RESPONSE TO THE HUMANITARIAN CRISIS IN HAITI

FOLLOWING THE 12 JANUARY 2010 EARTHQUAKE



Achievements, Challenges and Lessons To Be Learned

Tranblemanntè 2010 nan peyi Ayiti

IASC

Cover page photo credit:
UN Photo/Marco Dormino

RESPONSE TO THE HUMANITARIAN CRISIS IN HAITI

FOLLOWING THE 12 JANUARY 2010 EARTHQUAKE

Achievements, Challenges and Lessons To Be Learned

Tranblemanntè 2010 nan peyi Ayiti

IASC

Abbreviations

AECID	Spanish Agency for International Cooperation
CAP	Consolidated Appeal Process
CARICOM	Caribbean Community
CDAC	Communicating with Disaster-Affected Populations
CDC	Centers for Disease Control
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Security Assessment Mission
CIDA	Canadian International Development Agency
COMCEN	Common Communication Centres
COU	Centre d'Opérations d'Urgence
CSC	Coordination Support Committee
CSO	Civil Society Organisation
DART	Disaster Assistance Response Team
DEC	Disaster Emergency Committee
DFID	Department for International Development
DHC	Deputy Humanitarian Coordinator
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DPC	Direction de la Protection Civile
DSDS	Demographic and Social Statistics Directorate
DSRSG	Deputy Special Representative of the Secretary-General
ECHO	European Community Humanitarian Aid Office
EFSA	Emergency Food Security Assessment
ERRF	Emergency Relief and Recovery Fund
ETC	Emergency Telecommunication Cluster
EU-MIC	European Union's Monitoring and Information Centre
FACT	Field Assessment and Coordination Teams
FAO	Food and Agriculture Organisation
GBV	Gender Based Violence
GDP	Gross Domestic Product
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNP	Haitian National Police
IASC	Inter-Agency Standing Committee
IBESR	Institut du Bien Etre Social et de Recherches
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDPs	Internally Displaced Persons
IFRC	International Federation of the Red Cross
Indotel	Dominican Institute of Telecommunications
INGO	International Non-Governmental Organisation
INSARAG	International Search and Rescue Advisory Group
IOM	International Organisation for Migration
JOTC	Joint Operations and Tasking Centre
MINUSTAH	UN Stabilisation Mission in Haiti
MOB	Management Oversight Board
MoE	Ministry of Education
MOSS	Minimum Operating Security Standards
MRE	Meal Ready to Eat
MSF	Médecins Sans Frontières
MSPP	Ministère de la Santé publique et de la population
MTs	Metric Tonnes
NDRMS	National Disaster Risk Management System
NFI	non-food item
NGO	Non-Governmental Organisation
NOAA	National Oceanic and Atmospheric Administration
OAS	Organization of American States
OCHA	Organisation for the Coordination of Humanitarian Affairs
OPC	Office de la Protection du Citoyen
OSOCC	Onsite Operations and Coordination Centre
PDNA	Post-Disaster Needs Assessment
PMCC	Project Management Coordination Cell
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
REA	Rapid Environment Assessment
RINAH	Rapid Initial Needs Assessment for Haiti
RJNA	Rapid Joint Needs Assessment
RTE	Real Time Evaluation
SAR	Search and Rescue
SNGRD	Système National de gestion des risques et des désastres
UNDAC	United Nations Disaster Assessment and Coordination
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNHAS	UN Humanitarian Air Service
US	United States
USAID	United States Agency for International Development
USAR	Urban Search and Rescue
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

Foreword

"To make the right judgment call, to take considered choices in the heat of a major humanitarian emergency, is a lot to ask when delays in aid have mortal consequences. Translating motivational images on television into aid that assists those in need is not a straightforward matter. Instead, it is fraught with financial, logistical and political problems. When the Herculean task of successfully delivering emergency assistance to those in need is achieved, and when wide-scale human suffering is averted, those people and agencies involved have achieved something remarkable."[1]

The humanitarian community has achieved a great deal in responding to the devastating earthquake which struck Haiti on 12 January 2010. In the face of extensive challenges and a complex operating environment, humanitarian partners have managed, over the past 6 months, to respond effectively and coherently to the immediate needs of a highly vulnerable population. A second disaster on top of the first was avoided. As always in operations of this kind, there are areas of the response which we know could have been better, and some which should still be improved. These are detailed frankly and transparently in this report. However, it is important to recognize the achievements as much as the challenges, and to give credit where it is due. We got a lot more right than wrong.

I believe it is a particularly timely initiative by the main humanitarian organisations represented in the Inter-Agency Standing Committee to set out in this report what has been achieved during the first 6 months of the response, the challenges and gaps, and the areas identified for future improvement and learning. We should build on the momentum and widespread engagement of partners to review critically for the future the strengths and areas for development within the global humanitarian architecture and overall response capacity.

Valuable lessons continue to be learned in each and every emergency response. Some are very context specific - and Haiti has its fair share of those - but the general lessons must not only be identified, but acted upon. A lesson is not really learned until it leads to a change in behaviour. Some of those set out in this report are not new, particularly those about being more sensitive and responsive to local contexts and actors. In any case we must ensure our capacity to respond continues to become more efficient, timely, and predictable, including through strengthened preparedness; a better understanding of vulnerabilities, and therefore targeting of needs; a more proactive engagement with non-traditional partners and development actors; and stronger relationships with affected Governments and civil society. We owe it to the devastated population of Haiti – and to all communities affected by disasters - to act on these lessons with speed and determination, and to strive constantly to improve our response.

Finally, I would like to take this opportunity to acknowledge the excellent support provided by the inter-agency team which enabled this report to be produced with great speed and inclusiveness.



John Holmes
Emergency Relief Coordinator

[1] IRIN, In-Depth: When disaster strikes: the response to the South Asian earthquake, June 2006

Table of Contents

Foreword i
Table of Contents ii
Executive Summary 1
1 Introduction 4
2 The Disaster 4
2.1 The human cost 4
2.2 Infrastructural damage 4
2.3 Displacement 5
2.4 Psycho-social trauma and insecurity 5
2.5 Impact on the economy, livelihoods, and education 5
2.6 The wider context – compounded vulnerability 6
2.7 The response 7
2.7.1 National response 7
2.7.2 International Response 8
3 Achievements and Challenges 11
3.1 Achievements 11
3.1.1 Food Security 12
3.1.2 Shelter and Camp Management 12
3.1.3 Service Provision 12
3.1.4 Protection 14
3.1.5 Early Recovery 14
3.1.6 Cross-Cutting Issues 14
3.1.7 Common Services 15
3.2 Critical Humanitarian Challenges 16
3.2.1 Logistics and Access 16
3.2.2 Humanitarian Leadership and Coordination 17
3.2.3 Ensuring access to basic services 18
3.2.4 Qualifying vulnerability 18
3.2.5 Protecting the most vulnerable 19
3.2.6 Linking relief to recovery and rehabilitation 19
3.2.7 Contingency planning for the hurricane season 19
3.2.8 Humanitarian financing and resource mobilisation 20
3.2.9 Settlement of the displaced 21
4 Lessons to be learned from the Haiti Earthquake Response 23
4.1 Humanitarian Coordination and Leadership 23
4.1.1 Leadership 23
4.1.2 The Humanitarian Country Team 23
4.1.3 Cluster and inter-cluster coordination 23
4.1.4 Surge capacity 24
4.2 The Management of Information 24
4.2.1 Systematically collecting key data for operational purposes 24
4.2.2 Communication – understanding the operating context and explaining humanitarian actions 25
4.3 Working with partners 26
4.3.1 Working with the Government, local authorities and civil society 26
4.3.2 Working with the military 26
4.3.3 Working with new and different humanitarian partners 27
4.3.4 Working with the private sector 27
4.4 Substantive areas 28
4.4.1 The key role of early recovery 28
4.4.2 Addressing Sexual Exploitation and Abuse within the Humanitarian Community in Haiti 28
5 Looking Forward 29
Annexes 30

Executive Summary

This report is compiled following a request by the Principals of the Inter-Agency Standing Committee (IASC)[2] at a meeting on 6 May 2010. The report is written 6 months after the 12 January earthquake in Haiti and is concerned primarily with the response by IASC members to the disaster, but necessarily refers to the role of other key actors, including the Haitian population and Government, international militaries, the UN Stabilization Mission in Haiti (MINUSTAH), and regional entities. The report describes the response of the humanitarian community[3] to the earthquake, outlining the main achievements and challenges encountered, proposes lessons which can be learned from the initial phase of the humanitarian response, and summarizes some aspects of the way forward.

The humanitarian community's response to the massive earthquake which struck Haiti on 12 January 2010 was a considerable achievement in the face of a multitude of challenges. The earthquake, which is estimated to have killed over 222,000 people and directly or indirectly affected almost one third of the Haitian population, was the most significant disaster requiring a large-scale multi-sectoral international response since the Pakistan earthquake in 2005. It represents a major test of the capacity, resources, response readiness, and modus operandi of the global humanitarian community. Critical lessons can been learned from the first 6 months of the humanitarian operation, which are essential to ensure the response in Haiti becomes more efficient, effective, accountable, and responsive to the needs of the most vulnerable. These lessons will also inform wider analysis of how the humanitarian community can improve the way it operates, to contribute to saving more lives, reducing vulnerabilities, and restoring dignity to disaster-affected populations.

The devastation caused by the earthquake itself was compounded by underlying vulnerabilities in Haiti, including systemic poverty, structural challenges, weak governance, and an almost annual exposure to floods, hurricanes and related disasters. In addition, the earthquake occurred in an urban setting, a context unfamiliar to many humanitarian actors and which presented significant logistics and access hurdles. It is worth recalling that those who would normally have been at the frontline of the response in Haiti - the Government, civil society, MINUSTAH, and humanitarian organizations with a presence in Haiti prior to the earthquake - were themselves severely affected in terms of loss of capacities, resources and staff, which seriously undermined their ability to respond effectively and swiftly.

Despite the challenging operating environment, the humanitarian operation to a large extent achieved its immediate objectives, and responded effectively to the critical needs identified. Approximately 4 million people have received food assistance, emergency shelter materials have been distributed to 1.5 million people, safe water has been made available to 1.2 million people, and 1 million people have benefited from Cash-for-Work programmes. In camps and spontaneous settlements housing approximately 1.5 million internally displaced persons (IDPs), basic services such as health clinics, educational support, and water and sanitation facilities have been provided, while joint patrolling by MINUSTAH and Haitian police is helping to protect the most vulnerable. In rural areas, over 142,000 farming families have been supported with critical inputs for the spring planting season, while targeted nutritional programmes have aimed to reduce severe acute malnutrition amongst those affected by the earthquake. Common logistics services have been essential to the efficiency of the response, with over 90 humanitarian organizations supported in the delivery of a total of 9,300 Metric Tonnes (MTs) of life-saving relief supplies from the Dominican Republic to Haiti.

In an operation of the size and complexity of the earthquake response in Haiti, coherent and commonly-agreed humanitarian coordination mechanisms were critical from the outset, to help to channel and coordinate the wide-ranging resources and capacities available. The influx of thousands of humanitarian actors, many of whom, while well-meaning, were not necessarily professional and well-informed in their approach, posed a challenge to the coordination dynamics of the response. The presence and assets of well-resourced and potent military entities, particularly the United States (US) Military but also MINUSTAH, presented both opportunities and challenges for the humanitarian community. Humanitarians required the support of the military in facilitating the transport and distribution of

[2] The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving key United Nations (UN) and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly Resolution 46/182.

[3] For ease of reference, this term will henceforth be used as a generic term to refer to all humanitarian actors involved in the response, including international and national entities and without distinguishing between UN agencies, (International)Non-Governmental Organisations, and the International Red Cross and Red Crescent Movement, but predominantly focusing on IASC organizations – as per the focus of the report.

assistance, but were reluctant to risk undermining the humanitarian principles so central to their modus operandi by engaging too closely. The swift establishment of clusters to ensure effective sectoral coordination, and the later convening of the Humanitarian Country Team (HCT) to provide overall strategic guidance, were positive steps towards a strengthened coordination of the response. Meanwhile, the establishment of coordination structures engaging both military and humanitarian actors in a joint decision-making and resource-tasking enterprise was critical to the absorption of extensive military assets into the humanitarian response operation.

Despite these significant achievements, there was a perception of a coordination deficit in the initial phase of the response operation, and a sense in which others (e.g. the military actors) felt they had to step in to supplement humanitarian leadership on the ground, which was not providing sufficient strategic vision or overall visible coherence. Critical strategic decisions impacting on the efficacy and appropriateness of the humanitarian response, including, for example, strategies to deal with immediate assistance to, and longer-term resettlement of, those displaced, and a more strategic targeting of assistance to prevent significant population movements, seemed to be slow in coming. Whatever the validity of this criticism in the initial weeks following the earthquake, huge strides were made over the subsequent months to strengthen the coordination of the response. Humanitarian leadership was strengthened over time and clusters became increasingly operational, deploying senior and experienced coordinators, and providing effective coordination in a potentially chaotic operating environment. The initial coordination and leadership challenges do not bring into question individual performance, but rather emphasize the need to reinforce endorsed systems and structures and to make sure individuals who are required to lead are provided with the means to do so.

In a highly complex context such as Haiti, the humanitarian community is faced with challenging dilemmas in the provision of assistance, not least in identifying the most vulnerable and in distinguishing between those affected by the earthquake and those – the majority of the population in this instance – suffering from more systemic forms of deprivation. An equally challenging question relates to identifying and strengthening the linkages between the relief operation and the longer-term reconstruction and development agenda. The humanitarian community in Haiti has a critical role to play in supporting a Government which was itself severely affected by the earthquake to lead the reconstruction efforts. One element of the response which could have been improved in the initial phase was the international humanitarian community's engagement with Haitian civil society and local authorities, and their inclusion in common coordination mechanisms. Had this been achieved in a more systematic manner, it would have significantly improved the humanitarian community's understanding of the operating context, and contributed to a more sustainable provision of assistance, as well as local and national capacity-building.

With a cross-sectoral funding appeal revised in June to request almost $1.5 billion - and this for relief operations alone - it is clear that the needs are still immense, and the challenges facing the response operation potentially daunting. Foremost amongst these challenges is shelter – working with the Government to identify durable solutions for the secure settlement of the displaced population. Implementing the Safer Shelter Strategy will require significant financial resources, complex legal arrangements, and the mobilization of all actors around a commonly-held vision. These shelter questions are brought more sharply into focus during the hurricane season, and the related increase in vulnerabilities this will inevitably bring, which is why contingency planning and preparedness activities have been a major focus in recent months.

The challenging and complex nature of the humanitarian response to the Haiti earthquake has presented the humanitarian community with some key lessons which it is in the process of learning and which will serve to strengthen future response operations. Foremost among them is the need to understand better – and to work more proactively with - various actors from outside the humanitarian context, not least military entities, but also the private sector. Linked to this is a pressing imperative to identify ways to engage better with affected Governments and civil society partners. The global humanitarian architecture must be critically reviewed to ensure that it is not implemented in such a way as to preclude such partnerships which are critical to the most effective response.

Another key lesson learned is the need for the humanitarian community to review how it should adapt to urban responses and to identify the necessary expertise, tools, knowledge, and partnerships to be able to operate effectively in such environments. Ensuring a better understanding of vulnerability – and what this means for humanitarian assistance strategies - is a priority for humanitarian actors. One way this can be strengthened is through learning how to communicate better with disaster-affected populations, which would lead to an improved

understanding of the operating context. Finally, it is clear that strong, decisive and empowered humanitarian leadership on the ground at all levels is essential to the effective functioning of a response operation. With strong and experienced leadership, including within the clusters, providing the required strategic vision, the operational response becomes more efficient, effective, and coherent.

Ultimately, while it is critical that the humanitarian community learn lessons derived from the Haiti response operation, it is imperative that it does not lose sight of the overall objective of humanitarian response: to save lives, reduce vulnerabilities, and restore dignity.

1 Introduction

This report was compiled in response to a specific request by the IASC Principals to provide an interim account of the response to the 12 January earthquake in Haiti and to document the key lessons being learned. The report concentrates primarily on the activities of member organisations of the IASC. In addition to the response by the Government and Haitian population itself, it should be noted that thousands of organisations have been involved in the humanitarian response. Many have achieved remarkable results, but it is not within the remit of this report to mention them all.

The humanitarian community's response to the crisis following the earthquake prevented further loss of life, reduced the vulnerability of the people directly affected, and contributed to restoring dignity to the disaster-affected population. As the initial emergency phase of the humanitarian operation moves towards longer-term planning and recovery, 6 months after the earthquake is an opportune moment to take stock of what the humanitarian operation has achieved, what remains to be done, and what can be learned from the operation to date. This report aims to be analytical and to present a realistic and frank picture of the humanitarian response to date and challenges faced.

2 The Disaster

The earthquake occurred at 16.53 local time on 12 January 2010 and reached a magnitude of 7.0 M_w. The hypocentre was located less than 10 kilometres below the earth's surface and the epicentre was close to Léogâne, approximately 25 km from Port-au-Prince. An aftershock of magnitude 6.0 M_w occurred immediately afterwards, and by 24 January, at least 52 aftershocks measuring 4.5 M_w or more had been recorded[4].

2.1 The human cost

While the exact number of deaths and injuries caused by the earthquake may never be known, the Government estimates that 222,750 people (2% of the population) were killed and 300,572 injured[5]. The human cost of the earthquake in terms of deaths, injuries, and homelessness per capita was far greater than in other recent earthquakes of similar magnitude and amplitude[6], primarily because it occurred in a large urban area with many poorly-constructed buildings[7]. With a total population of just over 10 million[8], the affected population in Haiti is estimated at 3 million. One person in eight was directly affected by the earthquake, and one in fifteen affected was killed. It is likely that there was a higher number of female casualties, as many women were at home when the earthquake struck, while men were at work and children on their way back from school. The high level of damage to public buildings also resulted in major loss of life among Haiti's civil servants[9].

2.2 Infrastructural damage

The earthquake crippled Haiti's capital and economic heart, Port-au-Prince, and also destroyed or severely damaged buildings and infrastructure elsewhere, particularly in Léogâne, Petit-Goâve, Jacmel, Pétionville, Delmas and Carrefour.

The Government estimates that 250,000 homes and 30,000 commercial buildings were severely damaged, while the Post-Disaster Needs Assessment (PDNA) identified 105,000 completely destroyed homes and over 208,000 damaged. Numerous prominent government buildings[10] as well as Port-au-Prince Cathedral and other public buildings were damaged to varying degrees. In outlying towns affected by the earthquake[11], municipal administration buildings were also severely damaged. Léogâne, being the closest town to the epicentre, suffered close to 80% structural damage.

The earthquake seriously damaged the control tower at Toussaint L'Ouverture International Airport and the Port-au-Prince seaport, limiting the use of both the airport and harbour in the

[4] The earthquake also triggered a tsunami which resulted in 4 recorded deaths and caused considerable damage to the village of Petit Paradis, 40 kms NW of Gonaives. Smaller tsunami waves were also reported at Jacmel, Les Cayes, Petit Goave, Leogane, Luly, and Anse a Galets.

[5] Direction de la Protection Civile (DPC), Government of Haiti

[6] Such as the earthquake in China in May 2008 (7.9 Mw) killing 87,476 (1 in every 595 affected), in Italy in April 2009 (6.3 Mw) killing 295 (1 in every 190 affected), and in Chile in March 2010 (8.8 Mw) killing 521 (1 in every 3,838 affected)

[7] The last major earthquake in Haiti was precisely 150 years ago, in 1860.

[8] Trends and Perspectives in Haiti's Population at Department and Commune Level – MEF – IHSI – Demographic & Social Statistics Directorate (DSDS), February 2009

[9] Real-Time Evaluation, June 2010

[10] Including of the Finance Ministry, the Ministry of Education, the Ministry of Public Works, the Ministry of Communication and Culture, the Palais de Justice (Supreme Court building), the Superior Normal School, the National School of Administration, the Institut Aimé Césaire, and the Palais Législatif (National Assembly building)

[11] Gressier, Léogâne, Grand Goâve, Petit Goâve and Jacmel

initial stages of the response. Many roads were blocked with debris or had their surfaces broken. There was also considerable damage to the communications infrastructure. The earthquake damaged Haiti's only submarine telecommunications cable and rendered unavailable the public telephone system, while two of the largest cellular telephone providers had their services disrupted.

2.3 Displacement

According to Government figures, approximately 2.3 million people left their homes at the peak of the displacement. IDPs predominantly settled either as individual households or in small household groupings close to their former area of residence. Many settled in the street, in spontaneous settlement sites varying in population from a handful to 50,000 people, or in collective accommodation. Initially, around 1.5 million displaced people settled in the Port-au-Prince metropolitan area, while around 600,000 left the affected area, many facilitated by the Government and others using private means, to seek shelter with host communities in non-affected areas. Up to 250,000 of the latter have since returned to Port-au-Prince or surrounding communes, either as households or individually[12].

As of end May 2010, 1,342 IDP sites had been identified in the area affected by the earthquake, the majority with a population of between 100 and 1,000 households[13]. In some cases, these sites are located in gullies or flood-prone zones, adding to the vulnerability of those displaced.

2.4 Psycho-social trauma and insecurity

In addition to the immediate shock and trauma experienced by the affected population, survivors suffered additional stress because they lacked appropriate equipment to help trapped family and friends, and were unable to help the injured as health facilities were overwhelmed, first aid capacity was limited and many access roads were blocked. Survivors were, in some cases, surrounded by corpses for several days, until the authorities were able to clear them.

While Haiti suffered insecurity and criminality prior to the earthquake mainly in terms of kidnappings, carjacking and burglary, a further element contributing to law and order problems occurred after the earthquake[14]. The *Prison Civile de Port-au-Prince* was destroyed, allowing around 4,000 inmates to escape, and state protection institutions [15] suffered serious damage. The collapse of prisons, courts and police stations led to even more overcrowding in detention facilities. Increased insecurity posed a particular threat to women and children, who became even more vulnerable to sexual abuse and trafficking. Physical security within large settlements, and women's safety when traveling to and from food distribution sites, also became a significant concern[16].

Looting occurred in the most damaged commercial areas in Port-au-Prince between 48 and 96 hours after the earthquake, according to media and agency reports. Perceptions regarding the slow distribution of relief supplies in the initial days led, in a limited number of instances, to violence against convoys and at distribution points, although it should be noted some of this violence was purely criminal and opportunistic. Haitian National Police (HNP), MINUSTAH and international military contributed to minimizing such disruptions to humanitarian assistance. The violence encountered by some responders in the first 1-2 weeks of the response reinforced a risk adverse approach by the UN Department for Safety and Security (UNDSS) and some NGO security mechanisms, limiting humanitarian actors' access to the affected population.

2.5 Impact on the economy, livelihoods, and education

The total damage and loss caused by the earthquake is estimated at US$ 7.8 billion[17], which is equivalent to slightly more than the country's Gross Domestic Product (GDP) in 2009. The private sector suffered 70% of the damage and loss. Education facilities were severely affected, with 4,992 schools (23% of schools in the country) either damaged or destroyed[18]. Over 1 million learners and 55,000 teachers were affected, while 38,000 learners and 1,500 educational personnel died.

The Haitian health system suffered catastrophic damage to its infrastructure. In the three most affected geographic departments (Ouest, Sud-Est

[12] This is partly due to the heavy pressure exerted by the displaced on local communities in outlying areas, which were unable to cope with the influx of IDPs

[13] It should be noted that a considerable number of people in these settlements were not displaced due to earthquake damage to their homestead – the report expands on this issue in the section on challenges.

[14] Although not to the extent predicted by some media

[15] Such as the DPC, the justice system, and the Office de la Protection du Citoyen (OPC)

[16] 27% of women in Haiti are reported to be victims of some kind of physical violence United Nations Population Fund (UNFPA)

[17] PDNA, Summary of the PDNA, Damage, losses, and needs assessment by sector, p.6

[18] The Minister of Education stated on 18 January that the education system had "totally collapsed".

and Nippes), 60% of the hospitals were severely damaged or destroyed, including the only national teaching and reference (tertiary) hospital. The Ministry of Health building itself collapsed, killing more than 200 staff. The initial damage assessment identified 67 affected health facilities in the services network with damage impairing their operations[19]. The already limited drinking water coverage and waste collection capacity in the affected area was further reduced[20]. There were severe consequences also for the agricultural sector, with 32% of farmers in earthquake-affected rural areas losing their seed stocks, and 4% losing livestock. Aside from the loss of assets (29% of farmers' homes were either destroyed or severely damaged), farmers were affected by falling agricultural incomes, loss of storage and irrigation facilities, distorted markets and reduced availability of revenues[21].

Populations outside the earthquake-affected area were also affected from a socio-economic and livelihoods perspective. Vulnerability in non-affected areas increased due to the massive displacement of population from the Port-au-Prince metropolitan area, exerting additional pressure on available resources (e.g. food and firewood), particularly in departments such as Artibonite and Nord-Ouest, which already experienced chronic food insecurity[22]. Over 90% of IDPs arriving in these areas are being supported by host families, with over 80% hosted by immediate family. In addition to the impact on household-level relationships, host communities are affected by the need to share communal services. Host families have reportedly resorted to extreme coping mechanisms, such as asset stripping, selling of animals, and consumption of household food reserves[23] in order to be able to support themselves and the IDP households they are hosting.

[19] Fifty facilities are currently operational, 16 of which are public and 34 are private (nonprofit or for-profit), plus 17 field hospitals, with an estimated capacity of 800 beds.

[20] Although it is notable that water kiosks which provided a large part of the drinking water in the Port-au-Prince area were re-established rapidly, and benefited initially from subsidies. The National Direction for Potable Water and Sanitation (DINEPA) gradually reduced subsidies on reverse osmosis-treated water provided free of charge at 400 private water kiosks following the earthquake, and as of April 26, 1 gallon of water at subsidized kiosks cost 2 gourdes (USD 0.05).

[21] FAO situation brief, May 2010

[22] USAID/FEWSNET/ CNSA/MARNDR, Executive Brief: Haiti, Implications of the earthquake on food security in Haiti, January 26, 2010

[23] FAO situation brief, May 2010

There has been a particularly high impact in the border areas with the Dominican Republic, to where an estimated 160,000 people displaced. Host communities there, particularly in rural areas, are very poor, and with the arrival of large numbers of IDPs, the basic services in these areas - schools, health centres, water supplies - as well as the local economy, are severely overstretched. Humanitarian organisations visiting areas close to the border, such as Fonds Verrettes in the South-East, or Ouanamithe in the North-East, reported households that were previously composed of 4 - 5 persons now housing between 12 - 15 individuals.[24]

2.6 The wider context – compounded vulnerability

The earthquake compounded the extreme human vulnerability that already existed in Haiti, a country broken not just by recent cataclysmic natural disasters, but by chronic poverty, governance challenges, and fundamental structural dysfunctions over many decades[25]. Haiti is the poorest country in the Caribbean. Prior to the earthquake, 55% of the population lived on less than US$ 1.25 per day, only 51% of the rural population and 70% of the urban population had access to clean drinking water and less than 32% of the total population had access to adequate sanitation (18% in rural areas). At 72/1000, child mortality rates were extremely high (twice the regional average), while children were afflicted by high rates of stunting (affecting 22% of under-fives) and wasting (affecting 10% of under-fives). Between 28-38% of the population were considered acutely food insecure. 44% of seriously ill people were unable to access health services due to a lack of money for fees. 50-55% of children were not enrolled in school[26], and the country had the highest illiteracy rate on the continent. Protection and human rights concerns were systemic, and impunity, partly caused by corruption of weak judicial and law enforcement systems, was a continuous challenge.

Unbridled urbanisation has been an emerging hazard in the city and metropolitan area of Port-au-Prince, as well as most towns in the countryside, for several decades. The lack of skills in the building of reinforced concrete constructions, the failure to maintain ageing

[24] OCHA Haiti Earthquake Situation Report #27, 9 March 2010

[25] Although progress has been made in recent years in many areas of the Government's development strategy, including security; judicial reform; macroeconomic management; procurement processes and fiscal transparency; increased voter registration; and jobs creation.

[26] Education and Health clusters referenced in the Haiti Consolidated Appeal (CAP) 2009

building structures, and the non-reinforcement of building codes are the most serious problems facing urban settlements in Haiti. The insufficient quality control over self-built or contractor-built constructions, a lack of regulation and control over land use or urban planning conditions, and the lack of knowledge of risk zoning increase the vulnerability of this sector. Urbanisation also creates challenges to the effective provision of public services such as water, energy, sanitation and household waste collection. Most slums have no road system, while those which do exist are unpaved and annually damaged during the rainy season. The steep slopes on which slums are built also make it very difficult to build access roads.

In addition to the country's extreme poverty and vulnerability, Haiti is prone to hydro-metrological disasters. From May to November each year the country is exposed to tropical storms and hurricanes [27] causing high winds, flooding, landslides, and mud-flows, resulting in extensive damage and destruction. Over the past 20 years, Haiti has experienced 9 serious storms, causing the death of 7,550 persons and affecting in total 3.5 million people[28]. The most recent, Tropical Storm Fay and Hurricanes Gustav, Hanna and Ike, all of which occurred during the hurricane season of 2008, caused 700 deaths[29].

2.7 The response

2.7.1 National response

Haitian population and civil society

In the immediate aftermath of the earthquake, the initial response was led by the Haitian population themselves, and countless live rescues and support to the injured were provided by local communities. "Neighbours, 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[30]". It should be noted however that local communities also faced major constraints in their immediate response capacity, including the absence of electricity, widespread debris, limited first aid skills, and extensive trauma, which was compounded by a pervasive fear of additional aftershocks[31].

Haitian Civil Society Organisations (CSOs) were very active in providing immediate assistance to the affected and displaced population[32], despite the fact that they themselves were also extensively affected. "Haiti had a vibrant civil society prior to the quake. Locating survivors among Haitian community aid organizations and supporting their efforts should also be an important component of the relief effort"[33]. The extent of the presence of local and national non-governmental organisations (NGOs) in Haiti is underscored by the fact that the on-line directory of CSOs in Haiti [34] already contained over 800 organisations (both national and international) prior to the earthquake[35].

Government of Haiti

The destruction of many national and municipal authority buildings, the death and injury of many civil servants, and need for them to prioritize support to their own extended families, significantly reduced the Government's capacity, at both national and local level, to lead and coordinate an effective response at the initial stages [36]. The critical National Disaster Risk Management System (NDRMS) sustained heavy losses in terms of human and material resources. The buildings of the Ministry of the Interior, which housed the Emergency Operations Centre and the *Direction de la Protection Civile* (DPC), were destroyed, the Port-au-Prince fire station was seriously damaged, and many Government vehicles were rendered unusable. Port-au-Prince had no municipal petrol reserves, and few Government

27 As a rough rule of thumb, when a tropical depression reaches sustained peak winds of around 34 knots it is considered a tropical storm, and when sustained wind peaks reach around 65 knots it is considered a hurricane (in the Caribbean the word 'hurricane' is used in English and the word 'cyclone' in French).

28 EM-DAT, OFDA/CRED International Disaster Database, www.em-da.net

29 However, it should be noted that whilst Hurricane Jeanne and a local depression (in 2004) caused 5,000 deaths and 300,000 injuries, the 4 consecutive storms which occurred in 2008 resulted only in 700 deaths, suggesting a relatively successful risk management strategy.

30 Binder and Grunewald, Inter-agency Real-Time Evaluation (RTE) in Haiti, 3 months after the earthquake, p.25

31 Leading to many non-affected households choosing to sleep outdoors for the initial weeks following the earthquake

32 For example, local women's organisations rapidly organized to provide support to women in settlements, victims of sexual violence, Haitian Red Cross in the search and rescue phase, the provision of first aid and supporting the international Red Cross and Red Crescent emergency response.

33 Statement by Joel Charny, Acting President, Refugees International (14 January)

34 Which is maintained by the Office of the Special Envoy for Haiti and the Inter-American Development Bank

35 Since 12 January, 357 profiles on the portal have been updated (http://csohaiti.org)

36 It should be noted that this capacity was already quite limited prior to the earthquake

officials had functioning mobile phones prior to the earthquake, which complicated communications and transportation in the immediate aftermath.

Although its headquarters was destroyed and its ability to make and implement decisions compromised due to the destruction of communication lines, the DPC became operational the day after the earthquake occurred – even before the authorities had activated the *Centre d'Opérations d'Urgence* (COU). At the most senior level, the Government implemented a coordinating mechanism to work with the international community almost immediately. The Council of Ministers met representatives of the international community initially daily, then subsequently twice weekly, to coordinate support. On 15 January the Government established 6 working groups with membership from both civil society and Government, to coordinate efforts in the sectors of health, food aid, water distribution, fuel and energy, reconstruction, and safety for temporary shelters. Each working group was placed under the direction of a Minister or senior civil servant. Ministers were also given specific geographic responsibilities at the commune level to coordinate action and support municipalities to respond.

2.7.2 International Response

International Search and Rescue

In the immediate aftermath of the earthquake, international Search and Rescue (SAR) teams began to arrive, Within 24 hours, 27 countries had offered teams and 3 were already in-country (Iceland, Dominican Republic, and the US), and within 48 hours, 6 teams were operational. A total of 26 SAR teams were in the country by 15 January [37]. On 23 January the Government officially called off the search for survivors, and the international SAR teams left the country. 67 teams had rescued a total of 134 people, the highest number of live rescues by international SAR teams ever recorded.

United Nations Disaster Assessment and Coordination (UNDAC) team

An UNDAC team, composed of 13 members drawn from various national disaster management authorities and international organisations, was mobilized on 12 January and the first members arrived in-country within 24 hours of the earthquake. The UNDAC team established an Onsite Operations and Coordination Centre (OSOCC) in the MINUSTAH Logistics Base in Port-au-Prince, supported by the European Civil Protection Mechanism (EU-MIC) and staff of the UN Office for the Coordination of Humanitarian Affairs (OCHA) [38]. Two sub-OSOCCs were established in Jacmel and Léogâne, to assist local authorities and humanitarian actors involved in the response. The UNDAC team, in cooperation with technical experts from the EU-MIC team and the Centers for Disease Control (CDC), conducted the initial damage and impact assessment in the earthquake-affected areas [39]. The UNDAC team, which remained in-country until 27 January, played a critical role in the initial phase of the response, coordinating the SAR teams [40] and supporting humanitarian coordination and initial assessments.

International Humanitarian Community

International humanitarian organisations that were already established in Haiti prior to the disaster began to provide assistance within the first 72 hours[41]. Almost all were supported by national counterparts within Haitian civil society. Organisations used their pre-positioned relief supplies in-country (mostly contingency stocks left over from 2009 hurricane season preparedness activities) to support initial assistance. However, many humanitarian actors present in-country prior to the earthquake themselves suffered losses – both in terms of staff killed and injured, and offices and homes damaged and destroyed – significantly reducing their response capacities.

The international actors who responded to the earthquake were a remarkably varied group – OCHA estimated that 400 such humanitarian actors were operational by the end of January alone[42]. With such a large number of humanitarian actors, effective coordination was critical to the response. The cluster system was re-activated[43] on 15 January, with the response operation organized

[37] At which point a message was disseminated by the Government that sufficient SAR capacity was in place

[38] The MINUSTAH Logistics Base became the central hub for the international community because it benefited from proximity to the airport, basic infrastructure, viable telecommunications and security. OCHA requested agencies to locate their offices as close as possible to the logistics base to facilitate coordination on the ground

[39] The first assessment was in fact conducted by air with the Haitian Red Cross and the ECHO[39] at 0700 on 13 January, just over 12 hours after the quake struck.

[40] At the peak of the search-and-rescue effort, the UNDAC team coordinated the work of 67 SAR teams, with 1,918 rescue workers and 160 dogs.

[41] 180 MTs of aid had arrived from outside Haiti by 15 January

[42] The RTE states that circa 2,000 humanitarian agencies were involved to varying degrees in the response, while the Disaster Emergency Committee (DEC) report cites over 1,000

[43] Clusters had been established in Haiti in 2008 to coordinate the response to the Gonaives flood emergency.

through 12 clusters and 2 sub-clusters[44]. To the extent possible, the Government appointed Ministry counterparts to co-lead each cluster, and by May had intensified its involvement with clusters in response planning and implementation at all levels.

The Humanitarian Country Team (HCT) was established during the first week of February and met twice per week throughout the initial emergency phase to address key strategic issues in relation to the humanitarian response. The HCT is led by the Humanitarian Coordinator (HC)[45] and includes the participation of seven UN Agencies, seven NGOs, the International Red Cross and Red Crescent Movement, observers from the NGO Coordination Support Office and, in the case of expanded HCT meetings, humanitarian donors. Strategic coordination was strengthened with the establishment of the positions of Deputy Humanitarian Coordinator (DHC) and Senior Humanitarian Advisor to the HC. Within the first weeks following the earthquake, the OCHA office was strengthened to provide dedicated support to the humanitarian community on inter-cluster coordination, information management and analysis, mapping, civil-military liaison, donor coordination, advocacy and media outreach.

Effective coordination with MINUSTAH, and with the US and other foreign militaries, was critical for the humanitarian community in the early stages of the response, to fully capitalise on the substantial military and MINUSTAH assets present in the country. A Coordination Support Committee (CSC) was established to oversee strategic coordination. This unique structure, co-chaired by the two Deputy Special Representatives of the Secretary General (DSRSGs) of MINUSTAH and the Government, brought together donors, representatives of the humanitarian community, MINUSTAH, and representatives of the US Military to address key strategic issues. Through its planning task force, comprising a Management Oversight Board (MOB) and a Project Management Coordination Cell (PMCC), the CSC tasked complex operations involving multiple stakeholders, addressing critical mitigation measures, debris management, and site preparation for IDP relocation.

MINUSTAH, in coordination with OCHA, the Logistics Cluster, and other key partners, established a Joint Operations and Tasking Centre (JOTC), to facilitate the provision of assistance from the broad range of military forces to expedite the activities of the humanitarian community – in essence, to serve as a 'one-stop shop' for humanitarian actors seeking assistance from the MINUSTAH military and police capacities[46]. The JOTC, composed of representatives from OCHA, MINUSTAH, other international militaries, the Logistics Cluster, and Government representatives, served as a centralized coordinating body for the use of military assets for logistics support, security assistance, and technical assistance in support of humanitarian operations, enabling country-wide coordination to avoid a duplication of support efforts. Requests for military assistance with the transport of humanitarian commodities or other such support were vetted through each Cluster Lead Agency[47].

To ensure that the humanitarian response addressed needs in the affected areas outside Port-au-Prince, including in host communities, coordination capacity was established in Léogâne, Petite Goave, Jacmel and Gonaives. Eight clusters are now operational in Léogâne and seven in Jacmel, and cluster coordination is ongoing in Gonaives and Petite Goave. At the sub-national level, there was particular emphasis on reinforcing coordination with Ministries and local authorities. The humanitarian community also established six 'shadow clusters' in the Dominican Republic - logistics and telecommunications, health, emergency shelter, Water Sanitation and Hygiene (WASH), nutrition, and protection – essentially to coordinate support services for the Haiti response operations and border or cross-border relief operations[48].

Coordination was strengthened with NGO partners, particularly during the first months of the response, through the establishment of an NGO Coordination Support Office, supported by Interaction and the International Council of Voluntary Agencies (ICVA), to facilitate better communication among NGOs, create linkages and partnerships with local Haitian organizations unfamiliar with the international humanitarian system, and to ensure that key NGO issues of concern were communicated and taken into

44 http://oneresponse.info/Disasters/Haiti/Pages/Clusters.aspx

45 In the Haiti context, the HC also served as Resident Coordinator (RC) and Deputy Special Representative of the Secretary-General (DSRSG)

46 See also the section on MINUSTAH below

47 Requests from humanitarian actors for military assistance were only considered by the JOTC if they had been endorsed by the relevant Cluster Lead Agency, thus contributing to ensuring a more coordinated approach, avoiding duplication and maximizing the military support assets available. As a matter of principle, military assets were only used by humanitarian actors as a last resort if no alternative options were available.

48 The 'shadow clusters' in the Dominican Republic were de-activated in mid-April, having achieved their objectives. Technical working groups with partners continue to collaborate in the areas of protection, education, nutrition, and WASH in support of Haitians displaced to the Dominican Republic.

account in the response.

MINUSTAH

MINUSTAH has been present in Haiti since 2004, and prior to the earthquake included a military component of up to 7,803 troops, 2,136 UN police, 464 international civilian staff, 1,239 local civilian staff, and 207 UN Volunteers. The capacity of MINUSTAH to respond to the earthquake was severely affected by the large-scale loss of life within its own institution, with over 100 staff killed and many more injured. MINUSTAH's mission was extended by the UN Security Council[49] on 19 January to 'increase the overall force levels…to support the immediate recovery, reconstruction and stability efforts'. At this point, MINUSTAH made its logistics resources available to the humanitarian community, which assisted humanitarian activities[50]. The Human Rights component of MINUSTAH also engaged in the earthquake response operation, specifically focusing on protection concerns, and using established contacts with local authorities and civil society networks to help identify beneficiaries and engage with local actors.

International military presence

Twenty-six countries, including Argentina, Canada, France, Russia, the United Kingdom, and the US, provided significant military assets in support of the earthquake response, including field hospitals, troops, military aircraft, hospital ships, cargo ships, port handling equipment, and helicopters. Canada, the US and the Dominican Republic provided the largest contingents initially.

The US military, working as a Joint Task Force within 'Operation Unified Response', arrived 24 hours after the earthquake, and within a few weeks had established a strong presence (over 22,000 troops). Initial priorities for the US Military were logistics, relief supplies, medical response, and support to MINUSTAH in maintaining law and order to create a workable environment for the humanitarian community. Within the 10 days immediately following the earthquake, the US Navy had 17 ships, 48 helicopters, and 12 fixed-wing aircraft in the area, in addition to 10,000 sailors and Marines, and had conducted 336 air deliveries, delivered 123,000 litres of water, 532,440 bottles of water, 111,082 meals (Humanitarian Daily Rations) and 4,100 kg of medical supplies. Hospital ship 'USNS Comfort' began operations on 20 January, completing the arrival of the first group of sea-based vessels[51]. In addition, the Royal Navy provided a supply ship for coastal deliveries and port handling equipment.

The Canadian Military, with air, land and maritime components, provided early assistance in both Léogâne and Jacmel. The Canadian Navy vessel HMCS Halifax moored off Jacmel on 18 January; and initially contributed to clearing rubble to improve the flow of humanitarian aid and clearing the runway in Jacmel for incoming relief flights. Subsequently, security was provided for humanitarian convoys and distributions, and significant support was provided with the Canadian Disaster Assistance Response Team (DART) engineers for sanitation work in Jacmel. As part of a Joint Task Force, Canadian air operations conducted airlifts both within and into Haiti. The Canadian ship HMCS Athabaskan reached Léogane on 19 January and by 20 January there were 250-300 Canadian personnel assisting relief efforts in the area. This included two field hospitals offering limited surgery, substantial water and sanitation engineering work and Cash-for-Work and Quick Impact Projects.

Humanitarian Donors

Key humanitarian donors, including the United States Agency for International Development (USAID), the Humanitarian Aid Department of the European Commission (ECHO), the Canadian International Development Agency (CIDA), the UK Department for International Development (DFID), Spanish Cooperation (AECID) and others formed a Humanitarian Donor Group soon after the earthquake. This group played a critical role in proposing guidance on key issues and programme strategies, and in developing common messaging on core areas of concern. The Humanitarian Donor Group met regularly with heads of UN agencies, Cluster Lead Agencies, and key NGOs on specific issues. In recognition of their role in the overall coordination of the humanitarian response, the Humanitarian Coordinator and OCHA were invited to participate in Humanitarian Donor Group meetings. The group served as a powerful advocacy tool in addressing bottlenecks, particularly when combined with simultaneous capital-level demarches to UN agencies. One lesson for the future is to find ways of integrating these major bilateral actors more closely into the international humanitarian architecture in massive crises like these, in order to improve coherence and avoid the

[49] UN Security Council Resolution 1908

[50] The UNDAC team, for example, was able to use MINUSTAH helicopters to carry out reconnaissance flights outside Port-au-Prince, on the coast towards Léogâne and Gressier and on the other side of the mountains towards Jacmel.

[51] This came as a new flotilla of US Navy ships was assigned to Haiti, including survey vessels, ferries, elements of the maritime pre-positioning and underway replenishment fleets, and a further 3 amphibious operations ships, including another helicopter carrier, USS Nassau.

risk of alternative or competing strategies.

Regional response

Neighbouring Dominican Republic was the first country to give aid to Haiti, sending water, food, and heavy-lifting machinery. Hospitals in the Dominican Republic were made available for treatment of the wounded, and the airport was opened to receive aid to be distributed onwards to Haiti. The Dominican Republic President visited Haiti on 14 January to establish an emergency assistance plan with Haitian President Préval. Dominican Republic emergency teams[52] assisted more than 2,000 injured people, while the Dominican Institute of Telecommunications (Indotel) helped with the restoration of telephone services. The Dominican Red Cross coordinated early medical relief in conjunction with the IFRC[53], including treatment in health centres, first aid and the provision of at least 1,000 blood bags. Dominican Red Cross rescue teams also contributed to saving lives, and 80 volunteers arrived in Haiti 12 hours after the disaster (40 of whom were Haitian students who had been trained as part of the Dominican national disaster response programme). The Government sent 8 mobile medical units to Haiti, along with 36 doctors, including orthopaedic specialists, traumatologists, anaesthetists, and surgeons. 39 trucks carrying canned food were dispatched, along with 10 mobile kitchens and 110 cooks capable of producing 100,000 meals per day.

Considering the logistics challenges faced within Haiti in receiving and distributing emergency relief supplies, the willingness of the Government of the Dominican Republic to allow its territory and facilities to be used for the routing of supplies was critical, particularly during the initial months of the response.

Latin American and Caribbean countries responded with immediate provision of emergency supplies and personnel, and pledges of financial and other assistance for long-term recovery[54]. Members of the Organization of American States (OAS) pledged humanitarian, financial and other support to Haiti, and the OAS Group of Friends of Haiti met on January 14 to coordinate SAR efforts, prompt donations, and discuss ways to promote recovery. The 15-member Caribbean Community (CARICOM), of which Haiti is a member, mobilized its disaster emergency response system to assist Haiti, and several members sent emergency supplies or promised financial assistance. The Caribbean Disaster Emergency Management Agency also provided a response team for assessment purposes

3 Achievements and Challenges

3.1 Achievements

Overall, targets across all sectors for the first 6 months of the emergency response operation have been met, and the short-term target, identified in the revised Flash Appeal issued on 18 February, of providing essential humanitarian support to at least 1,200,000 earthquake-affected people has been exceeded in some sectors and largely achieved in many others. While the quality of response was not ideal in every case, primarily due to the challenging operating environment, the successful delivery of basic necessities to up to one third of the Haitian population is a significant accomplishment

Summary of achievements of the humanitarian response within the first 6 months

- 4 million people have received food
- 1.2 million people have access to safe water daily
- 1.5 million people have received emergency shelter materials
- 2.1 million household Non-Food Items (NFIs) have been distributed
- 11,000 latrines have been installed
- 90% of IDPs in Port-au-Prince have access to adjacent health clinics
- 195,000 children have benefited from temporary learning spaces
- 550,000 children and pregnant/lactating women have received supplementary feeding
- 1 million people have benefited from Cash-for-Work programmes
- 5,900 people have been relocated from imminently dangerous locations
- 142,000 households have received agricultural inputs for spring planting
- 2,047 separated children have been registered and 337 reunited with their families

[52] Dominican Republic Government assistance coordinated by the Minister of Public Works

[53] International Federation of Red Cross and Red Crescent Societies

[54] Cuba, for example, sent the largest contingent of foreign doctors involved in the response

3.1.1 Food Security

In the initial stages of the response, the humanitarian community sought to meet immediate needs through the provision of ready-to-eat meals, rice, and full food rations, and by end March, when general food distributions ceased following a Government decision, around 4 million people had received food assistance. Rapid and targeted food assistance was provided to vulnerable communities in hospitals and orphanages, and through mobile distributions and community kitchens. Food-for-Work activities are now being expanded, rations provided to families in relocated camps, and support provided to schools through school feeding and nutritional recovery, channelled through programmes designed to promote longer-term food security and stability among affected households.

School feeding programmes now reach over 500,000 children, while blanket supplemental feeding is on-track to reach 550,000 at-risk and malnourished children under five as well as pregnant and lactating mothers. A 3-month market assessment recently conducted reviewed the impact of food assistance on markets, local production, and food accessibility for vulnerable households. A Crop and Food Security Assessment Mission (CFSAM), being conducted through June and July with WFP, FAO and the Ministry of Agriculture, will provide more information on the food supply situation and estimates for crop production.

In rural areas, support has been concentrated on providing high quality inputs (food crop, vegetable seeds, fertilizers and tools) for the spring planting season. 74,080 farming households[55] located in earthquake-affected zones (as well as 68,320 households in non-affected areas) were supported through the distribution of 1,874 tonnes of rice, maize and bean seeds, 6 million roots and tubers for starch crop planting, 100,000 banana plants, 14 tonnes of vegetable seeds, 87,563 hand tools, 9,345 tonnes of fertiliser and 170 tonnes of compost. The humanitarian community has also focused on pre-positioning seed and tool stocks in advance of the hurricane season, in support of the upcoming summer and winter planting season. Preparedness activities include rural job creation through reforestation and watershed management activities, as well as urban agriculture. An increasing emphasis is being placed on identifying effective ways to support host families in predominantly rural locations. Ongoing support is also being provided to the Government's Investment Plan for the Growth of the Agriculture Sector.

[55] Of a total target of 100,000 households, with under-funding hindering the full achievement of targets set

3.1.2 Shelter and Camp Management

As of early May, distribution of emergency shelter materials (tents or tarpaulins) had exceeded the target of 1.3 million people, with large-scale distributions reaching an average of 100,000 people a week during the first 4 months of the operation. Distributions of tents and tarpaulins continue as gaps are identified and replacement materials required as original ones reach the end of their lifespan. Over 2.1 million household NFIs have been distributed. The emphasis is increasingly on the provision of transitional shelters - simple timber or steel frame structures that provide better protection than tents or tarpaulins, and over 125,000 transitional shelters are planned. Construction of transitional shelter awaits the finalization of the Safer Shelter Strategy, most pertinently the identification of settlement sites for those who cannot return to their homes, which is in the process of being elaborated and implemented[56].

Of the 21 spontaneous displacement settlements identified as in critical need of management, 20 have camp management agencies in place[57]. 54% of all large camps (those with over 1,000 households) are managed by specific agencies[58], and overall, 60% of displacement sites have clearly-identified agencies responsible for camp management. Through a Displacement Tracking Matrix, 95% of camps and settlements are regularly monitored, to assess the level of services provided and to identify challenges and gaps. 540,000 individuals in 150 sites have been registered, and teams of community mobilisers have been established to improve information-sharing in camps. Site assessment for risk of flooding and hurricane exposure during the hurricane season has been ongoing since March. Over 7,000 people at life-threatening risk have been relocated, and mitigation work is ongoing in at-risk sites.

3.1.3 Service Provision

Education

An estimated 80% of the 4,992 schools affected by the earthquake (23% of all schools in the country) have been re-opened; albeit in temporary learning spaces. To support the resumption of learning, some 1,664 school tents have been installed to provide temporary learning spaces for 200,000 affected learners, while 500,000 children and 53,000 pre-schoolers have been provided with learning and recreation materials (this includes the distribution of 870 school-in-a-box kits, 1,005 Early Childhood Development kits, and 2,226 recreation kits). To ensure implementation of the adapted curriculum

[56] See 'challenges' section below for details

[57] IOM, as Cluster Lead Agency, is the 'manager of last resort' in the remaining site

[58] While many of the remainder have spontaneous self-management structures

(which will condense the second semester of school to prevent students from having to repeat their studies), some 2,300 teachers and 3,000 education personnel have been trained in the curriculum and provision of psycho-social support. The Ministry of Education (MoE) has been supported to develop norms and standards for school reconstruction, and to establish the larger framework for teacher training on psycho-social support.

Health

The emphasis in the health sector was initially on providing emergency care to the injured and mental health care to those affected by the earthquake, as well as on post-surgical follow-up and the surveillance and prevention of epidemic outbreaks[59]. Health facilities operating in the affected area during the initial stages of the response included the Argentine Military Hospital in proximity to the MINUSTAH Logistics Base, ICRC[60] First Aid posts in settlement sites[61] and four tented facilities managed by *Medecins Sans Frontieres* (MSF)[62]. The priority during the first days was the management of injuries (including amputations, of which there were an estimated 4,000 to 6,000 in the immediate earthquake aftermath), and healthcare concerns subsequently evolved over time[63].As of 23 January, there were a total of 150 operating health facilities, including 46 with surgical capacity. 2 floating hospitals with helicopter transport capacities—the US Navy Ship Comfort and a Mexican hospital ship—and approximately 11 mobile clinics operational in Port-au-Prince also contributed significantly to the health response capacity. Despite the damage to health facilities and water and sanitation infrastructure, there were no post-earthquake outbreaks of communicable diseases, including cholera, measles, and rubella[64]. The in-country presence of medical stocks and their rapid release was a critical factor in the efficiency of the immediate health response.

In the intermediate term, public health programmes such as outbreak control and environmental health, maternal and neo-natal health, nutrition, GBV (Gender-Based Violence), HIV/AIDS, tuberculosis, malaria, dengue, mental health, vaccination, and rehabilitation services for disabled people were re-started. Outbreak prevention and control was prioritised, and an outbreak Early Warning System established. Primary healthcare was delivered through fixed and mobile clinics, treatment services for mental and other chronic diseases provided, and disease surveillance and health information systems established. Mobile clinics around sites now ensure that 90% of displaced people in and around Port-au-Prince can access health services within a 30-minute walk[65]. Health organisations are working to create communication networks, establish health transportation links, and restore the main health centres. In preparation for the hurricane season, a drug stock inventory and medical brigade stand-by have been pre-positioned. All health-related interventions have been aligned with the *Plan Intermediare* of the Ministry of Health (MSPP). Now, as the reconstruction phase begins, the primary need is to organize the provision of health services to ensure that they are delivered according to the same protocols and quality standards country-wide.

Nutrition

Approximately 2,000 severely malnourished children have been treated in 28 inpatient stabilization centres and 126 outpatient therapeutic feeding programmes for the management of severe acute malnutrition by partners. Over 500,000 children between 6-59 months and pregnant and lactating women have received ready-to-use supplementary food. Approximately 23,000 mother-baby pairs have benefited from breast-feeding counselling, while almost 3,000 babies have been enrolled on ready-to-use-infant formula. Five nutrition surveys have been conducted to better respond to identified needs. Following the adoption of a Minimum Nutrition Package, humanitarian organisations have worked to expand detection and treatment of severe acute malnutrition through accelerated community outreach, including screening and nutrition education. Blanket supplementary feeding is being provided for all children under five and pregnant and lactating women.

[59] In the second month, post-surgical care was still needed for many patients, and a large proportion of them will require additional surgery

[60] International Committee of the Red Cross

[61] Place de Canapé Vert where 3,000 people are currently settled, Place Sainte Marie (5,000 people), and Parc Henry (2,000 people)

[62] The MSF network made a significant contribution to the initial health response, with hundreds of medical staff dispatched and a relatively sophisticated inflatable hospital established to increase the in-country surgical capacity

[63] An IFRC update indicates the changing nature of healthcare priorities. On 17 January, 100% of cases were related to trauma caused by the earthquake, while on 26 January, with the availability of more equipment, facilities and medical staff to treat patients, only 52% of the cases were related to the earthquake: IFRC Operations Update, 31 January 2010: http://www.ifrc.org/docs/appeals/10/MDRHT00804.pdf

[64] USAID, Haiti Earthquake Fact Sheet #11, January 23, 2010

[65] Although this drops to 60%, 45%, 40%, and 35% in Port de Paix, Jeremie, Gonaives, and Les Cayes respectively

Water, Sanitation & Hygiene

Approximately 1.72 million people have benefited from water and sanitation assistance including safe drinking water, latrines, bathing facilities, and NFIs, as well as the removal of solid waste and the provision of appropriate drainage. Water and sanitation coverage in displacement sites is on course to attain full coverage. At least 5 litres of safe water per person per day is being delivered to 1.2 million people, entailing the daily tankering of over 6,200 m³. Access to sanitation[66] is progressively improving; as the construction of 5,500 additional latrines continues (11,000 have already been constructed) [67] . 2,200 Hygiene Promoters and Community Mobilisers are active, and hygiene promotion activities have focussed on information on safe hygiene practices and the provision of 87,300 hygiene kits[68]. Agencies are working closely with DINEPA (*Direction Nationale de l'Eau Potable et de l'Assainissement*), and also providing technical and financial support to reinforce the capacity of municipality authorities.

3.1.4 Protection

A Joint Security Assessment was conducted in March in displacement settlements, leading to the establishment of a UN/Government strategic policing plan for camps. A proposal for a state policy on evictions and camp closure was submitted by the Protection Cluster to the Government, to both protect the rights of IDPs and support the gradual closure of camps. Interventions are ongoing on individual protection concerns identified through IDP camp monitoring, and training on IDP protection has been provided to over 200 human rights monitors, camp managers and national authorities. A protection assessment of IDPs living with host families was completed in May, and Quick Impact Projects developed to support them.

Over 62,800 children are being supported through 225 child-friendly spaces, while psycho-social activities are being provided in 25 communes. 3 million people have received child protection messages broadcast in Creole through 36 national radio broadcasts[69], or through posters and leaflets. 2,047 separated children have been registered, of whom 337 have been reunited with their families. Over 100 staff from the Child Protection Brigades (Haitian Police) and IBESR[70] have been trained in the prevention of, and response to, trafficking and other forms of violence against children. 40 social workers have been recruited to conduct an investigation of childcare institutions, as well as to identify, register, accompany, and reintegrate vulnerable children.

In a context of extensive displacement, the vulnerability of women to sexual violence has been significantly increased. Response is ongoing to incidents of violence against women, while efforts are being made to increase women and girls' access to medical, police, legal, and psycho-social services. Agencies are working to ensure that patrols of camps are responsive to women's concerns, and that women are not at risk due to camp design or as a result of the modalities of distribution of humanitarian assistance. The system of GBV referral and care has been strengthened, and 50,000 referral cards and leaflets distributed. Support is being provided to strengthen the national response capacity through the *Concertation Nationale Contre les Violences Faites aux Femmes.*

3.1.5 Early Recovery

Programmes designed to restart the economy, such as Cash-for-Work and Food-for-Work, have employed circa 200,000 people, and have contributed a labour force for essential tasks such as debris removal and clearage of drains. Food-for-Work programmes have employed more than 17,500 people and provided food for 87,500 beneficiaries. The Cash-for-Work programme has provided work for 95,700 people, with each person hired for 12 or 24 working days and receiving $5.00 for 6 hours' labour[71]. The work includes removing debris from the streets, waste collection, canal cleaning, manufacturing briquettes as an alternative fuel source to wood, and restoring essential public facilities. Other early recovery activities include clearing sites for safe resettlement, repairing surface water drainage through watershed management, and improving road access to and through affected areas.

3.1.6 Cross-Cutting Issues

Gender

Guidance on gender mainstreaming for each cluster in the response operation was produced by the Gender in Humanitarian Response Working Group [72] . In addition, the GenCap Adviser [73]

66 Noting that only 12%-29% of Haiti's population had access to sanitation pre-earthquake

67 According to a recent survey, the incidence of diarrhoeal disease appears to be within post-emergency norms, with no excess mortality reported and only limited outbreaks.

68 Each hygiene kit, designed for a family of 5 for up to 3 months, includes items such as soap, menstrual management articles, toilet paper, toothpaste, washing basins, and water collection and storage containers

69 An information campaign via radio has also been implemented to advocate for GBV prevention

70 Welfare and Social Research Institute, part of the Ministry of Social Affairs

71 This is the equivalent of Haiti's minimum wage, and therefore avoids distorting the local labour market and drawing jobs away from the private sector

72 Gender Mainstreaming In The Humanitarian Response In The Aftermath Of The Earthquake In

produced guidance on 'Gender Do's and Don't's' in shelter design and allocation, and provided advice on the preparation of allocated sites for relocation of IDPs located in high-risk sites. Specific work was conducted within the Early Recovery Cluster on possible ways of mainstreaming gender through income-generating projects for vulnerable groups in household waste management, debris management and in the clearing of canals and drainages. The GenCap Adviser worked closely with the Protection from Sexual Exploitation and Abuse (PSEA) mechanism established end March, and also participated in the elaboration of the PDNA, which included gender as one of four key cross-cutting issues.

HIV/AIDS

The roll-out of the recently revised and re-issued IASC Guidelines for Addressing HIV in Humanitarian Settings[74] was delayed in the Haiti response due to the extensive destruction to health infrastructure. However, HIV remains a priority in the humanitarian context, particularly in relation to protecting displaced people from exposure to HIV. Prior to the earthquake, UNAIDS and WHO estimated that there were 120 000 people living with HIV in the country, of which 53% were women[75].

Age

The Rapid Initial Needs Assessment for Haiti (RINAH) which was conducted in February identified older people as one of two most vulnerable groups affected by the earthquake. In a report produced by HelpAge International, it was found that "despite the findings [in the assessment] and the widely distributed 2008 recommendations from the IASC Report on Humanitarian Action and Older Persons, the needs of vulnerable older people remain largely unaddressed in the midst of response efforts in Haiti[76]". The HelpAge report outlines practical steps clusters can take to include older people in their humanitarian response efforts.

Haiti, Gender in Humanitarian Response Working Group, 24 February 2010

73 The IASC Gender Standby Capacity (GenCap) project seeks to build capacity of humanitarian actors at country level to mainstream gender equality programming, including prevention and response to GBV, in all sectors of humanitarian response. A GenCap Advisor deployed to Haiti on 22 January.

74 IASC Guidelines for Addressing HIV in Humanitarian Settings (UNAIDS/IASC, 2010)

75 Haiti had an adult HIV prevalence of 2.2% and accounted for 47% of all people living with HIV in the Caribbean.

76 HelpAge International, Humanitarian Response for Older People in Haiti: Three Months On, (no date)

Environment

UNEP [77] completed an interim Rapid Environmental Assessment (REA) on 17 January which has subsequently been regularly updated. With the aim of mainstreaming urgent environmental issues in the response, UNEP has participated in the work of 8 clusters. Issues raised include environmental assessment of new IDP sites; waste management, demolition materials, energy for displaced populations and geological risks; hospital wastes; possible changes in water sources as a direct impact of the earthquake; and the potential of agricultural development to reduce the pressure of the displaced population on natural resources.

3.1.7 Common Services

Logistics

In response to the widespread destruction to critical infrastructure, which seriously affected the distribution of assistance, the Logistics Cluster established common logistics services for the humanitarian community. This included providing and managing storage capacity in Port-au-Prince and the provinces, establishing logistics hubs in Port-au-Prince and the Dominican Republic, providing transportation services using helicopters, other air assets, trucks and boats, managing incoming air cargo, and liaising with Dominican Republic authorities for the fast-tracking of customs exemptions for all relief items coming through the Dominican Republic to Haiti. This was done to resolve logistics bottlenecks and improve the efficiency of the supply chain for humanitarian cargo entering Haiti, including via the Dominican Republic. Through these services for more than 90 humanitarian organisations, approximately 9,300 MTs of life-saving humanitarian supplies (e.g. food, tents, seeds, tools kitchen sets, and hygiene kits) were dispatched through the Santo Domingo corridor to Haiti. In addition, 5,400 MTs were dispatched from Port-au-Prince (primarily by road) to the provinces.

Air services were established by the UN Humanitarian Air Service (UNHAS), with a fleet of three helicopters and two fixed-wing airplanes. These services have transported more than 800 MTs of urgently-needed relief cargo within Haiti, and have moved more than 12,000 humanitarian workers from 279 organisations between Santo Domingo and Port-au-Prince.

Emergency Telecommunications

Emergency Telecommunications Cluster (ETC) data services, vital for the communication of information, were established by the ETC and

77 The United Nations Environment Programme

partners[78] within 48 hours of the earthquake. With support from MINUSTAH, MOSS-compliant [79] telecommunications were available to the humanitarian community immediately after the earthquake. A fully operational security communications network with 24/7 coverage was established to provide security and operational voice communication to humanitarian actors, and the network was expanded to include MOSS-compliant Common Communication Centres (COMCEN) in Port-au-Prince, Cap Haitien, Gonaives, Léogâne and Jimani. 9 VSAT outstations[80] were established in Port-au-Prince, Cap Haitien, Gonaives, Jacmel, Léogâne and Santo Domingo, to ensure fast and reliable voice connectivity, data transfer services and internet access for the humanitarian community. Security training was provided to 450 humanitarian workers, and direct support and services to approximately 500 users from 50 different agencies on a daily basis.

3.2 Critical Humanitarian Challenges

The provision of assistance to the affected population was perceived by many as being too slow at the outset, however the humanitarian community faced significant challenges which impeded the efficiency of the first phase of the response, and some of which continue to present difficulties for the humanitarian operating environment even 6 months later. Some of these challenges were specific to the early stages of the operation, while others emerged over time as the response progressed and as planning for rehabilitation and recovery commenced. While certain challenges were specific to particular cluster operations, many were common across all sectors.

3.2.1 Logistics and Access

The damage to, and excessive demand on, the international airport and the destruction of the Port-au-Prince port made it extremely difficult to import much-needed relief supplies during the critical early phase, and rapidly led to the use of the airport in Dominican Republic as a transit point for supplies, equipment, and humanitarian staff. The transport by land of relief items from Santo Domingo to Port-au-Prince was challenging due to the poor condition of the roads, while onward air transport was limited by the minimal receiving (and storage) capacity in Port-au-Prince. The extensive damage to the roads in the earthquake-affected zones, as well as the widespread debris from damaged structures, rendered many roads in and around Port-au-Prince completely impassable, thereby limiting the urgent distribution of relief supplies in-country[81].

In the early phase of the response, there were complaints from parts of the humanitarian community that the US Military's control of the airport (at the request of the Government) prioritized military and Search and Rescue (SAR) equipment over much-needed relief and medical supplies. However, in the longer-term there was a general consensus that without the US Military's management role, the airport could simply not have functioned, considering the sheer volume of incoming aircraft and the fact that it had only one usable airstrip.

Humanitarian organizations long-established in Haiti played a key role in the immediate response phase, considering their local presence and pre-existing relationships with relevant Government entities, particularly because they were able to mobilize and re-deploy their resources, including in-country stockpiles, within hours of the earthquake. Nonetheless, there was a lack of sufficient stockpiles of some items critical for the response (e.g. Meals Ready to Eat (MREs), and tents and tarpaulins) and it proved difficult initially to access stocks from regional or global warehouses due to transport constraints or to engage in local procurement[82].

Although initial logistical constraints have been addressed and overcome, the hurricane season is likely to present additional logistics and access challenges. Any future shocks may require further augmentation of the logistics infrastructure. As a precaution, the Logistics Cluster has undertaken preparedness activities to mitigate potential issues that could occur. One primary example is the attention given to the fragility of Haiti's road and infrastructure network. The road network, which is the mode of transportation for 85% of all relief and reconstruction materials, is particularly vulnerable. The mountainous landscape means that many communities are isolated and are often housed on deforested land with unstable soil, making them both vulnerable and hard to reach. In preparation for this potential challenge ahead, the humanitarian community is mapping alternative access routes, pre-positioning essential logistics assets, and maintaining minimum air assets to reach the most remote areas.

78 At the Logistics Base in Port-au-Prince, the central operating base for humanitarian operations. Data services were made available across Haiti by the end of the first month

79 UN Minimum Operating Security Standards

80 2-way satellite groundstations

81 The main road linking Port-au-Prince and Jacmel for example still remained blocked 10 days after the earthquake, preventing the delivery of assistance to one of the badly-affected areas

82 Pre-positioned emergency supplies have now been augmented ahead of the hurricane season

3.2.2 Humanitarian Leadership and Coordination

A discussion on humanitarian leadership and coordination challenges should be viewed in the context of a sudden, huge and complex humanitarian operation characterized by multi-faceted challenges: logistics constraints caused by destroyed infrastructure, systems, and capacity; widespread underlying vulnerability and poverty; a Government and humanitarian community itself severely affected; and the arrival in Haiti of a plethora of humanitarian actors with varying capacities, resources and agendas. These substantial constraints were at once a possible explanation for the perceived coordination deficit in the beginning of the response operation, and the rationale for requiring strong humanitarian leadership as from the outset.

More focused and better-defined inter-cluster coordination capacity would have contributed to ensuring greater cohesion between the strategic and operational levels of the response. The HCT was re-established only 3 weeks into the operation and needed to adapt to other structures which had been established as an interim measure to coordinate the wide range of actors involved in the response, including international military, international financial institutions and bilateral aid donors, MINUSTAH, and the Government. Significant military assets needed to be absorbed within the response operation, requiring an effective coordination mechanism led by humanitarian actors, which did not exist in the first weeks of the operation. It was perhaps due to this absence of a clear humanitarian coordination structure in the first phase of the operation that a perception emerged of a humanitarian community initially lacking sufficiently visible and dynamic leadership presence and advocacy potential. The lack of a recognized and trusted place within the cluster structure for common decision-making with international partners, including to a great extent the international military, resulted in coordination structures being established with a strong military lead.

Clusters were re-established rapidly – all 12 were functional within 10 days of the earthquake - and coordinated the sectoral response, bringing together multiple actors, maximizing resources and developing coherent coordination mechanisms. However there were also some gaps in cluster capacity, which directly impacted on the overall efficacy of the response operation. The rationale behind the cluster approach – to ensure greater predictability, efficiency, and sectoral leadership within a response - is somewhat undermined if clusters are unable to become operational immediately in a sudden-onset disaster context. Some clusters were unable to rapidly identify and deploy senior and experienced coordinators, leading to a leadership gap – and a resulting lack of coordination - in some critical sectors. Information management – central to decision-making in a complex context such as Haiti – was also quite weak across many of the clusters in the early stages of the response.

Clusters had to contend with a rapidly increasing influx of humanitarian actors (the Health Cluster, for example, at one stage had 420 participating organizations), and were therefore somewhat limited in taking key strategic decisions. Clusters required the HCT, led by the HC, to provide a guiding framework from the outset to ensure that overall cross-sectoral objectives could be realized. Although some clusters clearly demonstrated a capacity to undertake rapid needs assessments, the multi-sectoral need and capacity assessment was inadequate at the initial stages of the response, and could have been enhanced [83]. More strategic targeting of humanitarian assistance, based on better needs assessment and stronger linkages between the strategic and operational levels within the humanitarian community, could have pre-empted or at least reduced population movements, thereby avoiding additional needs and vulnerabilities arising later on.

The international humanitarian community – with the exception of the organisations already established in Haiti for some time – did not adequately engage with national organizations, civil society, and local authorities. These critically-important partners were therefore not included in strategizing on the response operation, and international actors could not benefit from their extensive capacities, local knowledge, and cultural understanding. Opportunities to contribute to strengthening local capacities and institutions in the longer-term, through engaging with national actors from the outset, were therefore missed. Some practical challenges contributed to this gap, not least the use of English as the working language in most clusters (the majority of surge support across all organisations was Anglophone rather than Francophone), which was a serious impediment to a more active engagement of local actors. The fact that cluster meetings were also mainly located at the MINUSTAH Logistics Base, a confined and restricted access area, further hampered the involvement of local stakeholders in cluster activities.

[83] While recognizing of course that different phases of the response operation require a different level and depth of assessment. Ideally, a multi-sectoral rapid needs assessment should be undertaken within the immediate days following the disaster, with more in-depth sector-specific assessments conducted a few weeks later to better identify sectoral needs and to inform programming.

The need for capacity assessment as well as needs assessment should also be emphasized – all the more so in a context such as Haiti where knowledge of the extent of damage to Government capacity, structures, and resources was essential to calibrate cooperation with national actors. A lack of information on national capacity led to an under-estimation and under-utilization of this by the international humanitarian community. A lack of analysis by the humanitarian community of existing sectoral response mechanisms compounded the inability of some actors to work closely with their respective counterparts within the national authorities – and in certain cases resulted in clusters evolving as parallel structures to the national sectoral approach.

3.2.3 Ensuring access to basic services

Ensuring access to quality health services, with primary healthcare as the entry point to the rest of the system, remains a critical concern. A major challenge is the serious damage sustained by heath facilities, with 30 of the 49 existing hospitals in affected regions needing to be rebuilt[84]. Health Cluster partners continue to focus on strengthening outbreak control and disease surveillance, ensuring adequate water supply and environmental health for health facilities, reactivating basic healthcare services, supporting the effective treatment and rehabilitation of injured patients, and ensuring the availability of essential drugs and medical supplies. From a nutrition perspective, inadequate numbers of trained staff and a lack of facilities remains a serious challenge, while a nutrition unit within the Ministry of Health is urgently required. Looking towards the future, an overall challenge for health services will be to work towards reducing the financial barriers to ensure the development of sustainable healthcare.

From the perspective of education service provision, the most significant challenge remains that of accelerating debris removal and site clearance in the 80% of schools damaged or destroyed, to facilitate the installation of temporary learning spaces and to proceed with school construction. Once schools are re-established, there will also be a need to alleviate the burden of school fees in a context where up to 90% of schools are non-public and fee-paying, while salaries and incentives will be required for teachers working in non-public schools. An outstanding challenge remains to identify appropriate solutions for the relocation of IDPs currently occupying school grounds, while simultaneously focusing on the provision of education for displaced children.

Critical challenges affecting the provision of appropriate and adequate water and sanitation services include the lack of space for sanitation services, due to the dense urban environment; the inability to construct pit latrines due to concreted-in sites; land tenure issues preventing the construction of facilities; and the issue of 'ghost camps' where the number of permanent residents is unclear. Water provision remains a challenge, with the aim of increasing quantity and maintaining quality, while phasing out expensive tankering in favour of more sustainable options such as the rehabilitation of network connections and borehole drilling.

3.2.4 Qualifying vulnerability

The ability of the humanitarian community to identify the most vulnerable people in need of assistance has been, and continues to be, a major challenge. The underlying poverty and vulnerability across Haiti renders the qualification of 'directly-affected by the earthquake' somewhat irrelevant in any case, considering that almost everyone in the country has been affected in some way. The food security sector is an example of this: although 69% of households in large IDP camps suffer from food insecurity for example, approximately 52% of households across the entire country are food insecure, and rice prices have risen countrywide by 14% since the earthquake. Chronic malnutrition in Haiti remains a serious concern. While targeting food to nutritionally vulnerable people, such as the elderly and disabled, will have some impact, preventing and addressing causes of malnutrition will require, in addition to sufficient access to nutritious food for small children, a behaviour change in infant and young child feeding practices and an overall improvement of water and sanitation systems [85] . These pre-existing vulnerabilities add to the challenge of distinguishing between chronic and emergency assistance needs[86].

A related issue is the definition of the number and nature of IDPs, which remains an ongoing debate. It is reasonable to assume that the number of persons displaced as a result of the earthquake is now fixed – there have been no significant aftershocks since late January. Based on the number of dwellings destroyed or severely damaged and the

[84] And the Health Cluster is recommending the construction of an additional 8 in response to the needs identified

[85] 692,440 of the directly-affected population are at risk from malnutrition, including 494,600 children under-five and 197,840 pregnant and lactating women. Approximately 65,000 children under five are acutely malnourished nationwide, of whom 40,000 are moderately malnourished and 15,000 severely malnourished.

[86] While not undermining the reality that in large-scale disaster response operations, almost everyone needs immediate assistance of some sort, with assessments conducted during the first month helping to better target for the next phase.

estimated household size, suggested figures of around 1.5 million IDPs seem realistic. Therefore, it seems reasonable to assume that additional IDPs arriving at settlement sites and requesting humanitarian assistance have not been directly-affected in terms of destruction of their homestead and are vulnerable for other reasons. IDP numbers have fluctuated broadly throughout the past 6 months, and are quoted variously as being between 1.5 and 2.3 million. The situation of displaced people presents extraordinary complexities in Haiti, with the Government and others pointing to the systemic poverty and destitution, and defining the problem in terms of socio-economic issues affecting the entire population, rather than solely earthquake-affected IDPs.

An additional aspect relating to defining vulnerability is determining the needs of host communities, including identifying the optimum means to assist them. An Emergency Food Security Assessment conducted in February determined that the earthquake had placed significant pressure on traditional coping mechanisms and affected the sustainability of agricultural practices. This is extremely serious in a country highly dependent on agriculture and still recovering from the hurricanes of 2008 which devastated more than 70% of the sector. 65% of farmers have incurred debts, 51% have consumed their seed stocks, 39% harvested earlier than usual thus decreasing quantities harvested, 35% do not foresee being able to purchase agricultural inputs, and 32% have sold more livestock than usual. Yet many of these rural communities have been hosting up to 600,000 IDPs for the past 6 months, increasing the strain on rural households.

Increased vulnerability arising from a severe hurricane season over the coming months – something which is impossible to predict with accuracy, but nonetheless must be prepared for - would further increase the caseload of people in need of humanitarian assistance. The hurricane season poses an acute challenge to those in camps for example, whose populations are already extremely vulnerable, and hurricanes could also create additional displacement, and/or secondary displacement from existing sites.

3.2.5 Protecting the most vulnerable

Considering the context and the compounded vulnerabilities in Haiti, protection of the most vulnerable remains a major challenge. Aside from the obvious protection concerns relating to the settlement question [87], immediate protection challenges include ensuring documentation for the displaced; helping GBV survivors to access support services; and strengthening registration and tracing services for separated children, as well as protecting children from trafficking and exploitation. Protection Cluster partners face a significant challenge in continuing to advocate with the Government to adopt and implement policies on the situation of IDPs (including the management of camps, on camp closures, on resettlement, and employment), on strengthening the Rule of Law, and on ensuring the inclusion of human rights and protection principles throughout the reconstruction process. Advocacy with the authorities on the provision of safe accommodation for women at risk of GBV is also an ongoing challenge.

3.2.6 Linking relief to recovery and rehabilitation

The Government requires significant support in the daunting task of planning and coordinating post-earthquake reconstruction. Support is essential in the development of urban reconstruction plans as well as the planning and coordination of recovery programmes, including plans to decentralize. Strengthening community participation, through support to local media, the establishment of Reconstruction Support Centres, and community outreach activities, will be essential, and communities must be supported to become active partners in the decision-making process based on informed choice.

Unemployment was already high in Haiti prior to the earthquake, and this situation has now been exacerbated, with many households losing their main earners. Supporting job creation will be vital to restart the economy. Early recovery activities will need to focus on promoting and developing projects that generate immediate and sustainable income, and the creation of job opportunities which support the recovery effort. Debris removal needs to be scaled up where possible, as does the preparation of sites for the restoration of basic infrastructure and services. Taking into account the specific needs of particular groups such as female-headed households, the young, children, the elderly and people with disabilities will be central to ensuring a reconstruction process that caters for the most vulnerable members of society. Projects focusing on disaster risk reduction and environmental management are also essential, including strengthening the capacity of the Government in disaster risk management.

3.2.7 Contingency planning for the hurricane season

The hurricane season (June-November) this year could be especially active, with the National Oceanic and Atmospheric Administration (NOAA)

[87] Including land tenure disputes in the context of the resettlement; the inclusion of human rights and protection principles throughout the reconstruction process, etc

forecasting between 14 and 23 'named storms'[88], 8-14 of which are likely to develop into hurricanes. While much has been achieved in updating contingency plans since the earthquake (primarily led by the DPC, supported by humanitarian agencies and MINUSTAH), further work is required to fully meet the mitigation and preparedness needs ahead of the hurricane season and beyond. Vulnerability to storms is far greater in post-earthquake Haiti, with approximately 1.5 million people in fragile shelter including plastic sheeting and tents.

Some examples of good practice in preparedness planning in over the past few months include the pre-positioning of emergency food rations in 31 locations across the country; alternative transport systems established to bypass mountain roads that may become blocked by mudslides [89] ; and Food-for-Work and Cash-for-Work programmes helping communities to protect themselves by creating flood barriers and rehabilitating canals.
The Haitian Red Cross has an emergency task force on standby and is pre-positioning emergency relief supplies in 10 municipalities. IOM, MINUSTAH, and OCHA have jointly formed a Critical Incident Response Team to strengthen preparedness to respond in camp settings. Two emergency hotlines—one in Creole and one in French/English – have been set up. In the event of flooding caused by heavy rains, camp managers use this hotline to call on teams staffed by IOM, MINUSTAH, OCHA, and Haitian officials to assess the situation, consider response options, and relocate affected populations as necessary.

3.2.8 Humanitarian financing and resource mobilisation

An initial Flash Appeal requesting $562 million for the humanitarian response was issued within three days of the earthquake. On 18 February, the Flash Appeal was revised to $1.4 billion, following a review process involving all stakeholders. In May, Cluster Leads and partners again reviewed needs, and revised the overall strategy, response plans, and project requirements in line with Government priorities, and the Appeal was revised slightly upwards to $1.5 billion. To date, $907 million have been received in response to the Flash Appeal.

Funds accessed through the Central Emergency Response Fund (CERF) and the Haiti-specific Emergency Relief and Recovery Fund (ERRF) also played a critical role in ensuring much-needed resources in the very early phase of the operation. US$36.6 million was allocated from the CERF, with the first allocation of $10 million authorized just hours after earthquake struck, allowing agencies to kick-start programmes. A second allocation of $16 million, made just 72 hours after the earthquake meant that CERF was the largest single source of funding to emergency operations in Haiti for the first five days. This rapid funding enabled humanitarian agencies to launch immediately some of the most urgent programmes as prioritized by the HCT - emergency telecommunications, logistics, food, health and shelter. In late February, another $10 million was made available, to cover gaps in funding for key camp management, agriculture, shelter, and health programmes.

The ERRF - a pooled fund mechanism managed by the Humanitarian Coordinator, with support from OCHA, since the hurricanes in 2008 - also played a critical role in the earthquake response. As from February, the ERRF, which is supported by 25 Member States [90] received total funding of $78 million (of which 81% has been allocated or disbursed to date) and was able to fill funding gaps, ensure the most urgent actions were adequately resourced, and support under-funded clusters to maintain life-saving activities. The ERRF has constituted a means to provide funding to the Haiti humanitarian response overall without committing funds to a specific organization within the Flash Appeal. The Haiti ERRF represents a striking example of the unprecedented engagement of many non-traditional donors in supporting humanitarian response operations, and indicates an increasing interest among Member States to engage with pooled fund mechanisms at the country level[91].

Limited donor response to the requirements as outlined in the revised Flash Appeal, which is currently 62% covered, raises the question of whether and how the humanitarian community will be able to maintain operational capacity, including to deal with possible additional caseloads during the hurricane season, should the cluster/project costs not be met as per the Appeal requirements. Some cluster requirements, as presented in the Flash Appeal, remain less than 50% funded, which significantly impacts on their ability to implement their planned activities. While the initial response phase garnered extensive public attention and a related influx of funds for immediate life-saving activities, this attention has now abated somewhat and there is a related decrease in funding support. The humanitarian community of course also faces a

[88] Government weather services, other than the Philippines, assign names to storms of tropical storm strength. Names are principally given to eliminate confusion when there are multiple systems in any individual basin at the same time, which assists in warning people of the coming storm

[89] Including through the use of containerized cargo at Jacmel and Gonaives ports

[90] Including Saudi Arabia ($50 million), France ($7.2 million), Brazil ($6.8 million) and Denmark ($5.5 million)

[91] Three-quarters of the contributors are members of the Group of 77

challenge ahead in eventually developing an appropriate exit strategy (per organisation and per cluster), with clear linkages to the recovery and reconstruction effort.

While $907 million has been provided by the donors through the Flash Appeal process, a further $2.2 billion was provided to the international humanitarian community outside the Flash Appeal[92]. This raises a fundamental concern as to the real cost of meeting the needs of an earthquake-affected person – if that person is assisted through projects incorporated in the Flash Appeal, the per capita cost is $500, but if all other bilateral donations and assistance is considered, that per capita cost increases to approximately $1,000[93]. It would be interesting to determine for what purposes the 'additional' $2.2 billion was provided and for what activities it was in fact used – emergency relief, recovery, development, or all of the above[94]? Difficulties in being transparent on all funds received and their purpose is heightened because the long-term nature of the response is, at times, contradicted by the public expectation that the funds reach beneficiaries immediately.

3.2.9 Settlement of the displaced

The biggest operational challenge of all continues to be the safe settlement of the displaced population, as the current situation with camps and spontaneous settlements is neither an acceptable nor durable solution[95]. If this challenge is not substantially met in the near future, there will be limited progress towards recovery or development, and humanitarian achievements in every sector may be eroded. In addition, if the issue is not addressed in a visible way, it may well become one of the major causes for social unrest and public disturbances in the near future.

As of end May, an estimated 1.3 million people were living in spontaneous settlements or sites. A further 300,000 people are estimated to have remained with host families or communities – mostly outside the earthquake-affected area. The strategy to deal with the huge settlement challenge was first presented to the CSC and agreed on 14 April[96]. The settlement strategy has as its primary objectives: 1. preventing a severe threat to the life of the population while they remain in spontaneous settlements; 2. promoting safer shelter alternatives to populations in spontaneous settlements and 3. increasing education, employment and other services in communities – both for the displaced living with host families and the more vulnerable populations - to minimize further displacement.

The safer shelter alternatives proposed are, in order of priority:

1. Returning to a home assessed as structurally sound (a so-called 'green' home) or a home requiring repair or retrofitting (a so-called 'yellow' home)
2. Relocating to live with a host family who would provide safe plots/homes
3. Moving to, or remaining in, 'adequate' proximity sites, within neighbourhoods of origin
4. Relocating to a planned temporary relocation site (e.g. Corail-Cesselesse in the peri-urban area north of Port-au-Prince, or Tabarre Issa[97])[98]

Implementing the Safer Shelter Strategy presents considerable challenges which the Government is striving to address, but which require significant financial resources, legal arrangements which are at once bold and risky, popular support, and the mobilization of all actors around a commonly-held vision and plan. Each priority in the safer shelter strategy presents an array of challenges – which, while not irresolvable, are proving very difficult and will require radical solutions:

92 It should be noted that the Government also received extensive bilateral donations – both in cash and in kind.

93 For comparison purposes, it is interesting to note that the cost per beneficiary in the 2007 Peru earthquake response was initially $514 (reduced to $192), whereas the cost of meeting the needs of a Tsunami beneficiary was $2,670.

94 The question as to whether the resource mobilization tools of the international humanitarian community, particularly Flash Appeals, are the most appropriate in a large-scale and high profile emergency response operation such as Haiti remains pertinent. It has already been recognised that a more accurate tracking of extra-appeal funding, particularly bilateral contributions, would be very useful for the humanitarian community (and donors)

95 The priority being a safe return to pre-earthquake locations, but if this is not possible, then resettlement

96 However, it should be noted that already on 20 January, the Government had announced its intention of building temporary settlements as a priority, reminding the humanitarian community of the upcoming hurricane season and expressing a wish to provide shelter to all those displaced before then.

97 This latter is interesting in that it is being integrated into the local community through the provision of health, education and other services not only to the 450 displaced families, but also to the host community

98 Alternative number 4 should only be considered in very specific instances where there is no other option

Option	Shelter Strategy	Key Challenges Identified
1	Returning to structurally safe houses[99]	• Ensuring access to basic services on return (water and sanitation services, and transport infrastructure) • Lack of confidence in structural survey results • Assessments not completed in all neighbourhoods • Financial assistance required for repairs
2	Remaining with, or moving to, host families	• Provision of support (e.g. income and education) for the displaced • Ensuring adequate support for host families and possibly local communities
3	Moving to, or remaining in, 'proximity sites'	• Ensuring access to basic services on return • Establishing land tenure for transitional shelter • Organizing debris removal
4	Relocating to a new site	• Creating an acceptable environment • Establishing basic infrastructure on a large scale • Last resort, least protective

Furthermore, to enable the resettlement of 1.5 million people, the social safety net will need to be strengthened. While this can be done in a variety of ways, early recovery activities could complement longer-term initiatives to protect livelihoods and undertake reconstruction and recovery. Without some form of poverty alleviation, resettling a highly transitory population will be akin to digging a hole in the sand: no sooner has one section of the displaced population been resettled out of the existing and inappropriate sites, than they are replaced by another – conceivably part of the earthquake-affected population formerly in hosted accommodation or people not directly affected by the earthquake but driven by low income and other vulnerabilities to seek assistance in organized sites and spontaneous settlements.

[99] The most desirable solution wherever possible

There is also a need to engage much more closely with the private sector in Haiti in redevelopment and reconstruction activities. Neither the Government nor the humanitarian community has the capacity or resources to do this alone, and genuinely sustainable recovery, rehabilitation and reconstruction require a socially, morally, and ethically committed private sector.

Settlement: A complex issue

- *Registration of the displaced population:* The entire affected population should be registered, but this entails unanticipated complications for authorities issuing IDs without the support of legal documents lost in the earthquake, while without IDs, movement back to houses of origin is difficult.
- *Assistance to the displaced population in emergency shelter:* Assistance standards should be set across the 1,342 existing settlements and determined by basic needs, dignity, and protection, while avoiding a 'pull factor'. In addition a simple system is needed to monitor the health and nutritional status of the displaced pending and following resettlement.
- *Return to 'green'/'yellow' houses:* 80% of households in Port-au-Prince are tenants paying rent, therefore returning tenants may require subsidies for a limited period.
- *Repairs to 'yellow' houses:* Repairs required prior to return need to be assessed and subsidized; tenants would require the landowner to carry out these repairs which may also require subsidies.
- *Prioritization:* Resettlement will need to be phased, but to proceed, the Government must determine sensitive priorities between 'red' and 'yellow' sites, schools, and the complex array of land tenure modalities in existence.
- *Land tenure:* This is an extremely complex issue which concerns every aspect of resettlement – legislation must be developed to support customary as well as acquired tenure rights.
- *Unsuitable areas for return:* The annual urbanisation rate averages 4.5% since 2005 (Port-au-Prince's population has quadrupled since 1950) which resulted in neighbourhoods developing in high-risk areas. This requires a decision on whether it is preferable to move some residents outside the capital to avoid building back the risk, and if this relocation does happen, it needs to be reconciled with the Government's planning on development centres outside Port-au-Prince.

- *Peri-urban sites:* 5,900 people have been moved from 'red' sites to Corail-Cesselesse - is this a transitional or permanent solution and what further development of this and other peri-urban sites is required for resettlement? Moreover, a decision is required on whether 1-2 million people could/should be resettled within Port-au-Prince, and, if not, what arrangements are needed
- *Assisting the most vulnerable:* The President's Commission Plan at present favours house-owners, and therefore does not address the needs of the most vulnerable, and by far the most populous, portion of the population in the sites
- *Providing assistance to communities outside spontaneous settlements:* Ironically, considering the standards in most sites, IDPs now appear as a 'privileged' group in a rent-free, serviced environment because access to basic necessities is so limited in many communities. A plan for establishing community-based services is required outside settlements.

4 Lessons to be learned from the Haiti Earthquake Response

4.1 Humanitarian Coordination and Leadership

4.1.1 Leadership

In an extensive and complex sudden-onset humanitarian response operation, extraordinary measures are required to ensure senior and experienced humanitarian leadership is in place from the outset. The role of the Humanitarian Coordinator (HC) is critical to the overall leadership of the response, with s/he responsible for providing strategic vision and guidance to the humanitarian community, establishing and maintaining comprehensive coordination mechanisms inclusive of all operational actors, agreeing on the division of responsibilities amongst agencies, liaising closely with the Government, and ensuring coordination with all other actors relevant to the response. In a context such a Haiti, it is clear that these functions cannot be effectively discharged by one person alone, particularly if that person also maintains responsibilities within an integrated UN mission (in this case MINUSTAH). Various strategies to support the HC must be considered, which might include the swift appointment of a Deputy Humanitarian Coordinator, the delegation of the incumbent's other responsibilities to an alternative person, or the appointment of a separate HC as the situation requires. The overriding requirement is to support the HC function in the critical early phase of the response operation, especially where the incumbent also holds several other functions.

4.1.2 The Humanitarian Country Team

The swift establishment of a coherent and well-functioning HCT, particularly in a large-scale sudden-onset emergency, is critical to the efficacy of the response, primarily to provide the necessary strategic guidance to the operational actors engaged in the response through the cluster system. Related to this, HCT members must be empowered and capacitated to represent not only agency-specific priorities and concerns but to speak on behalf of the respective clusters the agency leads. It is also important to note that in an operation attended by a multitude of well-resourced and potent actors from outside the humanitarian field, particularly for example military entities, it is even more critical to rapidly establish the HCT, to avoid a situation where key decisions on priority-setting and response strategy are taken without the involvement of the humanitarian community.

4.1.3 Cluster and inter-cluster coordination

For clusters to become rapidly operational to coordinate the plethora of humanitarian partners in coherent and efficient sectoral structures, it is imperative that they are able to deploy, in the initial stages of the response, experienced and well-resourced Cluster Coordinators. Cluster Lead Agencies must be accountable for their responsibilities within the cluster as much as those within their respective agencies, and it is critical that they balance these (at times competing) needs and ensure that appropriate and adequate resources are allocated for the effective functioning of the cluster(s) they lead. It is also crucial that Cluster Lead Agencies represent not only agency but also cluster priorities at strategic discussions within the framework of the HCT. It is equally important that OCHA, as the entity responsible for inter-cluster coordination, deploys appropriate coordination and leadership capacity from the early phase of the operation, to support the clusters to do their job more effectively.

One area which requires perhaps some additional thinking at the global level is identifying the most effective ways to coordinate on specific multi-sectoral challenges, such as the resettlement of IDPs in the Haiti context. These multi-sectoral issues, involving 3-4 key clusters, are not always most effectively strategized and coordinated through existing inter-cluster coordination fora. It is imperative to counteract the 'silo effect', whereby each cluster focuses solely on sector-specific activities, to the neglect of critical cross-cluster and multi-sectoral thematic areas of need.

A final key lesson to be learned for clusters is the need for a more productive interface with rapid

deployment teams, particularly UNDAC, but also the IFRC's Field Assessment and Coordination Teams (FACT) and the Urban Search and Rescue (USAR) system[100]. This is particularly relevant considering UNDAC's rapid deployment capacity and their strategic position to establish – at the very early stages post-disaster – the embryonic coordination structures which will subsequently form the framework for the multi-sectoral response operation. The role of the UNDAC team in implementing the very initial post-disaster rapid assessment puts them in a position to provide critical quality information to guide the assessment processes subsequently led by the clusters. This makes it even more critical that the clusters engage more with the UNDAC system in advance of disaster response operations, to share multi-sectoral assessment methodology and to develop agreed standard operating procedures for UNDAC-cluster engagement at field level[101].

4.1.4 Surge capacity

The significant surge capacity demonstrated by the humanitarian community (including INGOs, UN agencies, the International Red Cross and Red Crescent Movement, and IOM) in the deployment of more than 400 programme staff on surge to Haiti in January alone greatly enhanced the response capacity at the outset of the operation. However, the Haiti response has also presented some clear lessons to be learned in this regard, not least what arrangements need to be put in place to ensure the timely arrival of sufficiently senior and qualified staff to remain in-country for at least 3 months. A related lesson is the need for internal agency clarity on the terms of surge deployments, specifically avoiding a competition between agency-specific requirements for senior and capable technical and managerial staff, and the need for highly-experienced and qualified cluster coordinators.

On a practical level, the ability of the humanitarian community to ensure the timely deployment of qualified staff is to some extent subject to the ability to ensure appropriate staff well-being. In circumstances where the living conditions are extremely challenging, it is imperative that organisations devote appropriate resources and efforts to support staff and ensure their well-being (even through basic means such as provision of adequate food and sanitation facilities). The high level of staff rotation, while inevitable to some degree considering the working and living conditions, could perhaps be mitigated with greater efforts to support staff[102].

4.2 The Management of Information

4.2.1 Systematically collecting key data for operational purposes

There were serious delays in compiling and sharing comprehensive data on the number, location, and activities of humanitarian organizations, and on sectoral needs, coverage and gaps. Delays can be attributed, in large part, to a lack of willingness by agencies to prioritize reporting on activities, particularly in the initial stages of the response. Clusters need to strengthen and expand their capacities in reporting and information consolidation, including through the swift deployment of information management capacity and expert resources. OCHA must ensure that it is in a position to provide adequate and appropriate inter-cluster information management support to the overall response and that requests made to clusters are streamlined to avoid multiple requests for the same data[103].

An overall picture of the extent and type of critical needs is essential at the initial stages of a response. Assessments in the early stages of the Haiti response followed different standards, methods, and focuses, thereby hampering efforts to create an overview of cross-cluster needs. The absence of a clear baseline agreement on the parameters of humanitarian need in a context such as Haiti disrupts programming, challenges the principle of impartiality, and leads to a breakdown in communication with partners (in the case of Haiti

[100] In recent years, the role of USAR teams has extended beyond the search and rescue phase to provide support, as required and appropriate, to the humanitarian community, hence the expression "beyond the rubble". This role was specifically observed during the transition from life-saving USAR activities to humanitarian relief in the Haiti response operation, whereby USAR teams were deployed with added capacity to strengthen ongoing humanitarian operations. It is therefore important to strengthen the links between the Global Clusters and INSARAG (the global secretariat of the USAR community).

[101] The Haiti UNDAC mission report recommends inviting the Global Clusters to more formally participate in the UNDAC system, and even potentially to investigate options to deploy a "first wave" of cluster surge capacity with the UNDAC team in the initial response stage

[102] While not impacting on surge capacity as such, support to national staff is also critical, particularly in a situation such as Haiti whereby many of them have lost family, friends, and homes, and suffered extensive trauma.

[103] Streamlining data/information requests to clusters has been improved by work at headquarters level in the last 12 months. However, a number of agencies have evoked the bigger question of the cluster system being too labour-intensive generally - especially at the outset of an operation - creating too many meetings while at the same time requiring a regular and systematic information flow.

most notably with the Government). Much work has been done at the global level on harmonizing needs assessment approaches, with partners working towards a simple, rapid method for quantifying and qualifying humanitarian need (disaggregated by sex and age) against simple, measurable and agreed indicators. The humanitarian community's ability to follow assessment with monitoring (both output and impact) and analysis in a systematic and coherent manner around the disaster management cycle also requires further elaboration.

4.2.2 Communication – understanding the operating context and explaining humanitarian actions

Whether or not a humanitarian response can have a positive effect in the longer-term is partly determined by how well the situation, needs and capacities are assessed and understood. However, this is not only a question of gathering data and information, but of analyzing it, seeking to understand the operational environment, and communicating plans and actions to stakeholders. Aid efforts need to be based on an understanding of the wider context in order to ensure that aid neither compounds a pre-existing complex situation nor weakens or undermines local structures and efforts. In this regard, it is imperative that a dialogue is established with the Government, development actors, communities, and above all the disaster-affected population.

Dialogue with affected population

The Haiti Real-Time Evaluation notes that 'the affected population was largely excluded from the design and implementation of the response'[104], suggesting a clear lack of accountability to the beneficiaries of the response operation. This is not a new observation. Exclusion of parts of the population in one way or another from relief activities is mentioned in numerous reports and evaluations. What is of more concern in Haiti is that the beneficiaries were easily accessible; there were no conflict or significant security concerns, few insurmountable logistics or linguistic barriers. And yet little dialogue with the affected community actually took place – and this in a context where humanitarians had relatively little experience of a problematic urban environment and had much to learn.

Initiatives such as the Communicating with Disaster-Affected Communities (CDAC) project are at the forefront of establishing two-way communication between humanitarian actors and the people they are trying to help. The CDAC initiative was established in 2009[105] and aims to provide a coordinated service to enable humanitarian organizations to get life-saving information to populations and to channel their voices back to the providers of assistance. The Haiti response was the first disaster in which the CDAC initiative was operationalised, and it proved quite successful. A cross-cluster service was established in Haiti to advise humanitarians on outreach and communication strategies and techniques, while activities such as a daily news programme on local radio and information kiosks for people affected by resettlement were appreciated and commended by national NGOs and communities. Another example of innovative communication techniques enabling the population to voice their concerns is crisis mapping via *www.ushahidi.com* which allows users to submit eyewitness accounts or other relevant information from disaster zones via e-mail, text or other online media. The international humanitarian community needs to learn from such initiatives and develop a robust strategy to enable effective dialogue with the affected people[106].

Understanding vulnerability

If, as was the case in Haiti, the provision of humanitarian assistance is defined by a particular circumstance (the loss of a dwelling due to a disaster for example), rather than by vulnerability (such as the lack of access to basic necessities), this may result in inequity. The risk is the creation of a 'privileged' class of beneficiary living in a rent-free, serviced environment (a managed IDP camp or site) surrounded by a non-affected population which may have far less access to basic necessities. Such a situation can create nefarious social tensions, may lead to perceptions of an unjust assistance strategy, and makes defining caseloads very difficult and developing exit strategies almost impossible. The humanitarian community needs to rethink how vulnerability is defined and what indicators are used to determine assistance strategies. Needs assessment practices need to be strengthened to enable humanitarians to target the most vulnerable and better identify beneficiary caseloads.

Working in urban environments

The Haiti Real Time Evaluation emphasizes that humanitarians possess neither the knowledge nor tools to provide appropriate humanitarian services in an urban environment - "Urban contexts are still alien to most humanitarian organizations….There is a need to develop both knowledge and training so that the aid system can properly address crises in

[104] RTE, p.42

[105] Including Save the Children, British Red Cross, OCHA, Thomson Reuters Foundation, BBC World Service Trust and IMS

[106] This medium also captures personal reports which mainstream news organizations may not receive.

urban contexts[107]". There is a need for more specialist expertise in dealing with the complexities of urban environments – as long as this is balanced by operational capacity[108]. A related issue in responding to disasters in urban contexts is the challenge of land tenure[109]. A lack of understanding on how to deal with land tenure issues – a highly explosive issue in Haiti even before the earthquake - has proven to be a real challenge in strategizing on the safe return and resettlement of IDPs. For future emergencies, in predominantly urban environments, it may be worth considering, as one possible option, the secondment of a Housing, Land and Property or Urban Settlements Specialist from a specialized agency (such as UN-HABITAT), as part of a core team of permanent advisors to the Humanitarian Coordinator. Overall, it is clear that as a humanitarian community, there is a need to review how to adapt to urban response holistically, in terms of analysis, tools, services, partnerships and operations.

4.3 Working with partners

In an operating environment which increasingly includes new and varied actors, with differing capacities and interests, it is imperative that humanitarian actors adopt a more open and creative approach to working with partners outside their immediate sphere. It is particularly important that the international humanitarian community reviews how to work with a deeply-affected community to build resilience and strengthen ongoing community-based efforts, through partnership in response and recovery.

4.3.1 Working with the Government, local authorities and civil society

The Government's *Direction de la Protection Civile* felt that despite the colossal achievement in re-establishing themselves hours after the earthquake, they were neither supported nor sufficiently recognized by the international community at the outset of the operation, and parallel operational structures were established unnecessarily.

In a disaster response, the affected Government, regardless of capacity and resource constraints, must be empowered to play a central role in the coordination and leadership of the humanitarian operation[110], and there is a need for more strategic thinking at the global level on how best to achieve this more systematically. Would a series of practical measures (such as providing targeted financial support, locating meetings in proximity to Government offices, encouraging clusters to use the national languages, Government co-chairing of all clusters) suffice to enable this Government leadership, or is there perhaps a need for a more comprehensive strategy in this regard?

The humanitarian community also needs to strengthen its engagement with civil society, particularly in large-scale sudden-onset disaster contexts which entail a huge influx of international actors unfamiliar with the local context and capacity. The Haiti Real Time Evaluation identifies a degree of unease among the local population at the lack of ability or willingness on the part of the international community to absorb local initiatives: "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. However, she could not get any support...Likewise, a teacher created a youth club in Ravine Pintade where 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[111]". The international humanitarian community needs to strengthen its engagement at the local level, particularly supporting local level initiatives and responders wherever possible, with the broader objective of contributing to building national capacity and more sustainable approaches to humanitarian assistance.

4.3.2 Working with the military

The humanitarian community in Haiti was overwhelmed by the scale and abruptness of the disaster; there simply was not the capacity to respond to all of the humanitarian needs, particularly considering the logistics and access constraints. Arguably, the humanitarian imperative required the humanitarian community to involve other actors appropriately, including military forces. The Oslo Guidelines clearly state the considerations to be taken into account and the conditions under which this should happen. In Haiti, the humanitarian community and the military did cooperate productively, including through the Logistics Cluster and the various coordination mechanisms established (JOTC, CMC), to support security of transportation and distribution of food and NFIs[112]. However, the clear reluctance by part

[107] Inter-agency real time evaluation in Haiti, 2010, paragraphs 68-72 and 159

[108] In Haiti, there was an apparent division between knowledge and operational capacity, creating relationships between partners which are competitive rather than complementary.

[109] Also highlighted in ALNAP's 'Lessons Responding to Earthquakes' (2008)

[110] In politically-neutral contexts where the Government is not a party to a conflict

[111] Haiti Inter-Agency Real-Time Evaluation, p.24

[112] Another positive example of cooperation with military and police was the Joint Security Assessment conducted on the initiative of the MINUSTAH Human Rights Section by the HRS, UN Police, the international military, UN agencies and NGOs, and

of the humanitarian community to work with the military may have impeded coordination and an efficient use of all assets available.

In the future, suggestions that the humanitarian community in any particular context did not effectively lead or coordinate the response could potentially fuel a push towards humanitarian responses led by military forces, which is already the case for example in some parts of Asia. Clearly, engagement with military entities in non-conflict disaster response environments merits more extensive discussions. It is therefore appropriate and imperative for the international humanitarian community to address this issue holistically, including reviewing existing civil-military coordination protocols and considering how to make best use of the skills of military forces in leadership and decision-making, in operations led by humanitarian actors.

4.3.3 Working with new and different humanitarian partners

Haiti provided a striking example of the challenges of working with inexperienced organizations and inappropriate aid. In a large-scale disaster response setting, an influx of disparate organizations and individuals with varying capacities, resources, experience, and contextual understanding is somewhat inevitable, but it does create huge coordination challenges, particularly when many less experienced actors opt not to coordinate their assistance through centrally-agreed structures. A humanitarian donor report[113] very clearly outlined this challenge in the early stages of the response: "The volume of humanitarian actors on the ground, including a significant number of well-intentioned groups that arrived with little to no experience in humanitarian response, has created extensive challenges for coordination. Agencies or individuals that have sought to rush and respond to an individual hospital, church group, or community without coordinating with the operational humanitarian actors on the ground and through the cluster system have often served as an impediment to effective response efforts and in the case of distributions, have sometimes caused confusion or chaos. All agencies repeatedly underscore the need for a "pull" factor of goods, services, and personnel based on need, rather than a "push" factor of assuming what is needed from abroad. A key challenge to the legitimate humanitarian actors on the ground has been dealing with massive quantities of unsolicited commodities and well-intentioned organizations who do not take the time to coordinate."

It is worth considering how the global and field level humanitarian architecture should best deal with such a scenario. Is there a point at which the system can be too inclusive in coordination and planning? Is there a value in perhaps seeking to limit the number of organizations included in the coordination exercise or in centrally-coordinated arrangements such as visa or customs facilitation? Certainly, in crude terms, it might be argued that there is a balance between the quantity and quality of humanitarian organisations in these large operations. It is not a question of limiting the number of organisations or people working for them (arguably there has been an insufficient number of humanitarian staff on the ground in Haiti), but of increasing the quality of the organizations and the standards they apply, for example through considering such strategies as NGO certification processes[114]. It would be worth considering how this might be achieved and what the IASC and donor role in this might be. Given the breadth and complexity of the NGO community in the Haiti operation, it would also be very useful to further reflect on the extent to which the NGO Coordination Support Office fulfilled its assigned role and what could be expected of such an entity for future operations.

Is all aid good aid? Should measures be taken to limit the dispatch of goods and services to a humanitarian operation? The Haiti response operation has received literally tonnes of inappropriate relief items[115]. Many governments appear to feel the need to send a plane full of relief goods, for internal political reasons, whether or not the goods are appropriate or are consigned to an organization which has the capacity to distribute them effectively. There is a need for consistent messaging from all humanitarian actors in advance of disasters such as in Haiti that "cash is best" to support disaster-affected populations, and to emphasize that humanitarian partners on the ground are best-placed to work with their respective Government counterparts to determine the needs and develop appropriate response plans.

4.3.4 Working with the private sector

The Haiti humanitarian response operation missed some prime opportunities to work more closely with private sector actors, and lessons must be learned and acted upon in this regard. In a large-scale sudden-onset disaster such as Haiti, which is very visible in the media, it is inevitable (and indeed commendable) that the private sector would wish to engage and offer support. The humanitarian community needs to understand better the priorities and interests of this sector

the ensuing policing plan, which has helped improve security in selected IDP camps.

113 USAID/DART, Humanitarian Coordination Overview of Haiti Response, 7 February 2010

114 As was proposed following the 2004 Indian Ocean Tsunami response

115 Including unused medicines which WHO had to spend a lot of time and resources to destroy

(including corporate responsibility requirements) to maximise the opportunities and resources closer coordination would offer. Organisations such as the Clinton Global Initiative, with experience in private sector support for humanitarian assistance and strong links to Haiti, could be very helpful in this regard.

In Haiti, humanitarian actors received an estimated $70 million[116] in offers from the private sector. Many were pro bono, and many may have been unsuitable, but most clusters were unable to respond positively to these offers as bureaucratic systems and procedures for receiving and utilising such support had not been pre-established. This is an important lesson to learn for future responses, and more needs to be done between emergencies to strengthen this critical and relatively unexplored partnership.

4.4 Substantive areas

4.4.1 The key role of early recovery

The role of early recovery in any crisis, but particularly one on the scale of Haiti, is crucial, but continues to be somewhat misunderstood and therefore under-resourced. As the Haiti Real-Time Evaluation noted, "in a sudden-onset disaster… 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[117]".

Early recovery activities are critical to the wider strategizing on the overall objectives of the humanitarian response. In Haiti, for example, what happens - and where – in terms of early recovery activities, especially in large-scale job creation, provision of schooling, and development of improved shelter, has a significant impact on decisions relating to resettlement and longer-term support to the earthquake-affected population. It is critical also to mainstream protection and human rights concerns into early recovery processes, particularly in contexts where there are underlying vulnerabilities.

The role of the PDNA process in linking relief to recovery and eventually to development also needs to be considered in more detail. Some observers believe that the PDNA was implemented too early in Haiti, diverting resources during a critical period of the humanitarian response. There are also questions as to how (or whether) the humanitarian community should further engage in the PDNA process. In Haiti, the crucial correlation of the Safer Shelter Strategy and the Government's planned development hubs and buffer zones[118], for example, was not directly evoked in the PDNA process, but arguably should have been. Equally, the relationship between the PDNA and the revised Flash Appeal, the cluster system and the range of humanitarian assessments that had been undertaken since the earthquake requires analysis and possibly remedy for future situations. Coordination between the humanitarian community (typically represented by OCHA), the PDNA Coordination Committee and clusters requires review[119]. In Haiti, cluster participation in the PDNA was limited in part by linguistic differences (humanitarian work was mostly in English, the PDNA mostly in French) and in part by the distance between the PDNA quarters and the Logistics Base where the humanitarian community was located[120].

4.4.2 Addressing Sexual Exploitation and Abuse within the Humanitarian Community in Haiti

The Protection from Sexual Exploitation and Abuse (PSEA) mechanism was established in Haiti end March, to work alongside MINUSTAH's Conduct and Discipline Team. It has proved to be a success in very practical areas: encouraging agencies to ensure PSEA management and coordination systems exist within their own organisations, providing a complaints mechanism for SEA cases, encouraging prevention, and ensuring response to reported SEA cases. The PSEA mechanism could have been put in place at the outset of the response, and in a context such as Haiti, a well-resourced coordination cell would have been useful to oversee the aspects of PSEA coordination that require participation by multiple actors.

[116] Estimate based on uncommitted pledges from private sources as recorded in Financial Tracking Service Table B – please see details in annex

[117] Ibid, paragraph 34

[118] PDNA, p.30

[119] Despite efforts made by OCHA and the PDNA Coordination Committee to incorporate the revised Flash Appeal into the National Action Plan, the results did not correspond to PDNA standards and the National Action Plan did not reflect humanitarian planning, including early recovery, to the extent required.

[120] Approximately 1-2 hours' drive, traffic-dependent.

5 Looking Forward

"The relief effort is expected to last for many months, and recovery and reconstruction to begin as soon as possible.[121]" At some point in this broad timeframe, humanitarian assistance will certainly reduce and be subsumed by recovery and development activities. The seven principal messages of the PDNA report propose a generally-accepted roadmap for this to happen, linking relief to development and integrating, largely in theory so far, humanitarian action into the Government's National Plan of Action:

- Prepare for the 2010 hurricane season, ensuring participation of the local population, particularly of women and young people (identifying risk areas, making victims secure, strengthening the alert and evacuation system, strengthening the operational capacities of the sectors and of the SNGRD's [National System for Risk and Disaster Management] territorial network).
- Provide for the well-being, nutrition, and care of Haiti's children, and early access to schooling; and regard access to basic services as a pillar of the humanitarian and reconstruction efforts and for recovery and economic growth in Haiti.
- Immediately and systematically incorporate environmental aspects in all decisions connected with the recovery and development process.
- Build risk and disaster management measures into the (re)construction process for all sectors (i.e. building codes, insurance, consolidation and maintenance budgets, contingency and operational continuity plans).
- Put in place an active employment policy based on micro-businesses, strengthening vocational training, particularly for young people, incorporating and implementing the principles of the 'highly labour intensive' approach, and bringing together Haitian entrepreneurs, the local workforce, and the communities.
- Reconstruct the State and the economy so they are able to serve all the people of Haiti
- Relieve congestion in the Port-au-Prince metropolitan area by putting in place incentives for settling the population around development hubs.

Contingency planning and risk reduction provide a basis for cooperation between the humanitarian and development actors and a stage for transition to take place. Steps to be taken for multi-hazard contingency planning[122] and strengthening disaster risk management in Haiti are well-conceived and have wide support[123]. The priority now is to ensure this happens. While many short-term humanitarian relief priorities have been met, there will be no medium-term for Haiti unless recovery and longer-term rebuilding activities move forward with increased vigour.

Finally, the humanitarian community needs to critically ask itself what it plans to do with the lessons which are being learned during the Haiti earthquake response. As a first step, it is imperative to get broad consensus on the key lessons being learned in all major new emergencies - there is certainly a plethora of recently-published reports, studies, and evaluations which provide useful content in this regard[124]. More importantly however, is the next step - to use these lessons to identify some key actions which can be implemented immediately to improve the overall efficacy of humanitarian response.

[121] US Congressional Report, Congressional Research Service (Margesson and Taft-Morales), Haiti Earthquake: Crisis and Response, 2 February, 2010

[122] Earthquakes generally have long return periods and in Haiti the return period for this level is about 100 or more years – which is why it is important to adopt a multi-hazard approach to contingency planning

[123] The guidelines for disaster risk management in the PDNA include priority interventions in 4 areas: (i) knowledge of hazards (natural and others), (ii) clarification of the roles and responsibilities of the main public and private participants (legal framework, standardized tools, etc.), (iii) the organizational and operational capabilities for preparation and response of the sector ministries and specialist bodies (e.g. fire service, regional GRD committees), (iv) sectoral capabilities in risk analysis, planning, and monitoring/assessment for the protection of physical capital, Haiti PDNA, 2010, Annex to the Action Plan for National Recovery and Development of Haiti, p.59

[124] Including the Real-Time Evaluations, the Cluster Phase 2 Evaluation, and various ALNAP studies.

Annexes

Annex 1

Funds raised by all IASC organizations from all sources for their humanitarian response in Haiti, drawn from Financial Tracking Service data, as at 5 July 2010

FINANCIAL TRACKING SERVICE (FTS)
TRACKING GLOBAL HUMANITARIAN AID FLOWS

HAITI - Earthquakes - January 2010
Table B: Total Humanitarian Assistance per Donor (Appeal plus other*)
as of 05-July-2010
http://www.reliefweb.int/fts *(Table ref: R24)*

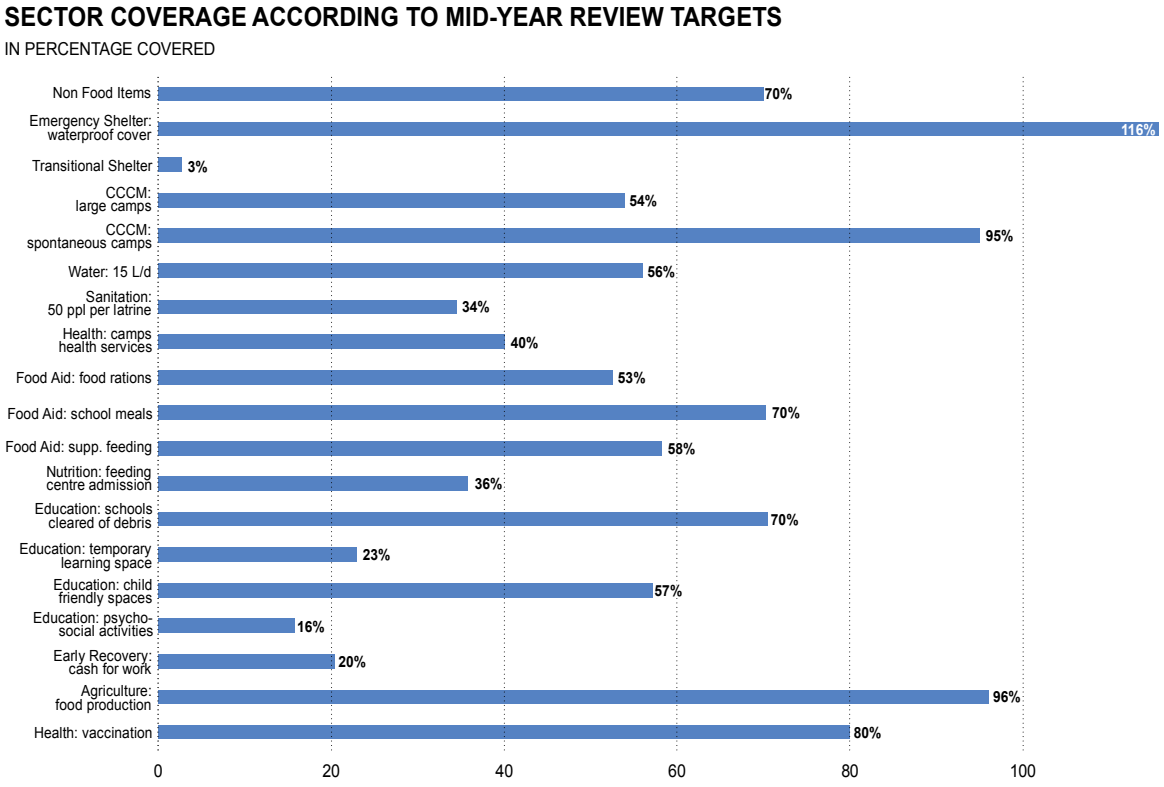
Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding USD	% of Grand Total	Uncommitted pledges USD
Private (individuals & organisations)	1,198,848,479	37.3 %	70,273,505
United States	1,117,296,298	34.8 %	3,300,000
Canada	137,792,229	4.3 %	0
Allocation of funds from Red Cross / Red Crescent	86,481,683	2.7 %	120,000
European Commission (ECHO)	68,193,704	2.1 %	97,021,237
Spain	67,983,639	2.1 %	13,275,613
Saudi Arabia	50,000,000	1.6 %	0
Japan	48,127,154	1.5 %	52,400,000
Central Emergency Response Fund (CERF)	38,506,425	1.2 %	0
France	35,956,408	1.1 %	252,100,840
Sweden	33,307,037	1.0 %	278,940
United Kingdom	33,167,336	1.0 %	450,000
Brazil	27,779,241	0.9 %	10,000,000
Norway	26,724,934	0.8 %	0
Denmark	25,690,336	0.8 %	0
Germany	23,839,777	0.7 %	0
Netherlands	22,045,134	0.7 %	0
Italy	21,182,931	0.7 %	0
Australia	12,913,876	0.4 %	0
Switzerland	12,185,228	0.4 %	0
China	11,039,457	0.3 %	5,000,000
Russian Federation	10,900,000	0.3 %	0
Finland	8,241,961	0.3 %	0
Allocations of unearmarked funds by UN agencies	6,812,504	0.2 %	0
Belgium	6,807,315	0.2 %	0
Others	78,165,489	2.4 %	684,800,415
Grand Total:	**3,209,988,575**	**100 %**	**1,189,020,550**

* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)

Annex 2

2010 Haiti Humanitarian Appeal (February revision) Strategic Objectives and Achievements Achieved as of Mid-Year[125]



Note : Some Flash Appeal targets exceed the period of the Appeal and in those cases coverage is understated

[125] Coverage figures submitted for the Mid Year Review of the Haiti Revised Flash Appeal

Annex 3

List of actual and planned evaluations of the humanitarian response in Haiti

ALNAP Active Learning Network for Accountability and Performance in Humanitarian Action

UNEG United Nations Evaluation Group

Evaluations Information Share

Real Time Evaluations

Agency	Title	Start	Completion	Contact	Comments
Oxfam	Real Time Evaluation Haiti	-	Feb. 2010	Ivan Scott- iscott@oxfam.org.uk	
OCHA	Inter-Agency Real Time Evaluation	Jan. 2010	Feb. 2010	Scott Green- green10@un.org	Carried out by Groupe URD
IFRC	Real Time Evaluation	-	April 2010		
Tearfund	RTE of Tearfund's Haiti response	May 4th 2010	May 21st	Alison Claxton- Alison.Claxton@tearfund.org	
Christian Aid	Real Time Evaluation	May 2010	14th June	Nigel Timmins- ntimmins@christian-aid.org	Final version including CA management response – 21st June
CARE	Real Time Review – Humanitarian Coalition (Canada)	May 2010	TBC		
UNICEF	Inter- Agency RTE	Spring 2010	Spring 2011	Robert McCouch- mccouch@unicef.org	3 phase exercise- first phase almost complete
British Red Cross	Mass Sanitation Module ERU RTE	TBC	TBC	Jane Waite- JWaite@redcross.org.uk	

Other Evaluations

Agency	Title	Start	Completion	Contact	Comments
OCHA	External Evaluation of OCHA Performance	May 2010	June 2010	Scott Green- green10@un.org	
Action Aid	Internal Evaluation	Early July	End July		
SDC- Switzerland	Evaluation of SDC Humanitarian Aid: emergency relief	Oct. 2009	Jan. 2011	Valerie Rossi- valerie.rossi@deza.admin.ch	Case studies- Gaza, Sudan, Haiti. The Haiti case study is due for September
CONCERN	Independent Evaluation	August	TBC		TBC
Oxfam	Full Evaluation of Oxfam International response	Dec. 2010	Early 2011	Ivan Scott- iscott@oxfam.org.uk	
Ministry of Foreign Affairs, Netherlands	TBC- Evaluation of Netherland's role in the relief phase of Haiti response	Late 2010	Mid 2011	Ted Kliest- tj.kliest@minbuza.nl	Hope to conduct as joint evaluation with relevant Dutch NGOs
World Food Programme	Country Portfolio Evaluation- Haiti	Late 2010	Mid 2011	Michel Denis- michel.denis@wfp.org	All operations in Haiti
British Red Cross	Overall BRC response- Light Touch Review	TBC	TBC	Jane Waite- JWaite@redcross.org.uk	
CARE	Independent Evaluation	TBC	TBC		Possibly a joint effort with other agencies

Other Learning and Accountability initiatives

Agency	Title	Start	Completion	Contact	Comments
CARE	After Action Review	-	May 2010		
UNDP	After Action review	-	June 2010	Janey Lawry-White janey.lawry-white@undp.org	Internal review
ACT International	Monitoring Mission	5th June 2010	June 2010		TBC
HAP International	Quality and Accountability Support Team deployed to Haiti	Feb. 2010	July 2010	Elie Gasagara egasagara@hapinternational.org	Final TOR for the HAP deployment
American Red Cross	M & E plan for recovery phase in Haiti- drawing on lessons from first 6 months of response	July 2010	Aug. 2010	Dale Hill- hilldal@usa.redcross.org	
DEC	Desk study and Workshop with agencies working in Haiti	June 2010	Summer 2010	Annie Devonport- adevonport@dec.org.uk	A more comprehensive evaluation is planned for later in the year.
American Red Cross	Evaluation Use Piece- Implications/ Lessons from Tsunami Response	-	Sept/ Oct. 2010	Dale Hill- hilldal@usa.redcross.org	
British Red Cross	Cash Programming After Action review	TBC	TBC	Jane Waite- JWaite@redcross.org.uk	

Other Evaluations the Networks are aware of

Agency	Title	Start	Completion	Contact	Comments
USAID	Rapid Environmental Evaluation	Feb 2010	Feb. 2010	Mia Beers- mbeers@USAID.GOV	Final Report
French Ministry of Defence's Strategic Affairs Directorate	Real- time Evaluation	Feb 2010	Feb 2010	François Grünewald- fgrunewald@urd.org	Conducted by Groupe URD Final Report
Agenzia Italiana per la Risposta alle Emergenze (AGIRE)	Evaluation to assess the response of 9 member agencies of the Italian umbrella organisation	Sept 2010	Nov. 2010	Marco Bertotto- m.bertotto@agire.it	
AECID- Spain	Evaluation of Strategy for Humanitarian Action, Office of The Spanish Cooperation Agency	2009	2011	Pablo Yuste- pablo.yuste@aecid.es	
European Commission	Management of risks linked to disaster and other exogenous shocks	2013	2015		Contact OECD-DAC EvalNet

IASC Inter-Agency Standing Committee

The Inter-Agency Standing Committee (IASC) is an inter-agency forum for coordination, policy development and decision-making bringing together key humanitarian organisations from the United Nations, Red Cross Red Crescent Movement and Non-Governmental Organisations.