This paper outlines some initial lessons from the humanitarian response to the earthquake in Haiti in January 2010, viewed from the perspective of the Humanitarian Country Team and the humanitarian community. Observations based on initial consultations with the Haiti Real Time Evaluation (RTE) team have also been incorporated, but it should be noted this document does not seek to prejudge conclusions from the RTE itself.

The paper deliberately highlights areas for improvement, with examples of best practice, and should be read in the knowledge that the response has been successful in avoiding further unnecessary deaths and tackling the main challenges, despite the complex and difficult background.

I Summary

- The post-earthquake response coordination challenge was sudden, huge and complex: in recognition of this, humanitarian leadership could have been strengthened further at the outset of the operation
- More focussed and better-defined inter-cluster coordination capacity was needed to ensure cohesion between the strategic and operational levels of the response operation
- Clusters had to contend with rapidly increasing numbers of humanitarian actors following divergent agendas, which negatively affected their efficient decision-making capacity
- Significant military assets needed to be absorbed within the response operation, which required an effective coordination mechanism led by humanitarian actors
- National organisations were not fully included in, or supported by, the humanitarian community, either in the response operation or in longer-term institution-building activities
- The quality of the humanitarian response could have been improved through a better understanding of the socio-economic environment and the community-based urban operating context
- More strategic targeting of humanitarian assistance could have pre-empted population movements which increased needs and vulnerabilities
- A clear communication strategy was required between the humanitarian community and other stakeholders, particularly the disaster-affected population
II Context

Any observations and lessons learned in relation to the humanitarian response to the earthquake need to be considered with specific reference to Haiti’s unique context. The country has experienced chronic poverty, poor governance, and fundamental structural dysfunctions over many decades. In addition, the country is prone to various natural disasters, including extensive flooding and storms on an almost annual basis. Haiti’s underlying vulnerabilities meant that the humanitarian operation faced significant challenges in responding to the needs of the earthquake-affected population.

The earthquake crippled the capital city Port-au-Prince and its surroundings, with a significant loss of human capital and governmental infrastructure. The casualties sustained within the civil service, and the damage to public buildings and services, significantly reduced the capacity of national authorities to lead and coordinate an effective response. There was widespread severe damage to buildings and infrastructure, including Port-au-Prince’s electricity and water infrastructure, communications networks, the port, and many roads in and around the city – all of which significantly impacted on the speed and efficiency of the humanitarian response.

All the humanitarian actors present in the country prior to the earthquake were themselves affected by the disaster, with many experiencing collapsed offices, staff killed or injured, and national staff losing family members, friends, and homes. There was an insufficient UN-wide effort to establish accommodation and office services and capacity for the various agencies involved in the humanitarian response.

The interdependence between the various elements of the humanitarian response (for example the inherent links between rubble removal and shelter provision, or the re-establishment of agricultural activities and the provision of employment), and the fact that so many different actors (including non-humanitarian ones) had critical roles to play in these activities, were crucial in determining the efficacy of the response overall.

The complex background context, the vast extent of the urgent life-saving needs, and the challenges facing the response capacity called for strategic leadership, strong coordination, communication, innovation and the ability of a wide range of relief, recovery and development actors – both national and international - to work together in a rapidly evolving environment.

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1 Pre-earthquake data: 51% of the rural population and 70% of the urban population had access to clean drinking water, while only 32% of the total population had access to adequate sanitation (18% in rural areas). Most social services, for example 85% of schools, were provided by non-public actors. 40% of children lived in absolute poverty, and 70% experienced at least one form of deprivation (food, health, education, water, sanitation, shelter, information). At 72/1000, child mortality rates were extremely high, while children were afflicted by high rates of stunting (affecting 22% of under-fives) and wasting (affecting 10% of under-fives). Immunization levels were under 60%, compared with a regional average above 90%. 50% of children were not attending school.
III Observations/Lessons Learned

3.1 Humanitarian Leadership

1. Considering the extent of the disaster, and the urgency to initiate a coherent, coordinated, and comprehensive response, more should have been done immediately to strengthen the humanitarian leadership capacity. A Humanitarian Coordinator (HC) had been in situ prior to the earthquake, but the multiple functions of the post (RC/HC/DSRSG) detracted from the incumbent’s capacity to focus purely on the leadership required for such a large-scale response. Options might have included the swift appointment of a Deputy HC, the delegation of the incumbent’s other responsibilities to an alternative person, or the appointment of a separate HC as the situation required.

2. Related to this, there was a lack of support staff for the HC function in the critical early phase of the response operation. If it was deliberately decided to retain the combined RC/HC/DSRSG (in order to retain the existing communication channels with the government and MINUSTAH), immediate action should have been taken to provide better support staff for the HC role.

3.2 Humanitarian Country Team

3. Although there was a Humanitarian Country Team (HCT) in existence (known as the Comité Permanent Inter-ONG) prior to the earthquake, it was not fully re-established and functioning until the 3rd week of the response. As a direct result, there was insufficient strategic and policy guidance for the overall response in the critical first phase, and Heads of Agencies/Cluster Leads lacked an organised forum through which to jointly discuss issues of strategic and operational concern. This also had a negative impact on the integration between sectors and the operational efficiency of multi-sectoral response agencies.

4. While NGOs and the Red Cross/Red Crescent Movement were quite active in the HCT once it was re-established, and partnership principles were clearly implemented, the logic of the clusters being represented in the HCT through their respective lead agencies was not closely followed.

3.3 Cluster Coordination

5. Clusters played an essential role from the first days of the operational response, particularly in the prioritization of resources through establishing a clear division of labour among organizations despite the challenges faced at the outset in terms of being able to establish themselves, identify clear and adequate leadership and coordination capacity, deal with the extensive influx of humanitarian organisations and connect with national coordination structures, and also with MINUSTAH and national NGOs.

6. Decision-making in most clusters was hampered by the participation of a very high number of organisations, many of which were not operationally relevant. Some clusters struggled to establish adequate arrangements to divide their work into information-sharing, technical operations, and strategic decision-making, and therefore became saturated and were unable to deliver core services.

7. It was difficult for clusters at the initial stage of the response to mirror or build on national response structures because of the capacity and resource challenges the government faced. Nonetheless, coordination with government entities (local, regional, or
national authorities, including Ministries) could possibly have started earlier in the case of some clusters.

8. The Early Recovery Cluster’s exact scope of work and linkages with initiatives on early recovery and recovery amongst the other clusters was somewhat unclear. While an Early Recovery Strategic Framework was initiated, further discussion with relevant partners was required on the added value of such a framework and the proposed early recovery network in the context of the humanitarian response.

9. The coordination between the work of all clusters and the PDNA and post-PDNA process could also have been better clarified; and efforts to incorporate cluster priorities within the PDNA process were only partially successful. The PDNA process could potentially have been an ideal opportunity for the clusters and the government sectors to work more closely together.

10. Some cluster lead agencies were unable to ensure a sufficient separation between their cluster coordination and agency operational responsibilities which impeded their performance due to competing priorities and demands. However, it should be noted that the operational constraints at the early stages of the response (including the challenges of limited accommodation, office space, and logistics) contributed to reducing agency capacity to deploy sufficient staff to cover both cluster coordination and programmatic responsibilities.

11. It would have been useful to have more guidance and good practice examples in relation to the co-leadership of clusters by NGOs from other operational contexts. A dialogue on the value of this approach was initiated in the 3rd week of the response, but no comprehensive conclusions were reached, the result being, in some cases, stymied decision-making.

12. The responsibilities and purpose of the inter-cluster coordination function could have been better defined and understood by all humanitarian actors, and this detracted from the critical role of this function in the coordination of the response. The Inter-Cluster Coordination forum (ICC) was therefore not as effective as it might have been in building coherence between the strategic and operational levels and in ensuring that HCT-defined strategy was implemented at the cluster level.

13. Considering the complexities of the response, and the interdependence of the critical sectoral needs, coordination across clusters could have been much stronger, avoiding a ‘siloh approach’ in the response operation. Just as agencies need to stop thinking solely as agencies, clusters need to stop thinking solely as individual clusters but instead as part of an overall cross-sectoral response. This process could have been facilitated by a stronger inter-cluster coordination function with clearly-defined objectives. A geographic or area-based multi-sectoral and integrated approach could have been appropriate to the Haiti context, and clusters could have operated within such a framework.

14. There were some suggestions by various humanitarian agencies and donors that clusters could have made more use of the private sector in the provision of materials and services in support of the response.

15. Immediately following the earthquake, the United Nations Country Team in the Dominican Republic rapidly activated so-called ‘shadow clusters’. This coordination

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2 The WASH cluster provided good practice in closely coordinating with government counterparts at an early stage - although it should be taken into account that DINEPA (the Department for Water and Sanitation) was one of the few public departments that did not collapse and therefore had some capacity to coordinate the sectoral response.
structure was instrumental in the initial phase of the operation in facilitating organisations based in the Dominican Republic to *inter alia* organize supplies and the logistical arrangements to send them, to begin to coordinate and develop partnership agreements, and to provide remote technical support to counterparts in Haiti for the development of the Flash Appeal.

### 3.4 Other Coordination Mechanisms

16. Considerable military and MINUSTAH assets were available in the immediate aftermath of the earthquake, and it was essential to coordinate the use of these assets swiftly and effectively to meet the needs of the disaster-affected population. ‘International coordination’ structures were established during the second week, under the joint leadership of the government and MINUSTAH, but HCT members were not sufficiently involved in these structures - the Coordination Support Committee (CSC) and the High Level Coordination Committee (HLCC) – which deprived senior humanitarian actors of some of their decision-making prerogative.

17. A government/humanitarian/military coordination body known as the Project Management Coordination Cell (PMCC) was established to ensure that CSC decisions regarding activities to be conducted jointly by the government, humanitarian and military actors were efficiently implemented. This entity was led and tasked by OCHA (representing the humanitarian community) based on humanitarian criteria, which was critical in ensuring that humanitarian principles and priorities guided all decisions and actions, and that the humanitarian lead and character of the operation was preserved throughout. The PMCC was an effective and practical forum which enabled cohesion between the political, humanitarian and military facets of the response operation and the optimum use of all relevant resources.

### 3.5 Determining Needs and Information-Sharing

18. The Rapid Needs Assessment implemented during the first 6 weeks following the earthquake was inadequate, and a more simple and efficient assessment of needs and capacity immediately following the disaster would have been more effective. There was also insufficient coordination between needs assessment activities led by the clusters, those coordinated by OCHA, and MINUSTAH’s initiatives in the same regard.

19. Profiling and registration of the affected population, while critical to the efficacy of the response, was extremely complicated, the concept of displacement being challenging to define and the distinction between the ‘affected’ and the ‘non-affected’ population being unclear in the Haiti context. Accurate enumeration of the ‘displaced’ population has become difficult as populations with or without shelter develop entrepreneurial coping mechanisms to maximise their chances of receiving assistance. For these reasons, more sophisticated survey and assessment tools are required and more resources should be dedicated to determining levels and trends in vulnerability.

20. The ability of the humanitarian community to understand the factors determining vulnerability, coping mechanisms, knowledge of local issues and social codes, and local political systems was limited by pressure (both from the media and the population) to deliver assistance immediately. More dialogue with the affected communities and better data collection methods would have improved the humanitarian community’s understanding of the factors underlying acute vulnerability.

21. The operational piloting of the Communicating with Disaster Affected Communities (CDAC) project was a success. The project helped to build relationships between
participating media development organizations and the humanitarian architecture, which supported the development and broad diffusion of common messaging on key issues. In addition, the early deployment of the CDAC network laid a basis for two-way communication between humanitarian organizations and affected communities, including both individuals and organizations, which can be instructive to discussions on how to increase the participation of local organizations in the international response.

22. Information management within some clusters – and throughout the humanitarian response generally - was insufficient to generate sufficient data and useable indicators to track response against the coverage of objectives. On the positive side, the shelter cluster is an example of best practice in cluster information management, as well as in public information support to the cluster members.

23. Communication between the Government and humanitarian community has focussed on the modalities of international assistance, but further opportunities should be created to support the Government to convey key messages to the affected population including modalities of assistance and overall planning on relief and recovery.

3.6 Engagement with/Support to National Actors

24. Coordination and communication between civil society and the international actors involved in the humanitarian response was insufficient, with both entities essentially following separate and parallel approaches. Civil society organizations encountered various challenges in engaging with the international response, including for example practical difficulties in accessing cluster meetings held at the UN compound (due to lack of photo-IDs), a lack of awareness of coordination structures or organised information-sharing meetings, and a lack of sufficient staff capacity to engage with coordination mechanisms. Ways should be found for making coordination more user-friendly to national actors.

25. Greater inclusion of local and national NGOs in the delivery of humanitarian assistance and a more extensive incorporation of their activities into the work of some of the clusters would have had a positive effect on the affected population, as local communities would have become more engaged in projects on the ground as partners.

26. There should have been a more systematic and consistent approach by humanitarian actors to assist the government and national/local authorities to increase their operational capacity and strengthen their infrastructure following the extensive losses and damages they incurred.

3.7 Rural Assistance

27. Half a million people moved to the provinces in the immediate aftermath of the earthquake. Some settled in rural communities, while others sought shelter with relatives and friends in small and medium-sized cities. This mass population movement to the rural areas coincided with the beginning of the lean period, when food stocks were at their lowest level in most areas. The large influx of IDPs during the lean season placed an immense pressure on rural households. Many of those who were displaced to the provinces have now either moved to other cities or back to Port-au-Prince, and some argue that the humanitarian and recovery actors missed the window of opportunity by not re-directing assistance to rural and semi-rural non-affected areas in a timely manner.

28. Developing a strategy with the government to support host families, or a strategy to create immediate pull and stay factors in the areas outside Port-au-Prince is an urgent
requirement (supporting the government’s plan to ‘decongest’ the capital). The recent establishment of an early recovery cluster sub-group on this theme is a welcome development which should be coordinated with other initiatives in this area.

29. The targeting of resources on the affected population in Port-au-Prince during the early stages of the response, rather than directing urgently required resources to rural areas, severely hampered the recovery of the agriculture sector and hindered assistance to farming communities.

3.8 The Urban Context

30. Disasters which occur in urban contexts have special characteristics due to the governance systems, service delivery mechanisms, density of people, and particularities of urban livelihoods. In Port-au-Prince particularly, displacement is normally close to the original place of residence and the affected population tends to maintain close contact with their pre-crisis environment, including with people that are less affected. So while the need to rapidly deliver assistance to people in the early stages of the earthquake response certainly imposed limits on the choice of how assistance was delivered, the recipients of assistance have shared what they receive with the surrounding community, and therefore the more traditional relief assistance should be re-orientated as soon as possible to more appropriate "community-based services" out of the larger settlements.

31. In addition to the need for improved consultation and interaction with local communities and authorities, there is also a need for a better understanding of the social dynamics and interactions at community-level in densely-populated urban areas, particularly to ensure that the most vulnerable people receive the assistance they need. In the Haitian context, some local camp committees did not always adequately represent those most in need. In some cases, the camp management approach has apparently been detrimental to the dynamic pre-existing grass-roots committees in the various ‘quartiers’ (neighbourhoods) in Port-au-Prince, with the possible result of damaging the social fabric and causing social tension. This is of particular concern in a country which benefits from a vibrant and engaged civil society.

3.9 Preparedness and Contingency Planning

32. There are many different Government entities involved in disaster response, management and mitigation - and with widely differing capacities. The UN, led by UNDP, is currently reviewing national disaster management mechanisms and capacity as a basis for recommending a more coherent national structure for disaster risk reduction.

33. Contingency planning for the upcoming cyclone season should cover both the community and the institutional levels. One planning priority is to ensure early warning systems are used to remove vulnerable populations from harm’s way and ensure people initially get help for their own communities. A second priority is to assist the Government and authorities in receiving and coordinating international assistance which will be more prevalent this season due to presence of humanitarian actors within the earthquake operation.

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3 The Cluster Approach Evaluation Phase 2 recommends cluster-specific guidelines on responding to urban crises.