improve the way they inform and communicate with the affected population. Clusters should use the services of the Communication with Disaster Affected Communities

<p>heterogeneity of Haitian civil society. (§ 70-73)</p> <ul style="list-style-type: none"> • Insufficient coordination with national and local authorities because of limited government capacity, limited direct support from donors to the Government of Haiti, a limited link between the cluster approach and governmental structures as well as a failure to build on MINUSTAH’s relationship with local authorities. (§ 74-83) 	<p>Initiative and develop a communication strategy as part of the cluster work plan. Cluster meetings should be used to share good practice on participatory approaches.</p> <p>d. Humanitarian agencies and NGOs should revise their security restrictions to allow staff to circulate in the city and make contact with the local population.</p>
<ul style="list-style-type: none"> • Despite the overall commitment to “build back better” the earthquake response has had some negative side effects. (§92) • Useless in-kind donations either use up resources (e.g. to destroy them) which could be used otherwise or have a negative impact on the local market. (§§93) • The (necessary) provision of free services (e.g. health, education, water) can have a harmful impact on the highly privatized Haitian economy. (§94) • There is a risk that participants in cash for work programs will be stigmatized due to the colorful t-shirts they wear and that government legitimacy will be undermined because the programs are branded with agency names instead of with the logo of the respective ministry. (§95) • The cash for work programs for debris removal cannot be used to clear private land which forces people to clear these at night, which is dangerous and inefficient. (§96) 	<p><u>Manage negative side effects</u></p> <p>a. Cluster lead agencies with their strategic groups and the inter-cluster should hold a special meeting to analyze the negative side effects of the response in the respective sectors and should develop a common mitigation strategy</p> <p>b. The Health Cluster should use a session of this kind to analyze the impact of free services on the economy of the Health sector and should try to develop, in cooperation with the government and experts, models to address the problem.</p> <p>c. The Early Recovery Cluster and donors should use a session of this kind to analyze the impact of cash for work programs on the reputation of the government and the stigmatization of marginalized groups and on the efficiency of debris removal.</p>
<ul style="list-style-type: none"> • Haiti is a country that is highly vulnerable to natural disasters. The rainy and hurricane seasons put vulnerable people further at risk. (§ 14; 98-99; annexes 8 and 9) • Considerable effort has been made since 2004 to strengthen national capacities. The local response to past disasters showed both the dynamic nature of the Civil Protection Department (DPC) and the limits of its operational capacity. (§§ 17; 24) • The availability of stocks in some sectors (e.g. Health) or areas (e.g. Jacmel) helped to mobilize a quick response (§43; 35) 	<p><u>Get ready for upcoming challenges</u></p> <p>a. The Humanitarian Country Team, OCHA, the clusters and the Government of Haiti must ensure that all preparedness measures have a national focus. The planned common exercise between the Government of Haiti and humanitarian actors should be given priority. OCHA field offices in cooperation with the departmental DPC and MINUSTAH civil affairs staff should do smaller exercises in the provinces.</p> <p>b. The Haitian Red Cross, supported by the Red Cross movement and the Communication with Disaster Affected Communities Initiative, in close cooperation with the DPC, should greatly increase the amount of first aid training it delivers in schools, camps and to committees.</p> <p>c. Cluster lead agencies and NGOs, supported by donors, should quickly refill their stocks; particularly large numbers of tarpaulins which will be needed in the months to come.</p>

MAIN REPORT

1. Introduction

1.1 Background and aim of the evaluation

1. On January 12, 2010, an earthquake of magnitude 7.0 struck Haiti's Western Province, affecting the capital Port-au-Prince and the towns of Jacmel, Léogâne and Gressier. The earthquake had devastating effects in both Port-au-Prince and the provinces, compounding the country's high level of chronic poverty and weak statehood.⁷ In response to the earthquake, United Nations (UN) agencies, the Red Cross Movement, international and national non-governmental organizations (NGOs), the government of Haiti and bilateral and multilateral donors launched a major humanitarian operation.
2. In view of the size of the disaster and the subsequent response, the Inter-Agency Standing Committee (IASC) triggered a Real-Time Evaluation (RTE) for Haiti to assess the disaster response, inform decision-makers at the country and headquarters level, draw lessons and allow corrections to be made, where necessary, in real time.⁸ The RTE mission in April 2010 is part of the first phase of a larger multiphase RTE process and was incorporated into the Flash Appeal. **The key evaluation questions for the first phase are: What works? What does not work? Why? and, How can the difficulties encountered best be addressed?** The aim of this first phase of the RTE was to:
 - promote learning, identify bottlenecks and share good practices to contribute to improving the current response;
 - provide initial feedback to the IASC and the donor community about the quality of operations and the way challenges are being addressed;
 - record the state of the response, problems encountered and solutions identified to ensure that this information is available for subsequent evaluations; and
 - draw lessons from the Haiti experience for future large-scale operations in the context of large-scale sudden-onset natural disasters.

⁷ Collier (2009); United Nations (2010a)

⁸ Cf. updated Terms of Reference of the Real-Time Evaluation of the Earthquake in Haiti, Annex 1

1.2 Scope, method and limits of the evaluation

3. **Scope:** This evaluation covers the response between January and April 2010. It assesses all levels of the response ranging from the affected population to headquarters. It considers the response provided in Port-au-Prince, Léogâne and Jacmel as well as areas that have been affected by displacement (Gonaives, Saint Marc). The evaluation reviews all sectors of humanitarian response but draws particularly on the experiences of the Shelter, Food, Water and Sanitation (WASH), Health, Camp Coordination Camp Management (CCCM) and Agriculture Clusters.⁹ It also analyzes cross-cutting issues, particularly gender and the environment.
4. **Method:** The RTE used a participatory and bottom-up approach. This approach reverses the direction of analysis of classical evaluations that trace inputs, outputs, outcomes and then finally effects. Instead, the RTE identified key issues at the level of the directly and indirectly affected population (outcomes) and traced them back up through service deliverers such as the national government, international NGOs, the Red Cross Movement, the UN, the military (outputs) to coordination mechanisms and the HQ and global levels (inputs, processes). This innovative bottom-up approach makes it possible to place the affected population at the beginning of the assessment and uses analysis at the different levels to consolidate, reject and explain findings from the field level.
5. The participatory method which was used was based on “good practices” which have been developed for the humanitarian sector. It included a sampling process based on a typology of areas (small and large sites, formal or informal settlements, urban, peri-urban and rural populations, etc.). The interviewed sample comprised around 50% of men and 50% of women. Particular care was taken to ensure that the age pyramid was properly covered, with interviews conducted with children and elderly people. The interviews were always carried out before or after a site visit to triangulate and validate information.
6. This participatory and bottom-up approach is embodied in a short film which accompanies this final report, in which Haitians, including government representatives, Haitian civil society and affected people, express their views.¹⁰ To prepare this documentary, numerous interviews were carried out in the visited sites and zones. The scenes which were included in the film were chosen for their representative nature, the clarity of the dialogue and the aesthetic quality of the images.

⁹ Shelter, Food, WASH and Health were the first (non-service) clusters to be established and priority areas at the beginning of the response. (cf. United Nations (2010a); UNDAC (2010)) CCCM, Agriculture and Early Recovery were sectors of particular importance during the evaluation mission because they are closely linked to a number of key issues that were identified during the mission (see page 20)

¹⁰ The film is available online at www.urd.org

7. The findings are based on:
 - interviews with about 170 individuals (conducted face-to-face or in groups) from key stakeholder groups: national and local authorities, UN agencies (country, regional, headquarters), donors (country, global), international NGOs (country), the International Red Cross Movement (country, HQ) and national NGOs;
 - semi-structured interviews and focus groups conducted with about 150 Haitians carried out in 15 settlement sites (camps, small and large proximity sites, inside the city, outside the city, host families, rural areas, etc.);
 - direct observations made by the evaluation team; and
 - participation in about 15 coordination meetings (clusters, Humanitarian country team, civil-military coordination, etc.).
8. To ensure that the bottom-up approach led to robust findings it was complemented by several additional measures.
 - First, the analysis of **remotely gathered source data** was used to triangulate findings and address information gaps that occurred during the assessment in the field. UNICEF and OCHA provided the remotely gathered data which included situation analyses, after action debriefs, appeal and funding documents, project proposals, cluster updates, key communication documents and some agency-specific baseline indicators. The data was examined for evidence that confirmed or contradicted the findings. As the same evaluation team conducted the Haiti Country Study for the global Cluster 2 evaluation,¹¹ results were also related to findings about the 2008 hurricane response.
 - Second, a **context analysis** helped to identify important external constraints. While the main purpose of this evaluation is to facilitate learning and improve practices, the context analysis ensures that actors are only held accountable for shortcomings that lie within their area of influence.
 - Third, the evaluators held three in-country **participatory workshops** to test the preliminary findings and develop recommendations together with key stakeholders (national NGOs, international NGOs, the Humanitarian Country Team and government representatives). The recommendations presented in chapter 6 draw on this input.

¹¹ Binder, A. / Grünwald, F. (2010)

- Fourth, with the support of Groupe URD's resource centre, the evaluation team conducted a **literature review** including general literature on Haiti, on urban crises, on earthquakes and other disasters in the Caribbean area, as well as specific studies on the response to the Haiti earthquake 2010 (see Annex 5). This primarily qualitative data is complemented by some quantitative data, mainly from appeal and cluster documents.
- Fifth, the **questions listed in the terms of reference** of the evaluation (see Annex 1) were used to identify possible explanatory variables.

9. **Limitations:** The RTE evaluation mission faced a number of (classical) limitations, including:

- *Politicization of the context.* There is a risk that the findings of a bottom-up evaluation will be biased due to the different political interests of the people consulted. To mitigate this effect the evaluators conducted a contextual analysis and triangulated results as much as possible with different sources.
- *A rapidly changing context.* Findings and recommendations are likely to be time bound. Several recommendations are already in the process of being implemented as there was a great deal of interaction between the evaluation team and aid agencies (see chapter 1.3). Some of the findings may be outdated at the time of publication, but others will be valid in the longer term. Many findings and recommendations, however, will be relevant for other contexts (chapter 2.4).
- *Staff turnover in humanitarian agencies.* Particularly during the first months of the emergency response, staff turnover was extremely high. As a result, key stakeholders were no longer in Haiti at the time of the evaluation mission. The evaluation team tried to fill information gaps, as far as possible, by talking to local staff and conducting (telephone) interviews¹² with relevant stakeholders after the evaluation mission.
- *Time constraints.* The evaluation mission took place at a time when humanitarian actors were still very busy and thus not always available for individual discussions. The evaluators therefore conducted group discussions (with selected clusters, international NGOs, national NGOs, inter-cluster groups and the Humanitarian Country Team) – often in the context of existing meetings. Furthermore, the evaluators only had limited time to cover a large-scale humanitarian operation. In order to achieve sufficient analytical depth despite these time constraints, the evaluation focused on a limited number of key issues which emerged during the mission. The analysis does not claim to be exhaustive.

¹² Including with regional offices of different agencies and organizations

- *Trade-off between country and headquarters focus.* Given the limited time and financial resources of this evaluation, emphasizing one level of analysis will always lead to a limited assessment of the other. Most evaluations struggle to adequately include perspectives from the field and affected populations. The innovative approach of the RTE means that these perspectives have been properly taken into account, but the downside of this is that the evaluators had less time to assess the headquarters level in detail. However, the evaluators conducted interviews in New York and Geneva (in person and by phone). These headquarters interviews generally confirmed the findings from the field.
- *Limited assessment of the regional level:* During the first weeks of the response, support from the regional level (Panama and the Dominican Republic) was an important factor. Since the “shadow clusters” in the Dominican Republic were about to be closed down by the time of the evaluation mission, the evaluators could not address this level in detail. The evaluation team addressed this weakness through a limited number of additional telephone interviews at the regional level with OCHA and UNICEF offices.
- *No cluster-by-cluster assessment.* Due to the large scope of the response and the RTE, it was impossible to assess each cluster with its various sub-cluster groups in detail. The report therefore does not provide a cluster-by-cluster assessment. Instead, it provides an overview of the cluster system as such, based on the analysis of cluster documentation, interviews with heads of agencies and cluster coordinators as well as strengths and weaknesses exercises.
- *Logistics.* The evaluation team independently organized its own logistics (transportation, communication, security, etc.) and did not request assistance from agency offices in the field. This caused minimal disturbance to the work of others but was nevertheless relatively time- and energy-consuming for the evaluators.

1.3 Real-time input to country operations

10. During the evaluation mission, the evaluators provided feedback and input for humanitarian actors in real time as listed below.

Real-time input / feedback provided	Short description
Input to the internal assessment of lessons learned of the Humanitarian Country Team	As an input for the IASC Principals meeting on the 6th of May 2010, the OCHA Head of Office prepared in consultation with the Humanitarian Country Team a short paper on issues identified during the first months of the response. As this was being done at the time of the evaluation mission, the team provided input for this paper in two separate meetings.
Briefing of the Humanitarian Coordinator	Preliminary results were shared with the Humanitarian Coordinator and his staff before the IASC Principals meeting.
Workshop with international NGOs	Using 'Open Space' methodology, ¹³ the evaluators met with a group of international NGOs to discuss the strengths and weaknesses of the response, identify root causes and develop ways forward.
Workshop with national NGOs	Using the same Open Space methodology, the evaluators met with a group of national NGOs to discuss the strengths and weaknesses of the response and collect recommendations for the international community. The national NGOs used the workshop to start a debate about how they could improve collaboration with international actors.
Debriefing with workshop component with key stakeholders in Haiti	At the end of the evaluation mission, the evaluation team organized a debriefing for key stakeholders, bringing together representatives of Haitian civil society, the Haitian Government, the United Nations, international NGOs and the Red Cross movement. The evaluators presented preliminary results. In the workshop component of the meeting, participants brainstormed recommendations for immediate use and for future, comparable disasters.
Participatory strengths and weaknesses analysis with clusters	The evaluation team conducted strengths and weaknesses analyses with the Protection, Early Recovery, Camp Coordination Camp Management, Agriculture and Food Clusters as well as with the Inter-Cluster. The results of this analysis were presented to the clusters and/or shared in writing with the cluster coordinators. Some cluster coordinators and the inter-cluster coordinator used the results as a starting point to discuss necessary adjustments and possible improvements within the clusters with cluster participants.
Reporting of a case of sexual exploitation and abuse (SEA)	During interviews with local communities, the evaluators learned about a case of SEA. The evaluators reported the case to the advisor for protection from sexual exploitation and abuse (PSEA) hosted by OCHA and put her in touch with the person who had told the evaluators about this incident. The PSEA advisor took up the case and reported back to the evaluation team about progress made.
Establishing links between different actors	Due to the intense interaction with numerous stakeholders in-country the evaluation team was in a good position to establish links between different actors. For example, the team linked stakeholders of the "Logement" sub-cluster with the Communication with Disaster Affected Communities (CDAC) initiative.
Identifying quality issues and reporting back to ensure follow up	For example, the evaluation team identified quality problems in the WASH response in Camp Corail and reported them to the GenCap Advisor, who was then able to follow up the issue with the respective agencies.
Debriefings and presentations in New York, Geneva and London	Directly after the evaluation mission, the evaluators held debriefings with various stakeholders in New York and Geneva and presented preliminary findings in London.

¹³ The Open Space methodology is a participatory approach to organize meetings. Participants determine and facilitate their own agenda on parallel working groups around central themes. (Owen 1997)

1.4 Organization of the evaluation

11. A consortium between Groupe Urgence, Réhabilitation, Développement (Groupe URD) and the Global Public Policy Institute (GPPi) conducted the Inter-Agency Real-Time Evaluation of the response to the Haiti Earthquake. The evaluation team consisted of Francois Grünewald (team leader/Group URD), Andrea Binder (GPPi/evaluation expert) and Georges Yvio (national consultant/disaster management expert). The RTE worked under the auspices of a IASC Management Group composed of OCHA, UNICEF and IRC, representing the NGO consortia which are members of the IASC.

12. The evaluation report is structured as follows:

- Chapter 2 provides background information on Haiti, the 2010 earthquake and the phases of the response to contextualize the earthquake response.
- Chapter 3 summarizes key findings, focusing on humanitarian coordination and the quality of the response.
- Chapter 4 outlines the challenges to come.
- Chapter 5 presents the key conclusions.
- Chapter 6 details the recommendations organized in two parts, the first aimed at the immediate situation in Haiti and the second at future large-scale disasters.

2. Specificities and characteristics of the context, the disaster and the response

13. To be useful, real-time evaluations need a clear delineation of a certain realm within which their findings and recommendations can be used.¹⁴ This chapter provides a brief summary of the Haitian context, the early response and its constraints to help situate the findings and recommendations of this real-time evaluation.

2.1 Country context

14. The Haitian context is characterized by:

Cultural complexity: The country's vivid cultural life is strongly rooted in traditional Voodoo, which has been enriched by different layers of religious and cultural influence, as well as remains marked by the memory of slavery. However, its recent cultural dynamics has been underscored by the growing tension between those who practice Haitian Voodoo and the strong emerging evangelist churches who clearly aim to limit the role and influence of traditional beliefs.¹⁵

Poverty and inequality: Haiti is the poorest country in the Caribbean. 72 per cent of the population lives on less than two US dollars a day. In addition to poverty, there is a high level of social inequality, with a few families owning a large portion of the nation's wealth. Life for most Haitians in rural and urban areas is therefore a question of day to day survival. There is a great deal of dependence on aid and money from the large Haitian diaspora.¹⁶

High vulnerability, high resilience: Over the past decades, natural disasters of all kinds have regularly struck Haiti. Poverty, ecological degradation and limited development have made the country extremely vulnerable to the effects of these disasters. Landslides frequently disturb the flow of people and goods. Hurricanes and tropical storms are regular occurrences, taking their toll on the population and the economy.

A troubled recent history but gradual consolidation of the State: Haiti has had a troubled recent past.¹⁷ Political violence in the years 2000-2005 was the consequence of internal political problems, international military interventions and difficulties in establishing the rule of law. In 2004, the Integrated UN Stabilization Mission for Haiti (MINUSTAH)¹⁸ was established to strengthen security, governance and the rule of law. While most international and Haitian actors recognize the persistent weakness of the Haitian State, progress has been made with the support of MINUSTAH. Governance (at national and regional levels) has improved particularly

¹⁴ Groupe URD, 2002

¹⁵ Saint Louis, F. (2000)

¹⁶ UNDP (2009), World Bank (2009)

¹⁷ Groupe URD (2005)

¹⁸ In integrated missions, the HC also acts as RC and Deputy Special Representative of the Secretary-General (DSRSG). DPKO/DSF (2008): 69, UN/SC Res. 1542

through increased decentralization. Though the structure of Haiti's executive branches remains complex and is prone to political tensions and corruption, progress has been made in terms of the rule of law and reform of the security sector. Following the earthquake, elections which had been planned for early 2010 were postponed. The growing level of discontent about the earthquake response could have far-reaching political consequences. A possible scenario for the months ahead is one of social and political turbulence.¹⁹

A strategic location: Due to its geographical location Haiti falls within the sphere of influence of the United States and regional powers such as Brazil, Argentina, Venezuela and Chile. As Haiti is a French-speaking country and is relatively close to the French territories of Guadeloupe and Martinique, it is also within France's sphere of influence. Thus, foreign political decisions to help Haiti are not necessarily made to address Haiti's needs but rather to further these foreign powers' interests.

Aid institutions prior to the earthquake

15. The aid system in Haiti was already complex before the earthquake with several coordination mechanisms²⁰ in place involving different stakeholders (Government of Haiti, donors, international NGOs, United Nations agencies, etc.) with different mandates (development, humanitarian assistance, etc.).

National disaster management capacity

16. The National System for Disaster Management and Response (SNGRD) was set up in 1999. A permanent secretariat aims to coordinate the activities of 26 governmental and non-governmental organizations involved in natural disaster preparedness and response activities. The Minister of the Interior is in charge of policies via the *Comité National de Gestion des Risques et des Désastres* (CNGRD). The *Direction de la Protection Civile* (DPC) is theoretically present at the national, provincial and communal levels and is responsible for the coordination of operations. In an emergency, the Minister of the Interior activates the *Centre d'Opérations d'Urgence* (COU) to organize and coordinate the response.

¹⁹ Interviews with Haitian political actors and diaspora representatives

²⁰ The Group of 11 (G11), bringing together key donors, facilitates dialogue with the government. The Groupe d'Appui de la Coopération Internationale (GACI) includes UN agencies, MINUSTAH, international development agencies, donors and international NGOs; facilitates the coordination of international efforts regarding disaster preparedness and response, to coordinate fundraising and technical cooperation. The *Comité Permanent Inter-organisations* (CPIO) is the equivalent to a Humanitarian Country Team (HCT) and has been the coordination structure between international humanitarian organizations. UN coordination took place via MINUSTAH and the UN Country Team (UNCT), which were both complementary and competitive. Finally, international NGOs with long time in Haiti created the *Comité de Liaison des ONG* (CLIO) bringing together national and international NGOs. Several national civil society platforms were also in place, often with a sector-specific focus (e.g. human rights) or a corporate approach (e.g. farmer unions). Dialogue between the civil society groups and the different coordination forums was often problematic but progress had been made by the time of the earthquake.

17. Considerable effort has been made since 2004 to strengthen national capacities. The local response to previous disasters showed both the dynamism of the DPC and the limits of its operational capacity. Though supported by several donors (World Bank, UNDP), the DPC had limited resources²¹ and coordination is often complicated by conflicting political allegiances at all levels. Furthermore, Haitian disaster preparedness tends to give priority to the most frequent problems rather than the most serious ones. As a result, the contingency plans of the DPC and the UN focus on the probable (cyclones, floods, mudslides), neglecting the possible (earthquakes), even though earthquakes have affected Haiti in the past (see annex 9) and though this risk has been mentioned in the DPC strategy since the Kobé conference in 2005.²² Haitian earthquake experts were developing communication tools to inform the public about the risk of earthquakes and how to behave in the event of one. The first of these tools was about to be launched on 12 January.²³

2.2 The Haiti earthquake of 12 January 2010: exceptional event, constrained response

18. With an estimated death toll of about 230,000 people, about 300,000 injured, many seriously, 1.2 million homeless in Port-au-Prince alone and about two million people displaced, many to rural areas, the disaster was as deadly as the 2004 Indian Ocean Tsunami, but concentrated in a single area.²⁴ Several factors contributed to the scale of the disaster:

- **The phenomenology and epidemiology of the earthquake.** Though only of magnitude 7 on the Richter scale, the location of the earthquake's epicenter only ten kilometers under the surface and close to the southern peninsula coast meant that it hit the country's urban settlements, from the centre of the bay of Gonaïves (Gressier, Léogâne, Carrefour) to Jacmel, with great force.²⁵
- **The earthquake hit the national capital.** Port-au-Prince, the nerve center of the country, was badly affected by the earthquake. The government district and the UN's main offices were close to large fault lines and thus largely destroyed.
- **Modern housing construction and the absence of earthquake-resistant construction norms.** Modern housing construction did not incorporate earthquake-resistant norms and focused on hurricane resistance which transformed many houses made of concrete blocks into deadly traps. By contrast, traditional wooden houses and light constructions in slums resisted better.²⁶

²¹ http://www.preventionweb.net/files/13428_fullreport1.pdf

²² Government of Haiti (2005)

²³ Interview with Haitian experts

²⁴ Tsunami Evaluation Coalition (2008), Government estimate from February 2010, death estimates vary, Government of Haiti (2010): 6, International Organization of Migration, April 2010

²⁵ <http://www.bme.gouv.ht> and <http://www.ipgp.fr/pages/040114.php>

²⁶ To prevent damage from storms, houses must be solid and have heavy roofs, whereas to prevent damage from earthquakes, they need to be constructed in a light and flexible way. The traditional wooden houses are relatively well equipped to resist both, storms and earthquakes. (Interview with UNHABITAT)

- **The timing of the earthquake.** Many women were at home when the earthquake hit in the early afternoon, while men were at work and children were on their way back from school. Statistics indicate that this resulted in a higher number of female casualties.²⁷ Had the earthquake taken place at night, the number of victims would have probably been even higher.

19. A number of external constraints made a timely and efficient response difficult.

- **Institutions were both victims of the disaster and actors in the response.** After the earthquake, the already weak Haitian State found itself with an even further reduced capacity to take charge of the disaster response. In addition to the huge loss of life and damage to infrastructure, state capacity was limited by the fact that, understandably, the priority for many civil servants was to look for their loved ones and to meet their basic needs in terms of shelter, water, food and safety. The United Nations and international NGOs alike had not only to respond to the emergency but to deal with wounded, traumatized and homeless staff.
- **Communication problems.** As happens frequently in natural disasters, telecommunication networks within the country and with the outside world broke down. Skype and internet continued to work, albeit intermittently.²⁸
- **Management of the airport.** Although the earthquake did not damage the airstrip and large carriers were able to continue to use it, the control tower was not operational. In a context where the airport could easily have been overwhelmed by aircraft flying in from all over the world, the US Army took control of the airspace and regulated air traffic. Though many humanitarian actors criticized its handling of circulation and prioritization of incoming goods and personnel,²⁹ most actors agree that the US Army's role at the airport had been crucial in avoiding accidents, which would have had disastrous repercussions.³⁰
- **Use of seaports.** During the first ten days the seaports of Port-au-Prince were not operational. Military ships deployed to transport aid were not able to dock. Repairing the ports was important for food aid to arrive. Once the ports were operational they quickly became clogged up with useless in-kind donations, such as expired medication or with goods that could not be collected because there was no way of transporting them.³¹
- **Logistical problems.** Some Urban Search and Rescue (USAR) teams, UN agencies and international NGOs had the necessary equipment to quickly begin operations. However, many teams had difficulty finding vehicles and fuel. In addition, streets were blocked with

²⁷ Interview with DPC, aid actors and government officials

²⁸ Grünewald, F./ Renaudin, B. (2010), UNDAC (2010)

²⁹ Several flights containing badly needed USAR and medical teams' equipment were delayed and rerouted during the first few days, seriously hindering their deployment at a critical time.

³⁰ UNDAC (2010), monitoring data

³¹ United Nations (2010a), Grünewald, F./ Renaudin, B. (2010), interviews

debris and access was thus difficult, particularly to the informal areas. Many cars had been destroyed or blocked by the debris of collapsed buildings.

- **Initially slow logistical support from MINUSTAH.** Despite an agreement between MINUSTAH and the UN Country Team for military support in the case of a major natural disaster dating back to 2009, MINUSTAH hesitated before providing the United Nations Disaster Assessment and Coordination (UNDAC) mission with support and engaging in other early humanitarian response activities because the mission felt that such activities were not covered by its mandate. Only when the Security Council amended MINUSTAH's mandate on 19th January 2010 did it begin to make its logistical capacities available.³²
- **Security.** Already before the earthquake, the UN had classified Haiti as a security Phase 3 (out of 5) environment and a “non-family duty station.” This stood in contrast with development actors who considered Haiti to be a relatively calm posting in recent years. Security concerns after the earthquake were based more on existing protocols, past experience and the fact that inmates had escaped from one of Port-au-Prince's central prisons, rather than on actual security incidents. As a result, the UN Security and Safety measures, including military escorts, put an additional burden on the relief effort.³³
- **Access to the affected areas.** Humanitarians experienced considerable difficulty in gaining access to the affected areas of Port-au-Prince which were not on the three main roads. Port-au-Prince is densely-populated and is situated on hillsides which lead down to small coastal plains. Even before the earthquake, informal urban development made it difficult to gain access to certain areas of the town. Debris, corpses (during the first days) and the fact that people stayed in the streets because they were afraid there would be aftershocks were further obstacles.³⁴
- **Highly volatile situation:** The Haitian urban population is attached to their place of residence via their houses, small businesses, schools, etc. but is still very connected to their rural networks. As a result, it is highly mobile. Following the earthquake, this mobility further increased with people rapidly moving within the city as well as between the city and rural areas to reduce risk and maximize livelihood and survival strategies. Consequently, they were very sensitive to all kinds of “push and pull” factors, creating a volatile situation. This was a serious challenge for the humanitarian response.³⁵

³² UNDAC (2010), Grünewald, F./ Renaudin, B. (2010), Binder, A. /Grünewald, F. (2010)(2010); It is not clear why MINUSTAH and OCHA did not work on the basis of the agreement. However, since both MINUSTAH and OCHA senior management needed to be replaced after the disaster it is likely that knowledge about the agreement was lost.

³³ UNDAC (2010), Grünewald, F./ Renaudin, B. (2010), interviews

³⁴ Interviews with UNDAC and aid agencies in Port-au-Prince

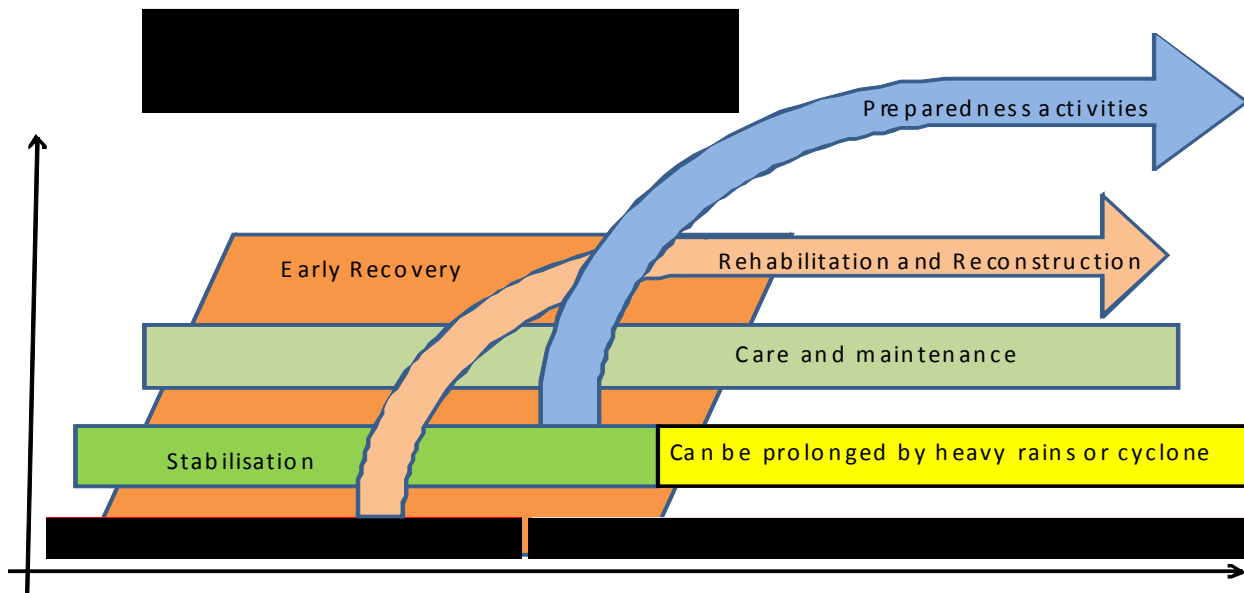
³⁵ Interviews with aid agencies and DPC

2.3 Chronology of the response

20. Thus far, the response to the Haitian earthquake can roughly be split into four phases:

- a) Early emergency response
- b) Initial stabilization
- c) Stabilization, preparedness and phase-out
- d) Rehabilitation and reconstruction towards “changing futures”

21. In a sudden-onset disaster such as the earthquake in Haiti, what is known as early recovery often starts “the day after.” This includes people’s initial strategies to try to establish some kind of shelter in their former settlements as well as economic strategies to access financial resources required to survive in an urban economy. Therefore, early recovery is a component of almost every humanitarian sector rather than a distinct phase of its own.³⁶



22. The above graph illustrates these four phases, the cross-cutting nature of early recovery and key events of each phase. Similarly, it also positions “disaster preparedness” as a cross-cutting issue.

³⁶ Grünewald et al (2001), Grünewald, (2008)

The early emergency response

23. Local people dominated the early emergency response. Neighbors, friends, family and strangers helped each other, saving thousands of lives, while the government and the international community mobilized their response and tried to overcome initial constraints. The evaluation team gathered numerous accounts of this collective solidarity. However, the local population was also faced with major constraints:³⁷

- **No electricity.** Night fell soon after the earthquake struck and the absence of electricity made it very difficult to help others quickly;
- **Debris.** Rubble blocking the streets made it impossible in many cases to evacuate victims to medical institutions;
- **Fear of aftershocks.** People stayed outdoors where they were less at risk and often settled in the middle of streets and open areas, causing more congestion.
- **Limited knowledge of first aid.** The population had limited knowledge of the basic acts which can save lives. Many people simply bled to death.
- **Traumatizing situation.** In addition to the immediate shock, the survivors were confronted with the harrowing experience of being unable to help people who were trapped because they lacked the appropriate equipment and, for days they had to live surrounded by dead bodies.

24. The DPC became operational the day after the earthquake despite the fact that the authorities had not activated the *Centre d'Opérations d'Urgence* (COU). The DPC headquarters in Port-au-Prince was badly damaged and their ability to make decisions was compromised because communication lines with the Ministry of the Interior were down.

25. UNDAC and urban search and rescue (USAR) teams arrived quickly in Port-au-Prince from the Dominican Republic and from all over the world. UNDAC started working in Port-au-Prince less than 24 hours after the event. More than 130 people were rescued by these teams. This figure is both a record compared to other similar disasters and tragically low compared to the overall death toll. The USAR phase showed that, as a multilateral actor, UNDAC is better placed to provide impartial aid. The mandate of teams from other countries was to rescue their own citizens first and then help Haitians.³⁸ Emergency hospitals, medical equipment and personnel were delayed by the limitation of landing time slots. This clearly hindered the rapid deployment of vital life-saving emergency teams.

26. The Dominican Republic acted very quickly, establishing a “lifeline” from Santo Domingo to Port-au-Prince via the border town of Jimani.

³⁷ Interviews with disaster victims

³⁸ For a more detailed account of the USAR phase see Grünewald, F./ Renaudin, B. (2010), UNDAC (2010)

The initial stabilization phase

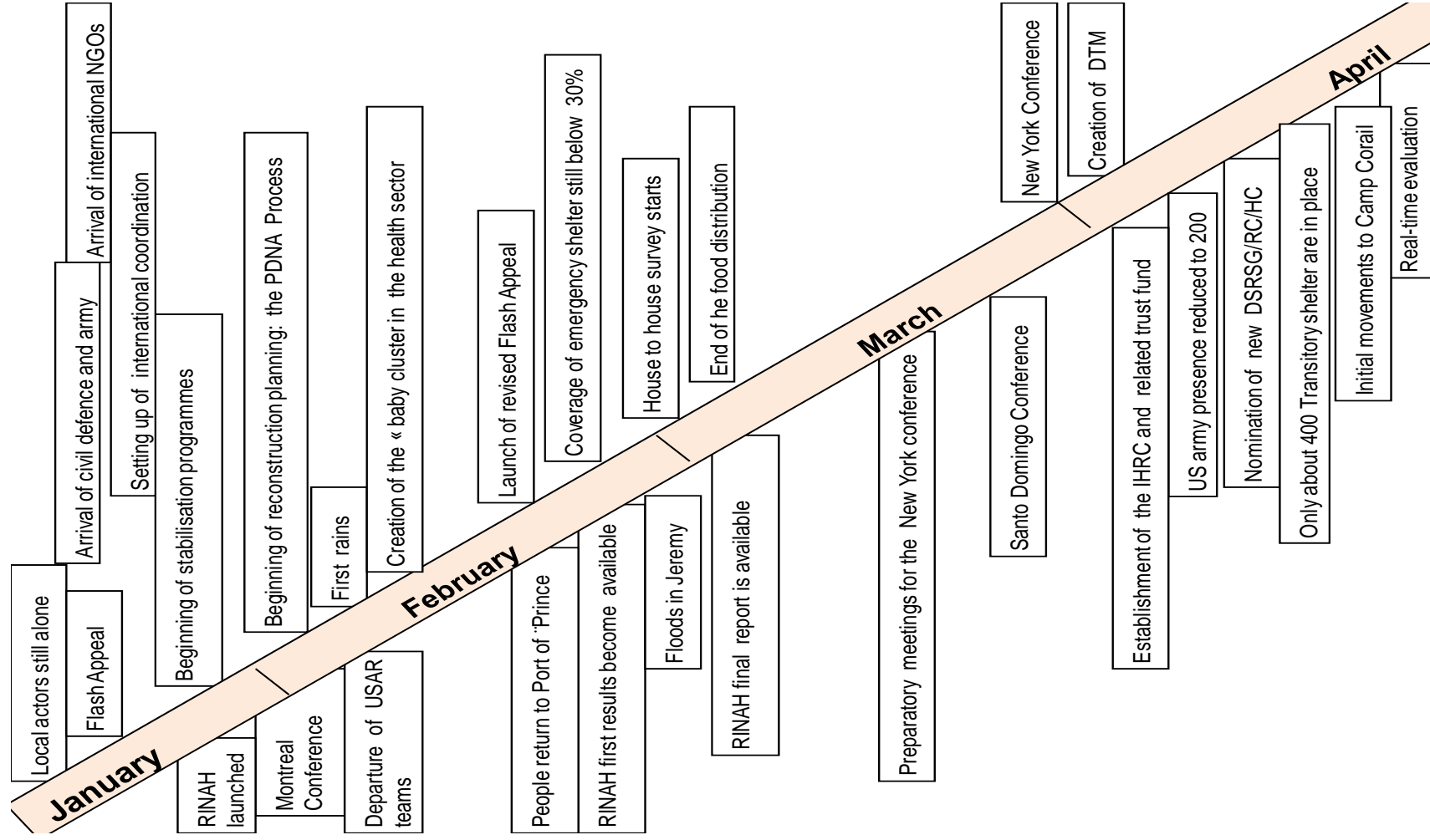
27. Key events in this phase were two general food distributions, the distribution of water and the first distribution of shelter and other non-food item kits. This phase saw a massive influx of aid organizations (NGOs, Red Cross movement, UN agencies) and the establishment of various coordination mechanisms (see chapter on coordination).

28. The US Army arrived in Haiti 24 hours after the disaster and within a few weeks had established a strong presence (more than 22,000 troops) and were followed by other foreign armies who contributed to the initial stabilization phase. These armed forces contributed to the response with important logistical means for transport, port rehabilitation and heavy-duty equipment for debris removal to clear the main axes of the city.

The stabilization phase

29. The stabilization phase was marked by the arrival of the new Humanitarian Coordinator and Deputy Special Representative of the Secretary-General. At the same time, the US Army reduced its presence to about two hundred soldiers. The humanitarians made an increased effort to cover shelter and sanitation needs, including the move towards more sustainable temporary shelters. During this phase there was also a gradual return to paid drinking water and people at immediate risk were resettled for the rainy season.

The timelines of the first 2 months and the first 4 months after the earthquake: ▀



3. What works, what does not and why?

30. This chapter presents the evaluators' key findings about the successes and shortcomings of the earthquake response in Haiti and provides explanations of why the humanitarian sector succeeded in some areas and failed in others. Findings and explanatory factors are analyzed together to help users of this evaluation identify starting points for further improvement of the response and things they need to get right in the next sudden onset disaster.

31. The key issues of the humanitarian response in Haiti can be grouped around two main themes: the quality of the response, and its structure. Each chapter presents three steps: a description of the findings (step 1), a few concrete examples (step 2), and an analysis of the root causes, including sources and factors (step 3).

32. Overall, the evaluation found that the response to the earthquake between January and April 2010 was successful in quickly mobilizing aid, setting up cluster coordination and mobilizing important resources in the form of money, military assets and staff. However, with some exceptions, these successes could not be translated into timely results. Several factors delayed the response and left a large series of uncovered geographic or sector-based gaps:

- the lack of humanitarian leadership,
- limited local ownership,
- the difficulties of the humanitarian sector in preparing for and responding to an urban disaster,
- a weak assessment of the humanitarian situation and needs.

33. Most key humanitarian actors both at headquarters and in Haiti recognized these shortcomings and worked hard to continuously improve the response by strengthening humanitarian leadership and local ownership and pushing for improved coverage and preparation for the upcoming hurricane season.

3.1 The first part of the response

Quick mobilization of the response...

34. Observers, including many Haitians, applauded the United Nations and other international aid actors for being operational and contributing to the humanitarian response so quickly, despite the fact that they were very badly affected by the emergency (see chapter 2). UNDAC arrived within 24 hours of the emergency. OCHA, UN agencies (UNICEF, WFP, etc.) and IOM rapidly mobilized key staff from HQ and regional offices. OCHA triggered a “corporate response”, mobilizing key staff from all departments in New York and the regional office in Panama to support the badly affected OCHA country office and ensure coordination.³⁹ The International Federation of the Red Cross immediately activated its emergency response mechanisms. ICRC and Red Cross National Societies present in Haiti prior to the earthquake started working with the Haitian Red Cross hours after the disaster. NGOs already present in Haiti also played an important part in the immediate response.

...due to the long-established engagement of the UN, strong support from HQ, the presence of experienced staff and pre-stocking of emergency items.

35. The long-term engagement of the United Nations in Haiti through the UN country team and MINUSTAH probably contributed to the prompt reaction of the UN system. Furthermore, there was strong headquarters support from DPKO and the Secretary-General who used a renewed crisis management and decision-making structure within the Office of Military Affairs (OMA) for the first time. This helped to quickly replace the affected command structures of MINUSTAH. Headquarters also provided a great deal of support for operations. However, the planning of staff availability and the matching of skills with needs was not done effectively (e.g. OCHA). This made headquarters support less useful than it could have been.⁴⁰

36. In several parts of the country, stocks of relief items belonging to various UN agencies, the Red Cross movement and major NGOs were available as a result of preparedness measures for the 2009 cyclone season which, fortunately, had been relatively calm and the 2010 elections which were yet to take place. In Jacmel, the stocks were immediately mobilized and aid distributions began the day after the earthquake. In Port-au-Prince, the warehouses which protected WFP’s food stocks were badly damaged by the earthquake. It took some time for the warehouses to be protected and for their state to be checked so that the food aid they contained could be used. At the same time, available stocks began to be distributed rapidly. The in-country presence of medical stocks was also a critical factor of the response.

³⁹ UNDAC, 2010; Grunewald and Renaudin, 2010

⁴⁰ United Nations General Assembly (2009), UNDAC (2010), interviews

Rapid take off of the distribution of drinking water... and important efforts in the health sector...

37. In an earthquake-related emergency, people usually have an immediate need for medical aid, food, water, shelter and safety. In the case of Haiti, this was mostly true, except safety was not an immediate concern since violent incidents were rare and people usually felt safe in the areas where they had sought shelter.

38. Of these needs, the need for drinking water was covered reasonably well and quickly.⁴¹ Water trucking started on January 13th. One month after the earthquake, the WASH Cluster lead agency reported that over 900,000 people received approximately five liters of safe water per person per day in Port-au-Prince, Léogâne and Jacmel.⁴² While this volume of water is small, the overall achievement in terms of coverage was critical. By early March, on average, over 6,500 cubic meters of potable water reached more than 341 destinations in Port-au-Prince, Léogâne, Petit Goave, Grand Goave and Jacmel.⁴³ The Red Cross system alone had distributed 120,000 cubic meters of drinking water to nearly 310,000 people from the start of its emergency operation.⁴⁴

39. Prepositioned Emergency Response Units (ERU) for Health and Water were dispatched. Red Cross Red Crescent healthcare facilities including two mobile field hospitals, four Basic Health Care Units (BHCU) as well as four fixed and 41 mobile sites, were run by two National Red Cross societies. MSF managed to re-open their two hospitals in Cité de Soleil and Martissant, where operating theaters remained relatively intact.⁴⁵

40. The dedication of the medical teams present in the field could only save those who could be transported to the few remaining structures able to manage surgical operations. In the emergency wards set up by the emergency surge capacity after the earthquake, only a few thousand life-saving surgical operations were able to take place.⁴⁶ Selection was critical to the functioning of surgical wards as the capacity to operate was limited. In many cases, the capacity to provide post operation care was minimal.

41. The field management of injuries is taught less and less in modern health curricula and surgeons or emergency health workers are now more likely to be trained in wound management to facilitate safe referral to specialized units where sophisticated surgery can take place. In this context of mass injuries, the absence of clear protocols for definitive injury management together with the high level of primary and secondary infection led to one of the

⁴¹ Interviews and group discussions with affected population, country documents, country interviews, group discussion with international NGOs, Wall, I. / Robinson, L. (2008)

⁴² UNICEF, 2010 (a)

⁴³ UNICEF, 2010 (b)

⁴⁴ IFRC, Lessons learnt workshop, 30th April 2010

⁴⁵ Interviews with agencies in Gonaïves.

⁴⁶ Interview with MSF, UNDAC and ICRC

highest rates of amputation which has ever taken place in a disaster. The resulting suffering and difficulties will affect many Haitians for years to come.

42. The MSF network made a major contribution to the response, with hundreds of medical staff being dispatched and a relatively sophisticated inflatable hospital being established to increase the in-country surgical capacity. Despite major constraints, specialized medical actors, such as MSF, ICRC, MdM, Merlin, etc. were able to become operational quickly because of close cooperation with each other and with the cluster lead agency (WHO) and the Ministry of Health.

...thanks to strong local capacities and leadership, flexible funds and disaster preparedness efforts.

43. In all these achievements, the role of the national Direction Nationale de l'Eau Potable (DINEPA) was absolutely essential to the success of the operations. Indeed, the provision of clean drinking water was facilitated by good local capacity and leadership. From the very beginning of the response, DINEPA also hosted cluster coordination meetings and provided technical information to humanitarian actors. Timely coverage was made easier by donors like Spain and the Inter-American Development Bank (IADB) who showed flexibility in allowing funds to be diverted from other DINEPA programs to the emergency response.⁴⁷ UNICEF also contributed sizeable resources to the collective effort in the water sector.

44. As far as the Health sector was concerned, the in-country presence of stocks of surgical equipment and consumables from the WHO-supported national obstetric program allowed surgical items to be dispatched rapidly to the few operating areas which were still in place after the earthquake. However, the provision of medical aid was difficult due to limited access, little knowledge of first aid among the local population, delays in equipment being shipped and the damage sustained by the medical infrastructure in most of the affected areas.⁴⁸ Similarly, stocks of Reproductive Health kits from the UNFPA program were available in the Ministry of Health's warehouse and these were distributed rapidly.

⁴⁷ Monitoring data, country interviews

⁴⁸ Interviews with DPC, MSF and ICRC

Quick mobilization of clusters but difficulties dealing with the massive influx of NGOs...

45. Five key clusters (Food, WASH, Health, Shelter and Non-Food Items (NFI)⁴⁹ and Logistics) were mobilized within the first two days. The roles and responsibilities of cluster leads were generally clear. Participants valued cluster coordination mainly as a means to exchange information and network with other humanitarian organizations. Most participants felt that the cluster meetings were well facilitated.⁵⁰

46. A particular challenge for cluster coordination was the massive staff turn-over that came with the agencies' deployment of short term surge capacity. Staff turn-over created efficiency costs in terms of information management and individual capacities.⁵¹

47. A major challenge for cluster coordination was the massive influx of international NGOs with varying capacity, levels of professionalism and resources. For example, in the early days following the earthquake, Health Cluster or Shelter Cluster meetings often had over 200 participants. Cluster coordinators were bombarded with several hundred emails a day, including requests for logistical support. One interviewee estimated that "20 percent of the NGOs do 80 percent of the work" and many actors complained that the remaining 80 percent of NGOs "clogged" the system. Only some cluster lead agencies (first WHO and IFRC, later FAO) reacted creatively to this situation and adapted cluster coordination accordingly. They split the two key functions of the clusters, information sharing and strategy development, into separate meetings (see box).

Good Practice: "Baby Cluster" or "Strategic Advisory Group"

Separation of the two key functions of a cluster: information sharing and strategy development / technical guidance.

The lead agency, key cluster members and (in some cases) the government met as a "baby cluster" or "strategic advisory group" to decide on strategy.

Cluster meetings, open to all actors, were held to share information to understand who does what where, communicate the strategy and allow for damage control and to a certain degree capacity building of weaker cluster members.

⁴⁹ At the beginning of the response Shelter and NFI and CCCM were under the same coordination structure, led by IOM. These were later split into two clusters: shelter and NFI under the lead of the IFRC, and CCCM under the lead of IOM

⁵⁰ Well facilitated cluster meetings valid for clusters in which the strength / weakness analysis was conducted (Protection, Agriculture, Early Recovery, Inter-Cluster, CCCM, Food); monitoring data, documents, country interviews, s/w analysis

⁵¹ Country interviews, global interviews, documents, INGO group discussion

... because of experience and buy-in into cluster approach by key actors and good handover between UNDAC and OCHA

48. Experience gathered since the hurricane response in 2008 made it easier to set up cluster coordination quickly. Despite the challenges involved, most cluster lead agencies and crucial cluster members in Haiti were generally committed to cluster coordination from day one of the response. The UNDAC established a coordination structure that OCHA was able to take on and develop further through timely and sufficient surge capacity.⁵²

49. On the other hand, there was some difficulty in finding the right center of gravity for coordination. In most natural disaster situations, national clusters usually bring together concerns from decentralized clusters to establish a country-wide strategy. As the earthquake hit Haiti in the capital, national level Clusters were also “Port-au-Prince clusters”. This reinforced the bias in favor of the response in the capital. This bias was added to by the difficulty that the UN and many NGOs had in leaving Port-au-Prince for security and logistical reasons. Even before the earthquake, most aid agencies did not have offices in the provinces.⁵³

Good coordination between donors...

50. In Haiti, donors have a long history of coordination with the G11 and the GACI. After the earthquake, they immediately started to meet regularly, first at MINUSTAH’s logistics base (“Log Base”) and later in (repaired) offices to share information. The weekly meetings of humanitarian donors at the DG in Petion Ville on Saturdays appears to be one of the places where strategy is discussed the most in Port-au-Prince.

51. The close coordination between international donors and the cluster system was facilitated by the following factors: close country-level coordination between key donors, the predictability of the cluster structure, previous experience of cluster coordination, the policy of some large donors (including DG ECHO and USAID) to make cluster participation mandatory for their implementing partners and the participation of donors in inter-cluster meetings.⁵⁴ Donors shared their strategies with the clusters and even adapted them to cluster coordination. USAID and its implementing partners started to coordinate their food aid with cluster activities, overcoming the parallel food aid coordination and delivery structures that had existed for a long time in Haiti.⁵⁵

**Good Practice:
Inter-donor
coordination**

Key donors with a country presence in Haiti met during the peak of the emergency on a daily basis.

⁵² Binder, A. /Grünwald, F. (2010), Grünwald, F./ Renaudin, B. (2010), INGO group discussion, other studies

⁵³ Country interviews, global interviews, documents, direct observation, group discussion with international NGOs

⁵⁴ Monitoring data, country interviews, global interviews

⁵⁵ Cf. Binder, A. / Grünwald, F. (2010)

Rapid availability of substantial funds...

52. The speed of disbursement and volume of funds were critical factors in the response. In Haiti, the Central Emergency Fund (CERF) made ten million US dollars available.⁵⁶ A Flash Appeal based primarily on estimations and assumptions provided by field staff and satellite imagery was rapidly prepared and launched by headquarters three days after the earthquake. The appeal was quickly funded by donors. Significant funding also came through bilateral and private channels as well as through other funding mechanisms, such as the Emergency Response Relief Fund (ERRF), which helped UN agencies and NGOs to quickly start their operations.⁵⁷...

due to intense media coverage, proximity to the United States, the field presence of donors and support from headquarters

53. Intense international media coverage, proximity to the United States and the presence of humanitarian donors in the field helped to quickly raise significant amounts of funding. The quick launch of the Flash Appeal contributed to the mobilization of funds. Three months into the operations, however, aid actors and observers alike started to raise questions about the appropriateness and relevance of funding. For example, many international NGOs, including the large ones, had reached the limits of their capacity to absorb emergency funding. Aid actors underline that longer-term financial commitment is more important than large sums of emergency funds. At the same time, important areas such as Agriculture, Early Recovery and Education had either been under-funded or only received funds after a long delay. Late and limited funding for Agriculture meant that aid agencies struggled to refill depleted seed stocks in time for the planting season.⁵⁸

ERRF: a useful tool for supporting small NGOs and stimulating innovation:

The way ERRF is used facilitates the flow of funds to small NGOs. It allows innovation to be funded and risks to be taken in pilot projects.

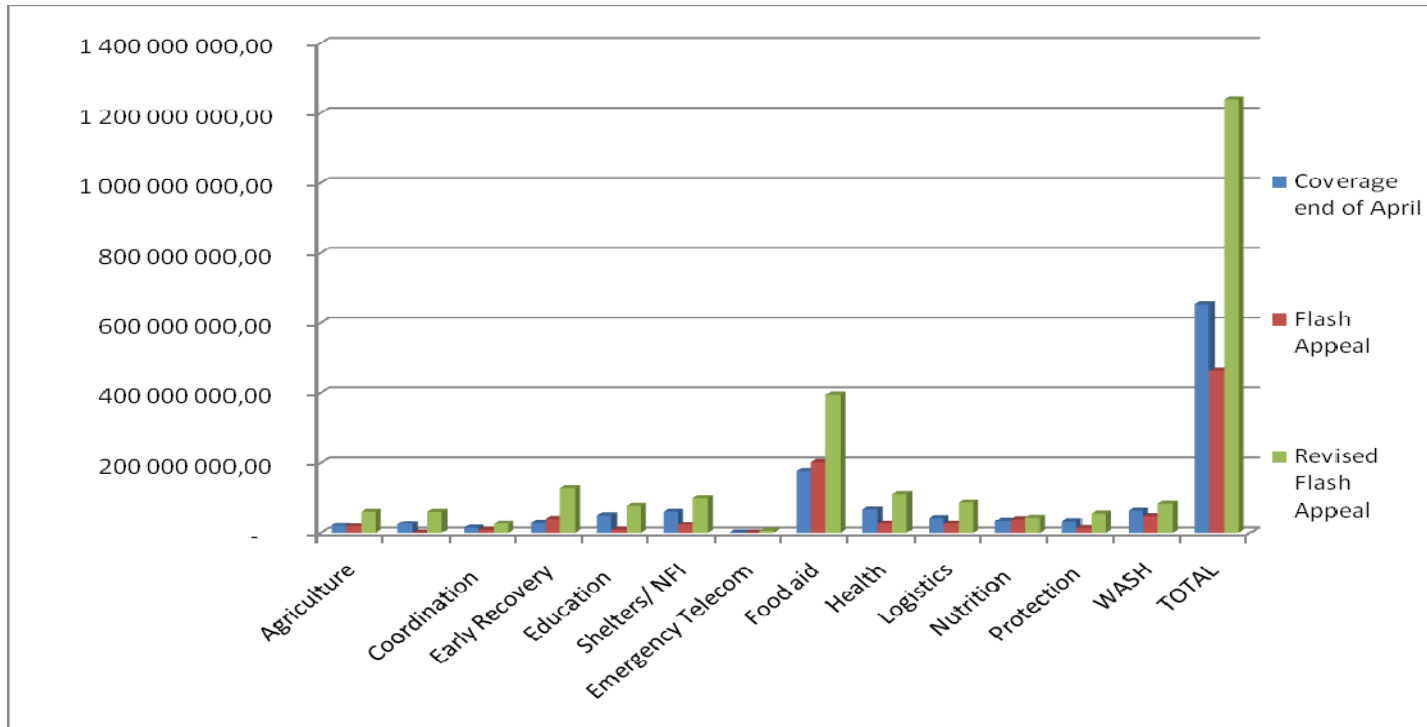
Administrative procedures have been simplified to ensure that they do not become a bottleneck. The ERRF could support the involvement of local NGOs in the response even more by providing them with training on ERRF.

⁵⁶ OCHA Sitrep

⁵⁷ Monitoring data, country interviews

⁵⁸ Financial Tracking Service (2010a), Group discussion international NGOs, group discussion donors, global interviews, monitoring data, global documents, country interviews, interviews with local NGOs

54. The following diagram shows how much of the first Flash Appeal was funded, and the inequitable distribution of resources between different sectors.



55. The increasing inappropriateness of funding and in-kind donations is related to the fact that predominantly bilateral and private funding goes to Haiti.⁵⁹

Examples of learning and innovation ...

56. Examples of learning and innovation took place when there was demand from in-country teams to address issues (e.g. lessons learned exercises in the Food Aid sector and PSEA). In analyzing the shortcomings of the Haiti earthquake response, many actors in the field and at the global level wonder why the sector did not implement lessons learned from comparable disasters, such as the 2004 Indian Ocean Tsunami, more effectively.⁶⁰ While the RTE team agrees that the humanitarian community missed an opportunity to systematically include lessons learned from earlier disaster responses, they also want to highlight important examples of learning, adaptation and innovation they identified during the country mission.

⁵⁹ Monitoring data, global level interviews, country interviews, group discussion with donors, other studies/evaluations

⁶⁰ Country interviews, global interviews, ALNAP / UNEG / OECD DAC Round Table

57. For example, the Food Aid Cluster lead, the World Food Program (WFP), reacted to criticism regarding the first general distribution and held lessons learned exercises (see box).⁶¹ Having learned from earlier experiences that widespread disease is unlikely in earthquake situations, the World Health Organization (WHO) issued a statement announcing that the risk of epidemics was low.⁶² This statement reduced the possibility of biased funding and avoided putting more stress on an already traumatized and frightened population.⁶³

Good practices in the inter-cluster process under OCHA

The Office for the Coordination of Humanitarian Affairs (OCHA) hosted three innovative initiatives: the Protection from Sexual Exploitation and Abuse (PSEA) mechanism, the Gender Capacity Standby Project (GenCap) and the Communication with Disaster Affected Communities Initiative (CDAC). All three initiatives are of an inter-agency nature.

The PSEA mechanism was about to be launched when the evaluation mission took place. It rests on four pillars: management and coordination systems within agencies, complaints mechanisms and support services for survivors, prevention and response.

The GenCap Project provides humanitarian actors in the field with support to mainstream gender equality programming and prevention and response to gender-based violence in all sectors of humanitarian response.

The CDAC initiative was founded by a group of international organizations (Save the Children, IFRC, OCHA, Thomson Reuters Foundation, BBC World Service Trust and IMS). A cross-cluster service has been established in Haiti to advise humanitarians on outreach and communication strategies and techniques. It aims to improve the communication between the humanitarian community and the affected population. CDAC Haiti is led by the media NGO Internews. While the initiative's activities have had a positive effect (e.g. national NGOs appreciated the daily news program on the radio and information kiosks were established for people who were affected by resettlement), it was still too small in terms of capacity and structure to have a systematic effect.

A team from UNEP was rapidly deployed to ensure that environmental concerns were taken into account in the response. In Haiti, the environmental crisis in urban and rural contexts is at the heart of many vulnerabilities. It was essential to underline the importance of these concerns.

Source: N(2010): Protection from Sexual Exploitation and Abuse, Strategic framework and objectives, Haiti, 2010, draft, <http://onerresponse.info/crosscutting/Gencap/pages/gencap.aspx>

<http://onerresponse.info/disaster/Haiti/CDAC/pages/default.aspx>

Good Practice Food Aid Cluster

There were lessons learned exercise after the first two general food aid distributions in Port-au-Prince. The first lessons learned exercise was public, with the government and media present; the second took place within the cluster.

Lessons from the first general distribution were directly implemented in the second distribution. For example, the area-based responsibilities of implementing partners were adjusted to the actual administrative structures of Port-au-Prince and aid was packed in several smaller packages instead of one big one, making them easier for women to carry.

⁶¹ Country interviews, documents

⁶² WHO, 2010

⁶³ Grünewald, F./ Renaudin, B. (2010); ALNAP / ProVention Consortium (2009), country interviews

... because of political and headquarters support, dedicated individuals and resources

58. High-level political support, such as the Emergency Coordinator's support for the PSEA mechanism and the Deputy Humanitarian Coordinator's support for the inclusion of gender into inter-cluster coordination, helped greatly. Finally, without support from headquarters in the form of policies, guidelines and resources or from dedicated individuals in the field, it is very unlikely that learning and innovation of this kind would have occurred.⁶⁴

Opportunities to create positive longer-term effects...

59. The humanitarian community in Haiti is committed to *build back better* or at least "safer". While it is difficult at this early stage to determine the longer-term effects of the response, some opportunities can already be identified. For example, at the time of the evaluation mission, the Humanitarian Country Team was developing a "safer shelter strategy." The aim of this strategy is to make sure that people are not sent back into previous vulnerabilities. The "housing" sub-cluster (led by UNHABITAT) promotes a people-centered, culturally-sensitive reconstruction of the informal areas of Port-au-Prince. Further opportunities to build back better lie in strengthening local capacity and focusing on contingency planning, disaster preparedness and mitigation as currently promoted by inter-cluster coordination.

3.2 Key areas for improvement of the response

Weak humanitarian leadership and a lack of strategy...

60. One of the key problems in Haiti, which was responsible for many of the shortcomings of the response, was weak humanitarian leadership. As a result, operational agencies did not have a framework for their activities, the military could not be properly assigned tasks and the government could not be sufficiently engaged with and supported.

...because of a weakened HC, unclear cluster leadership and insufficient global support

61. Affected by the earthquake herself, and by the departure of the OCHA head of office, the Humanitarian Coordinator could not efficiently spearhead and facilitate the elaboration of a common humanitarian strategy. For example, it took three weeks and a lot of pressure from leading international NGOs before the Humanitarian Country Team was convened for the first time after the earthquake.⁶⁵

62. Due to the relatively junior status of many cluster coordinators, many cluster leads had difficulty exerting leadership in their respective clusters. The CCCM and the Protection Clusters were particularly weakened by the fact that key actors, such as UNHCR, were not present in

⁶⁴ Direct observation, country interviews, global interviews, documents

⁶⁵ It had met regularly before the earthquake

country at the time of the disaster and could not be brought in immediately due to a certain reticence at the HC level. At the same time, the Emergency Relief Coordinator had to put pressure on cluster leads to provide support for cluster coordination.⁶⁶

63. These country-level leadership issues were aggravated by a lack of relevant strategic support from the ERC and headquarters. The UN Secretary-General quickly nominated an appropriate replacement for the missing Special Representative. The Department for Peacekeeping Operations (DPKO) and the Department for Field Support (DSF) also reacted very quickly and sent high-level support to MINUSTAH. Given the enormous losses experienced by the UN mission, its strategic and decision-making capacity was restored within a relatively short time.

64. OCHA and the ERC, on the other hand, did not provide the Humanitarian Coordinator (and Deputy Special Representative) with comparable support. Even though experienced staff from the Regional office in Panama were dispatched to the field as early as the 15th of January, far fewer reinforcements were brought in to the humanitarian component compared to the political and military components. For example, the Deputy Humanitarian Coordinator arrived roughly four weeks after the earthquake at around the same time that the Humanitarian Coordinator finally resigned.

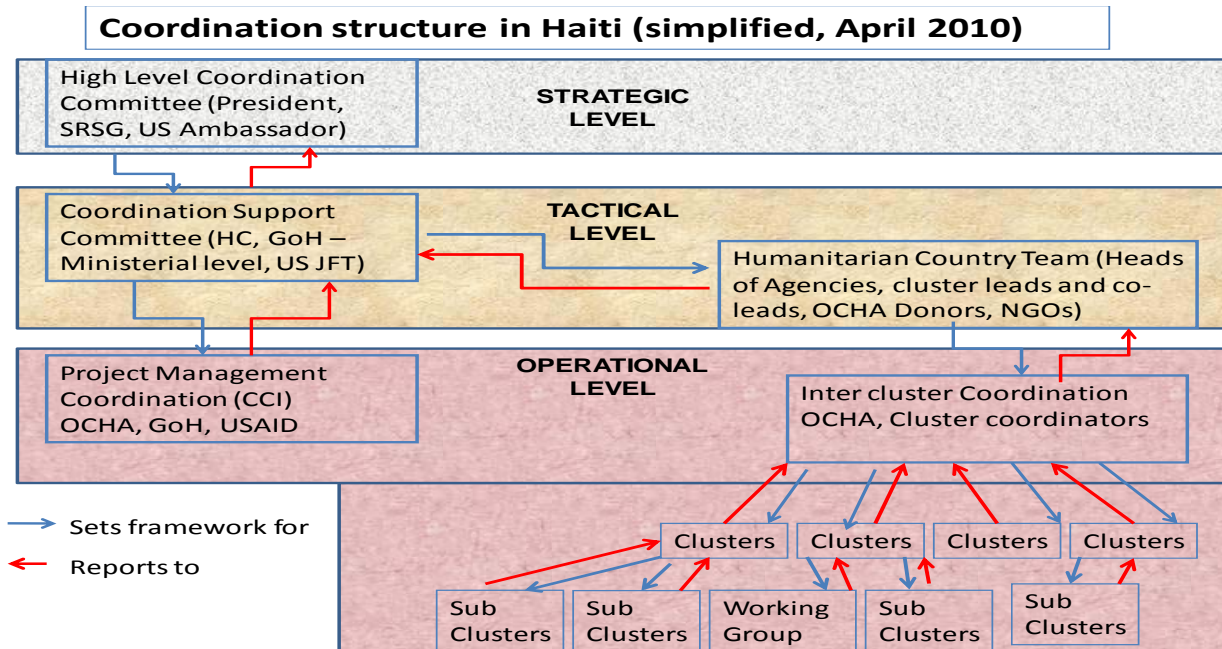
Difficulties in allocating tasks to the military ...

65. The humanitarian community missed an opportunity in the early weeks of the disaster response to properly give instructions and allocate tasks to the military and set up a common decision-making and coordination forum.⁶⁷ MINUSTAH and foreign military forces, in particular the US Army, on whom there is both political and public pressure to show results, quickly filled this void and established their own decision-making structure with strategic, tactical and operational levels.⁶⁸ The structure includes the Government of Haiti, foreign military forces, MINUSTAH, the Government of the United States and OCHA, which represents the humanitarian community and the clusters.

⁶⁶ Email from Sir John Holmes to the Cluster lead, 15/02/2010

⁶⁷ For coordination between civil and military organizations, UNDAC set up the On-site Operations Coordination Center (OSOCC), OCHA organized a civil-military coordination meeting and a Joint Operations and Tasking Center was also established. However, all of these fora were on the operational level.

⁶⁸ HLCC: High Level Coordination Committee, SRSG: Special Representative of the Secretary General, CSC: Coordination Support Committee, JFT-H: US Joint Task Force Haiti, PMCC: Project Management Coordination Cell



66. Humanitarians had serious difficulties asserting themselves in this decision-making structure since their participation was limited to OCHA. At the same time, the structure disempowered the Humanitarian Country Team (strategic body), and the Inter-Cluster Coordination (operational coordination body). The exclusion of the cluster lead agencies from the CSC brought about a lack of operational and technical input and, as a result, many decisions were not exclusively based on humanitarian considerations.⁶⁹ For example, driven by the CSC, the PMCC pushed for the resettlement process to be accelerated. Though the people who were selected for resettlement were supposedly the most vulnerable to the effects of the coming rainy season, the military focused primarily on the 9,000 people at high risk in Port-au-Prince to the detriment of over 500,000 highly vulnerable people outside the earthquake affected areas and the 1.3 million displaced persons.⁷⁰ Furthermore, while camp planning and resettlement was logistically successful, military actors had difficulty addressing social factors properly. It took OCHA a lot of time and energy to convince the US Army that people needed to be informed and given a choice (e.g. to go to a host family, to return to their houses if they had been cleared, etc.) before they were resettled. Also, the physical layout of the camp was influenced by military thinking.

⁶⁹ Country interviews, global interviews, documents, strength / weakness analysis

⁷⁰ Figures from Civil Military Coordination Meeting, HCT meeting minutes and MINUSTAH-internal scenario planning documents

67. The OCHA Country Office recognized how difficult it was for the humanitarian community to defend its approach against these powerful and politically mandated stakeholders. It took a major effort on its part to recalibrate the coordination structure and to bring the humanitarian voice back in. This is an uphill struggle, but the situation appears to be improving with the close cooperation and clarification of roles and responsibilities between the current DSRSG for political and military affairs and the new DSRSG/Humanitarian Coordinator/Resident Coordinator.⁷¹

...because of limited humanitarian agenda-setting power, a legacy of limited coordination between MINUSTAH and the UN Country Team and a lack of IASC guidance

68. Overwhelmed by her experience in the earthquake and not provided with appropriate support by headquarters (see below), the HC failed to create a sufficient humanitarian agenda-setting power to allocate tasks to the military. In addition, there is a history of coordination problems between the UNCT and MINUSTAH with an unclear division of roles and responsibilities and resulting turf wars. Thus far, the humanitarian reform has not produced policy guidelines on how the cluster system should relate to integrated UN missions and foreign military forces in different humanitarian settings.⁷²

The affected population was largely excluded from the design and implementation of the response⁷³

69. Despite innovations such as the CDAC initiative, overall the earthquake response has been highly exclusive. The affected population was not consulted, informed or included in the design, planning and implementation of the humanitarian response. As a consequence, the affected people and local NGOs interviewed for this evaluation underlined that they had often felt that they were not respected by international aid organizations. In particular, the airdrop of ready-to-eat meals, where hungry people had to fight for food rations, and its coverage in the media, were strongly criticized.⁷⁴ Local NGOs criticized the first general food distribution for undermining the dignity of beneficiaries, putting them in danger and not allowing women or vulnerable people to gain access to aid. Distributions were often not properly coordinated with local committees and were announced at very short notice, making people wait in the sun for several hours without even knowing what they were going to receive. A more inclusive

⁷¹ Country interviews, documents, direct observation

⁷² The United Nations / IASC (2008) Guidelines and References collection mentions the clusters one time only in the terms of reference for Civil-Military Coordination Officers. The need to clarify the relation between the cluster approach and integrated missions, has already been pointed out by ICVA in 2006, see ICVA (2006)., Binder, A./ Grünewald, F. (2010), Steets, J./ Grünewald, F. et. al. (2010), Binder, A./ de Geoffroy, V., Sokpoh, B. (2010), Call, Ch. T. (2009)

⁷³ This report is accompanied by a film in which Haitians express their opinions about the disaster response, www.urd.org

⁷⁴ Group discussion with affected people, group discussion with Haitian NGOs, country interviews

approach was prevented due to the fact that all actors except a few international NGOs requested military escorts to distribute aid.⁷⁵

...due to biased assumptions and attitudes, lack of knowledge about the context and of local languages

70. Local people were excluded for a variety of reasons. First, humanitarian actors often assumed that after such a major shock there would be no local capacity to respond. They also often saw the Haitians as victims who had other things to do than get involved in the design and implementation of programs.

71. Many humanitarians lacked knowledge of the local context and culture and could not speak local languages. This made it difficult to assess informal areas and to understand the situation. Second, humanitarians emphasized speed over inclusiveness. Interestingly, there were examples which showed that inclusiveness and speed are not necessarily mutually exclusive. Though inclusive planning might take longer, an aid distribution organized with the local committee of Bristout-Bobin showed that inclusive implementation can be much more efficient than if international agencies do it alone. The distribution was so well organized and communicated to the beneficiaries that waiting time was reduced to less than one hour and it was possible to track almost all the packages to the entitled person. Third, the Government did not effectively communicate with the population, which only upset people more. For example, the President announced further earthquakes. As a result, people were afraid to go back to their houses, even if they had been cleared by experts. Finally, during the workshop organized with local NGOs they recognized that it is difficult for international organizations to work with the very heterogeneous Haitian civil society sector.⁷⁶

72. Haitians also felt that their own initiatives, including needs assessments, censuses of people living in affected areas, assessments of losses and damage, were ignored. According to interviewees this made the response less relevant and effective as aid agencies lacked information such as the exact number of household members, double registrations, the socio-economic situation of beneficiaries and particular vulnerabilities. Committee leaders usually have this information and could therefore have contributed to more effective targeting. Initiatives by the affected population rarely received support. For example, in Bristout-Bobin, the leader of a women's group re-opened a small school only weeks after the disaster. She recognized that youth violence had decreased in the aftermath of the earthquake and wanted to prevent young men from falling back into violent behavior. However, she could not get any support for her school. Likewise, a young teacher created a youth club in Ravine Pintade where

⁷⁵ Country interviews, group discussions with affected people, group discussion with Haitian NGOs, documents, monitoring data

⁷⁶ Group discussion with local committee in Bristout Bobin, country interviews, direct observation, group discussion with local NGOs, group discussion with international NGOs, strengths and weaknesses analysis with clusters

poetry slams, theater and Latin-American dance were organized as a means for the children to deal with their trauma. She also could not find any external support to sustain her activities.⁷⁷

73. Finally, the evaluators identified a serious lack of communication with the affected population. In all of the sites visited by the evaluators, the committee leaders or inhabitants had not been informed that food aid distribution would be limited to two general rounds in order not to destroy the local economy. They also did not know that free water distribution would be stopped and the normal payable service would resume. At the same time, as trust in the government is very low, people's expectations with regard to aid and access to basic services were directed at international aid actors.⁷⁸

Good Practice:

The participatory approach taken by "Housing" sub-cluster in the identification of property and the design of reconstruction plans for informal areas.

74. Some actors have begun to recognize the need for more inclusiveness and better communication with the population. These issues have begun to appear on the agendas of several clusters, such as the "Housing" sub-cluster and the Education and Food Aid Clusters.⁷⁹

Insufficient coordination with national and local authorities...

75. Immediately after the earthquake, national and local authorities were eager to coordinate with international relief actors (see chapter 2). For example, the President and the Minister of the Interior met the UN top management and a group of ambassadors on a daily basis to discuss the situation and coordinate the response. However, this initial close cooperation with the national authorities was not sustained over time. Many government agencies at the national and local levels (e.g. ministries, the Directorate for Civil Protection (DPC) and municipalities) felt (and in most cases were) excluded from humanitarian coordination and decision-making. As a result, the relationship between humanitarian organizations and the government has been strained and there is a risk that the humanitarian response will further weaken the government.⁸⁰

Good Practices:

Agriculture Cluster co-chaired by the government

WASH Cluster meetings held at the national authority for water and sanitation (DINEPA)

Health Cluster's close cooperation between the cluster lead and the line-ministry, predating the earthquake

76. For example, local authorities in Léogâne complained that three months after the earthquake they felt "like strangers in [their] own city." Such a situation obviously undermines ownership and makes it easier to blame the humanitarians if, at a later stage, the population becomes impatient and dissatisfied with the response.⁸¹

⁷⁷ Group discussions with affected people, group discussion with Haitian and international NGOs, country interviews

⁷⁸ Group discussions with affected populations, country interviews, group discussion with Haitian NGOs

⁷⁹ Strengths and weaknesses analysis, interviews, direct observation, group discussion with Haitian NGOs

⁸⁰ Country interviews, direct observation

⁸¹ Country interviews, direct observation

...because of limited direct support to the Government, a limited link between the cluster system and the government and the failure to capitalize on MINUSTAH's relationship with the provincial authorities

77. The Government of Haiti was badly affected by the earthquake, which only exacerbated the GoH's limited capacity to respond to disasters. The President had to hold meetings under a mango tree. It is only when the Canadian Army left Léogâne in March that some basic infrastructure to the municipal authorities while in Jacmel was established, the Regional Delegate still holds meetings in the ruins of his office. Despite a lot of talk about supporting the Haitian Government, bilateral donors reacted too slowly and only provided the government with basic facilities to carry out their role (e.g. 'offices in a box', communication means, and meeting spaces) three months after the disaster. However, there have been some positive developments. The US Government's Office for Transition Initiative (OTI) is currently drawing up plans and some European donors have announced that they are allocating resources to support the Haitian state.

78. The President created a national expert group of civil society and private sector leaders to advise him on questions such as humanitarian aid and reconstruction. However, some of these experts had difficult relations with technical ministries. In addition, several countries seconded external consultants to work with the Prime Minister. This system created confusion about who the international community was supposed to interact with.

79. Before the earthquake, links between the clusters and the government were uneven. Several clusters had excellent relations with their line ministries at the Port-au-Prince level, while others had very little contact.⁸² The fact that humanitarian coordination was set up at the Log Base, which was difficult for Haitians to access, and that cluster meetings were held in English, further aggravated the situation. Only a few agencies, such as WHO and UNFPA, who had been running large-scale programs with line ministries prior to the earthquake, quickly began to re-establish links with what remained of these institutions (the Ministry of Health and the National Task Force on Women's Affairs, for instance).

80. In the provinces, OCHA field offices did not take advantage of the presence of MINUSTAH Civil Affairs Officers who have a great deal of local knowledge and long-standing relations with local authorities.⁸³ Had they worked together, this would have helped to restore coordination between the aid sector and local institutions.

⁸² Binder & Grunewald, 2009, op cit.

⁸³ Grünewald, F./ Renaudin, B. (2010); country interviews, direct observation, global interviews

... because of a lack of preparedness specifically addressing the risks of urban disaster, bypassing of local structures and experienced actors coming in late

81. Humanitarians were neither methodologically nor conceptually equipped to respond to a large-scale urban disaster. This situation combined with a lack of contextual analysis (see above) led to a false start where camps were seen as the unit of intervention instead of neighborhoods and administrative areas of the city. Because they by-passed local structures, humanitarians lacked a lot of “insider” information, such as the exact number of families, casualties, livelihood strategies, that could have helped to better target beneficiaries. Actors with relevant urban experience, such as UN-Habitat, came as early as 17th of January, and despite limited resources, managed to rapidly produce a strategic paper in French with the authorities. The domination of English in the clusters, the fact that UNHABITAT was not strategically included in the whole set up (it worked as a lead for the “Housing” sub-working group under the Early Recovery instead of the Shelter Cluster⁸⁴) limited the impact of this strategic paper. It should be noted that the difficulty of working in urban environments and understanding how they function was not specific to aid actors alone. The same difficulty is evident in the fact that a map established by the US army separates Port-au-Prince into color-coded areas which bear no relation to municipal districts.

A weak situation analysis...

82. At the global level among donors, it has become a priority “to get the assessment right”, as shown by the existence of the IASC Needs Assessment Task Force and the multiplication of numerous needs assessment projects such as the Assessment Capacity (ACAPS) and OCHA’s Dashboard. Indeed, whether or not a humanitarian response can have a positive effect in the long term is determined by how well the situation, needs and capacities are assessed and understood. In order to reach a sufficient level of understanding, links need to be established with the government, development actors and the local population. The next section shows that the aid sector still needs to improve its analysis of situations.

83. In Haiti, a large number of needs assessments of varying scope were carried out, including the multi-cluster Rapid Initial Needs Assessment for Haiti⁸⁵ (RINAH, operationally implemented by ACAPS⁸⁶), the Post-Disaster Needs Assessment and Recovery Framework (PDNA) jointly conducted by the United Nations, the World Bank, the European Commission and the Government of Haiti, and assessments conducted by NGOs.⁸⁷ A remarkable development has

⁸⁴ The reason for UNHABITAT to be under the Early Recovery rather than under the Shelter cluster is not clear. Direct observation suggests that this may be related to a turf fight between UNHABITAT and UNOPS

⁸⁵ RINAH, 2010

⁸⁶ ACAPS is a consortium of NGO part of the IASC Interagency Need Assessment Task Force (NATF)^o

⁸⁷ World Vision, 2010

been the emergence of grassroots initiatives like Ushahidi,⁸⁸ an internet platform which allows crisis information sent by individuals by SMS to be mapped. OCHA set up a need assessment Task force to coordinate among the different assessments that were taking place⁸⁹.

84. The large majority of these assessments focused on needs alone, neglecting the analysis of context, local capacities and constraints to the response.⁹⁰ Despite an early start, the RINAH encountered a lot of logistical and institutional difficulties. The assessment process was relatively heavy. Responding to the questionnaire took beneficiaries up to three hours. It was also slow in producing outputs, which were only available several weeks after the assessment.⁹¹ The data collection system used was based on incorrectly identified information needs and poor methodology.⁹²

85. Many assessment teams arrived late and reinforced biased assumptions rather than contributing to a clear picture of the situation and needs. For example, most actors assumed that there was no local capacity whatsoever, that the security situation was tense and that people were staying in camps. By contrast, the evaluation mission (and other actors with good field presence) found that local capacity did exist, that the security situation in most areas was calm and that what looked like camps were actually settlements that were closely connected to the dynamics and structures of the neighborhood and the city.

86. New mechanisms to quantify needs and how they develop over time were put in place, in particular the CCCM Cluster's Displacement Tracking Matrix. However, the commendable objective of the tool is compromised by the desire to be over-precise in a rapidly moving context and methodological issues concerning the interpretation of results.

87. Weak situation analysis meant that humanitarian actors were still discussing the overall number of beneficiaries three months after the earthquake. It led to a response that was not designed to support, but rather to replace local actors, it made humanitarians highly risk averse and it provided camp-type solutions to urban problems (see below).

⁸⁸ <http://www.ushahidi.com/>;

<https://www.cimicweb.org/cmo/haiti/Crisis%20Documents/Early%20Recovery%20Cluster/Haiti%20PDNA%20FAQs.pdf>

⁸⁹ For an overview of assessments conducted in Haiti see the "Survey of surveys" at <http://groups.google.com/group/assessmentshaiti>, accessed 25/05/2010 – estimates of overall # of assessments to be added in final version since the survey of the survey is currently being updated and cannot be used

⁹⁰ Groupe URD, 2007

⁹¹ For more details on the methodology see: Center for Disease Control (2010): *Summary of Initial Rapid Assessment (IRA) conducted by UN OCHA in Haiti*, Draft, Grünewald, F./ Renaudin, B. (2010), country interviews

⁹² Interviews with WHO and CDC

88. The lack of a comprehensive situation analysis in which the different needs and capacities of women, girls, boys and men are analyzed, prevented humanitarians from designing a response that gave each group equal access.⁹³ It is striking that many assessments continue to present data which is not disaggregated by gender.

...because of inappropriate assessment tools, high expectations and too much focus on quantitative data

89. Current assessment tools and strategies are highly elaborate and rely largely on quantitative data. While these tools might produce relevant information in a stable environment, they are of limited use in a fast-changing context which requires information to be available very quickly. Donors often demand precise figures to allow for evidence-based decision-making. However, this approach does not provide a contextualization of the analysis. It also runs the risk of delaying decision-making until more robust evidence is available. Furthermore, current approaches underestimate the importance of analyzing existing capacities and constraints to the response. Available analysis tools therefore do not address capacities, contexts and constraints.

Insufficient coverage despite significant overall resources

90. It is always a huge challenge for humanitarian assistance, which typically has limited resources and takes place in a complex environment, to cover the needs of women, girls, boys and men directly and indirectly affected by a disaster. An appropriate and relevant humanitarian response therefore must be based on a clear analysis of gaps and the prioritization of activities based on needs, vulnerabilities, capacities and constraints as well as available resources. In Haiti, the availability of financial resources at any given time was often not a limiting factor. In fact, both the absorption capacity of the aid system, which was partly saturated by the flow of resources, and its delivery capacity, which was often confronted with external and internal constraints, were pushed to their limits by the scale of needs.

⁹³ Gender in Humanitarian Response Working Group (2010); country interviews, direct observation, documents, other evaluations/studies, monitoring data, ALNAP meeting

91. Despite great effort by the humanitarian community to overcome many of the difficulties encountered during the early part of the response, the evaluators identified a number of gaps in the response:⁹⁴

- **Neglect of rural areas:** At the time of the evaluation it became clear that the humanitarian community had missed the opportunity to support people who had left urban areas to live with their relatives in the countryside. The lack of support provided to these people and their host families resulted in a massive return of people to Port-au-Prince and other affected cities, which increased the pressure on the urban social and economic infrastructure. The post-earthquake migration towards rural areas took place at the beginning of the lean period, when food stocks at the household level are declining sharply before being replenished with the new harvest.⁹⁵ Since no aid was provided to rural host families, food reserves were rapidly exhausted. Even seed stocks, which were intended to be used for the planting season, were eaten by these additional family members. The importance of providing aid to host families and communities in rural areas was identified very early on in the response. Yet, the humanitarian community failed to do so. The Agriculture sector did not receive a lot of funding and the flow of resources to the urban sector worked as an incentive for traditionally rural NGOs to provide aid in urban areas.⁹⁶
- **Shelter:** After an initial slow start and many paralyzing technical debates in January/early February, huge efforts were made to provide most people in need with some sort of shelter. The good coverage finally reached by the end of March should not hide the fact that there will soon be a gap in emergency shelter due to the short lifespan of tents and tarpaulins in a tropical climate. This was beginning to be apparent in April 2010. In many areas, tarpaulins were already rotten and the evaluation team witnessed a lot of situations where people were no longer protected from the rain. Furthermore, the lack of transitional shelter was glaring at the time of the evaluation with only about 400 transitional shelters built. The inadequate supply of temporary shelter was of greatest concern to the affected population interviewed for the evaluation. Among other things, the difficulty to efficiently remove rubble from housing areas made it impossible to move quickly from the emergency shelter to the temporary shelter phase. Also, the fact that some donors insisted on continuing to distribute tents despite the recommendation of the shelter cluster not to do so, undermined more durable (though less aesthetic) solutions.⁹⁷

⁹⁴ Direct observation, interviews of the affected population, country interviews, global interviews, monitoring data

⁹⁵ The new harvest due to start in April in the large multi-cropping rice plains where irrigation is possible and in June in the rest of the country

⁹⁶ Country and global interviews, consultation with affected population, local NGOs and host families, document analysis

⁹⁷ Country interviews, direct observation, consultation with affected population, document analysis

- **Sanitation:** Problems were also encountered in relation to sanitation.⁹⁸ The sector does not have urban solutions to sanitation issues. WASH actors typically use pit latrines with various technical designs which are not applicable in a concrete-covered market place or in the centre of a city. Furthermore, WASH actors did not enquire about the sanitation habits of the urban populations before the earthquake. If they had, they would have discovered how common it was to use plastic bags⁹⁹ to dispose of excreta and they could have based their strategy on optimizing this behavior. Instead, some started off by providing traditional latrines as they are often used in rural areas, but these rapidly got blocked. The WASH cluster supported the use of costly chemical latrines which were from Santo Domingo: in highly-populated camp situations, these chemical latrines require daily visits by gully sucker trucks to remain hygienic and are thus a very expensive solution. The low in-country maintenance capacity combined with cultural norms of privacy partly reduced the attractiveness of these collective chemical latrines which created a difficult sanitary situation in the “camps”.¹⁰⁰ Women interviewed complained about the poor hygiene and the lack of privacy in and around all latrines and showers installed by the aid agencies. The evaluators found several cases of latrines and showers that were not properly separated, if at all, into female and male wash areas. It should also be noted that the limited capacity of DINEPA to take charge of the sanitation response contributed to the problem.
- **Cross-cutting issues:** While observers stated that issues such as gender and the environment had been taken into account more than in previous disasters, mainstreaming gender, the environment, protection and early recovery remains an uphill struggle. Inter-cluster coordination got off to a slow start and lead agencies lacked the leadership and the capacity to mainstream gender, early recovery, protection and the environment into their response. The arrival of the Deputy Humanitarian Coordinator helped to put gender on the inter-cluster agenda. Gender mainstreaming was further supported through a GenCap Advisor. As a result, agencies adopted the position that they would come back to fix these issues once time pressure had decreased (e.g. separation of male and female toilets and showers, the environmental footprint of humanitarian action). However, after three months, it is clear that factors which are not considered and incorporated during the initial project design are rarely fixed later on.

⁹⁸ Meeting with UNICEF, with ACF; with Solidarités, with DINEPA, with affected populations

⁹⁹ This strategy is well known in other context such as the slums in the Philippines or Nairobi

¹⁰⁰ Direct observation, country interviews, documents, global interviews, ALNAP meeting, other evaluations/studies

Unintended negative effects of the humanitarian response

92. Humanitarians are eager to build back better and to contribute to “a transformative agenda” for Haiti. Ideally, they say, the emergency response should lead to a recovery strategy that addresses the country’s chronic poverty, social inequality and vulnerabilities.¹⁰¹ However, despite these good intentions, humanitarian aid in Haiti has unintended negative effects, particularly in the longer term.

93. One classical negative effect of many in-kind donations has been the arrival in Haiti of tons of inappropriate relief items, including un-used medicine which WHO had to spend a lot of time and resources to destroy.

94. The provision of free services in Health, Water and Education, during the first months of the crisis was necessary to ensure access for all to health and other services. However, this choice has had a negative effect on private providers of these services. The fact that nearly all basic services are privately run in Haiti has created extreme inequality, but it is also an important economic factor. Several private hospitals and schools have gone bankrupt since the earthquake. It was only in March 2010 that the Health cluster issued a first position paper on this subject,¹⁰² and further research and policy development in this area are badly needed.

95. Another example is cash for work program. While these programs help to inject desperately needed cash into the economy, the colorful t-shirts which beneficiaries wear, with agency rather than government logos, tend to stigmatize the beneficiaries and undermine the credibility of the government, which appears to have limited results for the population.¹⁰³

96. In addition, cash for work programs which involve the removal of debris cannot be used to clear private land. This forces people to clear their own land at night. They take the debris to public spaces to be cleared by the cash for work programs during the day. This is dangerous for those who work at night and is inefficient as it blocks the streets during the day.

97. In Haiti, the aid system did not manage its most precious asset well: human resources. For months, agency staff, particularly those in UN agencies, worked in precarious situations: hot tents, queuing for showers, etc. The use of cruise ships and the establishment of Camp Charly improved living conditions to some extent, but several agencies mentioned a high rate of burn-out and an above normal number of medical evacuations, which are critical indicators of this situation. Many agencies did not provide any psychological assistance to their staff, although an initiative by UNICEF and UNFPA in Santo Domingo showed that entry and exit “hubs” can play a significant role in providing staff with support.

¹⁰¹ Country interviews, document analysis, global interviews

¹⁰² Removing user fees for primary health care during humanitarian crisis, GHC position paper, March 2010.

¹⁰³ Direct observation, country interview, global interviews, other studies/evaluations

4. Challenges to come

98. Even though the response to the needs created by the 12 January earthquake has made significant progress in the last two months, the task of managing future hazards is still in its preliminary phase. There are also major challenges ahead for the aid community and the Haitians. These hazards and challenges are different in nature, have different root causes and have different levels of probability.

99. The dynamics of many of these risks have been known since the early work of Philippe Mathieu and Jean Arsene Constant.¹⁰⁴ Key disasters are presented in annex 7 and relevant maps are shown in annex 8.

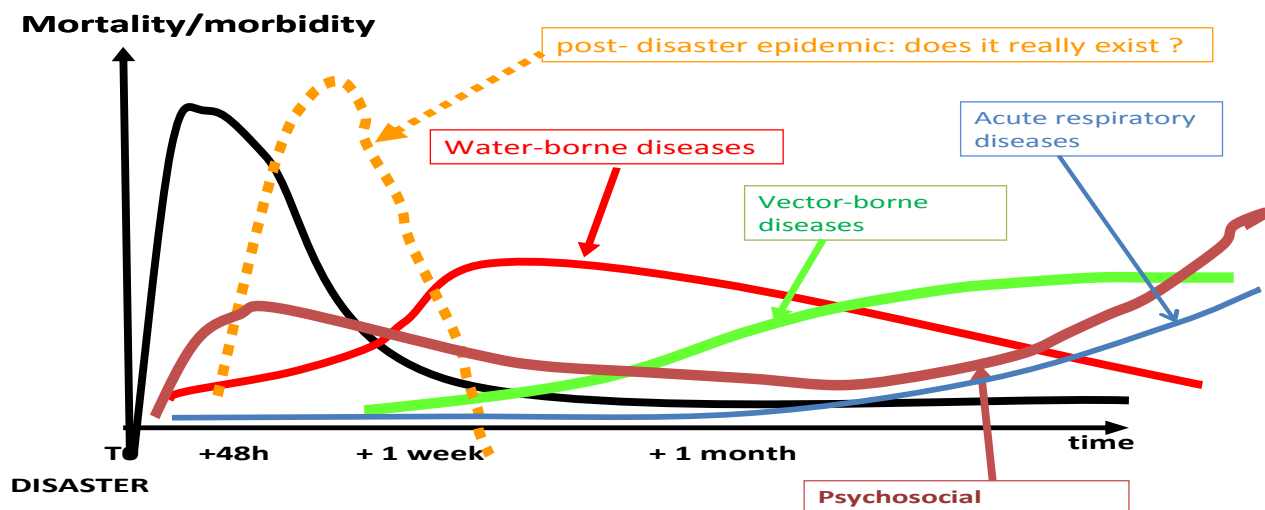
100. In addition to the needs presented above, there are the predictable and known ways in which needs develop in situations like these. It should be noted here again that for the first time, WHO rapidly went public to explain that the much talked-about “large-scale post-disaster epidemic” is more of a myth than anything else and should not be overly used for fundraising: crying wolf does not pay in the long run.

101. Even if each context is specific and requires its own epidemiological profile, the graph below, established by Groupe URD, presents typical ways in which problems and needs often develop in post-disaster contexts. In the case of Haiti, particular importance has been given to the analysis of risks in relation to:

- respiratory diseases: the living conditions in IDP sites and shelters, which are overcrowded and have a high level of socio-economic insecurity, make it very likely that the number of cases of acute respiratory diseases will explode;
- future psycho-social problems: the Haitian population has undergone a major shock and managing the mourning, the pain, the prolonged contact with death and the difficulties involved in dealing with the bodies of loved ones who died could cause problems, the scale of which will only become clear in several months.

¹⁰⁴ Mathieu P and Constant A; 2004

- it will be important to be able to provide proper medical, psycho-social and economic assistance for the handicapped. One of the effects of the earthquake has been to cause a large number of physical injuries (crushed limbs, badly treated gangrene, inappropriate injury treatment protocols in some cases resulting in amputations). Of current concern is evidence that many cases of physical trauma which were treated without X-rays, will need to be re-operated on as complications have begun to appear. The psychological consequences in the future are likely to be significant. Despite efforts made by agencies such as Handicap International, Médecins du Monde or the Red Cross movement, there is very little capacity to deal with this kind of handicap and with the magnitude of the problem in post-earthquake Haiti. Furthermore, in a country which was already so poor and where unemployment was already so high, work opportunities for such a large number of handicapped people are virtually non-existent.



102. Last but not least, the risks of social and political tensions should be taken very seriously. 2010 is an electoral year and therefore turbulence is possible. With the growing level of dissatisfaction of the population, vis-à-vis the aid system and the weak government, several political actors from the past may wish to create a context prone to violence. This situation needs to be watched very closely.

5. Conclusion

An overwhelming situation matched with extraordinary generosity

103. The earthquake that hit Haiti on the 12th of January 2010 was an exceptional event. The international mobilization was also extraordinary. However, with changing patterns of climate change and a growing proportion of the world's population living in "at risk urban environments", this disaster is potentially one of the first in a long series. The humanitarian system needs to learn and to improve the quality of its activities and its accountability in such events. This Inter-agency Real-time Evaluation in Haiti, which was planned during the early days of the disaster, and begun before the end of the third month after the disaster, is probably a sign of the system's commitment to improve.

104. The generosity of the public and of the donor community has been immense, as has been the dedication of the staff of hundreds of agencies and of Haitian individuals who have had to work and live in very difficult conditions: precarious living conditions, a very emotional context and a complex working environment.

105. In Haiti, several non-humanitarian actors, such as MINUSTAH, various armed forces, development donors and national institutions were all stakeholders in the response. The coordination system had to try to include them. While it was relatively easy with the donors, this was less the case with the armed forces and with the national authorities. Furthermore, little attention was paid to the needs of national stakeholders. In many instances, these critical assets were under a lot of pressure but had little support, or were completely by-passed, which has left many of them with a certain bitterness.¹⁰⁵

An incredible mobilization with a price

106. Most agencies mobilized their best staff and are still under pressure to continue to deploy large teams to the field. Yet, the aid system did not treat its most important asset, its human resources, well. Aid agency staff have been working in extremely harsh conditions and staff trauma management has been weak in most instances.

107. The Haiti earthquake response was and still is a large and complex operation in a very challenging environment. In order to focus clearly on the fundamental role of humanitarian action in such a context, the conclusion returns to a number of key questions

¹⁰⁵ Interviews with Haitian staff in Port of Prince, Jacmel, Léogâne and Gonaïves

Did the aid system save lives?

108. **Yes, but not that many**, and mainly during the first 15 to 20 days. As in most earthquakes, the majority of lives (200,000 to 300,000 people) were lost during the first few hours either under the rubble or in places where they could not receive any medical assistance. In Haiti, where first aid training is almost non-existent, many people bled to death in the middle of the ruins. Though the aid system has made significant progress working in acute large-scale disasters (development of rapid assessment –UNDAC, FACT–and response teams –ERU, EU CP, USAR-), it is still confronted with logistical and political difficulties. The number of people extracted from the rubble by USAR teams (around 130 individuals) is a world record. But it should be noted that the deployment of these teams, which require heavy logistics and support, and partly focused their efforts on rescuing their own nationals, which was compounded by the limits imposed on non-US landing slots by the US army, contributed to the clogging of the airport capacity, reducing the speed of arrival of vital medical equipment and teams in the country.

109. **Did the aid save lives after the first emergency phase?** The mobilization in the health sector continued for months after the disaster. From the 12th of January to the 31st of March, MSF carried out 11 749 operations and treated 173,757 cases in total. During the same period, the International Red Cross Movement treated another 95,000 cases. But after the end of January, many of the treated patients had either begun to experience complications following their earlier treatment.

110. With the myth of the “devastating post-disaster epidemic” having been demystified by WHO itself, the traditional sanitation and water consumption practices of the Haitians, including the consumption of water treated by inversed osmosis, largely covered the gaps left by the limited quantity of water per person (5 liters) and the small number of latrines (around 1 latrine for 100 persons) and limited the spread of water-borne diseases.

Did the aid system alleviate suffering?

111. **Yes, but too superficially**. On the one hand, most Haitians appreciate the fact that some services are free and sometimes more accessible than before the earthquake. Some Haitians even stated that the level of access to health care had improved compared to before the earthquake. On the other hand, as many of the shelters are already partly rotten and are no longer watertight, many people spend the night on their feet carrying their sleeping children in their arms.

112. Taking into account the high level of resilience of the Haitian population, it is likely that the situation is slowly evolving towards the pre-disaster situation, but data is not yet available to confirm whether or not this is the case.

113. Dignity is nevertheless at stake in these shanty towns where women often strike to demand respect and are sometimes confronted with sexual abuse to gain access to assistance or in situations where people have to wait for hours under the sun to get aid.

Is the aid system ready to cope with the challenges ahead?

114. **Not yet.** The rainy season has already begun and many of the sites are extremely precarious. The rain moves debris to the upstream canals which become clogged, increasing the risk of floods. Non-stabilized slopes in several parts of Port-au-Prince could produce landslides. Most of the tents and tarpaulins will not resist a tropical storm, even less a cyclone. At the time of departure from Haiti, the evaluation team learnt that there were around 400 to 500 temporary shelters erected. The last information from the Shelter Cluster indicates that by early June, there were less than 2000, far below requirements. In addition, even if the Haitian population is not intrinsically violent, the level of dissatisfaction and frustration is worrying. Politically triggered social tensions are likely and, in an electoral year, these can easily lead to social troubles and politically-motivated insecurity.

Is the aid system a learning system?

115. **Partly yes.** The emphasis on post-disaster “safer” reconstruction is one of the interesting developments which has been learnt from earlier disasters. Deployment of early recovery teams and environment specialists is another example, as is the strong mobilization of resources for CFW programs and debris removal. But there are a lot of hindrances in the learning process. Many lessons have been learnt and some of them have been implemented. But the system has rarely identified the need to match lessons learnt and recommendations with their specific area of application. Therefore, the implementation of certain recommendations has not always been successful. **But often, lessons learnt are simply either ignored or not acted upon.** There is still a tendency not only to reinvent the wheel, but also to turn it the wrong way. Low levels of engagement with local people and limited cooperation with the local authorities are still the most common behavior while high turn-over of staff compromises the creation of context-specific institutional memory. Shipments of outdated drugs are also still being sent despite the decades¹⁰⁶ that have been spent trying to stop them.

¹⁰⁶ WHO/EDM/PAR/99.4, Guidelines for Drug Donations

6. Recommendations

116. One of the aims of the Haiti RTE is to feed back findings and recommendations quickly to country operations as well as to draw lessons for future operations. The evaluators made every possible effort to feed back preliminary results and operational recommendations for immediate use through several meetings and regular bilateral feedback sessions.

117. The analysis of the context, constraints and chronology of the Haitian earthquake and its response indicates that the findings and recommendations of this RTE are most likely valid for the current emergency response in Haiti, future natural disasters in Haiti and for future disasters elsewhere in the world that meet at least some of the following criteria:

- Large-scale sudden-onset disaster associated with natural hazards
- Urban setting
- No conflict but risk of political violence
- Weak governance structures
- High level of media coverage
- Within the sphere of influence of the United States and/or regional powers
- Well-funded
- Extremely high number and diversity of (humanitarian) actors

118. As a significant time has passed since the field visit, the recommendations for immediate use may already have been implemented (if presented in Haiti during the mission) or may be outdated due to changing circumstances. The recommendations for other large-scale disasters (either in Haiti or elsewhere) focus on six key areas to get right in the response to large-scale, urban, sudden-onset disasters.

6.1 Recommendations for immediate use in Haiti

Go urban

119. **The Humanitarian Country Team in Haiti needs to make a significant effort to adjust the response to the urban environment of the affected areas.** While the current efforts to relocate people to relatively large camps outside the city might be the only way to move the most vulnerable out of the immediate danger related to the rainy season and the cyclone seasons, this is also a way of recreating humanitarian actors' "comfort zone": camp situations in rural areas. However, in order to serve the affected population within urban centers, the humanitarian community must leave this "comfort zone" and:

- a. move from an approach of individual assistance to community assistance in order to get closer to the services needed in affected districts;
- b. ensure very close collaboration with district administrations, development actors and, where relevant, the Haitian private sector to design and deliver the respective services.

120. **The Humanitarian Country Team should hold a joint meeting with urban experts**, for example, from the World Bank, UNHABITAT or specialized NGOs, who are either currently present in Haiti or know Haiti well, to brainstorm the most important first steps towards an urban response and preparedness for future disasters. Humanitarian agencies and NGOs should consider hiring urban experts to support their programs.

Go rural

121. **Humanitarian agencies should resume and strengthen their rural programs** as quickly as possible. These programs are important to keep as some of the displaced persons remain the countryside, as well as part of disaster preparedness measures (food security, disaster mitigation, livelihood stabilization, etc.). Donors need to urgently support rural programs, including those with an emergency component.

Get inclusive

122. **Humanitarian actors should use French and Creole as their working languages.** All meetings and documentation should be held/available in French. In order to do this, agencies should hire French and/or Creole speaking staff. Where this is not possible, agencies should work with translators. The HCT should consider creating an inter-agency translation service to translate key documents into French or Creole.

123. **Embed clusters within technical ministries.**¹⁰⁷ The ultimate goal should be the inclusion of clusters in the government structure, following the example of DINEPA. Where this is not possible due to limited capacity, clusters should be co-chaired by the government. Where clusters have no direct vis-à-vis, a restructuring of sectors should be considered so that clusters do fit with the national structure or the government should name a focal point for clusters where this is not feasible. Where possible, cluster meetings should be held in government facilities. Donors should provide the government with support so that they are able to accommodate cluster meetings.

¹⁰⁷ See also the related recommendation in Binder, A./ Grünewald, F. (2010)

124. **Improve communication with the affected population and ensure they are better informed.** Clusters should systematically use the communication services and expertise of the CDAC initiative and develop a communication strategy vis-à-vis the affected population as part of their cluster strategy. Proactive communication with the population should also be used for expectation management purposes. Cluster meetings should be used to share good practice on participatory approaches and cluster lead agencies should invite cluster participants to apply participatory approaches. Humanitarian agencies and NGOs need to train their staff, including national staff, in participatory approaches. Operational agencies should work as much as possible with existing community committees.

125. **Humanitarian agencies and international NGOs** should loosen their security restrictions to allow staff to circulate in the city and meet the affected population. In addition, the convoy and escort system should be scaled down. In parallel, the information system for monitoring how the situation is evolving, including the risk of political or socio-economic tension, should be upgraded.

Manage unintended side effects

126. **The cluster lead agencies, the cluster coordinators and the inter-cluster mechanisms should hold special sessions to analyze the negative side effects** of the humanitarian response in their sector. They should also use this session to develop a common approach to mitigate these effects. The analysis should include possible future side effects, for example, on the possibility of violence around the elections or on vulnerable groups.

127. **The Health Cluster** should use this session to analyze the impact of free services on the economy of the health sector and try to develop models to address the problem together with the government, health economists and development actors. Donors should support this exercise as it could produce good practices which would be useful for other countries that face similar problems. The Global Cluster should also participate in this exercise to ensure the documentation of ideas, models and developments.

128. **The Early Recovery Cluster together with donors** should use this session to analyze the side effects of the cash for work program. While the use of cash for work programs for debris removal is in itself the application of a lesson learned from past earthquakes, the evaluators identified possible negative side effects (see chapter 3.2). The cluster should analyze the impact of the cash for work program on the reputation of the government and on the stigmatization of marginalized groups and should adjust the programs accordingly. It should also look at the possibility of cash for work programs which could be used to clear private land. Again, the Global Cluster should support the country cluster in documentation.

Get ready for upcoming challenges

129. **Make sure all preparedness activities have a national focus.** The Humanitarian Country Team, OCHA and the cluster lead agencies must ensure that all preparedness measures have a national focus and do not limit themselves to the areas affected by the earthquake. The planned joint exercise between the Government of Haiti and humanitarian actors should be a priority and should have a national reach. OCHA field offices in cooperation with the provincial DPC and MINUSTAH civil affairs staff should conduct smaller exercises in the provinces.

130. **The Haitian Red Cross**, with support from the Red Cross movement and the Education Cluster and in cooperation with the DPC, should ensure that first aid training is systematically available in all schools, public administrations and through civil society institutions, including at camp committee level in the current situation. These first aid programs should initially focus on urban areas of the country that are at risk.

131. **Cluster lead agencies** and NGOs should quickly refill their stocks. Large numbers of tarpaulins, in particular, will probably still be needed in the months to come.

6.2 Recommendations for another large-scale disaster

132. In order to respond efficiently to the next large-scale sudden-onset disaster in an urban environment, the humanitarian community will need to get the analysis, paradigms, resources, coordination, communication, and leadership right.

Get the analysis right

133. Humanitarian agencies and NGOs in cooperation with donors should strive for a comprehensive “diagnosis” of the humanitarian situation, including the following:

- a. **a context analysis** which covers the past, present and future;
- b. **a needs assessment** that is timely (better to be 80 percent right on time than 100 percent right too late) and rolling (to capture changing needs in an evolving context);
- c. **a capacity assessment** of the local population in order to identify their strengths and weaknesses and inform programming which supports local;
- d. **constraints analysis** to ensure that constraints and related difficulties are identified and analyzed in a proactive manner so that they are taken into account both at strategic and operational levels.

134. OCHA, in cooperation with the cluster lead agencies, needs to create a space to not only collect but also analyze information. Such a space needs to allow for multidimensional analysis that goes beyond an inter-cluster perspective. It could take the form of an inclusive and strengthened type of Humanitarian Information Center.

Get the paradigms right

135. The humanitarian community, including the United Nations, NGOs, the Red Cross movement, donors, policy makers and academics, needs to challenge a series of paradigms that currently distort the way aid functions.

- a. **Adopt an urban perspective:** The historical foundations of the aid system are based in rural areas and camps hosting refugees or internally displaced persons. Urban contexts are still alien to most humanitarian organizations and aid workers. There is a need to develop both knowledge and training so that the aid system can properly address crises in urban contexts.
- b. **Get participatory:** Participatory approaches and consultation with the population and local institutions should be seen as a must, not as a constraint. If required, specialized material¹⁰⁸ and training should be provided to aid agencies.
- c. **Revise the way security is managed:** Managing security should facilitate relief work and access to the population, not hinder it. Emphasis on the acceptance of aid and a good understanding of the situation should replace the current emphasis on deterrence.
- d. **Support coping strategies as a means of alleviating suffering:** As post-disaster early recovery often starts the “day after”, the aid system should strengthen its capacity to support key “coping mechanisms”. In contexts like Haiti, it is more important and urgent to save mechanisms like the microfinance sector from total collapse than to distribute aid. The accompaniment of displaced people outside the disaster zone should also be incorporated into the aid strategy. Unfortunately, the aid system does not currently give these approaches the attention that they deserve, preferring to focus on what is easy to manage logistically, such as camps and relocation sites.

¹⁰⁸ Such as the Participation Handbook produced as part of ALNAP’s Global Study on Participation

136. The humanitarian community, including the United Nations, NGOs, the Red Cross movement, donors, policy makers and academics, **needs to rethink the “free aid paradigm”** by establishing closer links with the economic sector. This paradigm needs to be adjusted in all strongly privatized sectors of a given economy (e.g. Health, Education) in the same way that food assistance went from free food aid to Food for Work, and lately to Cash for Work and voucher systems. If the aid sector wants to promote free health care for post disaster situations, it is important to clearly identify who should pay for the health workers. Opportunities provided by pre-paid services should also be further explored.

Get the resources right (quantity, quality, timeliness)

137. **Support national and local capacities:** It is not enough to reaffirm that the primary responsibility for the response and the coordination of disaster relief lies with the authorities of the State affected by the disaster. Ideally, dialogue between the aid sector and the authorities should be part of disaster preparedness. Agency decision-makers should therefore support pre-disaster mapping of the existing capacities and resources of states in “at risk” environments before a crisis. The aid system could either seek to provide these authorities with external assistance prior to the disaster or, if this is not possible, do it quickly after the start of the response. Donors and UN agencies need to assess the status of the government’s capacities and what kind of support (advisers, logistics, etc.) is required to ensure that it is in a position to carry out its coordination and leadership role.

138. **Bring in relevant human resources:** NGOs have to ensure that their staff have the right expertise, skills and experience to contribute meaningfully to the disaster response. Cluster lead agencies have to ensure that they send high profile staff not only for their own programs but also for coordination purposes. OCHA needs to ensure that it has the appropriate staff and equipment for key coordination and information management functions. The support that is going to be provided to a country office should be planned and communicated so that the country office can plan its activities accordingly. All agencies and organizations must ensure that the staff they send have the right language skills to work with local authorities and communities. Agencies need to establish a process to limit the involvement of institutions or people who do not have the right set of skills and increase the chances of doing harm. If this is not possible, they should work with translators. All agencies and organizations should try to limit the reliance on surge capacity deployed for short missions to a maximum of two rounds. After that, longer deployment should be more systematic.

139. **Provide proper conditions and support to ensure that staff can perform at their best and don’t get burnt out too quickly:** Proper living conditions are essential to ensure that the response is appropriately carried out. This does not have to be luxurious.

140. **Managing in-kind aid:** Donors (particularly those participating in the Good Humanitarian Donorship Initiative) and the IASC should work together on existing codes of conduct for the provision of in-kind aid and disseminate them more widely. The management of unusable or irrelevant donations during a disaster can overwhelm in-country logistical and absorption capacity and should therefore be managed, as much as possible, at the global level.

141. **The role of donors in funding operations and their coordination is essential:** However, they should not engage in micro-managing the aid, nor impose too many political VIP visits. These monitoring exercises and high profile visits should be organized in a way that does not take up too much of field teams' and country representatives' time.

142. **Ensure that resources can be used flexibly in accordance with changing needs and circumstances in the field:** As large-scale disasters require sufficient resources, which should be of appropriate quality and flexibility and which should be usable within an adequate timeframe, donors should ensure that their procedures are appropriate and that adjusting programs does not become an administrative nightmare.

Get the coordination right

143. The IASC and global clusters should develop guidance on **how to manage the influx of a large number of agencies**. The Haiti example shows that one solution is to separate the strategic and information-sharing functions of the clusters. While the strategic function should be exclusive (but transparent) and should involve only the government, the cluster lead agencies and a handful of experienced NGOs, the information-sharing function should be open to all actors in the field.

144. In natural disaster contexts, the Emergency Relief Coordinator and global clusters need to support the Humanitarian Coordinator and the Humanitarian Country Team in **building a cluster system that is compatible with local coordination structures**. The cluster approach has to find a modus operandi that does not exclude local actors.

145. **Inter-cluster mechanisms have to find ways to support area-based coordination** when deemed more appropriate than vertical coordination, either because of a limited number of actors ("inter-cluster" meetings replace cluster meetings and have an area-based focus) or when the situation dictates that aid is straightforwardly provided at the neighborhood level in close coordination with local institutions.

Get the communication right

146. Managing the expectations of the beneficiaries, the press, the donors and the general public is important and key to crisis communication.

147. In emergencies with intense media coverage, OCHA must provide the HC with a professional press spokesperson who can handle relations with the press.

Get the leadership right

148. Leadership remains a major issue for humanitarian reform. While there has been some progress, Haiti has shown that there is still a long way to go. This issue cannot be addressed with a single recommendation. However, since DPKO was more successful in supporting and maintaining leadership of the political and military branches of the UN response through its new field support mechanism (see chapter 3.4), OCHA should initiate a joint learning exercise with DPKO. This will allow OCHA to learn more about DPKO's mechanism and identify aspects of it which could be transferred to the humanitarian realm. An excellent opportunity would be to do this in the context of the currently ongoing / planned internal evaluations of DPKO and OCHA regarding the Haiti response. The IASC should also initiate a learning exercise between the different cluster lead and co-lead organizations. This should focus on good practices in dealing with both the responsibility for one's own programs and the responsibilities of a cluster lead agency.

ANNEXES

Annex 1: Terms of reference

INTER-AGENCY REAL-TIME EVALUATION (IA RTE) OF THE HUMANITARIAN RESPONSE TO THE HAITI EARTHQUAKE

Evaluation Framework

Current as of 9 April 2010

1. INTRODUCTION

In recent years, efforts have been increasingly directed towards improving humanitarian response through inter-agency real-time evaluations (IA RTEs). An IA RTE can be defined as an evaluation carried out at the early implementation stages of a humanitarian operation which almost simultaneously feeds back findings for immediate use by the broader humanitarian community, particularly at the field level. An IA RTE is primarily intended for sudden-onset disasters, or protracted crises undergoing a phase of rapid deterioration or escalating violence.¹⁰⁹ These evaluations differ from other forms of humanitarian evaluation in their speed, coverage, methods, and outputs. IA RTEs are typified by their shared management and methodological oversight through global and national level inter-agency reference and management groups; speed of mobilization, feedback and follow-up; light, agile approaches; restricted scope; and participatory methods.¹¹⁰ Ideally, IA RTEs seek to unlock inter-agency coordination problems or operational bottlenecks and provide real-time learning to the field.¹¹¹

As an initiative of the Inter-Agency Standing Committee (IASC), IA RTEs have thus far been applied in the context of natural disasters. Based on the results of a two-year testing phase in such contexts, in July 2009 the IASC's Working Group accepted IA RTEs for regular implementation. In this regard, the IASC IA RTE Interest Group¹¹² has agreed to carry out an IA RTE in Haiti, for which support was consequently requested in the Flash Appeal. Under currently established procedures, remote monitoring (data provision and analysis) is being undertaken by OCHA's Evaluation and Studies Section. This will provide a unique opportunity to follow the evaluation of the process from the very outset of the response.

2. BACKGROUND TO THE CURRENT CRISIS

The strongest earthquake in Haiti in more than 200 years, measuring 7.0 on the Richter scale, rocked the impoverished Caribbean nation on 12 January at 4.53 p.m. (local time). The earthquake struck Ouest Province (population 2.2 million), with the epicentre 17 km south-west of Haiti's capital, Port-au-Prince. The nearby cities of Carrefour and Jacmel and other areas to the west and south of Port-au-Prince were also affected, with the town of Léogâne reported to be 80% destroyed.

Whilst these figures cannot be said to be definitive, according to the Government the earthquake has led to the deaths of over 230,000 people (2% of the population of Haiti), with 300,572 reported as having suffered injuries of various kinds, including at least 1,000 people who had at least one limb amputated. The affected population is estimated at three million (30% of the population of Haiti), of whom over 1,200,000 are in need of shelter support. As a measure of how the earthquake directly struck those who would normally offer emergency response, 102 UN staff died in the earthquake. The findings of the Post Disaster Needs Assessment (PDNA) reveal that the total value of damage and losses caused by the January 12 earthquake is estimated at US\$7.8 billion (US\$4.3 billion represents physical damage and US\$3.5 billion are economic losses)-over 120 percent of the 2009 gross domestic product.

The initial relief efforts in Haiti were challenged in an unprecedented way as much capital infrastructure was damaged or destroyed in the earthquake. Every significant entry point into Haiti that was expected to function in a relief effort was damaged, and huge obstacles needed to be overcome to initiate an emergency response. Extensive augmentation of the logistics infrastructure was required to begin operations. The level of casualties sustained by the civil service and damage to

¹⁰⁹ Draft Inter Agency Real-Time Evaluation (IA RTE) Concept Paper and Management Plan Prepared by the Evaluation and Studies Section, UN OCHA for the Inter Agency Standing Committee January 2009

¹¹⁰ Inter-Agency Real-Time Evaluations Concepts and Management Discussion Paper Prepared for the Evaluation and Studies Section, UN OCHA by John Telford (11 October 2009)

¹¹¹ Draft Inter Agency Real-Time Evaluation (IA RTE) Concept Paper and Management Plan Prepared by the Evaluation and Studies Section, UN OCHA for the Inter Agency Standing Committee January 2009

¹¹² Members in the IASC IA RTE IG are UNICEF, UNDP, INGOs (Care, Oxfam for ECB/SCHR), IFRC, FAO, WFP, OCHA, ALNAP.

public buildings has affected national capacity to lead and coordinate the response, although national and local authorities have been increasingly active and are key partners to the relief effort.

A Flash Appeal, requesting US\$562 million (later adjusted to \$577 million) in emergency humanitarian assistance, was launched on January 15 and 100% funded by February 16. Meanwhile, the country team in Haiti has mobilized the following 12 clusters: Camp Coordination and Camp Management, Education, Emergency Shelter and Non-Food Items, Food, Logistics, Nutrition, Protection, WASH, Agriculture, Early Recovery, Emergency Telecommunications, and Health. Six clusters have been established in the Dominican Republic: Logistics/ Telecommunications, Health, Emergency Shelter, WASH, Nutrition and Protection.

The need for a continued international humanitarian response is assessed as extremely high in terms of both scale and urgency. Some three million people require humanitarian assistance of some kind, most of whom are estimated to require urgent, lifesaving or life-sustaining response, while some mainly require livelihood support without being at increased risk to life, health or safety. Two million require food assistance. Host families and communities are bearing much of the burden of supporting displaced people, and need a range of assistance. Although some economic activity has resumed, the livelihoods of the majority of the affected population have been severely affected by the earthquake.

3. RATIONALE FOR AN IA-RTE IN HAITI

An IA RTE of the humanitarian response in Haiti meets the selection criteria identified by the IASC as possible triggers. It is a large-scale disaster with estimated 3 million people affected, a large Flash Appeal, and CERF allocations totaling some US\$ 40 million.

There are also valuable opportunities for lesson learning given the exceptional nature of the disaster. The level of devastation to infrastructure, national capacity and potential sources of resilience is unprecedented, leaving something of blank slate for relief and recovery efforts. This disaster presents an opportunity to “build back better,” including by addressing factors pre-dating the earthquake (among others, those caused by long-standing violations of human rights) that contributed to the heightened vulnerability of Haitians to the event’s effects. This window of opportunity, coupled with the immense international attention likely to be accompanied by significant funding flows, and welcoming nature of the government and relative lack of access inhibitors, offers a unique palette from which to operate.

A key lesson emerging from recent natural disasters is that ensuring an effective transition to recovery is a key challenge when responding to earthquakes. In such situations, there is no gap phase between relief and recovery as may occur with refugee or similar complex emergencies, and households begin their recovery efforts immediately after the earthquake¹¹³. As such, this IA RTE of the Haiti Earthquake Disaster is envisaged to focus on the humanitarian response, including early recovery efforts and the subsequent transition to recovery. This real-time evaluation will make use of a phased approach which will allow for both reflection and real-time feedback.

4. OBJECTIVES AND USE

Actions taken during the first weeks and months after a disaster have a major impact on the recovery process that follows.¹¹⁴ Accordingly, the first IA RTE team will be deployed during the initial response phase and no later than three months after the disaster. A subsequent mission will allow for reflection on uptake of lessons learned during the first phase and will further reflect upon the direction of the response.

The IA RTE will be multi-phased in its approach and aim to provide snapshots of current situations, including real-time feedback and learning to the UN Country Team (UNCT) and to the IASC locally. The main objective of the IA RTE is to assess the response and provide real-time feedback and input into on-going decision making in the field. This will enable the adoption of corrective actions as needed.

The evaluation will in this way support the ongoing operational planning of the Humanitarian Country Team (HCT), which will be the most immediate user of the feedback and recommendations. During the transition to recovery phase, primary users will include those involved in the post-disaster needs assessment (PDNA) and recovery framework (RF) development processes, senior management and support functions within agencies involved in the response, donors, and others.

¹¹³ Responding to earthquakes 2008: Learning from earthquake relief and recovery operations. ALNAP, p. 2.

¹¹⁴ World Bank, 2006, p. xxii.

5. FOCUS

The IA RTE will focus in large part on the effectiveness and efficiency of the coordination and management systems, addressing critical issues related to both the provision of relief and to the transition to recovery. The evaluation will identify the extent to which the overall response achieved or did not achieve key objectives including addressing in a timely and meaningful way the needs of all segments of the affected population. As such, the IA-RTE will focus on the following specific aspects:

1. effectiveness, efficiency, timeliness and relevance of the **assessment, planning and management processes** and systems put into place (e.g., the PDNA, RF, and so on);
2. the effectiveness, efficiency, timeliness and relevance of the **overall response**, from the initial stage of search and rescue to assistance, time-critical early recovery and later-on rehabilitation and transition to the recovery process, including identification of critical gaps and bottlenecks;
3. adequacy of **coordination** and **connectedness** at large, not only in the response itself but also on issues such as advocacy, cross-cutting themes¹¹⁵, and so on; and
4. evolution of critical features in the **context**, as well as the evolution of **needs** and the way they are assessed.
5. attitudes, perceptions and behaviours of the affected population on issues that help illuminate the relevance, effectiveness, efficiency and timeliness of the response at various stages.

6. IA RTE FRAMEWORK

Given the large scale of the disaster and the protracted nature of the humanitarian response, the evaluation process will adopt a three-phased approach as outlined below. The Terms of Reference for each phase of the IA RTE will be presented as Annexes to this Global Framework ToR as they are finalized and funding is secured.

PHASE 1

Remote Monitoring (12th January – mid March)

During the first evaluation phase, key quantitative and qualitative data and critical information coming in from the field will be gathered and analyzed at the HQ level. This 'remote monitoring' has been carried out by OCHA's Evaluation and Studies Section (ESS). ESS collected data such as, for example: Situation Reports, Needs Assessment Reports, Key Messages, timelines of key decisions, timelines of cluster activation, timelines of the funding status, exit surveys, and main contact lists of key humanitarian stakeholders in Haiti. Documents, data and other inputs from other agencies were actively sought. The "remote monitoring" will help elicit a first impression of the main coordination issues during the initial response.

1st Mission on the Initial Response (Mid-March – April 2010)

The first IA RTE mission will focus on initial relief and time-critical early recovery responses. This mission will commence by end-March. The IA RTE will provide an assessment and real-time feedback addressing those issues most relevant during the initial phase of operations. A set of detailed Terms of Reference are attached as Annex 1.

PHASE 2

Survey of the Affected Population (October 2010)

Subject to the availability of adequate funding and in keeping with the growing concern for the more systematic inclusion of affected population views within all evaluations of humanitarian action a formal survey of affected populations is planned. This survey will provide additional data that will feed into the overall IA RTE process. The survey will take place during the early stages of the second mission (described below), in order to retrospectively assess respondents' views on the response over time as well as exploring their current views in real time on transition issues. The survey, which will contain a mix of closed- and open-ended items, will systematically measure the attitudes, perceptions and behaviors of the affected population in order to illuminate key issues. The survey will employ rigorous procedures to ensure that human subjects' protections are strictly upheld, and will be developed by the IA RTE Management Group (MG). The survey will be implemented by an independent survey research firm contracted separately from the IA RTE evaluation team. The feedback obtained from affected populations

¹¹⁵ E.g. age, disability, environment, gender, HIV/AIDS, mental health/psychological support

during the first phase will be used to inform the overall survey design. The survey will also be budgeted separately from the IA RTE itself. The Terms of Reference for the survey are presented as Annex 2.

2nd Mission on the Transition to Recovery Issues (October-December 2010)

A second mission approximately six months to seven months after the initial mission will be undertaken in order to assess implementation of recommendations and lessons learned from the first mission and to subsequently reflect upon relevance, effectiveness, efficiency and coverage during the transition process. At this time, there will be greater focus on issues related to the restoration of basic services, livelihoods, shelter, the reintegration of displaced populations, and national and local capacity development to promote longer-term recovery and sustainability. The second mission will integrate the results of the population survey, to the extent possible. Detailed ToR for this second mission will be defined based upon the findings from the first mission.

PHASE 3

Global Synthesis Report (January – February 2011)

During the final phase, the findings and recommendations from the previous two phases will be summarized and analyzed into a Global Synthesis Report. Whereas the two IA RTE mission reports will be light, short and directed at the HCT, the final synthesis report will draw together longer term lessons and conclusions for the humanitarian community as a whole.

7. MANAGEMENT ARRANGEMENTS

The IA RTE will be overseen by the IASC IA RTE Interest Group (IG). Day-to-day management of the evaluation will be led by a smaller Management Group (MG) which will be established on a voluntary basis and be made up of members of the IASC IA RTE Interest Group (IA RTE IG) interested to contribute their time and efforts. The MG will be chaired by OCHA's Evaluation Section in New York. Membership of the MG may vary according to the different phases of the evaluation; however, in general MG members will be expected to:

- Manage the entire evaluation process (including financial resource mobilization, team recruitment, reviewing the inception report, participate in the survey design, reviewing draft reports) for the particular phase;
- Offer in-country support during critical phases of the evaluation and travel to Haiti as needed;
- Monitor and assess the quality of all outputs on the evaluation;
- Provide guidance and institutional support to the external consultant(s), especially on issues of methodology;
- Recommend the approval of final report to the IA RTE IG;
- Represent the participating Agencies in discussion with the consultant(s) conducting the IA RTE;
- Represent the participating Agencies of the evaluation in dealings with the UN Country Team, Donor representatives and NGO communities.
- Keep the IA RTE Interest Group advised on key developments throughout the evaluation

Each phase of the evaluation will be contracted separately. The evaluation team selected for each phase will report to the MG established for that phase.

All evaluation products will first be submitted to the Management Group and will then be shared with the wider IA RTE Interest Group.

8. DURATION OF EVALUATION AND TENTATIVE TIMEPLAN

Action/event	Target Deadline
Emergency event(s)	12-Jan-10
Phase One: REMOTE MONITORING PHASE	
Remote Monitoring from HQ & Data Collection (via OTF, GCL Meetings, Virtual OSOCC, Sitreps)	12 Jan-Mid February
Drafting of Terms of Reference (ToR) & Expression of Interest (Eoi)	Mid-January
Reviewing and Approval of ToR & Eoi by IASC IA RTE Interest Group	End-January
Publication of Eoi on Relief Web & ALNAP	End-January
IA RTE Workshop in Rome (<i>Agreeing on common methodologies for Remote IA RTE data gathering</i>)	4 th February
Continued Remote Data Collection among Agencies (Exit Interviews with staff, brief surveys for example with UNDAC members etc.)	Mid – End February
Analysis of Remotely Gathered Data (<i>Identification of key issues of the response to date</i>)	End-March
Phase One: 1st MISSION ON THE INITIAL RESPONSE	
Hiring of Consultant – Contract signed	End-March
Desk Review and Study of Document Package , Handover of Remote Monitoring	Early April
Mobilization of Consultant & Mission Briefings in GVA & NY	Early April
Mission to Haiti and Dominican Republic	Early April – End April
Debriefings in GVA & NY, refinement and final report	Early May
Translation, packaging, dissemination (for subsequent communication & use phase)	Mid-May
Follow-up, as per standard IG/IASC/HCT approaches, to be developed	End May
Phase 2: SURVEY OF THE AFFECTED POPULATION	
Random-sample surveys with the affected population (carried out by an independent research company and managed by UNICEF in consultation with the RTE MG and others)	Early October
Phase 2: 2nd MISSION ON THE TRANSITION TO RECOVERY	
Hiring of Consultants – Contract signed	Early October
Desk Review and Study of Document Package; Handover of Existing Evaluation materials	Early October
Mobilization of Consultant & Mission Briefings in GVA & NY	Mid October
Mission to Haiti and Santo Domingo	Mid October- November
Debriefings in GVA & NY, refinement and final report	End November

Translation, packaging, dissemination (for subsequent communication & use phase)	Early December
Follow-up, as per standard IG/IASC/HCT approaches, to be developed	Mid December –January
Phase 3: SYNTHESIS REPORT	
Hiring of Consultant – Contract signed	Mid January
Desk Review and Study of the Previous two Missions and the Remote Monitoring	Mid January
Additional Information gathering (if necessary) via surveys and interviews	Mid January
Writing up draft report	End January
Debriefing Workshop in GVA & NY with participation from GCL, HCT etc.	Early February
Finalisation of Synthesis Report	Mid February

**Annex 1: INTER-AGENCY REAL-TIME EVALUATION (IA RTE) OF THE HUMANITARIAN RESPONSE TO THE HAITI EARTHQUAKE,
1st MISSION Terms of Reference**

1. BACKGROUND

The strongest earthquake in Haiti in more than 200 years, measuring 7.0 on the Richter scale, rocked the impoverished Caribbean nation on 12 January. The earthquake struck Ouest Province (population 2.2 million), with the epicentre 17 km south-west of Haiti’s capital, Port-au-Prince. The nearby cities of Carrefour and Jacmel and other areas to the west and south of Port-au-Prince were also affected, with the town of Léogâne reported to be 80% destroyed. Whilst these figures cannot be said to be definitive, according to the Government the earthquake has led to the deaths of over 230,000 people (2% of the population of Haiti), with 300,572 reported as having suffered injuries of various kinds, including at least 1,000 people who had at least one limb amputated. The affected population is estimated at three million (30% of the population of Haiti), of whom over 1,200,000 are in need of shelter support. As a measure of how the earthquake directly struck those who would normally offer emergency response, 102 UN staff died in the earthquake. The findings of the Post Disaster Needs Assessment (PDNA) reveal that the total value of damage and losses caused by the January 12 earthquake is estimated at US\$7.8 billion (US\$4.3 billion represents physical damage and US\$3.5 billion are economic losses)-over 120 percent of the 2009 gross domestic product. A Flash Appeal, requesting US\$562 million (later adjusted to \$577 million) in emergency humanitarian assistance, was launched on January 15 and 100% funded by February 16. Meanwhile, the country team in Haiti has mobilized the following 12 clusters: Camp Coordination and Camp Management, Education, Emergency Shelter and Non-Food Items, Food, Logistics, Nutrition, Protection, WASH, Agriculture, Early Recovery, Emergency Telecommunications, and Health. Six clusters have been established in the Dominican Republic: Logistics/ Telecommunications, Health, Emergency Shelter, WASH, Nutrition and Protection. The initial relief efforts in Haiti were challenged in an unprecedented way as much capital infrastructure was damaged or destroyed in the earthquake. Every significant entry point into Haiti that was expected to function in a relief effort was damaged, and huge obstacles needed to be overcome to initiate an emergency response. Extensive augmentation of the logistics infrastructure was required to begin operations. The level of casualties sustained by the civil service and damage to public buildings has affected national capacity to lead and coordinate the response, although national and local authorities have been increasingly active and are key partners to the relief effort.

2. OBJECTIVES AND USE

This evaluation constitutes the first phase of the multi-phased IA RTE and provides a snapshot of the current situation, including real-time feedback and learning to the UN Country Team (UNCT) and to the IASC locally. The main objective of the first IA RTE mission is to assess the response in order to inform management decision making in the field, and enable both field and headquarters staff to undertake corrective actions in real time. The results are envisaged to support the operational planning of the Humanitarian Country Team (HCT), which will be the most immediate user of the IA RTE process and its recommendations.

3. FOCUS

The IA RTE will focus in large part on the effectiveness and efficiency of the current coordination and management systems. The evaluation will identify the results of the response, namely the extent to which it achieved or did not achieve its objectives and meet the needs of all segments of the affected population, and will identify factors contributing to these results at every level (implementation, planning, assessment, judgment of context, cross-cutting issues). As such, the IA-RTE will focus on the following specific aspects:

6. the effectiveness, efficiency, timeliness and relevance of the **assessment, planning and management processes** and systems put into place (e.g., the PDNA, RF, and so on);
7. the effectiveness, efficiency, timeliness and relevance of the **initial response**, including identification of critical gaps and bottlenecks;
8. the adequacy of **coordination** and **connectedness** at large, not only in the response itself but also on issues such as advocacy, cross-cutting themes¹¹⁶, and so on; and
9. the evolution of critical features in the **context**, as well as the evolution of **needs** and the way they are assessed.

4. METHODOLOGY

The 1st mission on the Initial Response (Early April – end of May) will be carried out through analyses of various sources of information, including desk reviews. OCHA ESS will provide the evaluation team with data gathered during its remote monitoring preceding the field visits to Haiti (Port-au-Prince and Carrefour, Gressier, Leogane), as well as Santo Domingo in the Dominican Republic; interviews with key stakeholders (such as UN, I/NGOs, donors, affected communities, military and government) will be held and triangulated with monitoring data. Specific evaluation methods that might be considered to be applied are: key stakeholder analysis, standardized questionnaires, individual face-to-face meetings, small group semi-structured interviews, participant observation, and open-ended questioning. Briefing workshops in Port-au-Prince, Santo Domingo, New York and Geneva will serve as a mechanism to both feed back findings on a real-time basis, and further validate information which goes into the report.

5. KEY ISSUES AND QUESTIONS

The key initial question for the IA RTE would be: **How adequate was the response as a whole, and what operational results as well as positive and negative outcomes for the affected population did it produce?**

Specific issues and questions to be explored might include the following, broken down by overall response area:

Response covering the needs

Overarching questions:

- ***What were the main operational results, and the positive and negative outcomes for all segments of the affected population, during each phase?***
- ***Have appropriate common standards been developed within the coordination systems (globally and for each Cluster) and to what degree have these been met?***

Specific questions:

- How timely and successful is the humanitarian response in delivering against stated objectives/indicators (as per cluster work plans at the global and the country level, individual agencies' articulated benchmarks)?
- To what extent have critical gaps been identified and addressed in a timely way, both inter- and intra-cluster?
- How effectively have cross-cutting issues been addressed in the cluster response?
- How adequately have the psychosocial effects of the disaster been addressed in addition to the provision of life-saving interventions?
- What critical factors (e.g., security events, infrastructure, procedures, access, enabling environment, etc.) help explain why the response was or was not delivered in an adequate and timely manner?
- How effectively have humanitarian space, access and security been assessed, with a view to identifying and addressing bottlenecks and gaps?
- How effectively were the risks at delivery (e.g. sexual exploitation and abuse, gender-based violence) identified and addressed?

¹¹⁶ E.g. age, disability, environment, gender, HIV/AIDS, mental health/psychological support

- What is the humanitarian system's level of commitment and compliance to standards (such as SPHERE, INEE, some subset of the Core Commitments for Children in Humanitarian Action, HAP 2007 Standard in Humanitarian Accountability and Quality Management, Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, guidance on civil-military relations and protected humanitarian space, etc.)?

Strategic and operational planning and resource mobilization

Overarching question:

- ***Have relevant, inclusive and appropriate strategic and response plans been developed in a timely way and based on analysis of the common needs assessment?***

Specific questions:

- How effective has the overall inter-agency planning and management process been?
- How timely, relevant and coherently inter-linked have the various appeals, strategies and operation plans (e.g., the Flash Appeal, PDNA, RF and the National Recovery Plan) been?
- To what extent have these been based on an inclusive and coordinated needs assessment and analysis that reflects the views of various international and national stakeholders, including government, civil society organizations and various segments of the affected population (including socially excluded groups and groups and individuals vulnerable to human rights violations due to discrimination and stigma)? (How quickly and adequately have these appeals been responded to? How adequate is the continuity of funding and staffing?)
- How adequately are recovery considerations incorporated into assessments, planning and provision of relief interventions?
- How adequately has the political dimension of Haiti's context been considered in assessments, planning and provision of relief and transition to recovery efforts?
- How sufficient have funding flows been, both in quantity and timeliness, so as to allow humanitarian actors to respond effectively to both humanitarian and time-critical early recovery needs?
- To what extent are the basic tenets of disaster risk reduction (DRR) being incorporated into planning and efforts in order to reduce further vulnerability?¹¹⁷
- To what extent did Clusters take humanitarian principles into account?

Coordination and Connectedness

Overarching questions:

- *Has an inclusive and well-managed coordination system been established early on, including with the national actors, the military and all other relevant stakeholders?*
- *Were activities planned in support to pre-existing response plans, structures and capacities?*
- *Was the coordination system supported by an efficient communication and information management system (e.g., enhancing information flow within the field, between field and HQs)?*
- *What systems have been put into place to monitor, report and evaluate the efficiency and effectiveness of the overall response? How adequate are these for measuring progress against objectives?*
- *How adequately have cross-cutting issues be dealt with in all aspects of the response and in all clusters/ sectors?*
- *Was an inclusive common strategy for security and access developed?*

Specific questions:

- To what extent does the coordination system support relief and recovery alike?
- In what ways, if any, has the cluster approach led to a more strategic response in terms of predictable leadership, partnership, cohesiveness and accountability?
- How effective has inter-cluster coordination been (with specific focus on cross cutting issues, Protection and Early Recovery)?
- How effective has the set up of the support hub in Santo Domingo, with shadow cluster-related functions in addition to the cluster activation, been?
- How effectively has the humanitarian community coordinated the response with the Government of Haiti and the international military forces?
- Has an effective integrated accountability framework been put in place? How well functioning and robust is it?
- In what ways, if any, has the government's leadership capacity been strengthened as it has the primary responsibility to respond to its people's needs?

¹¹⁷ These might include the following principles, among others: (1) ensuring that all projects are designed with a multi-hazard approach and do not pose new threats or increase the existing ones; (2) ensuring a 'build back safer' approach addressing underlying causes of risk and is informed by national and local assessments of risk; (3) promoting community participation (especially women and children) in all stages (from assessment, implementation to evaluation); (4) building on existing capacity of government, civil society and people; and (5) embracing partnership to ensure the effective use of resources at national and sub-national level.

- In what ways, if any, have national and local capacities been capitalized on and strengthened (e.g., in needs assessments?)
- How effectively have partnerships with civil society organizations and the affected communities themselves been built-up in order to maximize local ownership, and thereby enhance effectiveness, accountability and sustainability?

Context and Needs

Overarching question:

- ***What segments of the affected population could and could not be assisted, and why?***

Specific questions:

- Has a common needs assessment and analysis been carried out?
- What proportions of the affected population could be assisted? Who was excluded, and what were the key barriers to full access?
- How effectively have key bottlenecks and gaps in humanitarian space, access and security been assessed and addressed?
- How adequate and timely were situation timelines and statistical evidence on contextual factors (such as situation of the population - casualties, wounded, sick, degree of infrastructure destruction) to the needs of operational decision making?
- Has analysis of different needs, vulnerabilities and capacities and response design included a vision of the variant effects on men and women, girls and boys, and vulnerable groups? Has the disaggregated data (by age and gender) been available to inform the analysis?
- To what extent have the needs of all segments of the population, men and boys, women and girls and vulnerable groups been assessed and the differential needs of specific subpopulations been addressed?
- How far has the humanitarian response been tailored to meet national and local needs and ensure ownership at these levels by, and accountability to, affected populations? How far has the response been tailored to the divergent needs, vulnerabilities and capacities of girls and boys, women and men, young and old, and socially excluded groups?
- Has information about the humanitarian response been communicated in a manner that is widely accessible to the people of Haiti?

6. STAKEHOLDER INVOLVEMENT

The evaluation team will engage with staff from UN agencies, international NGOs, national NGOs, national stakeholders, government and donor organizations, as well as military actors. The team will acknowledge the significant workload already borne by in country staff and endeavor to ensure that any staff resource allocations to the evaluations are minimized. Interagency technical and policy support will be provided through the IA RTE Interest Group. It will be expected that the evaluation team will be as much as possible self-sufficient on the ground! The team will report its findings to the UNCT and humanitarian community (via the IASC) in Haiti, prior to leaving the region. Presentations in Geneva and/ or New York will follow within two weeks of the consultants' return from the field mission.

7. MANAGEMENT ARRANGEMENTS

The evaluation will be managed by a Management Group (MG), established on a voluntary basis by members of the IASC IA RTE Interest Group (IA RTE IG). Current members of the MG are UNICEF, OCHA, and ICVA. The MG will oversee the conduct and quality of the evaluation. The external consultant team (team leader) will report to the MG. The MG will have the following responsibilities:

- Manage the entire evaluation (including financial resource mobilization, team recruitment, reviewing the inception report, reviewing the report and the management response plan);
- Offering in-country support to the evaluation through their respective organizations;
- Monitor and assess the quality of the evaluation and its process;
- Provide guidance and institutional support to the external consultant, especially on issues of methodology;
- Provide and/or coordinate logistical support to the evaluation team;
- Facilitate the consultants access to key stakeholders and specific information or expertise needed to perform the assessment;
- Ensure that all stakeholders are kept informed;
- Ensure sufficient engagement by UNCT on initial findings prior to dissemination;
- Recommend the approval of final report to the IA RTE IG;
- Ensure a management response to the final report and monitor the subsequent follow up;
- Represent the participating Agencies in discussion with the consultant(s) conducting the IA RTE
- Represent the participating Agencies of the evaluation in dealings with the UN Country Team, Donor representative and NGO communities.

All evaluation products will be shared with the wider IA RTE Interest Group.

8. EVALUATION TEAM: Competency and Expertise Requirements

The evaluation will employ the services of a consultant company / research institute which will probably consists of a team of 2 international and 2 national consultants embodying the following collective experiences:

- Proven senior-level experience and ability to provide strategic recommendations to key stakeholders;
- Good knowledge of strategic and operational management of humanitarian operations, preferably in Haiti; the ability to bring on board national consultants(s) from Haiti would be an asset;
- Good knowledge of humanitarian system and its reforms, including of UN agencies, IFRC, NGOs, and local government disaster response structures and systems;
- Demonstrated experience in conducting evaluations of humanitarian programmes and the capacity to work collaboratively with multiple stakeholders and on a team;
- Strong experience in key sectors and/or in cross-cutting issues;
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions and to prepare well-written reports in a timely manner;
- Strong workshop facilitation skills;
- Excellent writing and presentation skills in English and French (Creole would be an asset); and
- Immediate availability for the period indicated.

9. REPORTING REQUIREMENTS AND DELIVERABLES

- A **series of presentations of findings** to UNCT and humanitarian community in Port-au-Prince, New York and Geneva, as well as ALNAP meeting in London;
- A **final report** containing analytical elements related to the issues specified in this set of ToR. The report shall contain a short executive summary of no more than 2,000 words and a main text of no more than 10,000 words, both inclusive of clear and concise recommendations. Annexes should include a list of all individuals interviewed, a bibliography, a description of method(s) employed, a summary of survey results (if applicable), and any other relevant materials. The report will be submitted two weeks after the completion of the mission; and

The evaluation team will also be expected to contribute to conceptualizing the survey instrument forming the second phase of the IA RTE. Draft reports will be submitted within two weeks of the consultants' return from the field mission, upon which the UNCT and IA RTE Interest Group, will be afforded 7 days to comment. The document will subsequently be disseminated to a wider audience for comment. The evaluation team is solely responsible for the final products. While maintaining independence, the team will adhere to professional standards and language, particularly that which may relate to the protection of staff and operations. Direct consultations with affected populations will be a formal requirement of the evaluation unless security conditions are overriding. Additionally, agencies at the country level and the IA RTE IG will be consulted prior to the dissemination of any products emanating from the evaluation.

All analytical results and products arising from this evaluation will be owned by the IASC RTE IG. The team leader and/or members will not be allowed without prior authorization in writing to present any of the analytical results as his or her own work or to make use of the evaluation results for private publication purposes.

Compliance with United Nations Evaluation Group standards and ALNAP quality pro forma is expected and the evaluation report will be judged in this regard. The two documents are available from the website of the OCHA Evaluation and Studies Unit (<http://ochaonline.un.org/ess>). All external evaluation reports will also be submitted to ALNAP for inclusion in the regular meta-evaluation process that rates the quality of evaluation reports.

Annex 2: Overview of findings and their sources

Finding	Explanatory factors	direct observation	interviews with affected population	country level interviews	global interviews	group discussion with local NGOs	group discussion with INGOs	S/W analysis with key clusters	document analysis	other evaluations or studies	monitoring data
Timely coverage of the need for drinking water			X	X			X		X		
	Existence of local capacity and leadership	X		X							X
	Flexible funds			X			X				
Quick availability of important funds				X							X
	Questions about appropriateness and relevance of funding			X	X	X	X		X		X
	Strong media coverage	X		X	X						
	Proximity to the United States	X		X	X				X		X
	Field presence of donors	X		X	X						
	Headquarter support for quick launch of the Flash appeal			X	X				X		X
Instances of learning and innovation		X		X					X		
	country level demand for innovative solutions			X					X		
	political and headquarters support			X	X				X	X	
	dedicated individuals and resources	X		X	X				X		
Opportunities to create postive longer-term effects		X	X	X					X		

Weak situation analysis		X		X	X		X	X	X	X	
	inappropriate assessment tools	X	X	X					X	X	
	too high expectations of what is feasible			X		X					
	focus on quantitative data	X		X			X		X		
Limited capacities to respond to an urban disaster		X		X	X						
	lack of preparedness				X		X		X		X
	by-passing of local structures	X	X	X		X	X	X		X	
	experienced actors coming in late	X		X							
Insufficient coverage		X	X	X			X	X	X		
Exclusion of local population			X	X		X	X	X			
	biased assumptions and attitudes	X	X	X		X		X	X		
	lack of contextual and language knowledge	X	X	X		X	X	X	X	X	
	emphasis on speed			X	X				X		
	lack of government communication	X		X		X	X				
	heterogenous Haitian civil society			X		X	X				
Unintended negative effects of the response		X	X	X	X			X			
Quick mobilization of aid				X	X		X				X
	Long-term engagement led by regional powers			X	X					X	
	Strong headquarters support from DPKO and DFS			X	X				X		
	Experienced actors	X		X			X				

	Preparedness		X	X	X		X	X			
Quick mobilization of cluster but difficulties to deal with massive influx of actors				X	X		X	X			X
	Previous experience with cluster approach in Haiti			X			X				X
	Most cluster lead agencies and members are committed to cluster coordination	X		X							
	Timely and sufficient surge capacity facilitated handover between UNDAC and OCHA			X	X						X
Good coordination with donors		X		X						X	X
	Close country-level coordination between donors	X		X	X						X
	Donor policy to make cluster participation mandatory for implementing partners			X	X		X				X
	The cluster approach	X		X	X						
Difficulties to task the military				X	X		X		X		
	Limited humanitarian agenda-setting power			X	X		X	X	X		
	Legacy of limited coordination between MINUSTAH and UN Country Team			X					X	X	

	Lack of IASC guidance			X	X				X	X	
Insufficient coordination with national and local authorities		X		X		X	X	X		X	
	Limited government capacity	X	X	X		X	X				
	Limited direct support to the government	X		X						X	
	Limited link between clusters and government by donors			X				X		X	
	Failure to capitalize on MINUSTAH capacities			X							
Weak humanitarian leadership and a lack of strategy		X		X	X		X		X		
	Weakened Humanitarian Coordinator			X	X						
	Lack of cluster leadership (with exceptions)			X	X						X
	Lack of relevant strategic support from global level			X	X				X		X

Annex 3: Itinerary of the RTE

	08-avr	09-avr	10-avr	11-avr	12-avr	13-avr	14-avr	15-avr	16-avr	17-avr	18-avr	
7:00 AM												
8:00 AM												
9:00 AM		departure NY		Meeting OCHA	Meeting local consultant	Michel Chancy	8h meeting OCHA					
10:00 AM	meeting OCHA		9.30 CIMIL	Visite site Cité Militaire	Meeting OCHA		Meeting with Niels Scott OCHA	Rosanne Moise OGH Haiti Europe		Joel Boutroue PM office		
11:00 AM	Meeting Management Group			Meeting with US Army	11h30 HCT	Visit to sites in Ravine Pintade	Meeeting OCHA	Visit milk factory Vétérimed	doc.analysis	Meeting local consultant		
12:00 PM			Visits to Bristout Bobin	Meeting with Civl society	Meeting with OCHA		Meeting with OCHA			Visit Camp Champs de Mars		
1:00 PM		Arrival PoP			Visits in sites		Technical working group IDP					
2:00 PM	Meetings OCHA	Logistics for the mission		Visit Ravine Pintade		Observation of distributions in IDP sites	Meeting with ACTED			Meeting local consultant		
3:00 PM		Prises de contact			Meeting MSF			Inter cluster coordination		Meeting local consultant	Carl Louis Observatoire d'initiative citoyenne	
4:00 PM			meeting withHabitat				Meetings in camps	UNFPA gabriel Biregain	Meeting with OCHA	Visits to different small sites		
5:00 PM			Meeting UNICEF		OIM							
6:00 PM	Meeting DPKO											
7:00 PM		Alban Novelon DINEPA	Philippe Mathieu	MSF Head of Office	IOM Habitat UNFPA	Meeting DINEPA		19h Martin Spitz Hotel Prince	Meeting national researchers			
8:00 PM												

	19-avr	20-avr	21-avr	22-avr	23-avr	24-avr	25-avr		26-avr				
7:00 AM	Leogane Gressier												
8:00 AM		Protection						FG	AB				
9:00 AM			Road to St Marc	Gonaives's mayor	Française and Team UNICEF		Work on documents						
10:00 AM		CCCM	Interviews with farmers St Marc	Camps outside Gonaives	Niels Scott Imput to Plincipals paper				Food Cluster				
11:00 AM		René Jean Jumeau Laboratoire des TP	Road to Gonaives	Food distribution	Preparation NGO Workshop		Camps place Boyer						
12:00 PM		UNCT meeting	Gonaives's mayor	visit Mairie St Marc		Meeting with Donors 2 rue Ogier			Meeting IOM				
1:00 PM		Protection cluster	Meeting with IDP in Gonaives	MINURCAT St Mars	Focus Groupe with NGO CARE House	Visit to Corail and kiosk in terrain de Golf		German Agro Allemande	Jacmel				
2:00 PM		Early Recovery		IDP site St Marc									
		meeting with UNICEF representative	MINUSTAH Pascale Lefrançois	IDP site St Marc									
3:00 PM		PAM representative Myrta Kaulard											
4:00 PM		Didier Lebret French Ambassadeur	OCHA		MINUSTAH David Harland								
5:00 PM			Meeting with IDP	Return to PoP									
6:00 PM				Meeting with Haiti Response Coalition							Meeting MSF Belgique		

	27-avr	28-avr	29-avr	30-avr	01-mai	02-mai	03-mai	04-mai	05-mai	04-June	07 June	
7:00 AM												
8:00 AM	Niels Scott		Madame Jean Batiste DPC						Meeting MSF NY			
9:00 AM			Workshop with haitian NGO	Restitution Feed Back	meeting with Donors at ECHO office	Team work on the report	Preparation for MGM and IASC Debrief		Meeting donors			
10:00 AM		WHO Henriette Chamouillet										
11:00 AM												
12:00 PM	David Harland MINUSTAH	UNEP Maximilien Pardo Judex Eduarzin							Management Group	Meeting Rune ICC		
1:00 PM	René jean jumeau		Meeting with OCHA ERF		Departure from PoP			Session with David Ohama, Communication	Teleconference Gerald Gomez Panama			
2:00 PM	UNEP	Visit Camps Corail		Meeting with UNEP	retour New York				Wrap-up session with Scott Green		Intetview with UNICEF HQ	
3:00 PM	Agri Cluster		Meeting with Nigel Fisher, DSRSG	Meeting with OCHA				Debriefing IASC NY	Meeting Haidi Kuttab	Meeting with Loretta Hiber Girardet Need Assessment task force		Interview with UNICEF Geneva
4:00 PM	Vincent Head of IOM 16h30		Workshop preparation	Meeting with Première Urgence						Meeting John Holmes	Interviews with UNICEF Panama	Interview with UNICEF Panama
5:00 PM		Meeting with NGO coordination	Presentation Management Groupe	Meeting with UNHABITA				Meeting With Caroline de Bourbon Parma Special Envoy Office		Meeting WFP Denise Brown		
6:00 PM	Interview Greg Shelter								Departure for France		Interviews with UNICEF HQ	Interviews with UNICEF HQ
7:00 PM			Presentation Management Groupe									
8:00 PM		Meeting UNOPS										

Annex 4: List of people consulted

Name	Surname	Organization	Position
Haitian Authorities			
Cherisseme	Aldebert	Delegation du Sud est (Jacmel)	General Secretary
Zidor	Fednel	Delegation du Sud est (Jacmel)	Delegué général
Nouvellon	Alban	DINEPA	Consultant
Jean-Baptiste	Alta	DPC	Director
Nazaire	Abel	DPC SPGRD	Deputy
Suréna	Yvolene	DPC/UNDAC	Special advisor
Crevecoeur	Jean Rodrigue		Ministry of Plan and Public Works
Chancy	Michael	Government of Haiti	Secretary of State for Animal Production
Jumeau	Jean-René	Special advisor	Ministère de l'Equipeement
Wah	Tatiana	Earth Institute	Advisor in the PM office
Chancy	Michel	Ministère de l'Agriculture	Secrétaire d'Etat
Piere Charme	Daniel	Secrétariat d'Etat à la Jeunesse et aux Sports	Ministère à la Jeunesse et aux Sports
Saint Just	Wilson	Léogâne Municipality	Deputy Mayor
Donor Representatives			
Sunderland	Meaghan	Permanent mission of Canada, NY	
Van Zomeren	Marit	Permanent mission of the Netherlands,	
Da Silva	Luis Guilherme	Permanent mission of Brazil, New York	
Mercado	Douglas	Permanent mission of the USA, NY	
Yarlett	Kathryn	Permanent mission of Australia, NY	
Chow	Tak	Permanent mission of the UK, New York	
Boutroue	Joel	UK Prime Minister's office	Advisor to the Prime Minister
Conlay	Tony	DFID	Field Team Leader, CHASE OT
Cartanya	Laura	AECID/Haiti	
Sentrich	Rosa	AECID	
Brouant	Olivier	ECHO/Haiti	
Cecchin	Samy	ECHO/Haiti	
Berrendorf	Damien	ECHO/Haiti	Head of Office, Haiti
Gadrey	Christophe	ECHO Brussels	Haiti Desk Officer
Le Bret	Didier	French Embassy in Port-au-Prince	Ambassador
Gottlieb	Greg	USAID/Humanitarian Coordination	
Dwyer	Alta	USAID DART	
Tokar	Kevin	CICDA/Haiti	
International NGOs			
Tripon	Pierre	ACF	Head of Mission
Sow	Suleymab	ACF	Surge capacity WASH cluster
Cyvoct	Genevrière	ACT Alliance	
Gedeon	Daniel	ActionAid	
Perez	Sophie	CARE	Head of Mission

Regis	Yves-Laurent	CARE	
Fay	Aine	Concern	
MacSortey	Dominic	Concernworldwide	
Berut	Cécile	AVSF	Head of Haiti office
Ziannini	Stefano	MSF-B	Head of Mission
Joseph	Edward P	NGO Coordination Support Office	
Mikanagu	Rachel	NGO Coordination Support Office	
Sorensen	Troels Egeskov	HAP	Accountability Adviser
Mathieu	Philippe	Oxfam Quebec/ Haiti	Head of Office
Martone	Gerald	IRC	Director of Humanitarian Affairs, IA RTE Haiti Management Group member
Bain	Aisha	IRC	
Bilgin	Hakan	IRC	
Brady	Gregory	Plan Haiti	Emergency Program Manager
Dacius	Minaud	World Hope International	
Sullens	Kris	World Vision	
del Rio	Rosario	Plan International	
Jones	Penny	Plan International	
Peschmann	Julien	Première Urgence	
Wilson	Chris	Save the Children UK	
Sewell	D. Rosalind	Ushahidi	Director of Crisis Mapping
Moise	Rosanie	Veterimed	
Guenther	Dirk E.	Welthungerhilfe	Incoming Regional Director
Kühn	Michael	Welthungerhilfe	Regional Director Haiti
Lloyed	Anne	Sphere/ HAP	
Grammont	Vincent	Consultant	
National NGOs			
Delencourt	Marie Fleurenté	AAPL	
Emmanuel	N. Donnky	ALLO	
Laviolette	Wilson	ALLO	
Modelène	René	COFAVIV	
Dossous	Jean Wilson	FAVILEK	
Bazelais	Yolande	FAVILEK	
Isaac	Gloria	FAVILEK	
Jean-Louis	Karl	L'observatoire citoyen	Executive Director
Celestin	Gaelle Martine	Gfanm	
Jean Louis	Karl	Haiti Aid Watch Dog	
Miles	Melinda	Haiti Response Coalition	Co-Coordinator
Dessables	Djaloki	Haiti Response Coalition	
Etienne	Jean Eddy	HRC	
Augustin	Miegiette	HRC	
Dessables	Djaloki	MRC-TAYNA	
Miles	melinda	mRC-TAYNA	
Remesova	Blanka M.	PIN	
Bataille	billy	SOPUDEC	
Mathieu	Marjorie	Psychiatre haitienne	
Dol	Réa	SOPUDEC	
UN Agencies			
El-Tayeb	Hawaa	DPKO	
Baud	Jacques F.	DPKO	Col (GS) Senior Policy & Doctrine Officer
Goulard		DPKO	Col.
Acuna	Juan	DPKO	Lt. Col. Military Liaison Officer,
El-Tayeb	Hawaa	DPKO	

Himmiche	Ahmed	DPKO	
Terjanian	James	FAO	
Blay	Caroline	IASC GenCap Project	GenCap Advisor
Ruiz	Daniel	IOM	Early Recovery Working Group
Mariano	Efreu Ecuriquez	IOM	
Quesada	Patrice	IOM	
Quesada	Patrice	IOM	
Le François	Pascale	MINUSTAH	HDS Gonaïves
Laroussi-Libeault	Lisa	MINUSTAH	HDS Léogâne
O Conors	Jacqueline	MINUSTAH	Head of Civil affairs St Marc
Majekodunim	Ben	MINUSTAH	
Monteiro-Pereira	Carlos	OCHA	Chief ACAEME
Isbell	Brian	OCHA	Civil-military Unit
Brown	James	OCHA	Civil-military Unit
Wall	Imogen	OCHA	CDAC
Muscroft	Sarah	OCHA	Deputy Head of Office
Kuttab	Heidi	OCHA	Haiti Desk Officer
Scott	Nils	OCHA	Head of Office
Gundniz	Sune	OCHA	Inter Clusters New York Office
Djumapili	Safari	OCHA	Humanitarian Affairs Officer, Léogâne
Ryder	Matthew	OCHA	Inter-Cluster Coordination
Guillin	Nadia	OCHA	PSEA Coordinator
Bojanic	Tijana	OCHA	Humanitarian Evaluations Officer, IA RTE Haiti Evaluation Manager
Gomez	Gerald	OCHA	Regional Panama office
Green	Scott	OCHA	Chief, Evaluation and Studies Section, Chair, IA RTE Haiti Mngmt. Group
Hilfiker	Claude	OCHA	IA RTE Support Group
Rockenfeller	Yasmine	OCHA	CAP support
Burns	Katharine	OCHA	Gender adviser
Hibert-Girardet	Lauretta	OCHA	Need Assessment Task Force
LeFlaive	Bernard	OCHA	ERRF manager
Mussoni	Mikeli	OCHA	Head of Jacmel Office
Mba	Salamanta	OCHA	Head of Gonaives office
Smith	Robert	OCHA	CERF Secretariat
Strohmeier	Hansjoerg	OCHA	Chief, Policy Development and Studies Branch
Charles	Marjorie	PNUD/DPC	
Sancery	Elisabeth	Office e DSRSG RC/HC	Coordination Officer
De Bourbon Parma	Carolina	Office of the Special Envoy	Humanitarian Affairs Officer
Harland	David	PDSRSG	MINUSTAH
Cardaro	Jean Marc	UNDP	Early Recovery Advisor
Donaldson	Brian	UNDP	Early Recovery Cluster Coordination Officer
Ruiz	Pablo	UNDP	Regional office
Przedpelski	Robert	UNDP	Early Recovery Cluster Coordinator
Parado y Fernandez	Maximilien	UNEP	Associated Programme Officer
Bidegain	Gabriel	UNFPA	Statistics
Rousseau	Jacques- hending	UNFPA	Consultant
Adrian	Jean-Christophe	UNHABITAT	Head of Office
Elmi	Lucia	UNICEF	Chief Humanitarian Field Support
Grullose	Francoise	UNICEF	Country Representative
McCouch	Robert	UNICEF	Senior Evaluation Specialist, IA RTE Haiti Management Group member
Alley	Kate	UNICEF	Emergency Specialist, Office of Emergency Programmes
Danailov	Silvia	UNICEF	Senior Recovery Advisor

Ndamobissi	Robert	UNICEF	Chief of Planning, Monitoring and Evaluation and Programme Coordination, UNICEF Mali
Saegusa	Asako	UNICEF	M&E Specialist, UNICEF Vietnam
Tameko	Donatien	UNICEF	M&E Officer, UNICEF Haiti
Gonalez	Indiana	UNICEF	Regional Chief of Operation
McCarthy	Dermot	UNICEF	Deputy Director, EMOPS, Geneva
Knudsen	Christine	UNICEF	Chief, Inter-Agency /Humanitarian Partnership
Comini	Debora	UNICEF	Deputy Regional Director, TACRO
Buono	Gianluca	UNICEF	Regional Emergency Specialist, TACRO
Alley	Kate	UNICEF	Emergency Specialist, Office of Emergency Programmes
Porter	Martin	UNICEF	Humanitarian Policy Consultant
Tassew	Betel,	UNICEF	Sr. HR Manager/ Bus. Partnership
Lloyd	Christine	UNICEF	Director of Human Resources
Elmi	Lucia	UNICEF	Humanitarian Field Support Chief
Alita	Blerta	UNICEF	Emergency Specialist
Bordas Eddy	Sara	UNICEF	Emergency Specialist
Meeus	Jean-Cedric	UNICEF	Logistics Specialist Supply Division, Copenhagen
Fellows	William	UNICEF	Sr. Advisor WASH
Holen	Runar	UNICEF	Emergency Telecommunications
Wright	Roger	UNICEF	Sr. Advisor Education
Barnett	Catherine	UNICEF	Child Protection Cluster Coordinator
Nylund	Viktor Bo	UNICEF	Senior Adviser Child Protection (Surge CP)
Bissel	Susan	UNICEF	Chief Child Protection (Surge CP)
Rohrmann	Dan	UNICEF	Deputy Director PD
Doyle	Brendan	UNICEF	Chief, Humanitarian and Transition Interface Support
Hahn	Tamar	UNICEF	Communication Specialist, Port-au-Prince
Schusterman	Jeremy	UNICEF	Public Sector Alliances and Resource Mobilization
Mallawa	Suranga	UNOPS	Programme Officer
Blankenship	Patrick	US Army	Major, US Army Civil Affairs, JFT Haiti
Rauch	Helmut W.	WFP	Operations
Brown	Denise	WFP	New York office
El Zein	Hazen	WFP	Head of Jacmel office
Kaulard	Myrta	WFP	Representative and Country Director Haiti
Chamouillet	Henriette	WHO	Country Representative
Laroche	Eric	WHO	Head of Health in Action
Lopez Acuna	Daniel	WHO	HAC
Zagaria	Nevio	WHO	HAC
Griekspoor	André	WHO	HAC, PDNA
Fitzpatrick	Emma	WHO	Global Cluster Secretariat
Coninx	Rudi	WHO	Training
International movement of the Red Cross and Red Crescent			
Conti	Ricardo	ICRC	Head of Haiti Delegation
Salazar	Gabriel	ICRC	Deputy Head of Haiti Delegation
Jilani	Marwan	IFRC	Head of Delegation, New York
McDonald	Gregg	IFRC	Shelter Cluster Coordinator
Tamman	Alouat	IFRC	Emergency Unit
International research institutions			
Brennan	Muireann	CDC	Support to Haiti IRA
Bilukha	Oleg	CDC	Support to Haiti IRA

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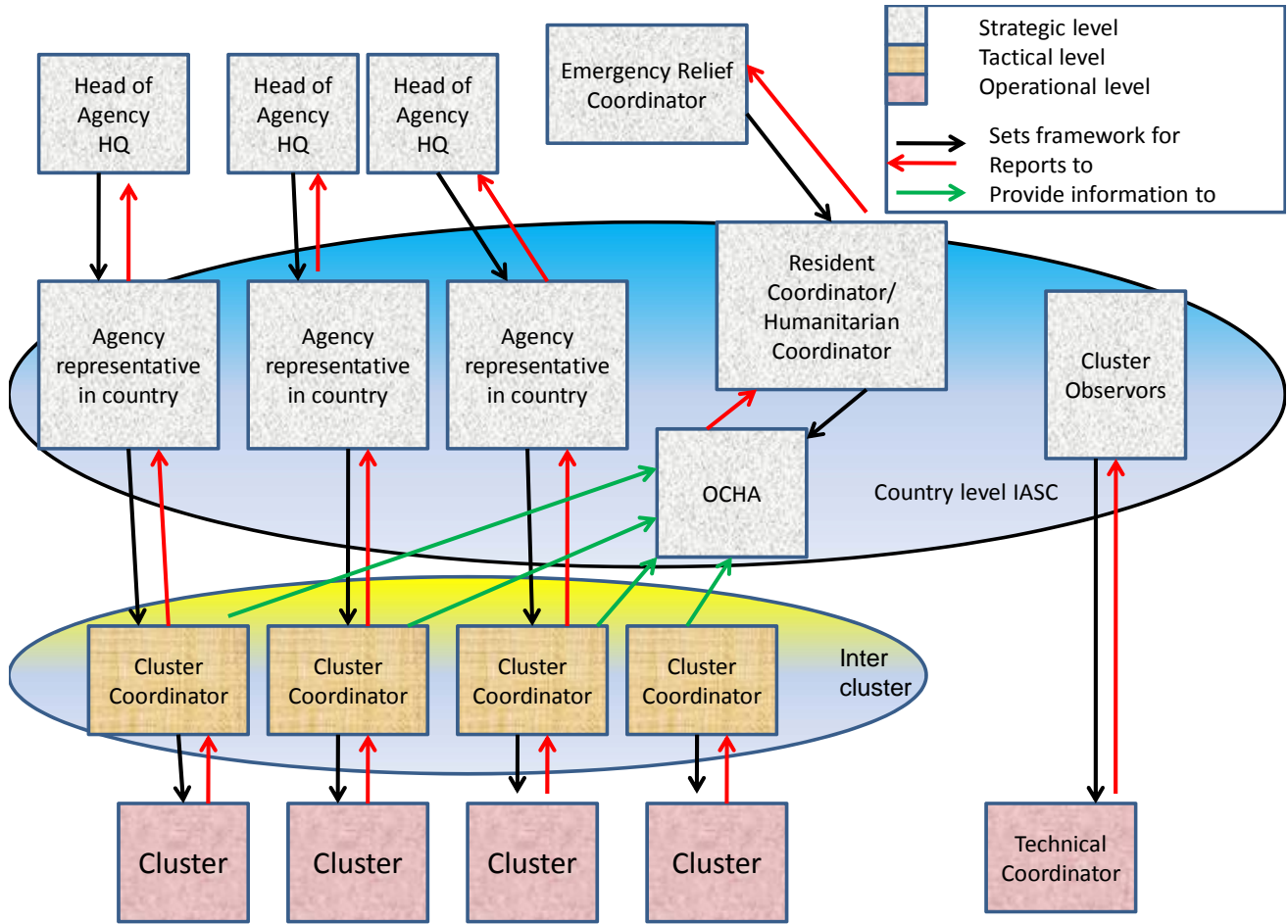
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Annex 6: Coordination structure according to the Humanitarian Reform



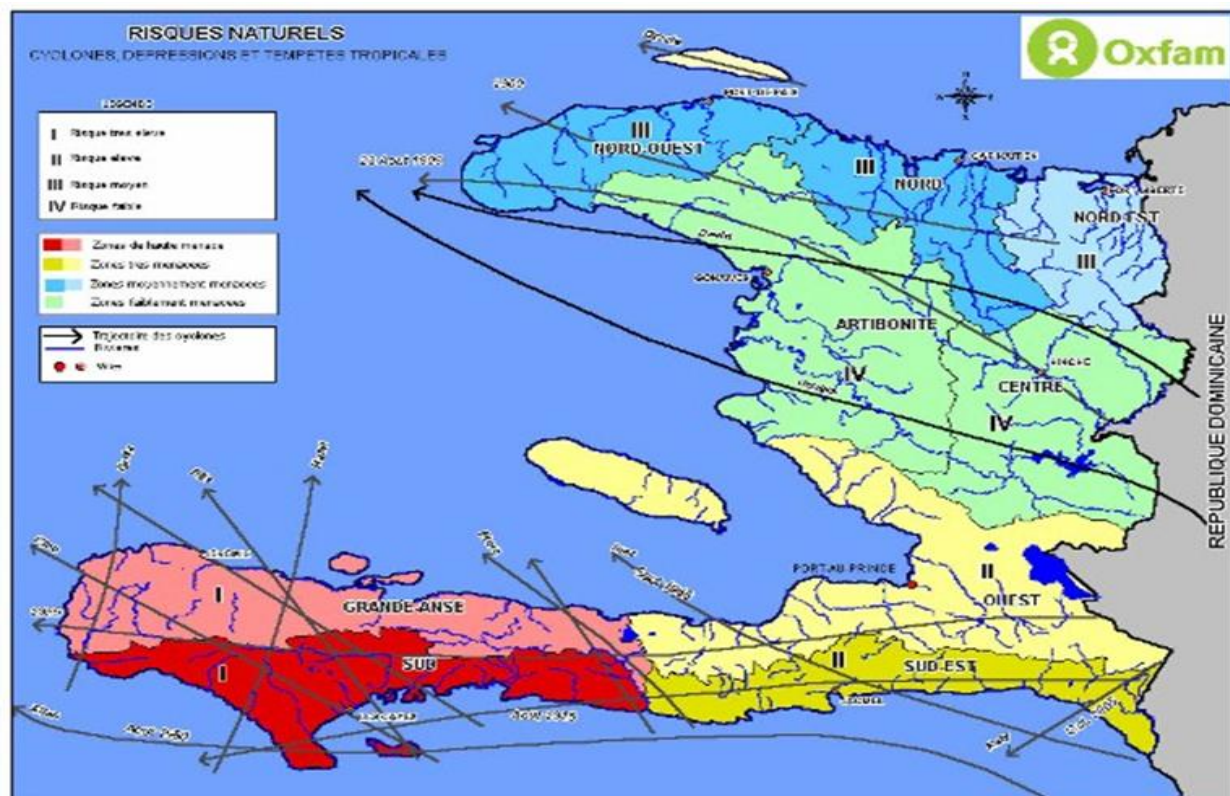
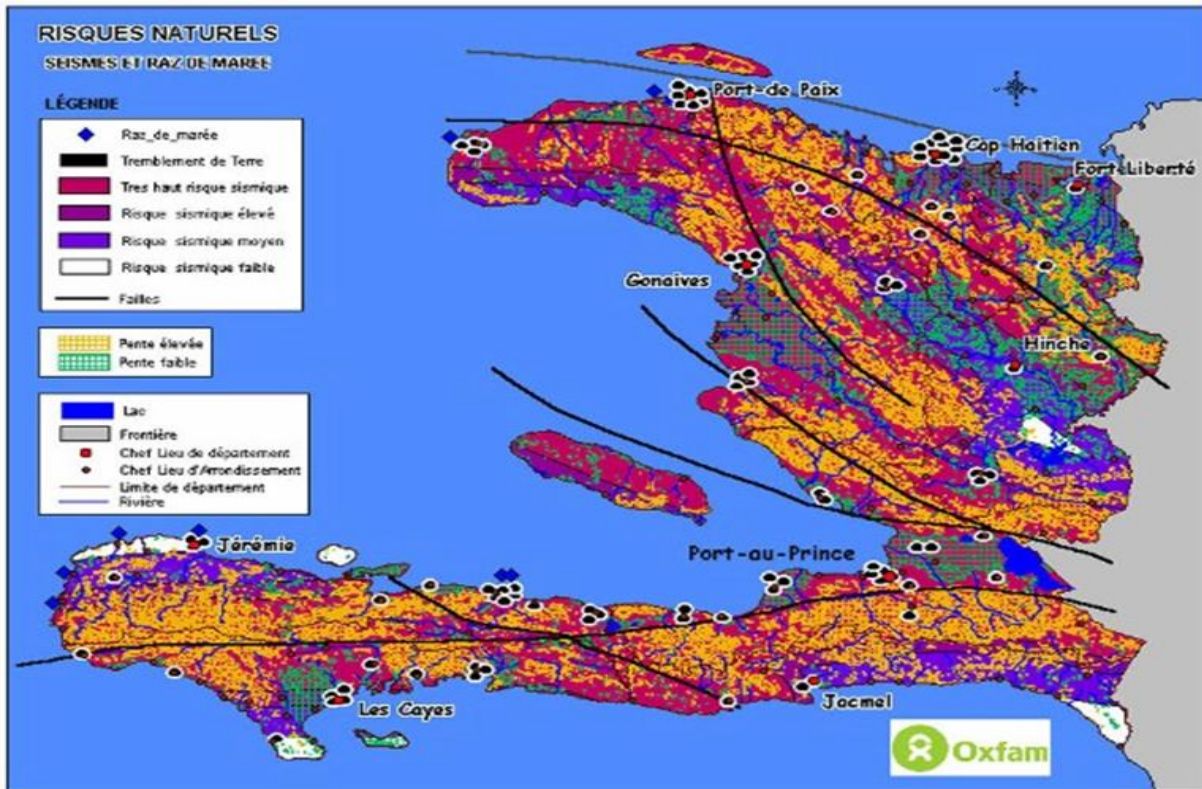
Annex 7: Mapping of natural disaster risks in Haiti

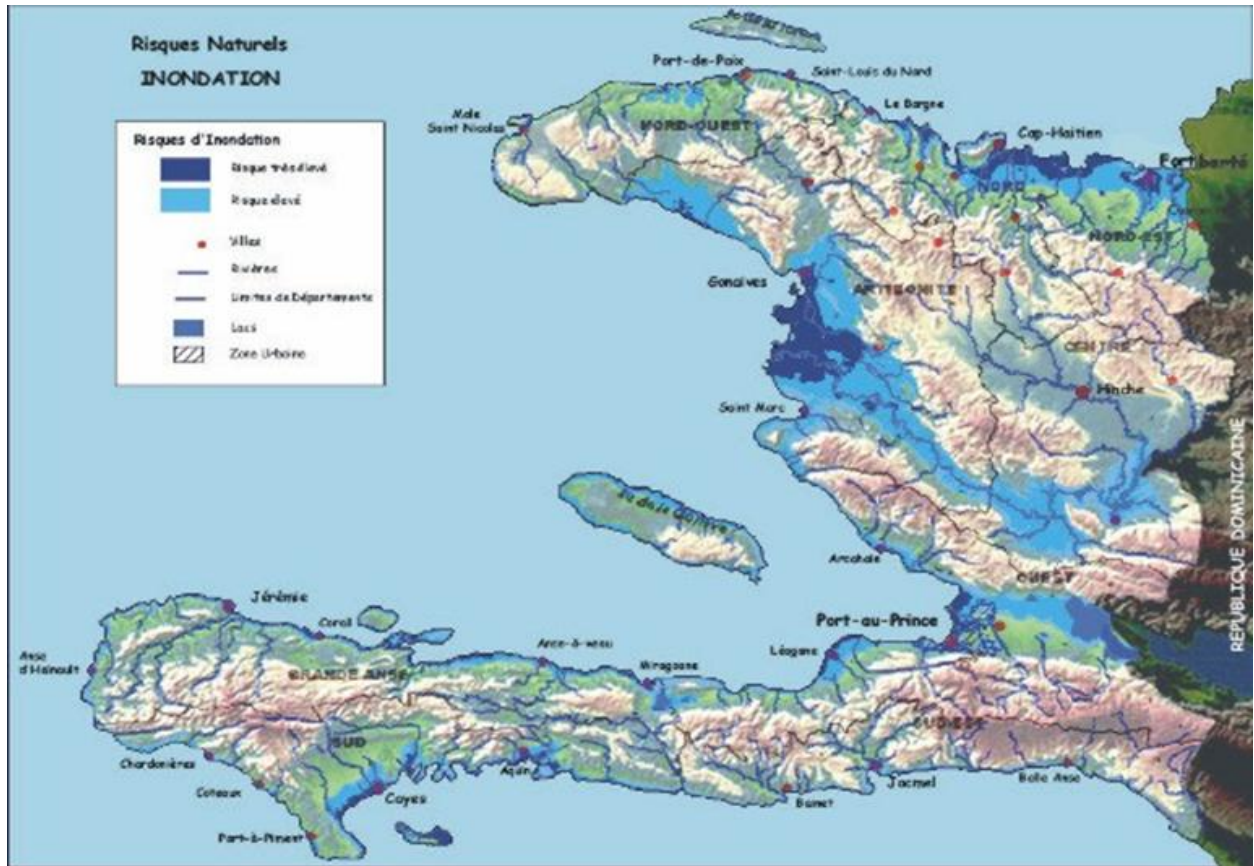
Nature hazard	of	Description of hazard	Associated risks	Probability	Level of preparedness
Climatic risks		The rainy season started very early this year. The first short rainy period lasts until May-early June and the rains resume from August to November (see annex x).	The rain is already making life very difficult for the many people whose shelters are leaking. It also increases health risks and in particular those linked to sanitation, acute respiratory diseases or the increased number of vectors of certain diseases – malaria, dengue fever, etc	Very high	Low
		Hurricanes are caused by the increased temperature of the surface of the ocean and the hurricane season theoretically begins in June and usually ends in November. There are fears that the hurricanes will be violent this year due to perturbations to the El Nino – La Nina system ¹¹⁸ .	Hurricane winds can have a devastating impact on precarious shelters, the fragile forest cover and on fruit trees. The rains which accompany full-blown hurricanes or their less violent forms frequently cause massive floods, especially in areas where river banks are not managed properly	High	Medium to high
Geological risks		Geological and geo-morphological perturbations are in most instances linked to shearing, the creation of weak points of different sizes	Landslides can cause total havoc in human settlements and be extremely deadly. In the countryside, they frequently disrupt the circulation of people and goods. Many Haitian roads are regularly blocked during the rainy season	High	Low but improved with the strategy of decentralized stocks and logistics as developed in 2009.
Seismic risks		There is a large amount of seismic activity in the Caribbean sea and several fault lines run through Haiti.	There have been several large scale seisms in the past but this has not significantly influenced the perception of this risk.	Aftershocks ¹¹⁹ which have continued regularly since the earthquake on 12 January. Uncertain, but perceived to be high	Low. Initial thoughts were being given to the subject just prior to the earthquake The current phase of seismic activity observed in the sub region indicates that a high level of alertness is required.
Socio-political risks		Development of insecurity linked to popular discontent which is exploited for political ends	In an electoral year, with a high level of popular discontent, the risk of kidnapping and hostage taking cannot be excluded. Though mob violence against aid workers has not yet been observed in Haiti, it is nevertheless a risk which needs to be watched carefully	Not insignificant, but should not be exaggerated	Medium (taking into account the MINUSTAH and the presence of armies from different countries)
Technological risks		Related technological accident (like the management of the oil slick in Carrefour port)		Uncertain	Low

¹¹⁸ Meteorological phenomena which affect the Atlantic between the Caribbean and South-East Asia with alternating dry and rainy phases, depending on the thermal flow within the ocean.

¹¹⁹ A tremor of 4.4 on the Richter scale was felt at 6.16 am in Port-au-Prince on 26 January.

Annex 9: Map of natural disaster risks in Haiti





Annex 9: History of earthquakes in Haiti

Date	Localisation	Explication
18 octobre 1751	Port-au-Prince	Port-au-Prince a connu deux secousses violentes qui durèrent environ trois minutes. Les répliques continuèrent pendant plus de deux mois.
3 juin 1770	Port-au-Prince et les régions du Sud	La capitale fut ruinée et le sol entrebâillé en plusieurs endroits. Des centaines de cadavres se retrouvèrent sous les décombres.
7 mai 1842	Cap-Haïtien et tout le reste du grand Nord.	"[Le Cap], dont toutes les maisons étaient construites en maçonnerie, ne fut plus qu'un tas de décombres sous lesquels près de dix mille personnes furent ensevelie" (Bellegarde, Dantès. La Nation haïtienne, p. 110) <i>in</i> Haïti-Référence Désastres naturels en Haïti Tremblements de terre.mht
23 septembre 1887	Régions septentrionales d'Haïti	Destruction de l'église de Port-de-Paix, entre autres.
1904	Le nord du pays. Port-de-Paix et Cap-Haïtien	Les villes du Port-de-Paix et Cap-Haïtien furent affectées. (Séisme en Haïti, la bonne carte tectonique, <ul style="list-style-type: none"> ▪ http://sciences.blogs.liberation.fr/home/2010/01/s%C3%A9isme-en-ha%C3%AFti-la-bonne-carte-tectonique.html) ▪ List of natural disasters in Haiti - Wikipedia, the free encyclopedia.mht
1946	Séisme dans le nord-est de la République Dominicaine accompagné d'un raz de marée dans la région de Nagua.	Haïti est également touché. http://en.wikipedia.org/wiki/List_of_natural_disasters_in_Haiti
27 octobre 1952	Anse-à-Veau dans le Département de la Grande Anse	6 victimes ont été recensées et des milliers de sans-abris
24 juin 1984		D'une magnitude de 6,7 sur l'échelle de Richter.
12 janvier 2010	Partie septentrionale du département de l'Ouest et certaines régions du département du Sud-est	Séisme de magnitude 7,3 dans l'échelle Richter. Le plus fort séisme qui le pays a connu depuis plus de deux cents ans. L'épicentre est situé, approximativement à Template, à 17 km à l'entrée sud de Port-au-Prince, la capitale. Une douzaine de secousses secondaires de magnitude s'étalant entre 5,0 et 5,9 ont été enregistrées dans les heures qui ont suivi. Selon le rapport du gouvernement haïtien, 222.500 Haïtiens ont été tués, 2 000000 effectués, 300 000 individus ont été blessés alors que 1.3 millions ont perdu leur domicile au moment du tremblement de terre. De plus environ 500 000 personnes se sont réfugiés dans les villes de province notamment celles de l'Artibonite et de la Grand Anse après le 12 janvier.
20 janvier 2010	Département de l'Ouest et certaines régions du département du Sud-est	D'une magnitude de 6,1 survenu à 06 heures 03 minutes (heure locale). Son épicentre est situé approximativement à Template: Unité à l'ouest de Port-au-Prince, et à moins de 10 kilomètres sous la surface.

Compiled by Yvio Georges , Haitian consultant