Resilience in the Humanitarian Sphere: Stimulating Resilience for Recovery in Haiti

By

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Abstract

Severe recovery deficits after post-disaster interventions have become the landscape seen globally. Humanitarian operations have struggled to find coherence between relief and recovery activities, which has resulted in a perceived operational 'gap' between relief, recovery and development. This current dynamic has caused significant deficiencies within humanitarian programming, such as weak strategy, a lack of transition mechanisms, exit plans and effective recovery. A situation that stems from the current paradigm the humanitarian system operates under and the framework that has evolved around it.

Supporting the development of adaptive resilience of a disaster-affected population, within the humanitarian sphere, has been theoretically posed to be fundamental for recovery; a programmatic consideration that could ensure former weak resilience would not hinder post-disaster recovery. Therefore, could a resilience building approach offer much needed solutions to the challenge of recovery within post-disaster contexts? This research aimed to understand whether resilience building within post-disaster environments could increase potential recovery of disaster affected populations and whether it is feasible to build individual/household (HH) level resilience through emergency response operations? The research looked specifically at adaptive resilience at the individual/HH level, clarifying the concept and understanding its modality in order to operationalise it within humanitarian programming. The common barriers to recovery experienced by individuals/HH in a crisis event were gauged, and the relationship between adaptive resilience and recovery determined.

A unique singular case study was used to collect quantitative and qualitative data required to answer the key objectives of this research. The case study chosen was the 2010 Haiti earthquake response. Primary data was collected over a 7 months period through 37 semi-structured interviews and 31 online questionnaires with donors, government, INGOs, LNGOs and the private sector, that were operating within the Haiti response, and 18 disaster affected community members within a community discussion forum. Bringing a total participation of 86 individuals and organisations. An in-depth case study was developed in order to offer an evidence base for the proposed theory, that supporting adaptive resilience through emergency response programming has the ability to stimulate recovery. A new data collection tool was trialed within the community discussion forum, namely the Sociogram.

This tool looked to assess the main components of adaptive resilience. Methodological rigour was introduced through the use of methodological and data triangulation to ensure validity and reliability of the research.

The research successfully identified the main barriers to recovery, pinpointed the key components for adaptive resilience and the influence of emergency programming on the development of adaptive resilience, establishing the relationship between them. The role emergency response operations can play in the development of adaptive resilience was then explored. It has been demonstrated that to ensure recovery and allow for a more resilient society to evolve, adaptive resilience needs to be and can be supported and developed within emergency response operations. The research has been able to demonstrate, through the analysis of the Shelter and WASH response undertaken in Haiti, that developing resilience in the post-disaster environment is possible and an approach that is able to improve strategy within emergency response operations. Improvements would be seen in the provision of essential services within the response, a substantial increase in transitional and exit options and an increased capacity to proactively stimulate rapid recovery. This strategic approach to emergency response programming has the ability to offer the coherence needed between relief, recovery and development. Determining that a resilience building approach within emergency response operations could be the 'missing link' or resolution to the perceived operational 'gap' between relief, recovery and development. Pursuing a resilience building approach has the potential to bring much needed cultural change within the humanitarian sector that will shape operations for a more strategic and successful future.

Key words: post-disaster; adaptive resilience; operational gap; humanitarian programming; humanitarian framework; recovery; Haiti; resilience approach

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Contents

List of Abbreviations

ACAPS	Assessment Capacities Project
ACF	Action Against Hunger
ACTED	Agency for Technical Cooperation and Development
ALNAP	Active Learning Network for Accountability and Performance
ALPS	Accountability, Learning and Planning System
BBB	Build Back Better
BRC	British Red Cross
CAFOD	Catholic Agency For Overseas Development
CAMEP	Centrale Autonome Métropolitaine d'Eau Potable)
CAP	Common Appeals Process
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CfW	Cash for Work
CGD	Center for Global Development
CHAP	Common Humanitarian Action Plan
CHF	Common Humanitarian Fund
CIDA	Canadian International Development Agency
CRS	Catholic Relief Services
CTB	Coopération Technique Belge
DEC	Disaster Emergency Committee
DFID	Department for International Development
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement
DREF	Disaster Response Emergency Relief Fund
DRR	Disaster Risk Reduction
DTM	Disaster Tracking Matrix
EC	European Commission
ECB	Emergency Capacity building
ECHO	EU Humanitarian Aid and Civil Protection department
ECOSOC	United Nations Economic and Social Council
EMMA	Emergency Market Mapping and Analysis
ESRC	Economic and Social Research Council
FAO	Food and Agriculture Organization
FTS	Financial Tracking Service
G77	Group of 77
GFDRR	Global Facility for Disaster Reduction and Recovery
GHD	Good Humanitarian Donorship
GIS	Geographical Information System
GoH	Government of Haiti
GPS	Global Positioning System
GRET	Professionals for Fair Development
Groupe URD	Groupe Urgence Rehabilitation Developpement
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team

HERR	Humanitarian Emergency Response Review
HES	Household Economic Security
HFA	Hyogo Framework for Action
HH	Household
HPN	Humanitarian Partnership Network
HRI	Humanitarian Response Index
IASC	Inter-Agency Standing Committee
IATI	International Aid Transparency Initiative
ICRC	International Committee of the Red Cross
IDB	International Development Bank
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross
IHRC	Interim Haiti Recovery Commission
ILO	International Labour Organization
IMC	International Medical Council
IMF	International Monetary Fund
INGO	International Non-Governmental Organisation
IOM	International Organisation for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
J/P HRO	J/P Haitian Relief Organization
LFI	Local Financial Institutions
LNGO	Local Non-Governmental Organisation
LRRD	Linking Relief, Rehabilitation and Development
M+E	Monitoring and Evaluation
MINUSTAH	United Nations Stabilization Mission in Haiti
MOU	Memorandum of Understanding
MTPTC	Ministry for Public Works, Transport and Communication
NAFT	Needs Assessment Task Force
NCA	Norwegian Church Aid
NFI	Non-Food Items
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OFDA	Office of U.S. Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
OREPA	Offices Régionaux de l'Eau Potable et de l'Assainissement
OSOCC	On-Site Operations Coordination Centre
PAHO	Pan American Health Organization
PaP	Port-au-Prince
PASSA	Participatory Approach to Safe Shelter Awareness
PDNA	Post Disaster Needs Assessments
PDT	Peace Dividend Trust
PSI	Public Services International
RINAH	Rapid Initial Needs Assessment for Haiti
RTE	Real Time Evaluation
SAG	Strategic Advisory Group

SIF	Social Investment Fund
SME	Small to Medium Enterprises
SOL	A revolving community loan system in Haiti
SSRP	Shelter Sector Response Plan
UN	United Nations
UN-HABITAT	United Nations Human Settlements Programme
UNDAC	United Nations Disaster Assessment and Coordination
UNDESA	United Nations Department of Economic and Social Affairs
UNDG/ ECHA	United Nations Development Group Executive Committee on Humanitarian Assistance
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USAID	U.S. Agency for International Development
USG/ERC	The Under-Secretary-General and Emergency Relief Coordinator
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WMO	World Meteorological Organization
WSS	Water Supply and Sanitation

Glossary of Terms

Linking Relief, Rehabilitation and Development	These three distinct activities describe the flow between emergency and non-emergency work undertaken within a country. Currently, operating at distinct 'phases' with little coherence between them. LRRD aims to find the coherence between these activities by identifying the 'missing link'.
Operational Gap	The lack of coherence between relief and recovery activities seen after a disaster response is termed as an 'operational gap' (Lloyd-Jones 2006).
Continuum	Describes a continuous sequence of stages that are distinct from one another, but are fundamentally connected, e.g. the current disaster management cycle operates under distinct 'phases' of relief, recovery, rehabilitation and mitigation on a continuum.
Contiguum	Designates that all considered stages operate at the same time in overlapping juxtaposition, e.g. within a post-disaster response relief and recovery activities will operate simultaneously.
Humanitarian framework	As referenced within this thesis, the humanitarian framework consists of components within the humanitarian system that are supportive and fundamental to executing emergency response operations, i.e. financial mechanism, coordination mechanisms etc.
Resilience	Resilience is the ability of an individual or community to return to a previous (and good) condition after experiencing a crises; high resilience in a community means it will be less vulnerable.

Vulnerability	The ability of a society to withstand adverse impacts, to which they are exposed, deems this state of vulnerability.
Post-disaster resilience	Terms the level of resilience an individual/household/community possesses in the immediate aftermath of a disaster, this existing resilience can be promoted and developed through emergency response operations (i.e. adaptive resilience).
Adaptive capacity	Describes 'the ability or capability of a system to modify or change its characteristics or behaviour to cope better with actual or anticipated stresses (Brooks and Adger 2003).
Adaptive resilience	Describes an individual's/HH's/community's adaptive capacity within a post-disaster environment, which can be developed within a post-disaster context to actively raise resilience for recovery.
Individual and Household level	There are different levels of social groupings that exist - individuals, households, communities etc., which possess different dynamics that need assessing separately. To designate a clear unit of analysis the research has used the most basic social groupings- individuals and households.
Sociogram	Is a tool that aims to measure the level of individual/HH resilience that exists in post-disaster environments.

List of Figures

List of Tables

List of Boxes

List of Case Studies

1. Introduction

This introductory Chapter will present this research thesis and establish the fundamental reasons for pursuing this investigation. It will offer an outline of the field of study, leading to specific areas of interest, including a summary of previous research. This will be followed by the introduction of the research problem and the specific aims and objectives to be investigated.

1.1. Research Context

The threat of 'natural disaster' is ever increasing at a global scale (DFID 2005) and the effects disaster can have on an unsuspecting vulnerable society can be devastating, not just in the short-term, but for their overall functionality and standard of living for decades following such devastating events. The impact of disaster on a population is determined by, the level of resilience and preparedness within a society, its infrastructure and its government (Bosher and Dainty 2011), highlighting the necessity to ensure resilience and preparedness within any vulnerable society.

Within many post-disaster environments basic relief can be provisioned, but it is continuously noted that transitioning to a state of recovery is a constant problem (Oxfam 2006; Amin and Goldstein 2008; DEC 2011a). This has hindered the success of emergency response operations and the ability of an affected population to regain a functioning, productive life (Buttenheim 2009). This issue can be termed the operational 'gap' between relief and recovery (Lloyd-Jones 2006).

It is generally accepted that there is a link between humanitarian action, recovery and development and that humanitarian action should establish a framework for recovery (ALNAP 2006). But the opportunities for building on international good practice, as a foundation for long-term recovery and development, in the early stages of the relief effort are often lost. Over the past two decades there has been considerable discussion and research concerning the link between relief and development, but it has been argued little progress has been made (Bailey *et al.* 2009). There has been an enhanced focus around the effect of relief interventions on recovery. ALNAP (2008) highlighted the need to avoid compromising recovery during relief interventions, pointing out that agencies should consider the likely impacts of an intervention on recovery, and whether a different approach might be better for recovery. The continual problems encountered in emergency response

has had the sector re-evaluating its approach to operations (DFID 2011a; IFRC 2012). Many agencies are battling to be able to provide the very real relief and recovery needs of the affected communities their mandate aims to help. Stiff funding frameworks, weak coordination and leadership has hindered effective response programming, transition capacity and recovery (ALNAP 2008, 2011a, 2011b).

The continual discussions by key parties in the humanitarian sector on the need to stimulate recovery in relief operations, reveals the necessity of this approach, but also the misconception and lack of conceptual clarity and physical capacity to practically implement such an approach. The aid framework is set up under a distinct separation between humanitarianism and development and this has built the inherent platform emergency programmes operate from. Consequently, offering a rigid structure that is unable to respond to the reality on the ground. The revival for more sustainable programming in emergency response speaks of a need to find coherence between this false dichotomy between humanitarianism and development.

The level of resilience experienced by an individual/HH before a disaster event is inherent with the absorptive capacity that they will express post-event (Cutter 2008). This absorptive capacity will determine the impact felt. The level of resilience expressed in a post-disaster environment has a direct effect on the level of achievable recovery of that individual/HH. It has been presented that initial levels of resilience can be improved early and this is deemed adaptive resilience (Cutter 2008). Adaptive resilience can be supported through emergency response programmes to proactively increase an affected society's ability to rapidly and sustainably recover.

Currently, there is a lack of conceptual clarity around key aspects of resilience in the post-disaster context. Thus, how humanitarian interventions could offer programmes that proactively support adaptive resilience for recovery. In order to approach the evaluation of resilience and potential resilience building initiatives within humanitarian programming, current conceptual understanding put forward to understand resilience, including characteristics and frameworks, need to be further developed and better understood in the post-disaster context. A more thorough conception of the context and the influence of different types of humanitarian intervention need to be explored. Also, how agencies can be

better equipped when entering a response to evaluate individual contexts, therefore, effectively plan interventions that either specifically build resilience or are mindful of it.

Without this depth of knowledge, what is considered a resilience building intervention could be fundamentally misguided, which would ultimately lead to failed programmatic attempts. Successful implementation of resilience building initiatives in humanitarian responses has the potential to increase the effectiveness of humanitarian assistance, recovery, risk reduction, longer-term development and for the development of much needed coherence between these sectors.

The concept of resilience has gained currency in the last few years. However, as demonstrated this has been in the absence of substantiated conceptual dimensions, a lack of clarity of definition, substance, and most importantly, its applicability in disaster management and sustainable development theory and practice. Therefore, it is crucial to fully comprehend what disaster resilience really means and how to successfully develop and implement resilience building interventions in humanitarian programming.

The next, clarifies the fundamental research problem being investigated within this thesis and the specific research issues to be explored and resolved through the literature and data collection.

1.2 The Research Problem

Following the introduction of the field of research this thesis is focused on, this section looks to clearly define the research problem being investigated and state a broad overview of how this research problem will be confronted within this research. The following section will then detail the specific aims and objectives that will be used to focus the investigation in order to solve the stated research problem.

The research problem:

> **Can resilience building within post-disaster environments increase potential recovery of disaster-affected populations and is it feasible to build individual/household level resilience through emergency response operations?**

This thesis will investigate this problem by, firstly, exploring and investigating the theoretical concept of resilience in the post-disaster context through exiting academic and field based literature (Chapter 2) and through the use of a real life case study (Chapters 4 and 7). Secondly, by gauging whether emergency response operations support or hinder adaptive resilience, again using the wealth of literature from an array of emergency response operations and through an assessment of humanitarian operations within a specified post-disaster case study (Chapters 5 and 6). Thirdly, the thesis will undertake a comprehensive analysis of this evidence to conclude how adaptive resilience could be supported through emergency response operations (Chapter 8).

1.3 Aims and Objectives

1.3.1 Aims

This research, firstly, aims to conceptualise what individual/HH level resilience means in the post-disaster environment. Secondly, the research aims to understand what a resilience building approach could look like in the humanitarian sphere and how it could improve emergency response programming and the coherence between relief, recovery and development activities. Thirdly, this research looks to comprehend what would be needed to mainstream such an approach within the humanitarian framework.

1.3.2 Objectives

With these research aims in mind this sub-section details specific objectives that have been devised to investigate this thesis' stated research problem. These objectives require a structured research investigation to produce necessary valid evidence, to investigate the indicated research problem, how these will be measured is briefly detailed in the following sub-section and will form the foundations of this thesis' data collection and analysis.

Objectives encompassed within this thesis:

- **Objective 1.** To clarify the concept of resilience within the post-disaster context (discussed in Chapters 2, 4 and 7).
- **Objective 2.** To gauge the impact emergency response programmes had on individual and household resilience in post-earthquake Haiti (discussed in Chapter 5).

- **Objective 3.** To gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti (discussed in Chapter 6).
- **Objective 4.** To determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level (discussed in Chapter 7).
- **Objective 5.** To comprehend possible resilience building initiatives within emergency response operations (discussed in Chapter 8).
- **Objective 6.** To comprehend how resilience building initiatives can be supported within the humanitarian operational framework (discussed in Chapter 8).

1.3.3 Methodology to Measure Objectives

This sub-section will describe in brief the methodology that was chosen to measure and meet the objectives of this research stated in the previous sub-section.

An in-depth literature review and an in-depth case study in a post-disaster environment (Haiti 2010 earthquake) will both be used to meet the objectives of this research, specifically allowing a holistic overview of the humanitarian sector and current recovery challenges felt globally. Using the case study to uncover specific critical operational areas related to resilience and the promotion of recovery and to tap into a real life post-disaster context, to gauge the real components of resilience expressed by a population currently experiencing a disaster event. The literature will help support the findings coming from the case study to enable a level of generalisability.

The literature review will layout the fundamentals of the research problem presented in this thesis, from a breakdown of the debate around the lack of recovery seen in post-disaster interventions, often referred to as ‘the gap’ between relief and recovery (Lloyd-Jones 2006) or the ‘missing link’ between relief, rehabilitation and development (LRRD) (EC 2011). To see how this problem plays out in a variety of post-disaster events. The literature review will, also, break down the humanitarian framework, to understand the key elements for analysis within the data collection. Finally, it will build a conceptual understanding of resilience through current proposed theory. Presenting an analytical model that will sum up variables involved in this largely qualitative research, describing relationship theory

between the variables detailed in the literature review to set the stage for data collection and analysis.

The literature review will begin to look at the first 4 objectives:

- **Objective 1.** To clarify the concept of resilience within the post-disaster context (discussed in sections 2.6-2.9).
- **Objective 2.** To gauge the impact emergency response programmes had on individual and household resilience in post-earthquake Haiti (discussed in section 2.4).
- **Objective 3.** To gauge the impact of the humanitarian framework on the level of resilience developed in in the context of post-earthquake Haiti (discussed in section 2.4).
- **Objective 4.** To determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level (discussed in sections 2.3 and 2.6).

The in-depth case study will encompass several methodologies that aim to meet all 6 objectives in their finality, these include:

- Semi-structured interviews with a wide variety of stakeholders relevant to the post-disaster environment, these will include INGOs (International Non-Governmental Organisations), LNGO (Local Non-Governmental Organisations), Donors, government - national and local, and the local private sector (refer to sub-section 3.8.2.3).
- An online questionnaire will also be made available. This methodology will allow an alternative and easier response outlet, offered both in French and English. It enables access by a wider audience active in the specified post-disaster response and it also enables an element of quantitative data to be produced. This response outlet will be made available to the same stakeholders stated within the semi-structured interviews (refer to sub-section 3.8.2.4).
- A community discussion forum will be undertaken with members of a disaster affected community, in order to include the voice of the affected within the data collection and to also undertake an adapted tool, named a Sociogram. A tool that was developed to measure resilience. Through this tool resilience is measured

through the perceived strength of connection with social networks and access to assets and services, before and after the disaster (refer to sub-section 3.8.2.5).

- Archival analysis will be collected specific to the case study response, allowing the collection of in-depth context specific information (refer to sub-section 3.8.2.2).

This Chapter has laid the foundations of this thesis, introduced the field of study and the research problem, detailing specific aims and objectives and the methodologies to be used to measure these objectives. Upon these foundations this research can be conducted and its contributions to knowledge attained.

2. The Theoretical, Analytical and Practical Background of the Research Problem

Following on from the previous introductory Chapter that has laid the scope and justifications for this research thesis, this subsequent next Chapter will explore the research problem in considerable depth. It will present theoretical and analytical insights into the nature of natural disaster, the significance of vulnerability and resilience in society, current humanitarian operations and its continual challenges of exit, transition and recovery within the response landscape. Developing the conceptualisation of the operational 'gap' or 'missing link' between relief, recovery and development. Discussing these theories and observations within a current post-disaster operation of the Haitian 2010 earthquake. Finishing the theoretical discussion by investigating resilience theory, focusing on current conceptualisations of resilience, dissecting proposed resilience frameworks, and understanding their potential and limitations within the post-disaster environment. The Chapter will conclude the main variables involved in this research and the relationship theory within an analytical model, to summarise and make clear the connection of research theory, current practice and the direction of this thesis.

2.1 The Cyclical Nature of Disasters

2.1.1 Natural Disaster

'Disaster' can be defined as 'a serious disruption of the functioning of a community or society causing wide-spread human, material, economic and environmental losses, which exceed the ability of the effected community or society to cope using its own resources' (ISDR 2008).

The number of disasters felt worldwide is ever increasing, with the incidence of geophysical disasters (i.e. earthquakes, tsunamis) remaining steady; hydrometeological disasters (i.e. weather-related) have doubled since 1996 (DFID 2005). This significant increase is further threatened by urbanisation, with ever increasing numbers of people living in towns and cities. Many urban centers lack the capacity to equip its residents adequately, exposing vulnerable populations to substantial disaster risk.

With large populations living in densely crowded, ill-serviced accommodation, amounting to extremely vulnerable urban slums and the increasing prevalence of disaster, the need for disaster preparedness, effective emergency response and the consideration of adequate and

sustainable recovery needs to be at the forefront of government and the humanitarian community. Disaster Risk Reduction (DRR) and resilience is a human rights imperative.

2.1.2 Vulnerability and Resilience in Society

The resulting impact of a disaster is determined by the level of resilience and preparedness within a society, its infrastructure and its government (Bosher and Dainty 2011). When a population is left vulnerable without access to critical provisions needed to withstand and recover from a disaster, that population will suffer impacts that go far beyond a natural cause (Bosher 2008). The consequential effect on that population significantly increases their risk to future impacts, which could see that population entering a cycle of disaster that could cost millions of lives unless it can be broken.

To break this cycle, there is a need to recognise the hazards facing a society and their associated vulnerabilities, in order to mitigate them and build-in a level of resilience. This is represented well in Wisner's, disaster pressure-release model (refer to Figure 2.1, pg. 11).

There is a multi-faceted relationship that exists between development and disaster, which in part determines people's vulnerability (Wisner *et al.* 2004; Wamsler 2008). The ability of a society to withstand adverse impacts, to which they are exposed, deems this state of vulnerability. This state is due in part to social and political networks, economic capital and access to key socio-economic resources (Bosher 2007). Strengthening and increasing access to these resources will reduce vulnerability by increasing resilience, where resilience is the ability of an individual or community to return to a previous (and good) condition after experiencing a crises; high resilience in a community means it will be less vulnerable (Bahadur 2010).

Key factors that can determine a societies vulnerability to hazards include:

- Exposure to hazard: people who have limited access to resources will often have limited access to safe land and accommodation, therefore ending up in undesirable hazard prone areas, such as flood plains, steep hill sides and low lying coastal areas (Smith 1996; Bosher 2008; Oxfam 2011).
- Exclusion and marginalisation: people who have limited access to socio-economic resources, such as employment, credit, improved basic services, i.e. water and

sanitation and health, and legal representation can be expected to have less capacity to manage and control decisions and events affecting them (Blaikie *et al.* 1994; UNISDR 2008; Pasteur 2011).

- Poverty: in terms of asset ownership, if a person has access to assets they can be a resource in a time of need reducing vulnerability (Sen 1981; Swift 1989; World Bank 1990 and Putnam 1993).
- Magnitude and temporal elements of natural events: seasonality of events can disrupt essential times for crop harvests and labour recruitment periods, which can severely hinder annual income and food security increasing vulnerability (Chambers 1983).
- Social connections: the level and strength of connections a person has to family and friends, as well as institutional connections, such as community leaders and civil society affects their level of vulnerability as these connections offer support and a safety net in times of need (Tobin 1999; Wisner *et al.* 2004; Bosher 2007).

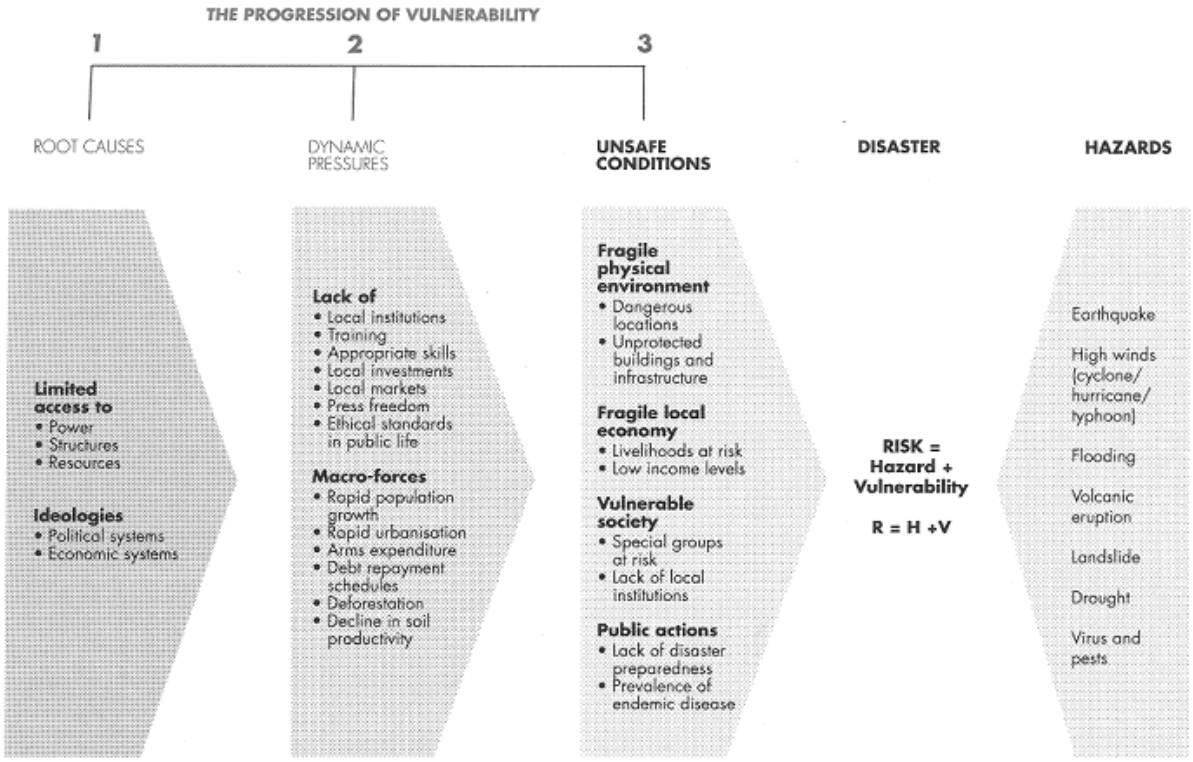


Figure 2.1. A pressure-release model, a model that emphasises the underlying causes of disaster and the social production of risk. [Source: Wisner *et al.* 2004]

Building resilient societies is key to ensuring hazards do not hinder development progression and foster a continual degrading cycle of poverty. Figure 2.2 (refer to pg. 12) demonstrates visually how a shock would affect a resilient society verses a vulnerable society. The graph demonstrates the idea that a resilient society would experience less impact from the shock, whereas a vulnerable society would experience significant impacts, resulting in a disaster.

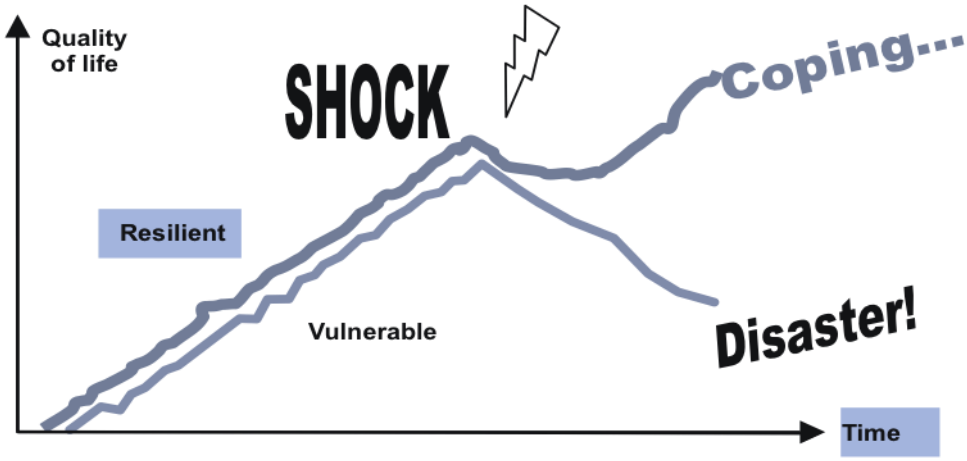


Figure 2.2 Illustrates the affect a shock would have on a resilient society verses a vulnerable society. [Source: Pasteur 2011]

In low resilience societies disaster impacts will be experienced at a greater scale and these societies will also have less tools for recovery. If an international humanitarian operation is launched within this affected country, ensuring that that society has the ability to survive and recover rapidly is fundamental. If resilience measures are not set in motion at crucial points in the 'relief phase' then recovery will be prolonged, leading to a fragile state that is prone to future impacts of disasters, costing many lives and a huge unnecessary financial burden (O'Donnell *et al.* 2009).

2.2 The Disaster Management Cycle

Many current models of humanitarian intervention, unfortunately, do not employ an approach that encompasses resilience building at the crucial time within a response, as noted in the previous section. Instead, current models are set up institutionally to respond solely to basic survival needs, i.e. shelter, food and water. In some instances this one-dimensional approach has the adverse affect on 'potential recovery' and the building of resilience within an affected society, e.g. aid dependency, market disruption and weakened national entities (HPN 2001; PAHO 2011). The approach fundamental to the humanitarian intervention actually divides responsibility for survival and recovery sectorally and within a phased approach. The current disaster management model that represents this continuum is detailed in Figure 2.3 (refer to pg. 13), this two dimensional model presupposes that relief needs, i.e. shelter, food, water etc., and recovery dynamics operate at distinct stages along a post-disaster timeline. Presenting a model that does not conceptualise the idea that relief and

recovery needs both begin simultaneously from day one. The immediacy of survival basics, such as shelter, food and water is fundamental and has shaped the thinking which humanitarian operations are built around. However, it does not represent the whole picture within emergency contexts and, consequently, has narrowed the view of the humanitarian sector to some of the basic realities in different post-disaster contexts.

Figure 2.3 A representative diagram of the disaster management cycle, presenting an idea of a continuum. [Source: www.pre-drp.org]

Financial and operational architecture have evolved to support these distinct areas of activity, i.e. relief, early recovery, development (inclusive of mitigation, DRR, preparedness and resilience) with little overlap possible under this current framework. However, this structure is seemingly a false dichotomy, as it does not fit the reality seen in many emergency contexts, where relief and recovery needs and development progression is an interactive process. Resulting, in disaster management needing to be viewed as a contiguum, rather than a ‘phased’ continuum (refer to Figure 2.4, pg. 14). Examples of this false dichotomy are given below.

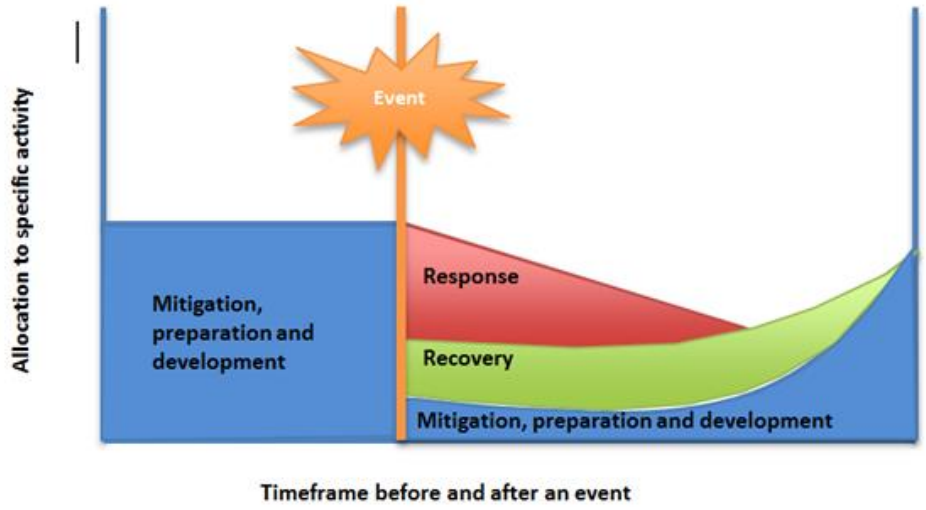


Figure 2.4 A representative diagram of an interactive contiguum approach to disaster management. [Source: developed by researcher]

The 2005 Indian Ocean Tsunami officially took 225,000 lives and made 2.5 million people homeless (UN Office of the Secretary-General's special Envoy for Tsunami Recovery 2005). A year and a half after the disaster, most of the people who lost their homes were without permanent shelter and this was despite a well-funded and successful immediate humanitarian relief effort (Lloyd-Jones 2006). According to Oxfam, a year after the tsunami only 20% of people made homeless were in satisfactory permanent accommodation (Oxfam International 2005). In September 2005, the Office of the UNs Special Envoy for Tsunami Recovery reported, it would take at least another 12-18 months to provide adequate temporary housing to all the displaced persons in Aceh alone, deeming this 'an unacceptable situation that needs to be urgently addressed' (UN Office of the Secretary-General's special Envoy for Tsunami Recovery 2005).

Similar inability to amount sufficient recovery was seen in Myanmar when Cyclone Giri hit in October 2010. Substantial emergency relief was distributed by the local authority, International and local Non-Governmental Organisations (I/NGO), the United Nations (UN) and others to provide basic needs, such as food, livelihood support, health services, reconstruction of schools, health services and temporary shelter. However, a year later there were still over a 100,000 people living with host families in the 4 worst affected townships (UN 2011a). Without additional support 60% of affected houses could not be repaired or re-built before the rainy season, increasing the risk of another humanitarian disaster. Even with

the initial contributions by donors and ongoing government support, a significant financial gap threatened to hamper early to medium term recovery in Myanmar. These funding constraints have left the population extremely vulnerable. The slowing of support echoed the response after Cyclone Nargis hit in 2008, which left 140,000 dead and affected 2.4 million (UN 2011a). Only 1/3 of the US$690 million needed for post-Nargis recovery covering to the end of 2011 was received (UN 2011a).

These examples clearly demonstrate an inability to ensure strategy and programmes that are able to support recovery under a system of humanitarian relief, has often resulted in the creation of protracted crises. Unnecessary protracted relief situations can actually increase vulnerability within the affected population, as it extends their weakened state of resilience. This is further compounded through the negative side effects of humanitarian intervention that can occur, such as the distortion of markets, weakening of the private sector and aid dependency. These current relief approaches can often leave a society highly exposed to future disaster. A clear example of this was seen in the case of the 2010 earthquake in Haiti and the resulting humanitarian intervention.

The epicenter of the 2010 earthquake in Haiti struck some of the most highly dense urban centers on the island, including the capital Port-au-Prince (PaP), where a quarter of the 10.2 million population live (Government of Haiti 2010). Over 220,000 people were killed (UN-DESA 2010) and 1.5 million made homeless (IFRC 2010). Thousands of INGOs flooded the country in the following weeks (DEC 2011a). With an immense emergency response and substantial funding received many of the 1.5 million homeless were stuck in thousands of tent cities in and around PaP until 2012. With the lack of government capacity, security issues, political upheaval and a severe lack of coordination and strategy within the humanitarian community, a transition from the relief phase was incredibly problematic. This situation resulted in a prolonged relief situation that carried on for over 2 years, which significantly hindered effective and sustainable recovery (DEC 2011a). The increased vulnerability of the affected population saw them exposed to a major cholera outbreak, that hit 9 months after the earthquake, where over 7000 people died and over 300,000 were hospitalised (Humanitarian Response 2012). This was followed by an annual hurricane season, causing severe flooding, death and the spread of disease. With this incidence being experienced year on year by the 100,000s of whom were stuck in the temporary shelter until adequate recovery solutions were conceptualised and implemented (IFRC 2011; Davis 2012). Funds will run out and Haiti needs to ensure that the thousands of tented cities do not

turn into permanent slums, that are not provisioned with even the most basic of facilities. A result that would further increase the vulnerability of the urban poor to future disasters (Oxfam 2011).

It is fundamental to understand whether there were opportunities within these disaster responses to proactively stimulate recovery and if there were, why were they not utilised? Understanding the humanitarian mindset, framework and resulting operations is key to ascertaining what is causing the 'gap' so often seen between relief, recovery and development and understanding what would be needed to link these currently separated sectors. The following sections will uncover the current arguments surrounding the problem of the observed operational 'gap', conceptually and in reality, along with the presentation of the current humanitarian framework and its resulting operational challenges. This dissection of theory and practice will begin to pinpoint some key factors that are contributing to the observed disconnection and lack of coherence between relief, recovery and development.

2.3 Disconnection Between Relief, Recovery and Development

There has been a significant amount of debate around the disconnection between relief, recovery and development. This next section will present these debates, firstly, through understanding what the operational 'gap' is, then looking at the conceptalisation of LRRD. Finally, these conceptualisations will be detailed within a real life post-disaster context. The post-disaster context to be evaluated will be the Haitian 2010 earthquake.

2.3.1 The 'Gap'

Many post-disaster environments are finding basic relief can be provisioned, but transitioning to a state of recovery is a constant problem (Amin and Goldstein 2008). This has hindered the success of response programmes and the ability of an affected population to regain a functioning, productive life (Buttenheim 2009). This issue can be termed the operational 'gap' between relief and recovery (Lloyd-Jones 2006).

The long-term impacts of response and recovery dynamics on the overall disaster cycle need to be considered. The current 'phased' disaster management cycle exists on a linear continuum, but how clear-cut are these 'phases' in a post-disaster environment? Often recovery begins simultaneously with relief. This current humanitarian mindset raises the question, whether emergency programmes are supporting the real needs expressed in a post-disaster situation? This current disaster management cycle paradigm needs to be re-

evaluated to allow operations to have the capacity to support real contextual post-disaster needs of the most vulnerable, as the humanitarian mandate states. A new approach that doesn't consider the post-disaster needs as 'phases' on a continuum, but rather as a contiguum, i.e. the simultaneous occurrence of humanitarian aid, rehabilitation and development, has the ability to design humanitarian operations to have the capacity to stimulate rapid recovery, building-in resilience, increase the effectiveness of response operations, improve exit and transitional programming, as well as actively supporting the reduction of risks of an affected society to future disasters (Armiño 2002).

It is generally accepted that there is a link between humanitarian action, recovery and development and that humanitarian action should establish a framework for recovery (ALNAP 2006). But the opportunities for building on international good practice as a foundation for long-term recovery and development in the early stages of the relief effort are often lost. The short-term mandates of many international organisations and the different interests involved have meant the link between immediate humanitarian relief and longer-term reconstruction is often poorly managed (Lloyd-Jones 2006). Does the humanitarian sector need to start acknowledging within programme plans and funding models that the dichotomy between the work of the humanitarian sector and development sector is false and that they are not mutually exclusive?

2.3.2 Linking Relief, Recovery and Development

The previous sub-section presented the issue of the disconnection of relief from recovery and development, understanding that there is an observed operational gap and a false dichotomy between the humanitarian and development sectors. This sub-section observes the debate over the decades that looked to link the different perceived phases of relief, recovery and development. Detailing how this debate has evolved through to its current state.

There were discussions on aid in protracted crises during the 1990s that placed the idea of 'linking' relief and development on the agenda, with much of this discussion stemming from experiences in natural disasters. Early academic literature focused primarily on the challenges of linking relief and development strategies, where it became coined a relief–development 'continuum' (Harmer and Macrae 2004). The approach sought to identify complementary objectives and strategies in relief and development aid, with the rationale

behind the debates encompassing two dynamics. Firstly, to use development aid to help reduce communities' vulnerability to the effects of natural hazards, providing investment, e.g. for water conservation or flood control measures, as well as enabling populations to build up assets on which they could draw in the event of crisis. Secondly, the use of relief aid to protect assets and provide the basis for future development work, e.g. food for work could be used to generate employment, releasing resources for food purchase, enabling investment in infrastructure, such as roads, which could yield long-term development gains (Harmer and Macrae 2004). Implicit in the 'continuum' idea was that relief should be seen not just as a palliative, but also as a springboard for recovery, and the development of more resilient and more profitable livelihoods. With this there was also a concern to ensure that the instruments of international engagement avoided creating dependency, particularly on food aid, and contributed to revitalising and protecting people's livelihoods (Hammock and Lautze 1996).

The second key premise upon which the 1990s 'continuum' model was based was that crisis was essentially a transitory phenomena; short interruptions to an otherwise progressive, state-led process of development (Duffield 1994; Macrae 2001). In this sense, the idea of the continuum became the embodiment of a 'progressive' ethos of development.

In response to these debates the way in which relief was being delivered and issues, such as the marginalising of national and local capacity, techniques were adopted from development practice, including community participatory approaches, empowerment strategies, capacity building and vulnerability analysis. Much of this work, and the discourse around bringing developmental approaches into relief, was driven by multi-mandated UN agencies and INGOs. But at this time the relatively small humanitarian sector and coinciding budget was being uncomfortably stretched to accommodate these new developmental approaches. A situation, which was exacerbated by the fact many donor governments, for largely political reasons were restricting funding to solely 'life-saving' activities (Harmer and Macrae 2004).

By the end of the 1990s 'developmental relief' had become the central doctrine of `good practice' in humanitarian responses, challenging assumptions made about the efficacy of developmental relief models in complex emergencies (Bradbury 1998). But the concept of 'developmental relief' did not find the success and desired results it set out, which were to develop effective links between relief, recovery and development. Macrae (1995) argues

that the nature of the task of rehabilitation is often misunderstood, equating it to reconstruction of infrastructure and assets, which reinforces the idea of a linear continuum from relief to development. Macrae states that those developmentalist approaches have not been able to respond to the challenges of political disasters due to the framework relief programmes operate under, which assumes that crises are primarily material and emergency aid is politically neutral and that there is an illusion of a continuum (Macrae 1995). Davies (1994) saw this distinction between the three categories of activity in the 'continuum' tended to reflect the organisational concepts of international agencies and do not necessarily capture the more complex reality of disaster-affected populations.

Through the work of Bradbury and Macrae they suggest that the 'developmental relief' approach has not worked as a fundamental concept and with the lack of success the idea of integrating such 'developmental' approaches in relief have been relegated and deemed as a failed concept. But several factors need to be considered when evaluating this concept. Firstly, the structure of this approach worked off the notion that there is a distinct 'phased' continuum, where 'developmental' approaches were providing long-term gains as a part of the prescribed continuum, instead of understanding relief and recovery needs and development progression as a more linear and interactive process. Therefore, was the model conceptually flawed?

Secondly, what compounded the inevitable failure of such an approach was the heavily institutionalised aid architecture, distinctly separating relief and development budget lines, making it difficult to find the adequate funding to support the capacity needed to implement such an approach.

Thirdly, this concept was broadly applied to function within natural disaster, as well as conflict and post-conflict settings, not distinguishing between these two differing political dynamics. Conflict and post-conflict environments bring a host of political complexities, which this approach had not adequately accounted for. Therefore, the approach under its current conceptual and theoretical framework could not function in the reality of the context.

Over the past two decades there has been considerable discussion and research concerning the link between relief and development, but it has been argued little progress has been

made (Bailey *et al.* 2009). There has been an enhanced focus around the effect of relief interventions on recovery. ALNAP (2008) highlighted the need to avoid compromising recovery during relief interventions, pointing out that agencies should consider the likely impacts of an intervention on recovery, and whether a different approach might be better for recovery. Approaches suggested, are the use of cash and local procurement whenever there are working local markets, to build local capacity. The World Bank evaluation of its disaster assistance notes that 'actions taken during the first weeks and months after a disaster have a major impact on the recovery process to follow, and they need to be planned and implemented accordingly' (World Bank 2006).

DFID's most recent Humanitarian Emergency Response Review (HERR) states there is a need to fund recovery from day one, recognising that their split funding model (e.g. relief, recovery, reconstruction) has caused a false dichotomy between these activities. The review found that what affected populations want and need the most, is an immediate start to livelihoods recovery and that the neat donor split does not work to meet this need (DFID 2011b). It is acknowledged that there is a disconnection between relief, recovery, and development (Lloyd-Jones 2006) and the continual problems encountered in emergency response have had the sector re-evaluating its approach to operations (ACF 2011; DFID 2011a; IFRC 2012). Many agencies are battling to be able to provide the very real relief and recovery needs of the affected communities their mandate aims to help; stiff funding frameworks, weak coordination and leadership has hindered effective response programming, transition capacity and recovery (ALNAP 2008, 2011a, 2011b). It has been recognised that there needs to be a more strategic approach to programme planning that can look ahead, understand its long-term impacts, be more demand driven, and that can build the capacity of the affected population and national entities (Tearfund 2012; IFRC 2011; Oxfam 2011).

The continual revival of this concept over the decades reveals the necessity and potential in this approach, but also the misconception and lack of conceptual clarity and physical capacity to practically implement such an approach. The aid framework is still set up under a distinct separation between humanitarianism and development and this has built the inherent platform emergency programmes operate from. A platform, which offers a rigid structure, that is unable to respond to the reality on the ground. The revival for more sustainable programming in emergency response speaks of a need to find coherence

between this false dichotomy.

The following section breaks down the humanitarian framework into its various operational levels to begin to open up the complexity of its systems and begin to understand the key issues and challenges experienced with exit, transition and recovery.

2.4 The Humanitarian Framework

This section details the various operational levels within the humanitarian framework, beginning with understanding humanitarian principles, key players and their coordination. Followed by donor and financial mechanisms, the dynamics of assessment and planning, and finally gauging programmatic elements, specifically looking at exit, transition and recovery programming. Concluding the potential and importance of resilience building for affected societies within humanitarian programming. The subsequent sections will more thoroughly explore resilience as a concept and as a programmatic reality.

2.4.1 Humanitarian Principles

Humanitarian principles provide the foundations for humanitarian action. The 4 key humanitarian principles are: humanity, neutrality, impartiality and operational independence (refer to Table 2.1, pg. 22). The United Nations humanitarian work is formally enshrined in two resolutions by the General Assembly. The first 3 principles are endorsed in General Assembly Resolution 46/182, which was passed in 1991. The fourth principle was added in 2004 under Resolution 58/114. The General Assembly Resolution 46/182 created a framework for humanitarian assistance and a set of guiding principles. Commitment to these humanitarian principles are also expressed at an institutional level by the vast majority of humanitarian organisations (OCHA 2010a).

Table 2.1. Details the 4 basic humanitarian principles. [OCHA 2010]

Humanitarian Principles

Humanity	Neutrality	Impartiality	Operational independence
Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.	Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.	Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.	Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

In addition to these 4 basic humanitarian principles, 481 organisations globally are signatory to the Red Cross/NGO Code of Conduct for operations in disasters, which includes a commitment to adhere to these humanitarian principles (IFRC 2012). The code lays down ten points of principle, which all humanitarian actors should adhere to in their disaster response work. The code also describes the relationships that agencies working in disasters should seek with donor governments, host governments and the UN system (refer to Box 2.1, pg. 23). The Code is used by the International Federation of the Red Cross and Red Crescent to monitor its own standards of relief delivery and to encourage other agencies to set similar standards (IFRC 2012).

These principles and code of conduct are self-policing. There is as yet no international association for disaster response that possesses any authority to sanction its members (IFRC 2012).

Box 2.1 Principles of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Response Programmes

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavour not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve programme beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognise disaster victims as dignified human beings, not hopeless objects.

[Source: www.ifrc.org]

OCHA works to promote compliance from the entire humanitarian community in every humanitarian response. It does this by promoting practical compliance measures within the Humanitarian Country Team (refer to sub-section 2.4.3), through its engagement with state and non-state actors at all levels and through participation in policy development in the United Nations Secretariat (OCHA 2010a).

To improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations the humanitarian charter and standards (the Sphere project) was established in 1997 (The Sphere project 2012). The Sphere project was initiated by a group of humanitarian INGOs and the International Red Cross and Red Crescent Movement. Their aim was to improve the quality of their actions during disaster response and to be held accountable for them. The project produced and frequently updates a handbook for humanitarian practitioners, that states the humanitarian charter and minimum standards to be implemented in a response. The Humanitarian Charter

is a statement of established legal rights and obligations, providing the ethical and legal backdrop to the protection principles and the core and minimum standards that follow in the handbook. The standards themselves are reflected in the handbook's four technical chapters: water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action (The Sphere project 2012).

To further develop good working practice the OECD (Organisation for Economic Cooperation and Development) established Principles for Good International Engagement in Fragile States and Situations (OECD 2007). These principles include: taking context as a starting point, do no harm, focus on state-building as the central objective, prioritise prevention, recognise the links between political, security and development objectives, promote non-discrimination as a basis for inclusive and stable societies, align with local priorities in different ways in different contexts, agree on practical coordination mechanisms between international actors, act fast, but stay engaged long enough to give success a chance, avoid pockets of exclusion (refer to Box 2.2, pg. 25) (OECD 2007).

The principles that have been developed help humanitarian agencies function within the realms of humanitarian law, as well as providing guidance to achieve effective response operations.

Box 2.2 The OECDs Principles for Good International Engagement in Fragile States and Situations.

Take context as the starting point. It is essential for international actors to understand the specific context in each country, and develop a shared view of the strategic response that is required. International actors should mix and sequence their aid instruments according to context, and avoid blue-print approaches.

Do no harm. International interventions can inadvertently create societal divisions and worsen corruption and abuse, if they are not based on strong conflict and governance analysis, and designed with appropriate safeguards.

Focus on state-building as the central objective. States are fragile when state structures lack political will and/or capacity to provide the basic functions needed for poverty reduction, development and to safeguard the security and human rights of their populations. International engagement will need to be concerted, sustained, and focused on building the relationship between state and society.

Prioritise prevention. Action today can reduce fragility, lower the risk of future conflict and other types of crisis and contribute to long-term global development and security. International actors must be prepared to take rapid action where the risk of conflict and instability is highest.

Recognise the links between political, security and development objectives. The challenges faced by fragile states are multi-dimensional. The political, security, economic and social spheres are inter-dependent. Importantly, there may be tensions and trade-offs between objectives, particularly in the short- term, which must be addressed when reaching consensus on strategy and priorities. Within donor governments, a 'whole of government' approach is needed, involving those responsible for security, political and economic affairs, as well as those responsible for development aid and humanitarian assistance. This should aim for policy coherence and joined-up strategies where possible, while preserving the independence, neutrality and impartiality of humanitarian aid.

Promote non-discrimination as a basis for inclusive and stable societies. Real or perceived discrimination is associated with fragility and conflict, and can lead to service delivery failures. International interventions in fragile states should consistently promote gender equity, social inclusion and human rights.

Align with local priorities in different ways in different contexts. Where possible, international actors should seek to avoid activities, which undermine national institution building, such as developing parallel systems without thought to transition mechanisms and long-term capacity development.

Agree on practical coordination mechanisms between international actors. This can happen even in the absence of strong government leadership. Where possible, it is important to work together on: upstream analysis; joint assessments; shared strategies and coordination of political engagement.

Act fast, but stay engaged long enough to give success a chance. Assistance to fragile states must be flexible enough to take advantage of windows of opportunity and respond to changing conditions on the ground.

Avoid pockets of exclusion. International actors need to address the problem of 'aid orphans' – states where there are no significant political barriers to engagement, but few international actors are engaged and aid volumes are low. This also applies to neglected geographical regions within a country, as well as neglected sectors and groups within societies. When international actors make resource allocation decisions about the partner countries and focus areas for their aid programs, they should seek to avoid unintentional exclusionary effects.

[Source: OECD 2010]

2.4.2 Finance and Donors

At every stage of a humanitarian response decisions are made about where, how and when to spend money. These decisions determine the types of organisations that are supported, the assistance delivered and the types of need that are met. There are many mechanisms used to transfer financial resources to a disaster response these include:

- The CAP (Common Appeals Process) is a tool used by aid organisations to plan, coordinate, fund, implement and monitor their activities. It undertakes a process where agencies publish projects in the CAP document in a cohesive and uncompetitive manner, combining their efforts. Overall responsibility for this process is given to the Emergency Response Coordinator (ERC), where the humanitarian country teams, who are headed by the Humanitarian Coordinator (HC), conducts the CAP process. The humanitarian country teams refer to cluster lead agencies, who validate the proposals to be included in the process (OCHA 2013).

As a planning and programming tool, the CAP contributes significantly to developing a more strategic approach to humanitarian action. As a coordination mechanism, the CAP fosters closer cooperation between host governments, donors, aid agencies, and in particular, between NGOs, the Red Cross movement, IOM and UN agencies. Working together in the world's crisis regions, they produce a Common Humanitarian Action Plan (CHAP). The CAP is more than just an appeal for money it, as it includes coordination programme cycle elements, such as strategic planning, leading to CHAP (Common Humanitarian Action Plan), resource mobilisation, coordinating programme implementation, joint monitoring and evaluation (M+E) and reporting on results (OCHA 2013).

- CHAP (The Common Humanitarian Action Plan) is a strategic plan for humanitarian response in a given country or region. It provides: a common analysis of the context in which humanitarian assistance takes place, an assessment of needs, best, worst, and most likely scenarios, identifies roles and responsibilities, i.e. who does what and where, offers a clear statement of longer-term objectives and goals and a framework for monitoring the strategy and revising it if necessary. The CHAP is the foundation for developing a Consolidated Appeal, and is as such part of the Coordinated Appeals Process (CAP) (OCHA 2013).

- The Flash Appeal is a tool for structuring a coordinated humanitarian response for the first 3-6 months of an emergency. The HC triggers it in consultation with all stakeholders. The Flash Appeal is issued within one week of an emergency. It provides a concise overview of urgent life-saving needs, and may include recovery

projects that can be implemented within the timeframe of the appeal. Information required from agencies in flash appeals in less detailed than the CAP (OCHA 2013).

- CERF (Central Emergency Response Fund) is a financial mechanism to provide agencies with cash to cover immediate expenditure in the aftermath of a crisis, while waiting for donor pledges to be transferred. The CERF was set up in 2006 with a total to date of US$2.1 billion in contributions from 150 donors (Global Humanitarian Assistance 2011). Eligible recipients include UN and IOM, NGOs may indirectly benefit. The HC approves projects (OCHA 2013).

- ERF (Emergency Response Fund) is an un-earmarked pool of funds for unforeseen humanitarian need. The HC allocates these funds. However, the HC doesn't consult with national authorities (OCHA 2013).

- CHF (Common Humanitarian Fund) is an in-country pooled mechanism, with the aim of making funding more flexible and predictable in accordance with the Good Humanitarian Donorship (GHD) principles. CHFs provide government donors with an opportunity to pool their un-earmarked contributions to a specific country, to enable timely and reliable humanitarian assistance. CHFs support cluster coordination and stronger humanitarian leadership as promoted by the humanitarian reform process that began in 2005. They allow the HC to fund in country. Disbursements from the CHFs are made available to UN agencies and INGOs that participate in the country's consolidated appeals process (CAP). A small proportion of a fund's budget, usually around 10%, is reserved for emergency response (Global Humanitarian Assistance 2011).

- DREF (Disaster Response Emergency Relief Fund) is managed by IFRC to ensure that immediate financial support is available for Red Cross Red Crescent emergency response to disasters. Money can be authorised and released within 24 hours (IFRC 2012).

- The Recovery and Reconstruction Fund is managed by the World Bank and the UN offers pooled funding for medium and large-scale disasters, within this mechanism there is the CHFs (Global Humanitarian Assistance 2011).

The majority of aid flowing through these mechanisms is recorded through the Financial Tracking Service (FTS), which is a real-time database that is used to track global humanitarian aid flows. The service is operated by OCHA it records all reported international humanitarian aid (including that for INGOs and the Red Cross / Red Crescent Movement, bilateral aid, in-kind aid, and private donations) (FTS 2012).

This service helps to understand how money is channeled through the humanitarian system, how well individual crises are resourced, type of activities of focus, i.e. Shelter, WASH, protection, and the type of implementation partners used, i.e. government ministries, private sector, agencies etc. Tracking the humanitarian dollar through the system, particularly project allocation and dissemination would help gauge the efficiency and effectiveness of a response in response to the context and the need. However, this is currently hindered by the lack of central repository of information indicating how aid has been spent, as well as the absence of a feedback loop that enable people affected by disaster to say what they have received and when. Without this feedback on what commodities and services are being provided the effectiveness and efficiency of the response is hard to measure. In response to this need an initiative has been agreed on amongst donors, aid recipient country governments and civil society organisations called the 'International Aid Transparency Initiative'. This is an initiative that aims to make information about aid spending easier to access, use and understand (IATI 2012).

Donors have expressed that they find certain funding mechanisms useful, such as pooled funding mechanisms, like common humanitarian funds, useful in facilitating coordination through government bodies. However, some of these mechanisms do not always involve government counterparts (Global Humanitarian Assistance 2012). There is a lack of objectives for donors to coordinate around. The only available guidance can be found in the GHD. The GHD initiative was developed in 2003, detailing 23 principles and good practice guidelines to provide both a framework to guide official humanitarian aid and a mechanism for encouraging greater donor accountability (GHD 2012). These were drawn up to enhance the coherence and effectiveness of donor action, as well as their accountability to

beneficiaries, implementing organisations and domestic constituencies, with regard to the funding, co-ordination, follow-up and evaluation of such actions (GHD 2012).

Current financial mechanisms, donor government's aid architecture, i.e. that separate different types of financial assistance (i.e. relief, recovery, development) and donor pre-requisites all have significant impacts on programmes implemented, as well as the overall success of a response. Below details a few examples from emergency responses undertaken in the 2005 Gujarat earthquake, the 2008 Myanmar cyclone, and the 2005 Indian Ocean tsunami, highlighting some key issues related to funding.

Gujarat earthquake 2005

In the aftermath of a disaster there is a great pressure to gain quick results through donor and media pressure. Many agencies have a mandate that is limited to short-term humanitarian relief. After the Gujarat earthquake managers on the ground found they were becoming more bound to spending money within the DEC (Disasters Emergency Committee) timetable rather than planning good programmes (DEC 2001). This 'quick results attitude and a general agency mandate geared only towards relief activities hindered the process of long-term recovery.

Myanmar Cyclone Nargis 2008

In many post-disaster situations it has been seen that funding can slow down after the immediate aftermath, which was experienced in Myanmar (refer to section 2.2) severely affecting the recovery process, as funds are not available to plan more long-sighted, effective programmes or even to complete relief phase programming. This ran the risk of creating a prolonged relief and an extremely vulnerable population (HPN 2005).

Indian Ocean Tsunami 2005

After the Indian Ocean Tsunami the US$10 billion reconstruction estimate was met with US$13.6 billion of committed funds for post-tsunami recovery (UN Office of the Secretary-General's Special Envoy for Tsunami Recovery 2005). The Tsunami response was not the case of a lack of financial resources, but the lack of capacity and political will to spend it effectively, hindering the recovery process (Lloyd-Jones 2006).

Even when funding can be found, spending caps and short-term timeframes for relief and recovery programming, i.e. often 6 months to a year, frustrate efforts to plan effective, context appropriate relief operations that can smoothly transition to longer-term recovery. Realistic funding timeframes for recovery programming would require spending periods of around 3-5 years, rather than the current 6 months- 1 year. Recovery timeframes may be dictated by politics, bureaucratic rules or media pressure, rather than sound needs assessments (ALNAP 2008). The World Bank evaluation of disaster assistance, noted it often happens that activities that might contribute greatly to recovery efforts and subsequent long-term development are not included in Emergency Recovery Loan projects, as they cannot be completed in the 3 years allocated. Financial allocation needs to be extended in its timeframe for recovery programming in order to allow humanitarian actors to develop effective long-term plans that will support a sustainable recovery process (World Bank 2006).

Ring-fencing and the lack of flexibility in the funding process prevents it being allocated more appropriately and equitably between the early and later stages of recovery and transferred between different types of recovery efforts or even between disasters as the need arises (Lloyd-Jones 2006). Central planning and co-ordination needs to be backed by mechanisms that allow funds to flow more freely down to the local level, where there is better knowledge of how they can be used to meet the immediate and long-term needs of communities (Lloyd-Jones 2006). There is also a call to decentralise decision-making, to bring it closer to the ground. This makes sense in complex environments where you need to be reactive to ever changing needs and operational environments (Boulton 2012). This approach would move away from the reality of a default master plan, often centralised in its nature, being implemented. A master plan, which is unable to offer the reactivity needed to respond to the variety of changing needs in specific contexts.

Host government representatives have voiced their frustration with the artificial division between relief and development aid in international aid architecture (ALNAP 2012). Donor perspectives are beginning to change and there are many already concerned with the processes necessary to Link Relief, Rehabilitation and Development (LRRD), these include: ECHO, DFID, The World Bank, Swiss and German Corporation and CTB (Belgium development agency) (EC 2011). Many of these financial institutions have gauged the necessity to fund recovery from day one, to allow more coherent funding timeframes and

focus on resilience building in post-disaster environments (World Bank 2006; ECHO 2011; DFID 2012). However, the most recent Humanitarian Response Index (HRI) showed donors were still scoring poorly on prevention, risk reduction, recovery, learning and accountability; elements that are consistent with the implementation of effective LRRD donorship (DARA 2011). With the heavily institutionalised division in funding frameworks between relief, recovery and development, as well as weak operational capacities that are central to the provision of such an agenda, there is still a significant amount of policy and operational work within the donor community to ensure the successful implementation of this fundamental paradigm.

2.4.3 Key Players and Coordination

International relief can only be activated in response to a formal request for assistance from the affected government (IFRC 2012). Therefore, when a disaster strikes and the government of that affected country feels they lack the capacity and resources to respond to the needs of its people they will initiate a 'call' to the humanitarian community for humanitarian assistance. Key players within the humanitarian community will then assess whether they wish to respond and if so, how? These main players and their functions are detailed below:

- **The host government** - Inclusive of central administration, ministerial branches and regional and local administration. The government of a disaster affected country possess the power to allow access, set the regulatory and legal frameworks governing relief assistance, provide law and order, protection and technical assistance (e.g. ministerial), they are also responsible for monitoring and coordinating external assistance (ALNAP 2010). Therefore, it is essential if there is sufficient capacity to communicate, involve and partner with government in relief, recovery and rehabilitation activities.
- **Donors -** With the main financial contributions coming through donor governments, such as USAID (United States), ECHO (European Union), DFID (United Kingdom), AECID (Spain) and CIDA (Canada).
- **The Inter Agency Standing Committee (IASC) -** The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance. Established in 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance, the IASC is a unique forum that involves

key UN and non-UN humanitarian partners (IASC 2013). The committee designs policy regarding crisis response and reconstruction, they allocate responsibilities among agencies in humanitarian programmes and identify areas where gaps in mandates or lack of operational capacity exist. They also, set a common ethical framework for all humanitarian activities and advocate for common humanitarian principles to parties outside the IASC (IASC 2013).

- **The Under-Secretary-General and Emergency Relief Coordinator (USG/ERC)** – The USG/ERC is responsible for the oversight of all emergencies requiring United Nations humanitarian assistance. They also act as the central focal point for governmental, intergovernmental and non-governmental relief activities. The ERC also leads the IASC and can appoint a **Humanitarian Coordinator (HC)** to ensure response efforts are well organised (OCHA 2012). **A Humanitarian Country Team (HCT)** is under the leadership of the HC and it is comprised of organisations that undertake humanitarian action in country and that commit to participate in coordination arrangements. Its objective is to ensure that the activities of such organisations are coordinated, and that humanitarian action in country is principled, timely, effective and efficient, and contributes to longer-term recovery (IASC 2009).
- **Cluster system** - In 2005, a major reform of humanitarian coordination, known as the Humanitarian Reform Agenda, introduced a number of new elements to enhance predictability, accountability and partnership. The Cluster approach was one of these new elements. Clusters are groups of humanitarian organisations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. Shelter, WASH (Water, Sanitation and Hygiene), Health, Protection, Logistics etc. They are designated by the IASC and have clear responsibilities for coordination. The HC and the HCT manage a humanitarian response through the clusters. All clusters have focal points, known as Cluster Lead Agencies, which operate at the global and country level. Globally, Cluster Leads are responsible for strengthening system-wide preparedness and coordinating technical capacity to respond to humanitarian emergencies in their respective sector. In specific countries, Cluster Leads serve as the main contact for a government and the HC. They ensure that humanitarian activities are coordinated and make a difference to people in need. They also act as a provider of last resort in their respective sector (OCHA 2012).

- **UN agencies:**
    - **OCHA** is the part of the United Nations Secretariat responsible for bringing together humanitarian actors to ensure a coherent response to emergencies. OCHA also ensures there is a framework, which each actor can contribute to the overall response effort. **UNDAC (UN Disaster Assessment and Coordination)** is a branch of OCHA, set up in 1993, which enables the UN and government coordinate incoming international assistance nationally in the first phase of an emergency (OCHA 2012). **OSOCC (On-Site Operations Coordination Centre**) was created by OCHA and International Search and Rescue Advisory Group network to provide a link between international responders and the government of the affected country, as well as a platform for cooperation, coordination and information management among international humanitarian agencies (OCHA 2012).
    - **UNOPS** is an operational arm of the United Nations, providing project management and procurement services, helping a range of partners implement a range of aid and development programmes (UNOPS 2012).
    - **UNHCR (UN High Commissioner for Refugees)** was established in 1950 by the United Nations General Assembly. The agency is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and wellbeing of refugees (UNHCR 2012).
    - **UN-HABITAT** is the United Nations Human Settlements Programme. It is mandated by the UN General Assembly to promote socially and environmentally sustainable towns and cities with the goal of providing adequate shelter for all (UN-HABITAT 2012).
    - **UNICEF (United Nations International Children's Emergency Fund)** works to protect and help children globally. UNICEF offers a multi-sectoral approach in its work, i.e. health, education, protection, WASH (UNICEF 2012).
    - **WFP (World Food Programme)** is the food assistance branch of the UN operating in response to disaster (WFP 2012). With its sister agency **FAO (Food and Agricultural Organisation)** who's mandate is to raise levels of nutrition and improve agricultural productivity (FAO 2012).
    - **UNDP (United Nations Development Programme)** is the development

arm of the UN, They also have a mandate to facilitate Early Recovery (UNDP 2012)**.**

- **IOM (International Organisation for Migration)** is mandated to provide secure, reliable, flexible and cost-effective services for persons who require international migration assistance, to advance understanding of migration issues and encourage social and economic development through migration (IOM 2012a).

- **The International Federation of the Red Cross and Red Crescent Societies movement** is the world's largest humanitarian network. The Movement is neutral and impartial, and provides protection and assistance to people affected by disasters and conflicts (IFRC 2012). The Movement has three main components:
  - **The International committee of the Red Cross (ICRC)** During situations of conflict, the ICRC is responsible for directing and coordinating the Movement's international relief activities, meeting the needs of internally displaced persons, raising public awareness of the dangers of mines and explosive remnants of war, trace people who have gone missing during conflicts and promote the importance of international humanitarian law and draws attention to universal humanitarian principles (IFRC 2012).
  - **The International Federation of the Red Cross and Red Crescent Societies (IFRC)** coordinates and directs international assistance following natural and man-made disasters in non-conflict situations. The IFRC works with National Societies in responding to catastrophes around the world. Its relief operations are combined with development work, including disaster preparedness programmes, strengthening recovery, as well as the promotion of humanitarian values (IFRC 2012).
  - **187 member Red Cross and Red Crescent Societies, these societies** forms the backbone of the International Red Cross and Red Crescent Movement. National Societies support the public authorities in their own countries as independent auxiliaries to the government in the humanitarian field. Their local knowledge and expertise, access to communities, and infrastructure enable the Movement to get the right kind of help where it’s needed, fast (IFRC 2012).

- **INGOs (International Non-Governmental Organisations)** these include some prominent agencies, such as MSF, Oxfam, ACF, Merlin, IRC, Mercy coups, Save the Children, GOAL, ACTED, CARE, Concern, Cordaid, CRS, IMC, Plan, Solidarités and Tearfund.

- **Local civil society-** this is inclusive of NGOs (Non-Governmental Organisations), community groups and committees. These groups represent the needs of the affected communities and can offer a wealth of contextual knowledge.

2.4.4 Coordination

The relationship and level of involvement and coordination between the humanitarian community and the government can be complex. The UN Resolution 46/182 highlights the state's primary responsibility in responding to disasters:

> *The sovereignty, territorial integrity and national unity of states must be fully respected in accordance with the Charter of the United Nations. In this context, humanitarian assistance should be provided with the consent of the affected country and in principle on the basis of an appeal by the affected country.*
> (UN 1991)

The Sphere guidelines also 'acknowledge the primary role and responsibility of the state to provide assistance when people's capacity to cope has been exceeded' (The Sphere Project 2012). National governments also set the laws and regulations governing how aid agencies may operate within their territory. Wherever they work, INGOs are obliged to register with the government and are generally required to report on their activities (IFRC 2007a). Thus, the development of a good working relationship is crucial to ensure an effective operational environment and the development of context specific and effective response and recovery programming. Funding and operational dynamics set up at the initiation of a disaster response, impacts the type and level of coordination undertaken in the early phase of a response. These dynamics come from the need for the humanitarian community, under humanitarian principles, to remain independent from political, economic or military objectives (GHD 2003), how a government is viewed in the eyes of donors and implementation agencies in terms of the level of corruption, competence and political

dynamics, which will affect how aid will be channeled to support the response and the level of communication and partnership developed between the humanitarian sector and the government (ALNAP 2010). Since 2001, IFRC has been engaged in a large-scale review of international response, laws, rules and principles in natural disasters (IDRL). The Federation has now produced guidelines for domestic facilitation and regulation of international disaster relief and initial recovery assistance (IFRC 2007b).

A critical problem at the global level is the lack of opportunities for western and G77 governments and international aid agencies to discuss and create a dialogue on humanitarian issues (ALNAP 2010). Current outlets include the UNs General Assembly and the United Nation Economic and Social Council (ECOSOC). ECOSOC is the only official forum for donors and disaster affected states to discuss humanitarian issues, making it an important arena to highlight political and policy concerns at the intergovernmental level (ALNAP 2010).

Further tensions were experienced with the induction of the cluster system, which was introduced as one of the new elements of the humanitarian reform process in 2005. There were concerns about inclusions of national authorities in cluster coordination, this led to revised guidelines that stresses the role of national authorities (IASC 2007). However, recent evaluations of cluster coordination have noted a continuing failure of clusters to engage sufficiently with national authorities. How they currently are implemented largely exclude national and local actors and often fail to link in with and build on existing coordination or response mechanisms. This is due to insufficient analysis of local structures and capacities before cluster implementation, as well as the lack of clear transition and exit criteria and strategies. This results in the weakening of national and local ownership and capacities (Steets 2010).

The introduction of the clusters system has been an important development for both OCHA, in adding an accountability mechanism to the coordination model, and to the vast array of independently operating INGOs and other stakeholders in a response, to enable them to work within a common operating framework and gain strategic guidance to undertake a coherent operation (OCHA 2013). The cluster system also offers an essential communicative mechanism between all response actors, particularly between the government and the humanitarian community. However, as previously noted the system in

its current state of operation is not functioning in a way that can meet these fundamental and necessary objectives.

Continual issues of coordination can be clearly seen in both the response to the earthquake in Pakistan in 2005 and Haiti 2010:

Pakistan earthquake 2005

The earthquake that hit Pakistan in 2005, affected over 5 million people, leaving huge devastation in the Pakistani-administered Kashmir (PAK) and the North West Frontier Province (NWFP) (Oxfam 2006). In response to this crisis, the government of Pakistan created the Earthquake Reconstruction and Rehabilitation Authority (ERRA) to oversee early recovery and reconstruction. One of the challenges faced by ERRA was getting the balance right between leadership, co-ordination, service delivery, long-term institution-building and programme sustainability. It was found that the strong centralisation of policy-making, the lack of clarity about roles and responsibilities, and the new, under-resourced structures caused tensions between ERRA, provincial and state governments, and public services departments, which affected the efficiency of the recovery process (Oxfam 2006). The local authorities in Pakistan were concerned about their involvement in strategy creation, their access to resources and technical support and also to what degree their mandates were being challenged (O'Donnell *et al.* 2009).

Haiti earthquake 2010

In response to the 2010 earthquake in Haiti, thousands of INGOs flooded the country in the first few weeks of the response; this presented a huge coordination issue and a lack of accountability. The government lacked capacity and ownership of the relief and recovery effort, which has subsequently found Haiti experiencing a prolonged relief phase, that significantly hindered the progress of rapid and sustainable recovery (DEC 2011a).

Lessons learnt from past responses to disasters highlight the importance of engaging with national and local authorities and civil society groups. Such partnerships are essential for promoting national ownership and coordination before, during and following a disaster, paving the way for a sustainable recovery (O'Donnell *et al.* 2009).

International relief efforts have also often been criticised for ignoring, sidelining or actively

undermining local capacities. These instances can occur through flooding disaster zones with international workers, poaching local government staff, failing to coordinate properly with host governments, showing scant respect for local government officials and eroding the social contract, by making it possible for governments to evade their own responsibilities (ALNAP 2010). Although policies and inter-agency guidelines contain clear commitments to building national capacities, the practice often falls short of the rhetoric. This may be a result of the fact humanitarian agencies claim an international humanitarian mandate, and appeal to global standards that make reference to international treaties or agreements and downplay national laws and local administration. As a result humanitarian agencies are often reluctant either to adapt to local practice or even try to understand the administrative mechanisms that constrain and regulate local practice and local institutions, which they may perceive as less competent, less well-resourced, less honest and, crucially, less caring of 'the vulnerable' (Levine 2012).

Structures and organisational cultures within aid agencies, the lack of contextual knowledge and the potential inability to speak local languages also hinders the international community's ability to involve local partners and develop a good working relationship with the host government. There is a need to better understand the context at an early stage to gauge local coordination mechanisms, capacities and administrative structures to develop a response system that is coherent and works with and not against local structures.

It is also frequently noted that INGOs fail to establish sufficient community consultation and participation in their relief and recovery programmes (HPN 2007). The pressure on agencies to produce quick results works against the process of community participation, which is critical to ensure an appropriate and sustainable long-term recovery effort. Despite agencies commitments, many are still failing to fully engage with the communities hit by disaster or to consider fully the implications of their various interventions on the local economy and institutional stability (Levine 2012). Lessons learnt from responses to past disasters demonstrate that community participation in decision-making, implementation and evaluation of humanitarian efforts produces effective results, particularly in strengthening local capacities (Collaborative for Development Action 2010). Close consultation with communities is recommended as a means of ensuring that relief and recovery policies and programmes are needs-based, reflect community priorities and avoid negatively impacting vulnerable groups, such as women, youth, children and others 'at risk' (ALNAP 2010).

Local consultation within humanitarian programming is an area that needs much improvement (ALNAP 2012b).

Limited support and investment in the capacities of local operational partners can often be seen. Many operational gaps could be bridged by the appropriate use of existing professional and business skills. However, there is a lack of recognition and utilisation of locally presented skills in a disaster-affected area that would significantly contribute to the recovery process. This issue arises due to institutional constraints and a lack of targeted funding (O'Donnell *et al.* 2009). Local organisations also face significant capacity issues often working beyond max capacity, finding it difficult to tap humanitarian funding and meet international standards. With these obvious issues local capacity building still remains one of the hardest areas to raise funds for in non-emergency periods (ALNAP 2010).

2.4.5 Assessments and Planning

To plan effective response and recovery programmes assessments need to be carried out to: understand the context, the type and level of disaster impact, where the affected communities are located, gauge the needs of the affected population, understand risks, as well as logistics to ensure an effective response. This sub-section looks to understand the types of assessments available, the ones actually used, the capacity to implement within the sector and to understand key challenges within this area of operation.

There is a plethora of assessments available for individual agencies to undertake, such as rapid assessments, needs assessments, impact assessments, monitoring and evaluation (M+E). There is also a dedicated Needs Assessment Task Force (NAFT), which is an inter-agency standing committee, based in Geneva, made up of UN agencies and INGOs. The task group focuses on improving needs evaluation practices between humanitarian actors (IASC 2012). Joint needs assessments are also carried out, which combine capacities of agencies, reducing duplication of assessments. Real Time Evaluation (RTE) is a tool now used in the early stages of humanitarian operations, these evaluations feedback findings in a real time manner for immediate use and decision-making. Inter-agency RTEs can benefit the whole humanitarian system from this real time learning. RTEs also contribute to improved programming and accountability (DARA 2012).

However, current approaches to humanitarian needs assessment often do not provide a

sufficiently coherent picture of humanitarian requirements, especially not in the initial phases of an emergency (ACAPS 2012). In spite of the importance of assessment for programme planning and implementation no commonly accepted methodology exists within the humanitarian system and there is no consensus on how to carry out a common multi-sectoral assessment, which would provide the humanitarian sector with the shared understanding of what the main needs are following a disaster (ACAPS 2012).

ALNAP (2012) note that there is a need for more joint assessments between organisations, which will offer more effective coverage. This deficit could be addressed by technical advances in methods for conducting needs assessments. The assessment capacities project (ACAPS) and Emergency Capacity building (ECB) are both projects that have been set up to evaluate and improve assessment methodology.

Humanitarian organisations are increasing their focus on more comprehensive, inclusive and participatory needs assessments (ALNAP 2012). Due to the fact the current use of 'quick and dirty' needs assessments in post-disaster situations generate essential, timely information, but because the assessment uses 'convenient samples', which are readily available groups, deems this information unable to represent the population at large and is unable to sufficiently account for contextual information (Kolbe *et al.* 2010). This inevitably is leading to programme approaches that are not context specific and will not account for the real short- and long-term relief and recovery needs of affected communities. Introducing a process that could facilitate the use of community-led surveys and independent monitoring, by local civil society, with appropriate professional support, could stimulate a community-driven approach to post-disaster recovery, which builds on this social capital allowing for the development of more appropriate programming (O'Donnell *et al.* 2009).

The use of and effective implementation of M+E, as well as impact assessments is currently weak within the humanitarian sector (DFID 2011). These are crucial programme tools, as effectiveness is measured by how well the humanitarian response met their objectives, how quickly the system was able to respond, and the quality of leadership and competence of coordination efforts. But objectives are often not clearly defined and there are often large time delays in M+E assessments rendering them incapable of feeding back information at the necessary times to ensure programmes meet the real needs efficiently (ALNAP 2012). The lack of baseline data produced in a response makes understanding and, thus, measuring

true impacts difficult. It has been noted that evidence on the impact of humanitarian interventions is not forthcoming and impact assessments are often insufficiently rigorous in the sector (CGD 2006; Forss and Bandstein 2008). There are now both explicit and implicit commitments by aid agencies and convening bodies to better assess impact. Several INGOs have introduced impact assessment systems that aim to improve accountability at the organisational level. For example, Action Aid's Accountability, Learning and Planning System (ALPS) and Save the Children UK's Global Impact Monitoring (GIM) (Hofmann 2004). The ECB agencies have produced a widely disseminated 'Good Enough Guide' to impact measurement (ECB 2008), while DEC's new Accountability Framework also addresses the question of the impact of its member organisations (DEC 2011b).

Despite considerable progress the use of impact assessments has not become common practice. A great deal of confusion remains regarding the conceptualisation and definition of impact assessment, the range of approaches, tools and methodologies, and whose needs are actually being met (ALNAP 2009). To facilitate improvements in impact assessment methodology the OECD-DAC Evaluation Network, the Network of Networks on Impact Evaluation (NONIE), and the International Initiative on Impact Evaluation (3ie) are all undertaking essential work in this area (ALNAP 2009).

Overall assessments carried out in a disaster response in the main part can lack clarity of conceptualisation, quality of data, comprehensiveness and mechanisms to feed in information in a timely manner. Individual agencies are undertaking their own internally developed assessments with very few commonly practiced methodologies available. This results in ineffective sharing of data, leading to considerable duplication, wasted resources and with an end result that often lacks the detail and quality to effectively influence the planning of appropriate and responsive relief and recovery programmes.

2.4.6 Exit and Transitional Programming

All international organisations will have to exit from or transition their programmes of humanitarian assistance. Exit and transitional programming are essential elements that affect recovery and longer-term programming. This sub-section breaks down the strategic levels exit and transition activities are coordinated, understanding the types of approaches and essential factors required to effectively implement this type of programming, along with gauging the continuous challenges experienced within the sector.

Exit strategy is primarily a process of moving from emergency to rehabilitation and development, addressing a change in the roles of the UN agencies and other humanitarian organisations in the country (IASC 1997). Ensuring an exit from emergency assistance is supportive to the transition to recovery is stated within the General Assembly Resolution 46/182- 'emergency assistance must be provided in ways that will be supportive of recovery and long-term development activities' (UN 1991). It is part of the functions of the HC at the field level and the IASC, under the leadership of the ERC, at the global level, to ensure that these systemic links are made and continually refined (IASC 1997).

Exit strategy should be conceptualised before, during and after implementation of emergency assistance. Government capacity, local capacity and existing planning and coordination mechanisms, that are aimed at development, should all be considered when planning the exit or transition of emergency programmes (IASC 2006).

The HC is in charge of determining, in consultation with the in-country team and the government, whether the conditions are met to proceed with total or partial exit strategy (OCHA 2012c). It is important not to exit too quickly, if national and/or local capacity is not able to provide the assistance needed the affected population will be in an extremely vulnerable position. If transition occurs too late, beneficiaries may become dependent on the humanitarian assistance and develop expectations that the government may not be able to satisfy. However, the time of an exit may not be identical for each sector and agency. The determination of the appropriate time requires an evaluation of the situation at geographical and sectoral levels and should be undertaken by an inter-agency forum under the leadership of the HC (IASC 1997).

Conditions that indicate the situation is appropriate for the exit of the humanitarian community include:

- The reduction of a significant number of civilians affected by the emergency.
- The resumption of normal social, political and economic activities.
- The government's capacity to resume its obligation towards the population, in particular the victims of the disaster.
- A resource mobilisation strategy should be in place that covers the strategic framework for post-conflict activities (IASC 1997).

Exit planning of humanitarian assistance programmes, in reality, is weak within individual agencies and often only considered at the end of the implementation process (IFRC 2011; Tearfund 2012). This means that many strategic opportunities are not recognised or utilised and effective exits are delayed, sometimes resulting in protracted relief situations, e.g. as noted in the response in Haiti (refer to section 2.5). There is also the issue that agency's funding is often short-term and inflexible. Thus, leaving agencies geared up for early exits that are guided more by financial resources than contextual need (Lloyd-Jones 2006).

The transition of relief services into recovery and rehabilitation activities is fundamental, to ensure a disaster-affected country is able to return to or advance to a functioning society. A number of processes and mechanisms are needed for transition to occur. OCHA play a significant role in transition, defining it as:

> 'A phase of humanitarian crisis in which the acute vulnerability begins to decline, leading to a reduction in international life-saving assistance and an increase in early recovery, recovery and rehabilitation activities. Transition relates to an improving situation, implementation may be triggered by a decrease in risk factors, i.e. increase in coping capabilities'.
> (OCHA 2010b)

To ensure a transition of activity takes place a number of initiatives are carried out by the UN, these include:

- Decreasing the remaining acute vulnerability through well coordinated assistance efforts.
- Assisting development actors to launch and scale up recovery assistance.
- Work to integrate humanitarian needs into social service network and development frameworks.
- Assist in-country coordination system to prepare for resurgent or new crisis.
- The handover of appropriate services and coordinate activities.
- Encourage strategic and operational coherence between humanitarian, recovery, rehabilitation and development assistance.
- When a country is identified as being transitional the office will initiate an internal planning process aimed at developing a detailed and practical phase down and exit

plan.

- A cluster working group on early recovery in cooperation with UNDG ECHA (United Nations Development Group Executive Committee on Humanitarian Assistance) work on transitions.

(OECD 2011)

As demonstrated in several case studies, including: the 2005 Indian Ocean Tsunami, 2011 Cyclone Nargis and the 2010 earthquake in Haiti, transitional programming on the ground is often insufficient in its undertaking. There are many possible reasons for this that include: the lack of contextual knowledge generated at an early stage to set up sufficient transition mechanisms; the time in which these initiatives are initiated is often 3-6 months after the disaster, which becomes a problem if humanitarian assistance has not involved national or local entities, thus, the foundations to commence such programming is compromised; and funding that is made available for transition is firstly, lacking and secondly, there is a lack of definition for what constitutes transitional programming, resulting in limited resources for these activities.

Improvements need to come in the form of: improved policies governing financial flows, i.e. offering simultaneous and coordinated funding for relief, transition and recovery activities, as well as procedural flexibility; procedural and cultural changes within administration, i.e. adopting a long-term, non-linear approach to transition, and the humanitarian development divide should avoid fragmented engagement with mismatched objectives; and responsibility for transition programming should be clarified within government and the humanitarian community.

It is clear that exit and transitional programming is poorly planned and implemented within humanitarian operations. There are strategies presented at a sectoral level to guide exit and transition programming. However, these strategies are broadly based with little precise information and guidance that will really allow these strategies to take place. The approach to exit and transitional planning and implementation is weak and there is a fundamental need to gauge how effective strategies can be practically implemented within programming, to ensure exit and transitional programming can take place effectively. It is clear that such programming is crucial to develop a productive and conducive environment for rapid and

sustainable recovery. Recovery programming is discussed further in the following sub-section.

2.4.7 Recovery Programming

This sub-section clarifies the definition of recovery programming and the operational parameters that are placed around it by the humanitarian sector. Assessing some complex processes that are involved in recovery, to gauge the current success of their implementation and what has been highlighted as essential challenges within the process. The sub-section also looks at recommended improvements suggested by the humanitarian sector.

It has been generally accepted that recovery interventions begin from month 3-6 after a disaster strikes (UNDP 2012). This is consistent with funding frameworks and UN operational frameworks. UN early recovery capacity is mandated under UNDP, who lead the early recovery cluster. A select few agencies undertake what is deemed a 'multi-mandate' that consists of both relief and recovery programming from the beginning of a response. These include agencies such as: Mercy corps, ACF, Oxfam and Solidarités. IFRC and other Red Cross Societies are operationally set up to think long-term from the start, to support the national Red Cross Society's capacity to respond and then undertake handover processes. They also, have a wealth of contextual knowledge that they can immediately tap into. Therefore, the Federation and other Red Cross societies are set up to respond to context specific needs, build up essential capacities and develop programmes that support recovery (IFRC 2012).

There are many agencies that do not undertake or conceptualise programmes of recovery and/or rehabilitation, due to the belief that these activities are the sole responsibility of national capacities and are under the operational and funding realms of developmental programmes. However, as noted in previous sections a significant operational gap exists between relief, recovery and development and there is no coherence seen between these programmes. This indicates that the current paradigm towards the separation of relief, recovery and rehabilitation activities needs to be revised.

OCHAs definition of early recovery:

‘Early recovery is a multi-dimensional process of recovery that begins in a humanitarian setting. It is guided by development principles that seek to build on humanitarian programming and catalyze sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post-crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including the reintegration of displaced populations’.

(OCHA 2011)

Understanding the objectives to obtain early recovery within this definition shows some complex processes that need early conceptualisation within response operations, to enable such processes to be catalyzed.

To develop national ownership the humanitarian community needs to ensure the host government is involved in the coordination, planning and implementation of response activities from the start. To ensure self-sustaining services you need to consider the context, implement demand-led programmes, develop community participation, and support and develop national and local operational capacity (Tearfund 2012). Restoring shelter beyond that of temporary options, takes strategic considerations and longer-term planning from the outset, to ensure resources are channeled effectively and legal and administrative concerns can be dealt with. Restoring social dimensions, such as the reintegration of displaced populations, requires an in-depth knowledge of the affected society and a knowledge of legal and administrative dimensions, such as land ownership. Many of these processes are lacking or non-existent in humanitarian programming. To ensure recovery objectives are achieved, there is an obvious need for different types of assessment, the development of strategic capacity, technical knowledge and funding options to support these types of initiatives.

Governments and international agencies are looking to link relief, recovery and development (DEC 2001; Lloyd-Jones 2006; ALNAP 2008). Developing effective relief operations that fosters an environment for the effective implementation of recovery activities, will enable the essential social, physical and economic infrastructure needed to enhance the resilience of the exposed population, stimulating a rapid recovery, reducing an

affected population's risk to future disasters.

Programmatic aspects discussed in this Chapter has presented some fundamental components in ascertaining effective recovery. The subsequent section, further dissects these fundamental components within a real-life post-disaster context of Haiti's 2010 earthquake, giving an example of the deficiencies produced through current humanitarian approaches.

2.5 Case Study Background: Haiti Earthquake 2010

This section has been included, firstly, to present a real-life post-disaster context to highlight some key deficiencies experienced in recovery, gauging their link to outcomes of humanitarian operations. Secondly, to present a background for the in-depth case study utilised within this research thesis. It will begin by assessing Haiti's experienced recovery deficit, highlighting the issues and potential reasons for its occurrence. Then it will assess Haiti's pre-earthquake conditions, to take into consideration these features when evaluating the damage that occurred, as a result of the earthquake.

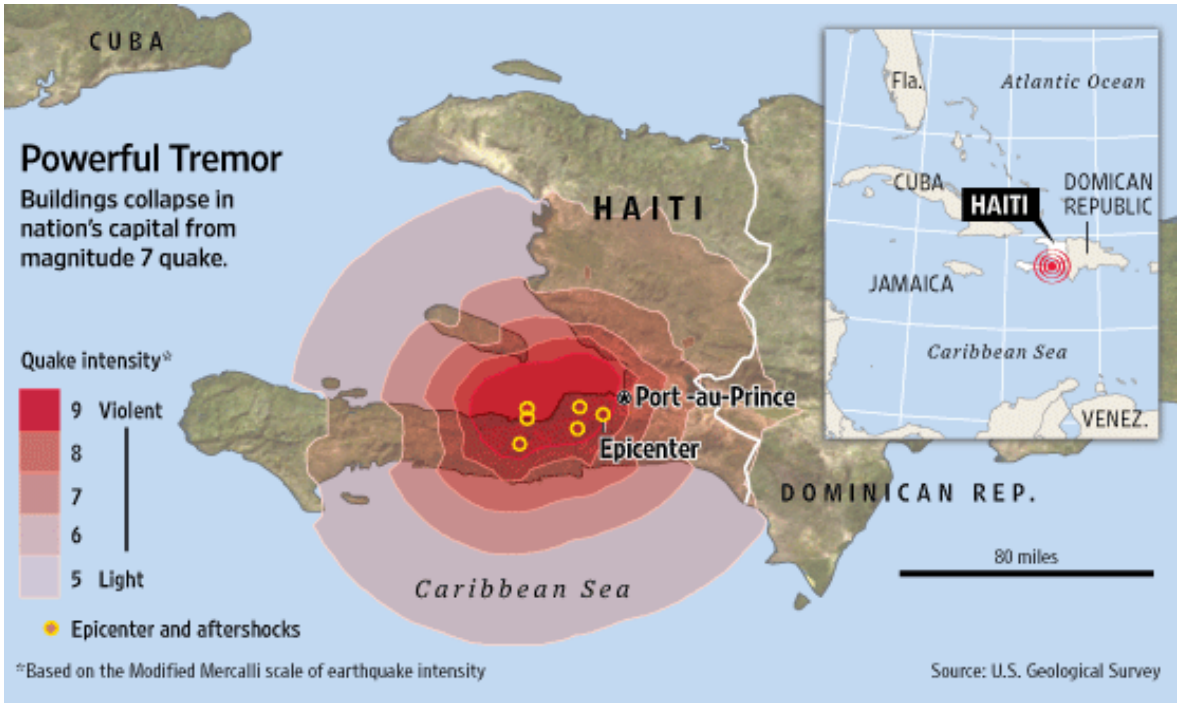


Figure 2.5 Presents the island nation of Haiti in the Caribbean, detailing the epicenter of the earthquake and its intensity and proximity to the capital Port-au-Prince. [Source: www.coolgeography.co.uk]

2.5.1 Haiti's Recovery Deficit

In January 2010, a magnitude 6.9 earthquake struck the South and South West of Haiti concentrated impacts were felt in the Capital Port-au-Prince, Jacqmel and Leogane. The earthquake claimed over 220,000 (UN-DESA 2010) and left 1.5 million homeless (IFRC 2010).

In response to this disaster a huge humanitarian response was received by Haiti, where thousands of INGO flooded into the capital of PaP, with the aim to provide relief to the millions of affected people (ALNAP 2011a). The 1.5 million homeless found shelter within the thousands of IDP camps and makeshift camps set up in and around PaP, 4 million received food and assistant, 1.2 million received water and 1 million benefited from Cash-for-Work (CfW) programmes (Homes 2010). This humanitarian response achieved its immediate objectives, providing support to basic critical needs. However, sustaining this relief in the face of a failed transition to any form of effective recovery has deemed this response a failure (ALNAP 2010).

Significant amounts of financial support was provided to Haiti following the 2010 earthquake, with the United Nations contributing US$1.44 billion from a flash appeal, the World Bank and the IMF sent US$894 million in emergency assistance and committed another US$1.2 billion (UN-DESA 2010). Donors pledged a total of US$9.9 billion, of which US$5.3 billion was pledged over two years (against the requested US$3.9 million) in support of the Haitian government's Action Plan for National Recovery and Development (ALNAP 2010).

There were delays in the disbursement of funds, which was in part due to the lack of a functioning government, caused by the delay in the 2010 presidential election. The original election was to take place on the 28th February 2010, but was postponed until 28th November 2010, to which the run-off and eventual announcement of the new president, Michel Martelly, on the 5th April 2011 (Guardian 2010). Thus, this delay seriously hindered the ability of the government to make the crucial decisions needed to support an effective transition to a sustainable recovery process.

The post-disaster needs assessment conducted by UN-DESA suggests that at least US$11.5 billion would be needed for reconstruction. There was sufficient foreign assistance mobilised for reconstruction and sustainable development, but managing this influx of resources was a huge challenge for the new Haitian government, as they lacked the capacity to utilise this assistance (UN-DESA 2010).

An outcome of this complex emergency was a protracted relief situation that persisted for over 2 years. This consequently, hindered the process of effective recovery. Crucial failings within this response have been noted:

- A severe lack of coordination within the humanitarian community and with the government and other local structures and organisations (Fiscale 2011).
- The lack of accountability to the Haitian government, found state actors struggling to get answers from donors and agencies working in Haiti about where money was being spent (ALNAP 2011a).
- A serious leadership gap across the sector - Clusters formed rapidly, enabling a certain amount of activity to be achieved, however, it was felt that they could have been more effective (Fiscale 2011). Coordination problems encountered included: the large number of organisations active on the ground, making meetings unproductive with a focus on information sharing rather than coordination. It was also evident that many organisations lacked the professionalism and capacity to carry out effective work (Holmes 2011).
- There was a lack of Haitian involvement - the humanitarian community did not conceive the capacities of local civil society and did not listen closely enough to the affected (Holmes 2010). This led to misjudgment about what was needed and consequently, errors in the overall strategy.

The vulnerable state the nation found itself in allowed for an epidemic of cholera to become the second disaster experienced by Haiti in the same year, with more than 300,000 people being hospitalised and leaving over 7000 dead (Humanitarian Response 2012). The camp model introduced in this emergency attracted huge numbers of people, with many coming to access the aid and provisions in the camp, even if they were not in need of shelter (IFRC 2011). This booming camp population created densely populated tent cities that were not adequately serviced, particularly with water and sanitation facilities (DEC 2011a). Establishing immediate and sustainable WASH services in and around the camps could have stemmed the outbreak of cholera by reducing the transmission of the disease. Instead huge camp populations were left with little provision and as a result many lives were unduly lost.

Haitian vulnerability and future resilience needs to be addressed to ensure that the thousands of camps do not develop into permanent urban slum areas that will have little or no access to basic amenities. This possible eventuality means a population of several million will be at high risk from impacts of disasters with high mortality rates and a cycle of disaster that will never be broken. Ultimately hindering any potential for sustainable development and the alleviation of poverty, that is so severely felt in Haiti.

2.5.2 Pre-Earthquake Conditions

Haiti has a clear designation of a fragile state; with public institutions functioning at gross inefficiency, prior to the disaster, with less than half the population provided with basic services, like electricity, water and sanitation (UN-DESA 2010). The capital PaP before the earthquake was a crowded urban settlement, plagued by widespread poverty and social inequality with 86% of urban residents living in slums (Oxfam 2011). Confidence in the government was low and there is a long history of civil strife and security issues. The UN has intervened in Haiti's political activities, to restore order and security, since the early 1990s (UN-DESA 2010).

Corrupt and ineffective governance in Haiti, has ensured the country has been unable to develop sufficiently to end the poverty so extensively felt in Haiti. Haiti still remains the least developed country in the northern hemisphere (ALNAP 2010).

The Haitian capital, PaP, has suffered rapid urbanisation in the last 20 years with a quarter of the 10.2 million population living in the city (ALNAP 2010). Before the 2010 earthquake over 800,000 people were living in urban slums, with the largest, City Solei, housing between 200,000-300,000 (Pinera 2007). The annual national growth rate is 1.5%. However, in urban centers it is 6% (ALNAP 2010), these centers have doubled since 1982 and has resulted in a high density, vulnerable population, often living in appalling conditions (ALNAP 2010). Life expectancy in Haiti is 61 years and the level of literacy seen in the country only covers 37.9% of the population (ALNAP 2010).

Port-au-Prince has a long history of corruption, state violence and organised violent crime and widespread poverty. Along with a weak civil society, this has meant there were few local institutions or resources (Pelling 2010). High prices have to be paid for public goods, due to the privatisation of the health, education, transport and water sectors (ALNAP 2010).

This has left the most vulnerable people largely un-served with even the most basic of services. Haiti has been shown to be one of the only countries in the world where improved access to water and sanitation has decreased in recent years; with only 17% of the population gaining access to improved sanitation and 63% to improved water sources (WHO/UNICEF 2010).

Before the earthquake the majority of the urban population depended on trucked water and purchased bottled water, with 63% having regular access. GRET, who is a professional solidarity and international cooperation association, rehabilitated water and sanitation services (WSS) throughout PaP from 1995-2005 (Pinera 2007). The government's dedicated water and sanitation ministry, DINEPA (Direction Nationale de l'Eau Potable et de l'Assainissement), used GRET's model to frame the reforms of its domestic water supply policy (Pinera 2007). With highly privatised services, provided by a small and fragmented private sector, that is suspicious of the public sector and vice versa and with the low capacity of NGOs, has left the WASH sector struggling to meet the basic needs of this largely vulnerable Haitian society. CAMEP (Centrale Autonome Métropolitaine d'Eau Potable), who are in charge of billing for water use, stated they were unable to cope due to there being a virtual absence of government in last 20 years (Pinera 2007).

Along with an extreme lack of public services, the urban center of PaP is exposed to hurricanes and tropical storms with a large number of residences living on steep ravines and hill slopes. In the past 20 years, Haiti has experienced 50 so-called 'natural disasters'. The frequency of such disasters (e.g. droughts, storms and floods) increased 2.5 times between 1970-1989 and 1990-2009, whilst the number of fatalities per disaster climbed 5 times (refer to Figure 2.6, pg. 54) (UN-DESA 2010). Since the earthquake in January 2010, Haiti's institutions and administrative capacities have been further eroded by the destruction of public registries, infrastructure and by the significant loss of human capital (UN-DESA 2010). The Haitian government lost much of its operating capacity; 13 of 15 ministry offices were destroyed, and one-third of Haiti's 60,000 civil servants died (Oxfam 2010).

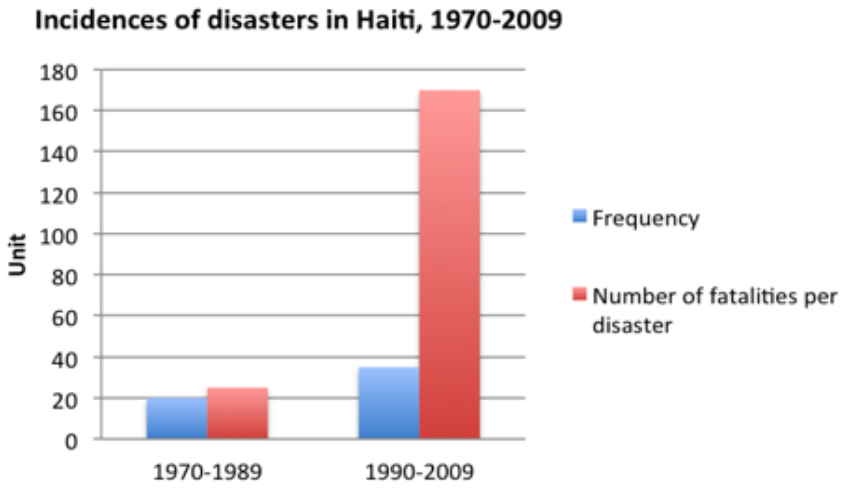


Figure 2.6 Graph detailing the relative increase in frequency of disasters experienced in Haiti compared with the fatalities per disaster. [Source: UN-DESA 2010]

The extent of damage wreaked by the earthquake was highly determined by the extent of poverty, exclusion, inequality, and inappropriate political decisions and actions. Therefore, it can be understood that social conditions increased people's vulnerability to this disaster and has made recovery more difficult.

As stated in sub-section 2.1.2, in low resilience societies disaster impacts will be experienced at a greater scale and these societies will also have less tools for recovery. If an international humanitarian operation is launched within this affected country, ensuring that society has the ability to survive and recover rapidly is fundamental. If resilience measures are not set in motion at crucial points in the 'relief phase', then recovery will be prolonged, leading to a fragile state that is prone to future impacts of disasters, costing many lives and a huge unnecessary financial burden (O'Donnell *et al.* 2009). It is clear from the literature and within practice that building resilience within the post-disaster environment is key for recovery and to proactively ensure affected, vulnerable populations build resilience against future disaster. Understanding this crucial link guides the need to further understand resilience conceptually and how it could look within the humanitarian sphere. The following section looks to assess current resilience frameworks and begin to gauge resilience within the humanitarian context.

2.6 Resilience

Resilience is a concept that needs clarifying conceptually and practically. This thesis aims to gain specific clarity of resilience in post-disaster environments, which is necessary to gauge its potential and importance for stimulating recovery and how it can be supported through humanitarian operations. This section, firstly, dissects all current resilience frameworks that have been developed, to conceptually explain resilience in society. Secondly, offers a synthesis that begins to gauge how these current frameworks can conceptually inform further investigation into resilience in the humanitarian sphere. Lastly, the literature will be assessed to gain further insight into the potential for resilience in the humanitarian sphere to stimulate recovery.

The concept of resilience may have the ability to offer the basis for increased coherence between relief, recovery and development, suggesting the need to better understand resilience as a concept and in its potential application in the humanitarian sphere. This could see a need for a new conversation about the practical application of humanitarian principles (ALNAP 2012b).

Attempts have been made to define and clarify the concept of resilience, developing characteristics and frameworks (Twigg 2007; Maguire and Cartwright 2008; Bahardur *et al*. 2010; DFID 2011a; Mitchell and Harris 2012, Mayunga 2007; Cutter *et al.* 2008, Longstaff *et al.* 2009). It can be seen that there is a lack of consensus and, therefore, a common model has not been achieved. This occurrence indicates the complex, multi-faceted nature of resilience, as well as our current limited ability to translate this concept into operational outputs. The limitation of not having a common definition hinders agencies and donors ability to determine how resilience fits into their current practice, e.g. deciding what agencies and departments are responsible for resilience, how budget needs to be defined and what programming can be classified as ‘resilience’ (Levine 2012). Therefore, the question remains whether an analytical framework can be viably used to base the foundations of standard programming guidance, policy and the determination of indicators (Mitchell and Harris 2012). More practical case studies looking at community and operational dynamics in emergency response, could offer the insight needed to gauge the dimensions of ‘resilience’ and translate it into practical resilience building initiatives that can be effectively integrated into emergency response programming.

2.6.1 The Concept of Resilience

There have been attempts to define what resilience is through an approach that addresses the question 'what makes something resilient', this has been done by identifying characteristics and components of resilience (Twigg 2006; Bahadur *et al.* 2011). Bahadur *et al.* (2011) reviewed 16 different understandings of resilience from social and ecological systems and compiled 10 common characteristics from resilience frameworks (Bahadur 2011) (refer to Box 2.3, pg. 56). John Twigg, used the Hyogo Framework for Action (HFA) to identify some components and characteristics of resilient communities (refer to Figure 2.7, pg. 58) (Twigg 2009). The characteristics compiled by Bahadur *et al.* are viewed as an analytical framework that has been commonly used in other developed frameworks.

These characteristics show some of the fundamental attributes to a resilient system, i.e. that they have a high degree of diversity and equity, characteristics of resilient communities/countries, i.e. good governance and effective institutions, and of how aid agencies could build resilience through programming, i.e. that resilience programming involves participation and is based on local knowledge. Some of these characteristics are already principles of development and humanitarian programming, e.g. designing assistance in a participatory manner (Levine 2012).

Box 2.3 Bahadur's 10 common characteristics of resilience frameworks

1. A high level of diversity (e.g. availability of economic opportunities, voices included in a resilience building policy process, the natural resources on which communities rely).
2. Effective governance and institutions, which may enhance community cohesion.
3. Acceptance of uncertainty and change.
4. There is community involvement and the appropriation of local knowledge in any resilience building projects.
5. Preparedness activities aim not at resisting change but preparing to live with it by building in redundancy within systems or by incorporating failure scenarios in planning.
6. A high degree of social and economic equity exists in systems; resilience programmes consider issues of justice and equity when distributing risks within communities.
7. The importance of social values and structures is acknowledged
8. The non-equilibrium dynamics of a system are acknowledged.
9. Continual and effective learning is important.
10. Resilience is built through social, political, economic and cultural networks that reach from the local to the global scale.

[Source: Bahadur *et al*. 2011]

Cimellaro (2010) defines resilience in 3 ways; a generalised definition, a recovery specific definition and a definition of a disaster resilient community;

- Definition 1. Resilience is defined as a function indicating the capability to sustain a level of functionality or performance for a given building, bridge, lifeline networks, or community, over a period defined as the control time that is usually decided by owners, or society (usually is the life cycle, life span of the system etc.).
- Definition 2. The recovery time is the period necessary to restore the functionality of a structure, an infrastructure system (water supply, electric power, hospital building, etc.) or a community, to a desired level that can operate or function the same, close to, or better than the original one.
- Definition 3. Disaster resilient community is a community that can withstand an extreme event, natural or manmade, with a tolerable level of losses, and is able to take mitigation actions consistent with achieving that level of protection.

Resilience theory offers insight into behavior of complex systems and the importance of such system attributes, as diversity, ability to self organise, system memory, hierarchical structure feedback systems and non-linear processes (Carpenter *et al.* 2001; Holling 2001 Cummings *et al.* 2005).

Thematic area	Components of resilience
1 Governance	• Policy, planning, priorities and political commitment. • Legal and regulatory systems • Integration with development policies and planning • Integration with emergency response and recovery • Institutional mechanisms, capacities and structures; allocation of responsibilities • Partnerships • Accountability and community participation
2 Risk assessment	• Hazards/risk data and assessment • Vulnerability and impact data and assessment • Scientific and technical capacities and innovation
3 Knowledge and education	• Public awareness, knowledge and skills • Information management and sharing • Education and training • Cultures, attitudes, motivation • Learning and research
4 Risk management and vulnerability reduction	• Environmental and natural resource management • Health and well being • Sustainable livelihoods • Social protection • Financial instruments • Physical protection; structural and technical measures • Planning régimes
5 Disaster preparedness and response	• Organisational capacities and coordination • Early warning systems • Preparedness and contingency planning • Emergency resources and infrastructure • Emergency response and recovery • Participation, voluntarism, accountability

Figure 2.7 Twigg's Components of resilience. [Source: Twigg 2009]

2.6.2 Resilience Frameworks

The development and use of frameworks has allowed the presentation of the operation of resilience for empirical study (Cumming *et al.* 2005). There have been many frameworks developed in an attempt to further understand the complex, multi-faceted nature of resilience. These are inclusive of:

- Tobin's, Structural-cognitive model (1999), which explored structural changes, situational and cognitive factors.
- Paton and Johnson's, Model of resilience to hazardous events (2001), taking a disasters and communities perspective, attempting to understand the links between vulnerability, resilience and preparedness.

- Gunderson and Holling's, Panarchy framework (2001), which attempts to understand resilience in a multi-dimensional perspective, taking account of temporal and special considerations.
- Cumming's, exploratory framework (2005), which aims to understand links between social and ecological systems and the concept of social-ecological resilience.
- Cutter's, A place based model (DROP) (2008), which looks specifically at community resilience to natural disasters.
- Maguire and Cartwright's, Resilience conceptual framework (2008), which attempts to understand the relationship between resilience, vulnerability and adaptive capacity.
- DFID's, Resilience conceptual framework (2011), a framework exploring the concept of resilience and the elements that determines capacities to deal with shocks and disturbances.
- Practical Action's, Vulnerability to resilience framework (2011).

The attributes and progressional thought in the development of these different frameworks are discussed below.

Structural-cognitive model (Tobin 1999)

The approach taken here is primarily an ecological one, utilising aspects of the socio-political ideas put forward by Bates and Pelanda (1994), and the political-economy and human ecology approach outlined by Hewitt (1983) (Tobin 1999). Structural-functional views, conflict theory, competition for resources, and other geo-sociological and anthropological principles are raised here as possible frameworks in understanding community resilience. This model highlights internal (i.e. structural, situational and cognitive factors) and external influences (i.e. mitigation and recovery) on overall structural-functional characteristics of resilience. It is interesting to note this model includes factors experienced in the post-disaster environment and holds value on the interventions offered in humanitarian assistance (refer to Figure 2.8, pg. 60).

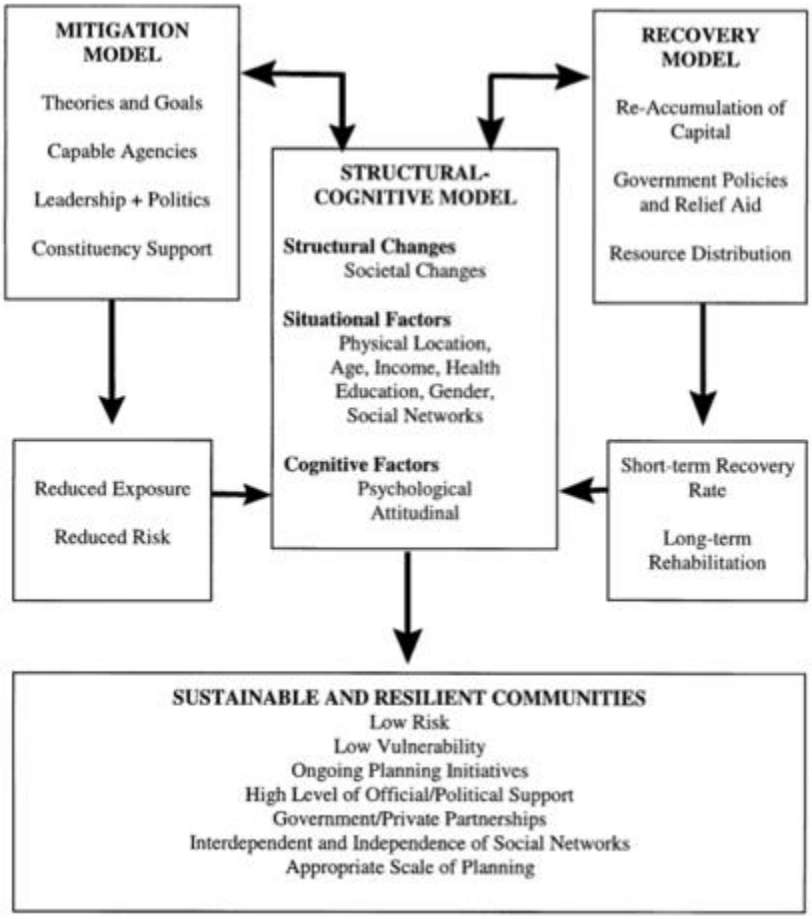


Figure 2.8 Structural-cognitive model. [Source: Tobin 1999]

A model of resilience to hazardous events (Paton and Johnston 2001)

This model looks specifically at risk perception and its resulting effect on social and psychological factors that are attributed to resilience in disasters. Social and psychological factors are fundamental in the conceptualisation of individual and community resilience, but are factors that are not encompassed in later models. These factors are crucial when developing schemes to build in community preparedness, as well as considering resilience building initiatives in humanitarian responses. This indicates that the lack of consideration in later models could highlight a missing link in the holistic conceptualisation of resilience, which is necessary to effectively operationalise resilience.

From a social and psychological perspective, resilience is a function of the operation of personal characteristics, the ability to impose a sense of coherence and meaning on atypical and adverse experiences, and the existence of community practices, e.g. supportive social

networks, which mitigate adverse consequences and maximise potential for recovery and growth (Violanti *et al.* 2000).

The model links risk perception and risk reducing behaviour. While perception of a threat remains a pertinent precursor, the key factors are action-outcome expectancies (i.e. consideration of whether risk may be reduced) and self- efficacy judgments (i.e. whether the required actions are within the capabilities of the individual). Because people make assumptions about the possible consequences of action before considering engaging in that behaviour, action-outcome expectancies precede efficacy judgments (Paton and Johnston 2001). Studies of response to hazard effects by Bishop *et al.* (2000) and Millar *et al.* (1999) revealed that the above factors enhanced resilience (refer to Figure 2.9, pg. 61).

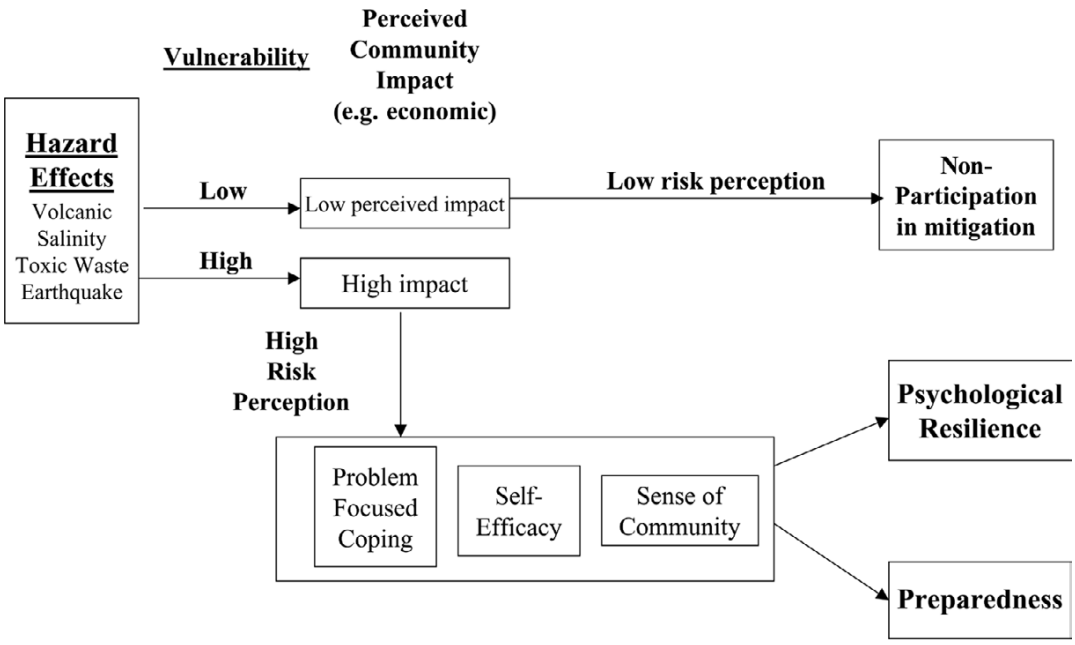


Figure 2.9 A model of resilience to hazardous events. [Source: Paton and Johnston 2001]

The Panarchy framework (Gunderson and Holling 2001)

The Panarchy framework looks at the links between human and natural systems, with an attempt to understand these components in temporal and special dimensions. The model has developed a hierarchical structure, where natural systems and human systems are linked in non-stop adaptive cycles of growth, accumulation, restructuring, and renewal. These cycles occur in nested sets of ecological, temporal, and spatial resolutions and most occupy

discrete niches in space or time. Within the model, structures and processes are also linked across scales. It is argued that the dynamics of a system at one particular scale of interest cannot be fully understood in lieu of accounting for the dynamics of other cross-scalar and hierarchical influences within the system. The model embodies the idea that to foster resilience and sustainability within a system, an understanding of adaptive cycles within the coupled human–environmental system, and the scale at which they occur is necessary (refer to Figure 2.10, pg. 62).

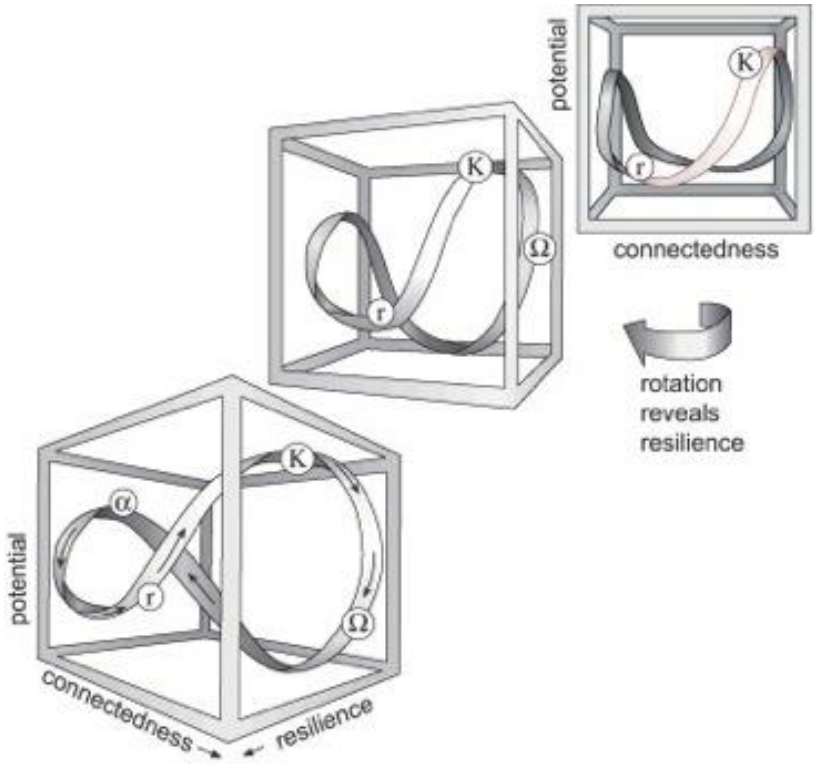


Figure 2.10 The Panarchy framework [Source: Gunderson and Holling 2001]

Exploratory framework (Cumming *et al.* 2005)

Cumming's framework encompasses social/ecological interaction, but also accounts for the importance of temporal and spatial factors. What Cumming does, is try to elaborate on the identity of the system of resilience. Equating resilience with the ability of a system to maintain its identity, where system identity is defined as a property of key components and relationships (networks) and their connectivity in time and space.

Cumming recognises that when a system is under stress you begin to see specific variables that are relevant to resilience. This is done by assessing the potential for change under specific drivers and perturbations. This in combination with a scenario based approach to consider alternative futures, obtains a surrogate measure of the current resilience of the system. Consequently, yielding insights into mechanisms of change and potential consequences of different policies and management decisions (refer to Figure 2.11, pg. 63).

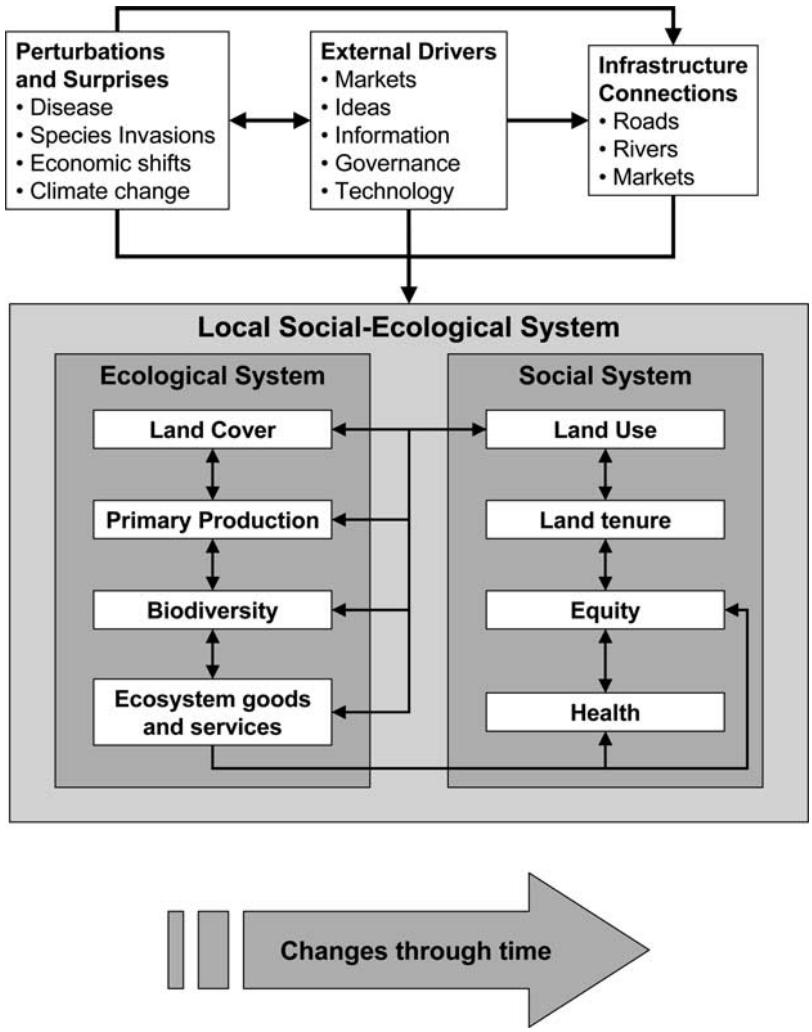


Figure 2.11 An Exploratory framework. [Source: *Cumming et al.* 2005]

A Place-based model (DROP) (Cutter 2008)

The disaster resilience of place model (DROP) has been designed to improve the comparative assessments of disaster resilience at the local or community level. The framework aims to capture disparities between levels of resilience and vulnerability in

communities that could result in different rates of recovery. Focusing on the place and the spatial interactions amongst the social system, built environment and natural processes.

Natural systems, social systems, and the built environment are interconnected and human actions impact the state of the environment. In turn, a degraded environment provides less protection against hazards. Thus, the DROP model presents resilience as both an inherent or antecedent condition and a process. The antecedent conditions can be viewed as a snapshot in time or as a static state, yet the post-event processes embedded within the model allow the conceptualisation to also be dynamic (Cutter 2008) (refer to Figure 2.12, pg. 64).

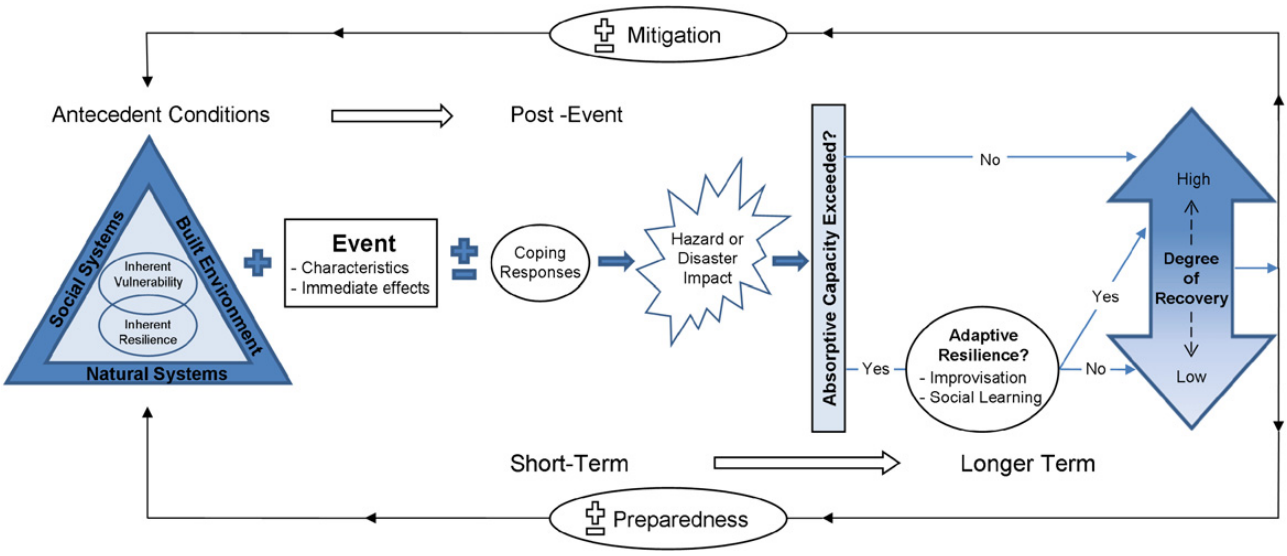


Figure 2.12 A schematic representation of a disaster resilience of place (DROP) model. [Source: Cutter 2008]

The model sees the conditions that define resilience are dynamic and ultimately change with differences in spatial, social, and temporal scales. Adaptive resilience can see social learning and improvisation occur at a social scale; at a temporal scale, a society deemed resilient to short-term environmental hazards, such as severe weather, due to mitigation measures, may not be resilience to long-term hazards, such as climate change. These factors are crucial when considering the variables and parameters to be used as indicators of ‘resilience’ post-disaster.

A Resilience conceptual framework (Maguire and Cartwright 2008)

Maguire and Cartwright see community resilience as the ability of a community to respond to a change adaptively and that a community's resilience is shaped by its vulnerabilities, resources and adaptive capacities. The model attempts to conceptualise the relationship between vulnerability, adaptive capacity and resistance to determine a model of resilience (refer to Figure 2.13, pg. 65).

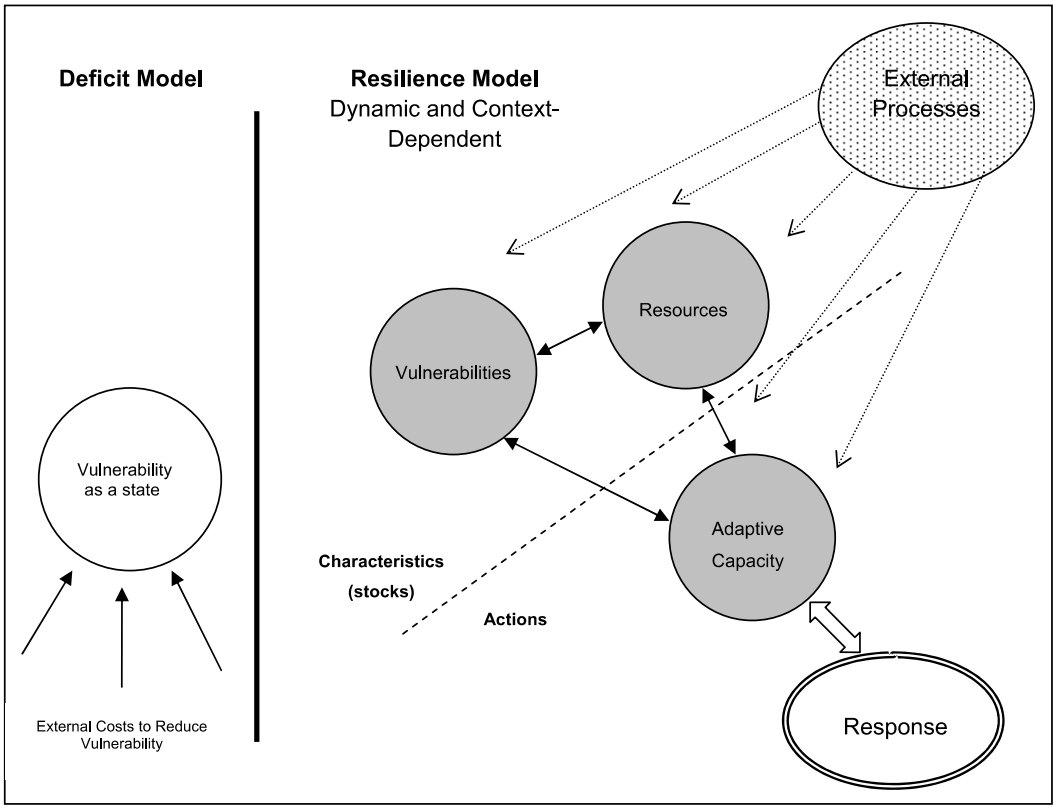


Figure 2.13 A conceptual framework of resilience, vulnerability and adaptive capacity. [Source: Maguire and Cartwright 2008]

The 'deficit model' on the left hand side of Figure 2.13 (refer to pg. 65) is outcome oriented, in that it focuses on research questions, such as who is vulnerable? And what are they vulnerable to? This approach sees vulnerability as a deterministic state (i.e. where a community is assessed as 'more vulnerable' or 'less vulnerable'). External interventions are then applied to attempt to reduce this vulnerability.

The resilience conceptual framework, on the right hand side of the diagram, sees resilience as a function that has an inherent ability to evolve and transform a community's state of

living, adapting to better suit the new environment, rather than simply returning to a pre-existing state. The model looks at 4 components:

- **Vulnerabilities -** a component, which may weaken a community's ability to respond adaptively to a change.
- **Resources -** are the strengths and abilities of a community to enable it to overcome its vulnerabilities and to respond adaptively to change.
- **Adaptive capacity -** is 'the ability or capability of a system to modify or change its characteristics or behaviour to cope better with actual or anticipated stresses' (Brooks and Adger 2003).
- **External processes -** such as the broader political, economic, and physical environment, influence a community's response to change, as well as its internal vulnerabilities and resources, and the way in which these are translated into adaptive action.

The response that a community demonstrates to a change, has a certain degree of resilience and is driven by its ability to build on its resources and adaptive capacity, translating these into adaptation. This resilience model is dynamic and context-dependent; the ways in which these processes occur will vary between communities and within the same community in response to different types of change (Brooks 2003).

Resilience conceptual framework (DFID 2011)

DFID's framework has been developed to portray the concept of resilience and the elements that determine capacities to deal with shocks and disturbances. The framework shows that when a household or community is 'disturbed' (e.g. experience a natural disaster) the model describes the ability to deal with the stress or shock, is a function of exposure, sensitivity and adaptive capacity. The more exposed and sensitive something is to the shock, the more likely it is to experience the shock and the more severe the negative impacts will be; the stronger the capacity and ability to deal with the disturbance, the better the outcome.

This framework seems one dimensional and linear in its conceptualisation. The framework does not indicate the specific categories of context information to be considered (e.g. historical context, markets, power dynamics, livelihood groups etc.), which leaves room for the user to interpret what information is most useful. Different factors of influence are not

identified specifically for a community, household or individual, thus, not separating the different dynamics and key factors that influences their state of resilience. The model also doesn't factor in the cyclical and parallel dynamics of shocks, what makes people resilient to one shock might not make them resilient to another, deeming the proposed outcome invalid (refer to 2.14, pg. 67).

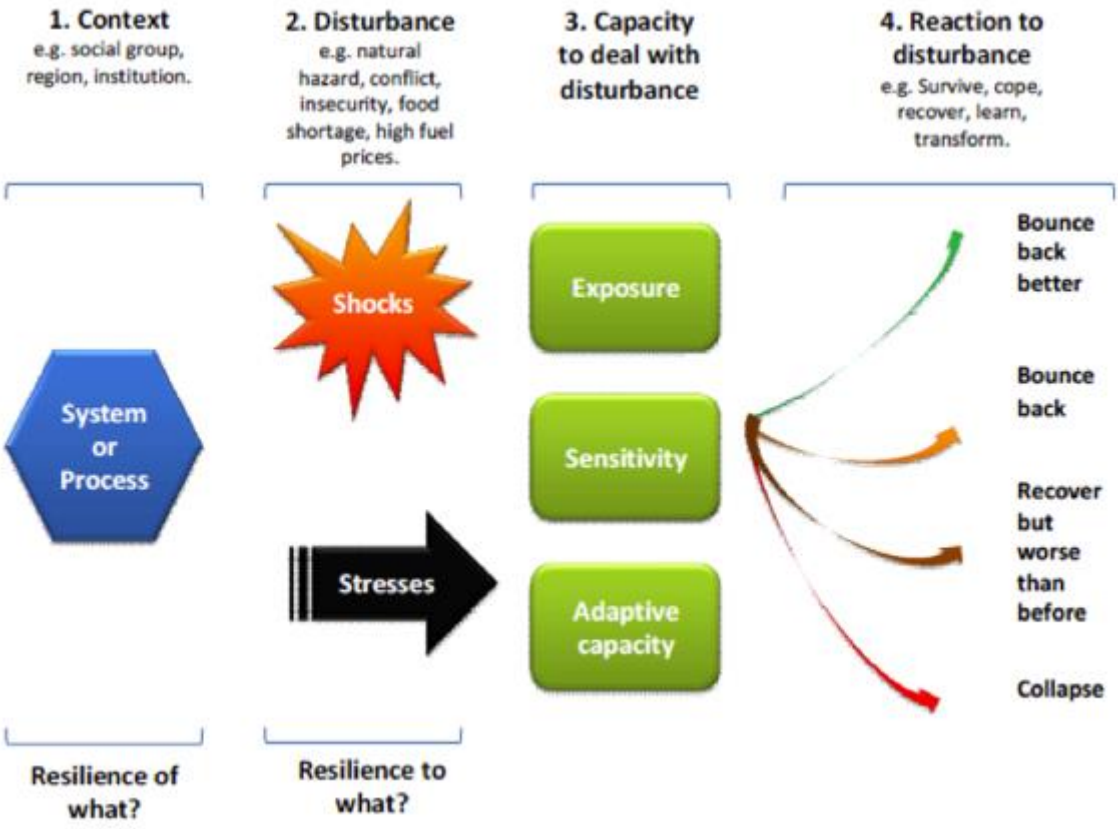


Figure 2.14 A resilience conceptual framework. [Source: DFID 2011]

Vulnerability to resilience framework (Practical Action 2011)

Practical Action has developed a framework, which is practical in its application in programmes. Practical Action, has used this framework as a basis for its programming in Darfur (Pasteur 2011). The framework includes some characteristics of resilience (e.g. decentralised and participatory decision-making, diversified livelihoods etc.), as well as programming objectives (e.g. improving understanding of trends and their local impacts). Unlike other resilience frameworks, this one considers resilience through a livelihoods lens, a fundamental programmatic element that is consistent with economic opportunity. Opportunities, which open up access to financial resources, and to potential accumulated assets that an individual or HH can tap into in a time of crisis (refer to Figure 2.15, pg. 70).

Summary of the current scope of resilience frameworks

Assessing the array of resilience frameworks that have been developed, has enabled an understanding of the extent this topic has been explored conceptually. Gaining a comprehension of its complexity, its potential and its limits.

It is clear there is further need for conceptual clarity on the issue of resilience, due to its complex nature. The progressional development of theory surrounding resilience, sees its concept faceted into different dimensions. The concept has been explored within cognitive (Tobin 1999), temporal and spacial (Gunderson and Holling 2001) and socio-ecologic (Cumming 2005) realms, along with its relationship with vulnerability and preparedness (Paton and Johnson 2001; Practical Action 2011), and with its relationship with adaptive capacity after a disaster event (Cutter *et al.* 2008; Maguire and Cartwright 2008; DFID 2011).

Later frameworks begin to explore the practical implications of resilience within a development (Practical Action 2011) and humanitarian context (Cutter *et al.* 2008; Maguire and Cartwright 2008; DFID 2011); recognising the need to proactively consider resilience within programming to gain required outcomes. From Practical Action's framework it is clear the idea of resilience has been progressively explored within the development context, enabling precise programmatic approaches to be developed. This progression within the development sector can also be seen through tools that are currently available, such as political economy analysis, vulnerability analysis and sustainable livelihoods framework. Tools developed to help inform programmatic decisions in this area. However, resilience in the humanitarian sphere has been significantly less developed, which is apparent within the latest frameworks to be presented on resilience within the post-disaster context. Cutter (2008) and Maguire and Cartwright (2008) make crucial conceptual links between prior resilience and the level of absorptive capacity affected populations would have post-event, also how adaptive capacity can be increased through response interventions to increase potential recovery and future resilience. However, no clarity has been found in terms of how response interventions can practically increase adaptive capacity of affected populations and to date no sector wide tools have been produced. This current deficiency is clearly presented within DFID's 2011 framework, which is one dimensional and linear in its conceptualisation. Firstly, the framework does not take into account many of the complexities of a realistic post-disaster context. Secondly, the framework does not have the

ability to offer guidance or act as a building block to practically develop response programming. Through the literature it becomes clear that there is an obvious gap in knowledge surrounding how to practically support adaptive capacity post-disaster to ensure prior weak resilience doesn't hinder potential recovery.

The concept of resilience has gained currency in the last few years. However, as demonstrated there is a void of knowledge when concerning resilience outside of the developmental arena, particularly in post-disaster contexts. There is an absence of substantiated conceptual dimensions, lacking the clarity of definition, substance, and most importantly, its practical application in disaster response interventions.

The next sub-section explores the concept of resilience in the humanitarian sphere in more detail, clarifying some key attributes resilience building would have if taken into account within post-disaster settings, highlighting fundamental gaps in programmatic knowledge to support a resilience building approach.

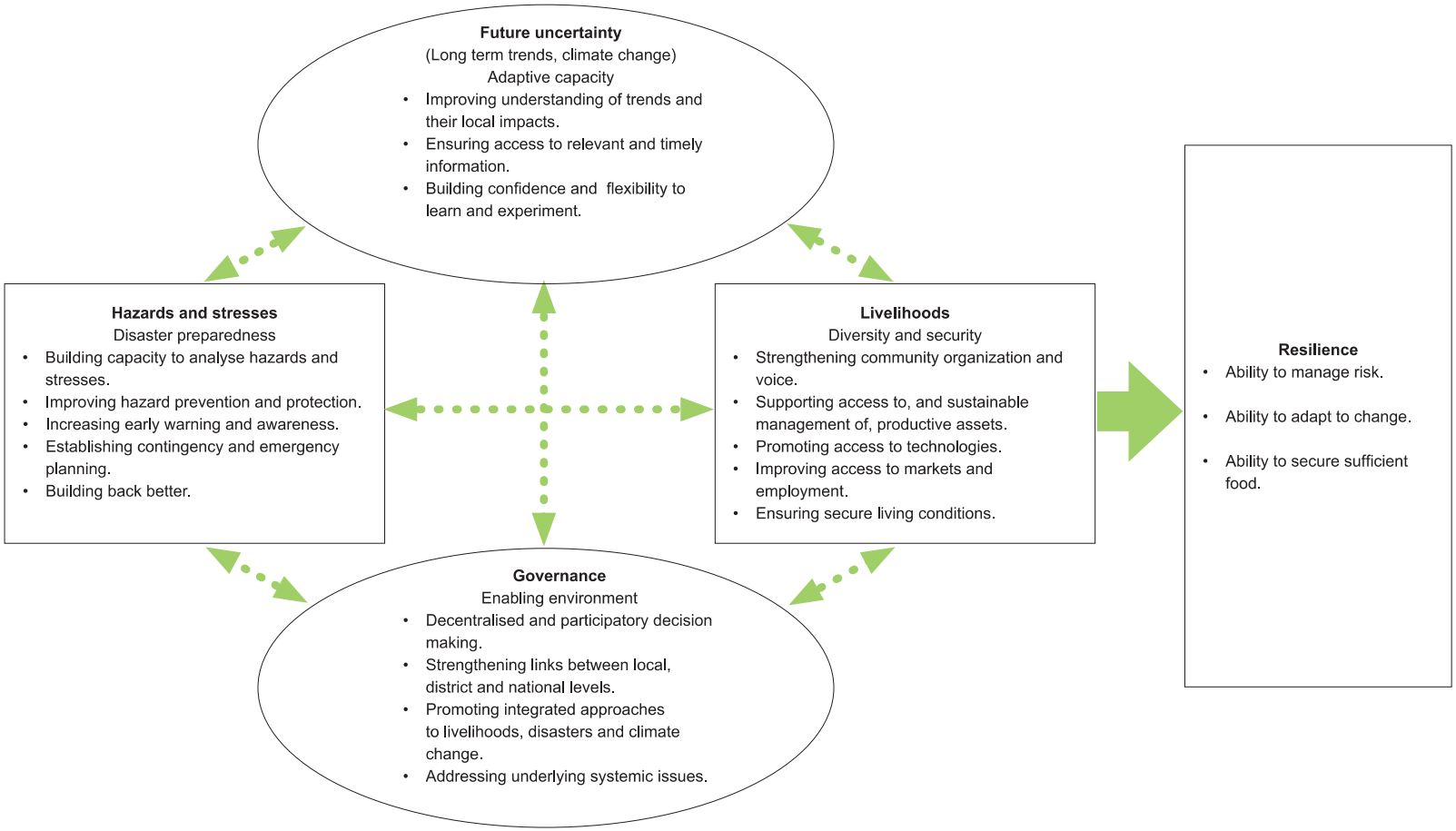


Figure 2.15 A vulnerability to resilience framework. [Source: Pasteur 2011]

2.6.3 Post-Disaster Resilience

Assessing current comprehension of resilience theory, has indicated that there is a gap in knowledge, in terms of how to practically implement programmes within emergency response that are able to encourage resilience building, which would develop the adaptive capacity of affected populations. These two following sub-sections begin to underline the relationship between resilience and the post-disaster context; utilising the post-disaster context of Haiti to gauge potential resilience building opportunities and how they could have played a role in recovery.

Resilience is intrinsically linked with humanitarian assistance, whether it would be in a supportive manner, i.e. increasing peoples' ability to cope in a crisis, as it is a source of support people might access; through its influence on an affected persons strategic decision-making, i.e. the timeliness, effectiveness, predictability and duration of aid might affect the level of debt people take on; whether they sell or replace assets; or if it hinders potential resilience, i.e. through undermining national and local authority, local economics and livelihood opportunities, or through changing settlement patterns (Levine 2012). Humanitarian assistance is not the only resource in a crisis, however, it can heavily influence the resilience status of an affected community. Therefore, it needs to be evaluated and become apart of the discussion of resilience.

Resilience could also bring attention to the need for assistance in protracted and recurrent crises to take a longer-term view. In 2009, 70% of humanitarian funding went to countries that were long-term recipients of humanitarian aid (Development Initiatives 2011). Funding cycles are typically 1 -1.5 years, and the model of using short-term tools in humanitarian aid to address prolonged humanitarian crises has serious limitations (Levine 2012). Resilience could bring more emphasis on the importance of programming to take a long-term view of issues such as, food security, threats to livelihoods and sustainable service provision.

In order to approach the evaluation of resilience and potential resilience building initiatives in humanitarian programming, current conceptual theory put forward to understand resilience, including characteristics and frameworks, needs to be further developed and better understood in the post-disaster context. A more thorough conception of the context and the influence of different types of humanitarian intervention need to be explored and how agencies can be better equipped when entering a response to evaluate individual

contexts. In order to effectively plan interventions that either, specifically build resilience or are mindful of it.

Without this depth of knowledge, what is considered a resilience building initiative could be fundamentally misguided, consequently, leading to failed programmatic attempts. Successful implementation of resilience building initiatives in humanitarian responses has the potential to increase the effectiveness of humanitarian assistance, recovery, risk reduction, longer-term development and for the development of much needed coherence between these sectors. Therefore, it is crucial to fully comprehend what post-disaster resilience really means and how to successfully develop and implement resilience building initiatives in humanitarian programming.

2.6.4 How is individual/household level resilience defined in the post-disaster environment

Post-disaster resilience can be summarised from the literature, as essentially looking at adaptive resilience, which is described in Cutter's DROP model. Individuals/HHs will possess a level of 'resilience' before a disaster that will stem from their access to resources, such as assets, services, financial and their strength of relationships with friends and family, local authority and civil society (Bosher 2004). This existing level of resilience ascribes the level of absorptive capacity made available to that individual/HH in the event of a disaster. Consequently, this absorptive capacity determines the level of perturbation experienced, as well as the capacity available to recover/return to a state of functionality, i.e. adaptive resilience (refer to Figure 2.16, pg. 73). Adaptive resilience is the term given to an individual's/HH's level of resilience expressed in a crisis event (Cutter *et al.* 2008) and the modality that humanitarian response can support and develop.

In post-disaster contexts, understanding and supporting individuals/HHs adaptive resilience, would ensure former weak resilience would not hinder their ability to recover. It would also build in resilience for the future, strengthening absorptive capacity and the ability to manage their own recovery.

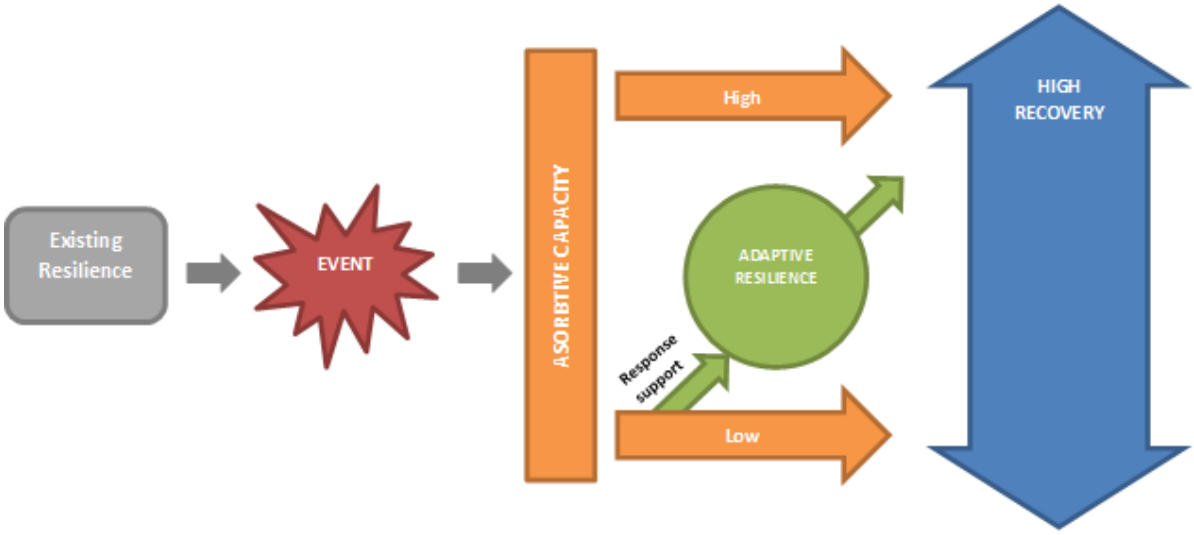


Figure 2.16 A schematic diagram of post-disaster adaptive resilience and necessary humanitarian support to increase level of potential recovery (adapted from Cutter's DROP model). [Source: Cutter 2008]

Essential components of resilience as described in the literature sees 5 essential components (Bosher 2004):

1. **Access to assets**

   Asset ownership, such as a house, transportation or tools forms a level of security and capital for potential recovery.

2. **Access to basic services**

   Services, such as water, sanitation and health care, are vital for survival and maintenance of health. Adequate provision also means time spent on ensuring these vital activities is limited, freeing up time for more productive pursuits, such as livelihood activities.

3. **Economic opportunities**

   Proactively encouraging livelihood opportunities and market development will foster local economic recovery, stimulating the rehabilitation of local services and amenities. It will also allow individuals and HHs to raise essential capital to manage their own recovery.

4. **Access to legal and financial services, i.e. loans, grants.**

   Access to cash in a crisis can be fundamental to securing accommodation, starting up business' and offer an opportunity for individuals/HHs to manage their own recovery.

5. **Strong social and political networks**

   Supportive social networks, such as friends, family and community members, help mitigate adverse consequences and maximise potential recovery. Political connections, i.e. access to local government, civil organisations and international organisations provide essential support, information and guidance.

Supporting these components through emergency response programming will inherently allow recovery to take place and a resilient society to develop, which will ultimately break the cycle of disaster many countries continually face (refer to Figure 2.17, pg. 75)

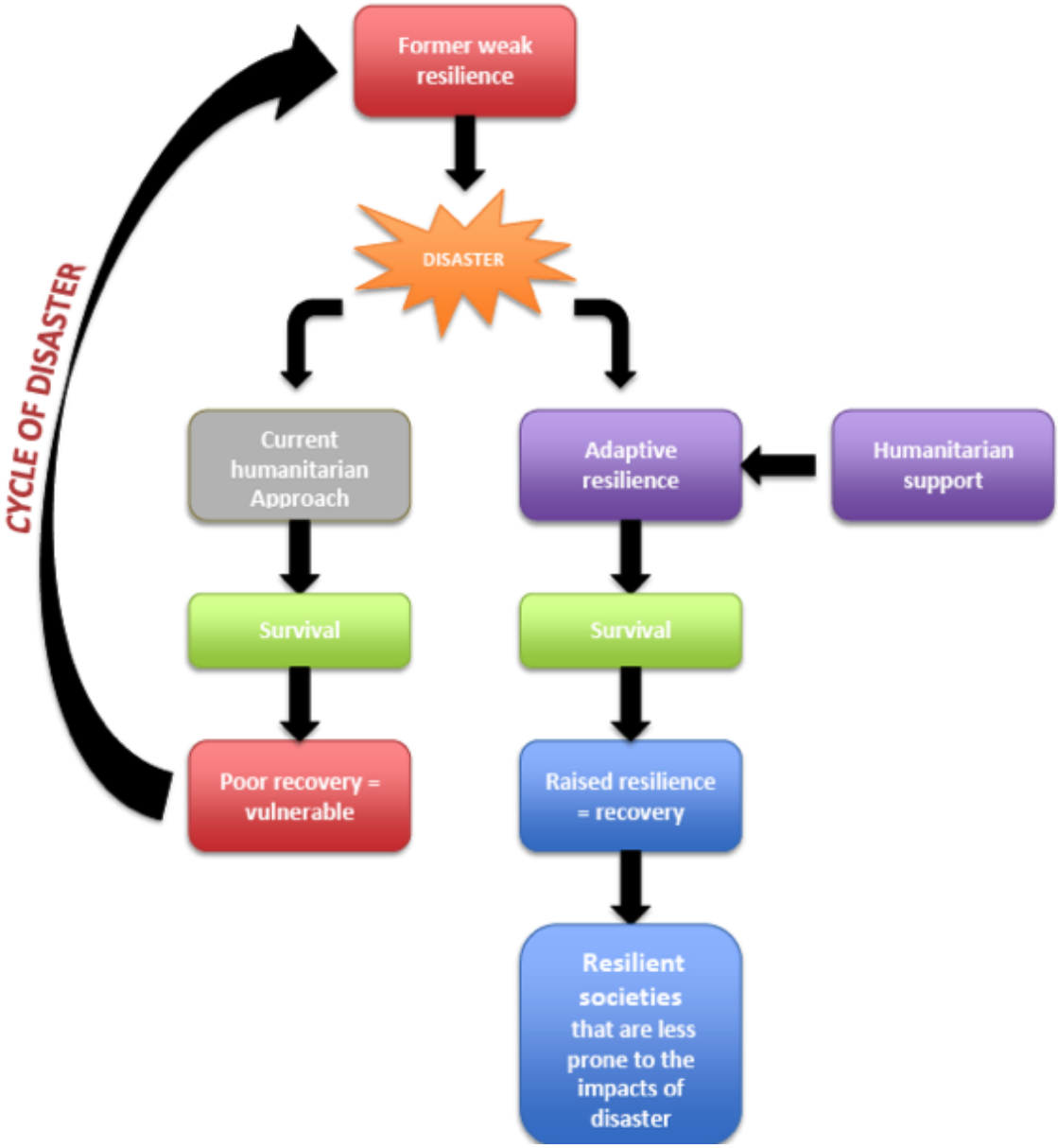


Figure 2.17 Demonstrates the relationship between adaptive resilience and recovery within an operational perspective.

Many current models of humanitarian intervention, unfortunately, do not employ an approach that encompasses resilience building at this crucial time. Instead, they are set up institutionally to respond solely to basic survival needs, i.e. shelter, food and water. In some instances this one-dimensional approach has the adverse affect on 'potential recovery' and the building of resilience within an affected society, e.g. aid dependency, market disruption and weakened national entities (HPN 2001). The approach fundamental to the humanitarian

intervention divides responsibility for survival and recovery. The current disaster management model that represents this continuum presupposes that relief needs, i.e. shelter, food, water etc., and recovery dynamics operate at distinct stages along a post-disaster timeline, not conceptualising the idea that relief and recovery needs both may begin simultaneously from day one (Figure 2.3 and 2.4, pg. 13 and 14 respectively). The simplicity of this current response approach has evolved to ensure a rapid and manageable response by the international community, however, intrinsically this approach is unable to meet or respond to the natural complexities within often volatile post-disaster contexts, seeing an approach that is counter intuitive to the environment it operates in and consequently will be fraught with issues.

2.6.4 Could Resilience Building Have Played a Role in Recovery In Haiti?

Following the introduction of this case study in section 2.5, that looked to understand the recovery deficit felt within the response period and to consider what the main features were that resulted in the noted deficit. This sub-section takes the case study background further, to begin to comprehend resilience in the post-disaster environment. The sub-section briefly assesses the post-disaster context of Haiti, considering the international response that was undertaken, as well as highlighting potential areas where resilience could have been stimulated, understanding its role in potential recovery.

In the months before the January 2010 earthquake, Haiti's social and economic prospects were starting to look somewhat brighter. After years of political turmoil, the country was entering a new phase of relative stability (CAFOD 2011). The humanitarian crisis exposed some of the country's most deeply rooted problems: structural problems, unequal land distribution, an unclear and unregulated land tenure system, continued violation of the basic human rights of Haiti's most vulnerable people, poor governance, insufficient social consultation and adversarial state and civil society relations that have long undermined the Haitian social fabric. These problems translated into obstacles preventing the delivery of an effective response and sustainable recovery programme in the country (CAFOD 2011). No policy environment existed in post-earthquake Haiti and no building codes have been established to date (CAFOD 2011).

There was an opportunity provided by the disaster to carry out modernisation projects for sectors like WASH, such as expanding coverage of water and sanitation services. However,

in many cases these projects replicate the failures in the damaged systems, and actually increase their vulnerability to similar natural hazards. But it has been noted that after major disasters few efforts have been made by the WASH sector to develop technologies or technical standards that reflect prior experience (PAHO 2006). Matthias Schmale, IFRC states 'we need to take action now to build sanitation into Haiti's future' (IFRC 2010). The integration of an accessible and sustainable water and sanitation service for all into the reconstruction plans in Haiti was essential, however, not accomplished.

Many opportunities to Build Back Better (BBB) are missed in international response, considering the extensive financial and human resources often available in many post-disaster environments (Fan 2013). Tackling the challenges associated with disaster risk is paramount. Building-in resilience early will lead away from a culture of dependency and vulnerability to one of recovery and resilience. This would ensure a legacy of sustainable solutions would be left behind and not one of chaos.

This problem area has been highlighted in the Hyogo Framework for Action's 10 year plan, which looks to reduce disaster risk world-wide. Priority 4 recognises the need to reduce the underlying risk factors in post-disaster situations. The 2009 HFA update report noted risk reduction is not being systematically built into relief, rehabilitation and recovery processes; clearly stating that this is a priority area of action (UNISDR 2009).

To reduce vulnerability in Haiti essential services needed to be (re)established, the vast majority of affected people were still living in official and unofficial camps with only temporary and costly services being provided i.e. trucked water and high maintenance latrines until 2012 (Groupe URD 2010; RTE 2010). Service provision for the WASH sector provided by international partners in the Haiti response is an example of unsustainable provision. The largest providers of sanitation in Haiti in the response were: ACF, ACTED, CARE, HAVEN, Oxfam GB, Red Cross and Save the Children. In 2010 only a third of the trucked water was being supplied by DINEPA and two thirds by international partners, like Oxfam and IFRC. In total 70% of the affected population were provisioned through a trucked water supply (IFRC 2010). The humanitarian sector needed strategies early to allow for more innovative, longer-term solutions to be put in place to support recovery.

Prolonged provision of water and sanitation in camps, is both expensive and in many cases undermines pre-existing service providers, who could not compete. Before the earthquake communities were self-sufficient through using water kiosks that sold low-cost water, they generated profits that were then fed into community projects. Since the disaster, these kiosks had to be abandoned, due to free water being distributed in camps and nearby areas (Oxfam 2011).

The need for long-term sustainability within the WASH sector has been recognised and initiatives have been undertaken. The British Red Cross and DINEPA strived to re-establish the Haitian water market, that supported the campaign of 'Haiti first', an initiative that encouraged all to buy in Haiti (IFRC 2011). Oxfam GB helped re-establish water kiosks and the repair of public water points, working with DINEPA to establish Haiti's first drinking water and sewerage standards (Oxfam 2011). Oxfam also supported the creation of master development plans for the major suburb of Carrefour Feuilles (DEC 2011a). DINEPA has established a strategy where resources are being moved away from camps towards investments in the surrounding neighbourhoods (DEC 2011a).

Innovative exit strategies are needed to support the transition to recovery. INGOs need to provide sustainable solutions from an early stage of a disaster response to allow an effective transfer of responsibility of service provision to the government and the private sector, which would have put it back in Haitian hands.

Good exit strategies depend on good local governance systems that will be able to take up the recovery role. With a quarter of civil servants losing their lives in the earthquake, a weak administrative capacity was seen, which created a barrier to reconstruction (Schilderman and Lyons 2010). Fundamental differences in approach to reconstruction among donors and clusters undermined an already weak government authority and its power to act, as well as undermining local trust in any given policy (Schilderman and Lyons 2010). The estimated cost of reconstruction was US$11.5 billion (DEC 2011a), which presents an opportunity to BBB creating a more resilient Haiti. But many opportunities to BBB were missed and recovery and reconstruction hindered due to the short-term programming initiated by relief agencies and the 'operational gap' left behind.

Redevelopment should be socially just, economically viable, environmentally compatible and less vulnerable to hazards (Schilderman and Lyons 2010). The challenges ahead are: to develop a legal framework for DRR; to change the focus from hydro-meteorological hazard scope to a multi-hazard approach; strengthening human capital; appropriation of management of the risk of disaster by line ministries; increase the capacity to develop tools for detection of all kind of risk; operation of permanent monitoring tools; stimulation of research; and co-ordination among various actors and required leadership (WMO 2010).

The GoH, its ministries, the private sector and I/NGOs need now to focus on stimulating an effective recovery that will ensure sustainable, long-term resilience. Institutional and societal coping strategies need to be reviewed and addressed in order to tackle the challenges associated with disaster risk. It is fundamental to get the approach of introducing resilience into public policy, thus, stimulating fiscal resource allocation. This will be vital if the capacity of the public and private sector are to be sufficiently developed, encouraging a system that will withstand the impacts of future disasters.

A huge response flooded into Haiti, millions received relief, but 2 years after the earthquake, Haiti still found itself in a prolonged state of relief, which created huge vulnerability and dependency within the affected population. Agencies and the international community struggled to generate a state of recovery and transfer responsibility for initiated programmes and services back to the government. Could this operational deficit have been avoided if agencies had put longer-sighted strategies in place from the start to promote recovery and support their own effective transition and exit strategies? Could sustainable solution have been left behind rather than a weakened state and a vulnerable population?

Does the humanitarian sector need to re-examine their approach to relief and recovery programming, to ensure the impact of their programmes are not hindering the process of recovery, instead supporting and strengthening resilience from the start?

Encouraging and promoting resilience from day one, could provide the strategy that is needed to ensure the critical components necessary to support an effective recovery process are in place at the right times along the post-disaster timeline. Guiding away from pre-designed centralised camp models, that promote dependency and ultimately hinder recovery to a more context-specific, demand-led and community centered approach.

Thus, the questions remain: what are the critical components that constitute post-disaster resilience? What measures can be developed that would support and foster adaptive resilience at an early stage? How can these strategies be mainstreamed into humanitarian programming? And what are the differences in potential approach between different types and scales of disaster?

2.7 Conceptual and Theoretical Framework

This final section will present an analytical framework that will sum up the fundamental variables of this exploratory research thesis. Presenting their relationships to summarise the theoretical, analytical and practical concepts and issues highlighted in this Chapter. Detailing the next step in the research process necessary for this framework to be explored, for stated objectives to be met, to examine this thesis' research problem in-depth.

Figure 2.18 (refer to pg. 82) details the individual variables that will be assessed through this thesis. These variables have been established in order to meet the aims and objectives set out at the start of this thesis in section 1.3. These variables will be assessed through an in-depth case study and will be supported by literature. Figure 2.18 demonstrates that there are two distinct areas to be investigated: humanitarian operations and resilience. Within these two overarching areas, there are specific variables that will be investigated in each. Within humanitarian operations these include: investigating the overall operational framework - specifically financial mechanisms and coordination structures; agency operations - specifically programmes (i.e. WASH and Shelter, chosen for their inherent link with resilience) and assessments and planning; and lastly, the impact the humanitarian operations framework had on the disaster context will be examined- specifically nation level and local level exchange. Within the area of resilience, the concept of resilience in the post-disaster context will be further clarified, along with the exploration of what constitutes a resilience building initiative.

The assessment of these variables will guide an understanding of how the current humanitarian sector is functioning, whether the humanitarian operational framework and particular emergency approaches are contributing factors to the witnessed recovery deficit seen in Haiti. Also, to further clarify what is resilience in the post-disaster context and what types of initiatives and supportive mechanisms are needed to encourage resilience building and support adaptive capacity. Gauging whether supporting the development of adaptive

resilience through emergency response programmes can feasibly improve potential recovery of affected populations (refer to Figure 2.19, pg. 83). Having the ultimate aim to offer recommendation for policy and practice, in terms of resilience building initiatives within humanitarian programming, and what is needed to support and mainstream these initiatives into the humanitarian sector.

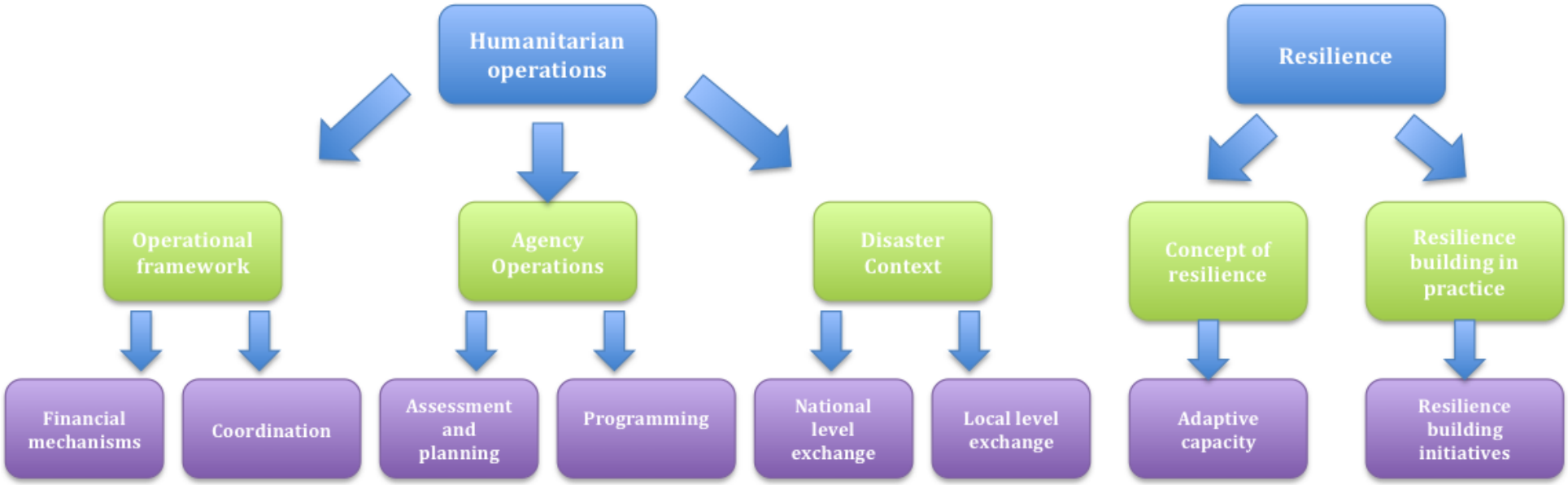


Figure 2.18 Details the various variables the research aims to encompass, conceptualise and analyse in order to meet stated aims and objectives.

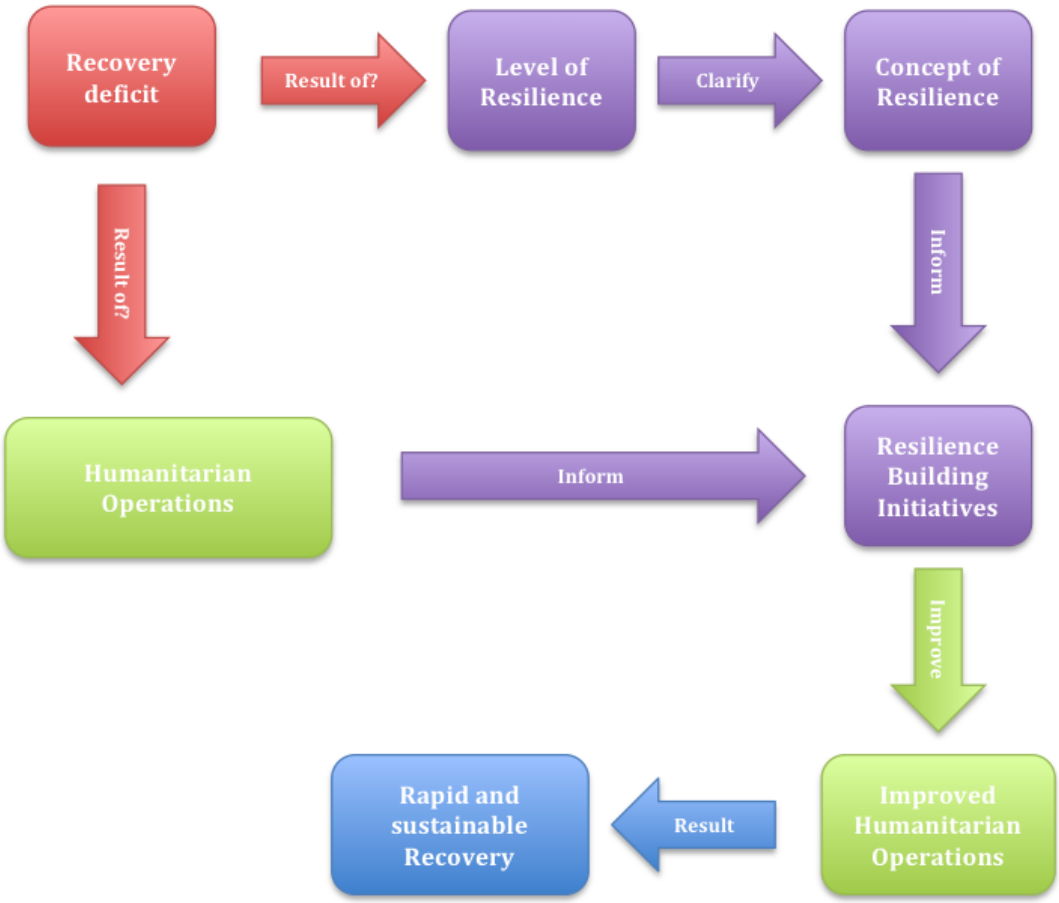


Figure 2.19 Demonstrates the relationships between the main areas of research within this thesis, offering a sequenced framework that dictates the direction and aim of this exploratory research.

The Chapter has broken down and examined essential variables within the research focus areas, laying the foundations for data collection, needed to meet the research objectives. The observed issues within the humanitarian sector, to which the research problem has been developed, was clearly dealt with in the initial sub-sections; presenting the literature that witnessed and conceptualised the existence of the operational 'gap' or 'missing link' between relief, recovery and development. These theories and observations were then further explored within a post-disaster response operation, the Haitian 2010 earthquake. Following this introduction the two key areas of research- resilience and humanitarian operations were then explored in detail. Within the area of humanitarian operations this Chapter laid out the dynamics within the current operational framework, key players and coordination structures, along with strategic and programmatic approaches. This was done

to portray a picture of the current set up within humanitarian operations, highlighting the challenges and the gaps in knowledge, but also using this assessment, as a tool within the analysis to gauge opportunities for operational improvement. Within the area of resilience this Chapter gathered and synthesised the current body of theory to gauge gaps in knowledge and decide the direction this thesis needs to take to offer contributions in the form of a clarified conceptualisation of resilience in the humanitarian sphere and determine whether it has the potential to stimulate recovery.

The Chapter was concluded with the presentation of a conceptual and theoretical framework, that has clearly detailed the variables to be investigated within this exploratory research and the relationship theory between the variables that clarify the scope of the thesis. This framework offers the foundations that will guide the direction of the data collection and analysis, which will be presented in the next Chapter. Chapters 2 and 3 will then become the platform to produce a fully developed analysis and discussion. This will be presented in Chapters 4-8, which will be summarised in Chapter 9 and 10, which will offer conclusions and recommendations.

3. Methodology

Chapters 1 and 2 have justified the research problem, presented the aims and objectives of this thesis, as well as the variables to be investigated necessary to gain conclusion to the research problem. These foundations have directed the formulation of data collection and analysis methodology; methodology that has the ability to meet the objectives set out. This Chapter presents the methodological stance of this thesis, an overview of the research design, a scoping study for the selected case study, the chosen data collection and analysis methodologies, and an overview of collected data.

3.1 Methodological Stance

This introductory section will make clear this thesis' methodological paradigm, epistemological and ontological scope and research strategies. The subsequent section will then go into further detail of the research design that this thesis embodied.

3.1.1 Methodological Paradigm

Research should be conducted through appropriate methods that are objective, logical and systematic, in order to analyse phenomena, methods that are devised to permit the accumulation of reliable knowledge (May 2001). The types of research methods adopted in an investigation replicate the researcher's perspectives on 'social reality'. Therefore, a researcher's epistemological and ontological approach, where epistemology is a concept that is used to describe the theory of knowledge and the theory of how people obtain knowledge, and ontology is what one holds to be true, need to be understood. How I as a researcher understand my truth (ontology) and how I know it to be true (epistemology) is important to understand when carrying out this research, as these are fundamental factors in the development and validity of methods chosen to investigate knowledge. In social science research, ones epistemological stance, such as positivism, will dictate methods of scientific procedure utilised to acquire sociological knowledge and would be different to those that would be suited to an epistemological stance, such as realism.

The approach and choice of methodologies is a crucial step in the research process as methodologies, stated by Cornwall *et al.* (1994) 'provide the user with a framework for selecting the means to find out about, analyse, order and exchange information about an issue. They define what can be known or exchanged, how that should be presented and by and for whom this is done'.

The following section will make clear, as a researcher, my epistemological and ontological stance and will be followed by the research strategies to be pursued within this thesis.

3.2 Epistemology and Ontology

Epistemology is a concept that is used to describe the theory of knowledge and the theory of how people obtain knowledge (Walliman 2006; Bryman and Bell 2007; Knight and Turnbull 2008). Epistemology, is intimately related to ontology and methodology; as ontology involves the philosophy of reality, i.e. what one holds to be true, epistemology addresses how we come to know that reality, while methodology identifies the particular practices used to attain knowledge of it (Krauss 2005). Consideration of how I, as a researcher, understand my truth (ontology), how I know it to be true (epistemology) and consequently, the methodologies used to attain particular knowledge, which will be fundamental to carry out this research.

Epistemology poses the following questions: what is the relationship between the knower and what is known? How do we know what we know? What counts as knowledge? Epistemological paradigms commonly positioned within social research encompass a few key and opposing schools of thought. Firstly, there is the positivist paradigm, where the object of study is independent of researchers; knowledge is discovered and verified through direct observations or measurements of phenomena; facts are established by taking apart a phenomenon to examine its component parts (Krauss 2005; Fellows and Lui 2008). The approach of positivism to the social world in social research is similar, but not identical, to how the natural sciences approach the physical world, i.e. combining mainly deductive logic with empirical and predominantly quantitative methods, in order to seek generally applying regularities, whereas realism assumes only the existence of a social world external to the researcher, which can be accessed through sense and research (Payne and Payne 2004; Bryman and Bell 2007; Robson 2011). Secondly, an alternative view, the constructivist paradigm, sees that knowledge is established through the meanings attached to the phenomena studied; researchers interact with the subjects of study to obtain data; inquiry changes both researcher and subject; and knowledge is context and time dependent (Coll and Chapman 2000; Cousins 2002). Epistemologically, this research investigation takes on a more constructivist paradigm to establish knowledge.

Dobson (2002) questioned how a researcher's ontological assumptions, i.e. their underlying belief system, plays a role in the choice of methods undertaken in selected research, arguing that it does largely define the choice of method and, thus, the methodology used. Alternatively, Bryman (1988) stated that methodologies are not epistemologically based at all and are instead technical constructs. Using technical constructs advocates flexibility in the selection of social research methods, based on the principle of choosing the most suitable methods for the nature of the problem being researched (Silverman 1985). This approach is referred to as 'Methodological pluralism' (Haralambos and Holboln 1991; Payne 2006). This research will take a methodologically pluralistic approach, utilising a variety of methods to conduct a variety of investigations necessary to examine the stated research problem.

An inductive approach guided the process within the investigations. An inductive approach takes on active observations to come to a conclusion. Utilising inductive reasoning saw the investigation begin with specific observations and measures, progressing to detect patterns and regularities, which allowed tentative hypotheses to be formulated and then explored, to then finally to develop conclusions and theories (Bryman and Bell 2007; Bryman 2008; Robson 2011). Technical constructs were formed through the literature review and observations from the field (refer to Chapter 2 and section 3.6) determined the variety of investigations that were pursued and allow specific research questions to be formulated (refer to Chapter 1). This research design is, therefore, not purist in approach, but offers a design that is focused, but flexible enough to be explorative.

Table 3.1 Aspects of a unified thesis. [Source: Yin 1989]

Qualitative research	Quantitative research
Research problem: How? Why?	**Research problem:** Who (how many)? What (how much)?
Literature review: Exploratory - what are the variables involved? Constructs are messy Research issues are developed	**Literature review:** Explanatory - what are the relationships between the variables which have been previously identified and measured? Hypotheses are developed
Paradigm: Critical realism/interpretive	**Paradigm:** Positivist
Methodology: For example, case study research or action research	**Methodology:** For example, survey or experiment

3.3.1 Qualitative Strategy

A qualitative methodology requires a research problem involving people's constructions of meanings, which have not previously been explored (Hassard 1990). Qualitative research focuses on the meaning, complexity and connectivity of social phenomena (Silverman 1993). Using methodological techniques, such as unstructured and semi-structured interviews, biographical narratives, participant observation, focus groups and case studies. Utilising these types of techniques makes it possible for the researcher to study such 'social realities' from the informant's perspectives, experience and knowledge. A qualitative approach is crucial for this research thesis, as it allows the processes and complexities of 'social reality' to be gauged, which within a quantitative approach is opposed to the static constructs of quantitative logic (Bryman 1988). It also allows for the generation of theory and concepts, which are apparent in the philosophy of grounded theory (Glaser and Strauss 1967; Bryman and Bell 2007). Glaser and Strauss (1967) emphasised that 'the generation of grounded theory is a way of arriving at theory suited to its supposed uses, so that theory is generated from the data obtained. This thesis utilised methodologies, such as a case study, semi-structured interviews, and focus groups to frame and develop an understanding of 'social realities' to develop grounded theory to inform better practice.

It should be noted that qualitative methods, each to varying degrees, have been criticised for their lack of reliability and validity (Lincoln and Guba 1985; Kirk and Miller 1986; Bryman

and Bell 2007). The rejection of reliability and validity in qualitative inquiry in the 1980s, has resulted in a shift for 'ensuring rigor' from the investigator's actions during the course of the research, to the reader or consumer of qualitative inquiry. The emphasis on strategies that are implemented during the research process has been replaced by strategies for evaluating trustworthiness and utility that are implemented once a study is completed (Morse *et al.* 2002). Morse *et al.* (2002) argue that reliability and validity remain appropriate concepts for attaining rigor in qualitative research and that qualitative researchers should reclaim responsibility for reliability and validity, by implementing verification strategies that are integral and self-correcting during the conduct of inquiry itself. This thesis utilised verification strategies through various channels of triangulation (refer to sub-section 3.3.3).

3.3.2 Quantitative Strategy

Quantitative research is concerned mainly with concepts that are founded from theoretical frameworks, that allow for the generation of hypotheses. Such hypotheses would be tested through indicators that are translated into variables, which would be stated in the research design (Ford 1995). A researcher within social sciences needs to be aware that quantitative logic, by definition, pre-defines 'social reality' and as Silverman (1985) states 'impose a meaning on social relations, which fails to pay proper attention to participant's meaning'. Bryman (1988) adds that quantitative research is preoccupied with simplification to causality, generalisation, replicability and individualism. This research is concerned with generalisability, i.e. potential extrapolation of the findings to either a wider population or different political and social contexts (Nachmias and Nachmias 1996; Bryman and Bell 2007) and replicability, i.e. the research conducted by one person could be conducted by another, who could attain the same results, concepts that are important to an overall qualitative approach. However, this research actively aims to avoid individualism, i.e. a concept that refers to the way quantitative data focuses on the individual resulting in an inability to study social groups and organisations (Bryman 1988).

The research encompasses a few quantitative methods within its qualitative framework. These methods include the use of an activity called a Sociogram (refer to sub-section 3.8.2.5, pg. 108) used within the focus group session and through several questions asked within an online questionnaire (refer to sub-section 3.8.2.4, pg. 107). These methods have

been included for their use as tools to help map perception on key social actions; these methods will be triangulated with other qualitative methods to validate the information.

3.3.3 Mixed Strategies

Gable (1994) states ‘one should attempt to mix methods to some extent, because it provides more perspectives on the phenomena being studied'. The positivist philosophy, view qualitative and quantitative methodologies as contrary to one another. However, there are many influential researchers that have stated the differences between the two main paradigms, positivism and constructivism, that have inherently defined the individual sets of methodology have been overdrawn, and that the schism is not as wide as has been portrayed by the ‘purists’ (House 1994; Tashakori and Teddlie 1998). Datta (1994) has given five practical reasons for ‘coexistance’ between the two methodologies and their underlying paradigms:

1. Both paradigms have been in use for years.
2. Many evaluators and researchers have urged using both paradigms.
3. Funding agencies have supported both paradigms.
4. Both paradigms have influenced policy.
5. Much has been taught by both paradigms.

On a philosophical level the ‘purists’ still view the incompatibility of the different epistemologies and their associated methods. In response to this, Howe (1988), attempted to counter this paradigm method link by proposing a different paradigm: pragmatism. A major part of Howe’s concept of pragmatism was that quantitative and qualitative methodologies are compatible, researchers began to make use of both sets of methodologies. Howe’s approach was supported by Brewer and Hunter (1989), stating ‘rather than being wed to a particular theoretical style and its most compatible method, one might instead combine methods that would encourage or even require integration of different theoretical perspectives to interpret the data'. Reichart and Rallis (1994) took the analysis of compatibility between the two lines of inquiry a step further by suggesting they possess many similar fundamental values. These values include: value-ladenness of inquiry, belief in the theory-ladenness of fact, belief that reality is multiple and constructed, belief in the fallibility of knowledge and believe in the undetermination of theory by fact.

The use of mixed methods has become part of the logic of triangulation, a concept that was in its origins developed by Weber (1949) (Weber 1994; Webb *et al.* 1966; Denzin 1970) and later characterised by Burgess (1984). Triangulation aims to implant methodological rigour to research, through the use of cross checking and cross referencing, utilising multiple methods, data sources, theories and investigators. Burgess (1984) describes four types of triangulation:

1. Data triangulation - includes data collected over time, space and by different people or organisations.
2. Investigator triangulation - involves the use of more than one researcher.
3. Theory triangulation - requires the use of competing theories.
4. Methodological triangulation - incorporating the combination of different, but appropriate research methods.

Patton (1990), comments that the use of triangulation by use of multiple methods in the research design, contributes towards methodological rigour and is a recommended approach in many research methods texts (Burgess 1984; Yin 1984: Silverman 1985; Marshal and Rossman 1989; Patton 1990; Bryman and Bell 2007; Robson 2011). Triangulation does not provide the solution to the epistemological debates within social science. However, it is a technique that allows for a multi-perspective investigation.

This thesis utilised the technique of triangulation to allow for a multi-perspective investigation, to answer the stated research problem using multiple sources of evidence in order to gain construct validity (Yin 1984; Bagozzi *et al.* 1991). This will be further elaborated in sub-section 3.7.3- Validity and Reliability.

3.4 Research Design

The research design created for this research (refer to Figure 3.1, pg. 94) was developed to gain a conceptual understanding of resilience in the post-disaster environment and its importance for recovery at the individual/HH level; to gauge how current humanitarian operations support or hinder adaptive resilience; highlighting the opportunities within humanitarian operations to proactively build individual/HH adaptive resilience and enable a rapid recovery; and to understand how these opportunities could be supported and mainstreamed within the humanitarian framework.

It begun through problem identification from the literature review and then narrowed down through preliminary data obtained from the field (Srinivas *et al.* 1979). An explanatory case study was undertaken, to generate an evidence rich study that was used to assess and isolate critical factors that hinder and/or support adaptive resilience and the phenomena of the 'operational gap'. The case study allowed the investigation into this contemporary phenomena, within its real-life context (Yin 1984).

The following sub-section states the units of analysis that will be used to obtain the necessary information needed to meet the objectives of this thesis.

3.4.1 Units of Analysis

To obtain the information necessary to meet the objectives set out within this thesis required multiple units of analysis, these included key stakeholders in the emergency response in Haiti 2010:

- Response agencies - a representative sample of the main agencies operating in the response, within the 2 year period since the disaster, were included. With particular representatives from the Shelter and WASH sectors.
- State entities - representation from national government, as well as local government were included.
- Donors - a number of representatives from the most active international donors supporting the response were included.
- Private sector - local private sector entities that were affected by the disaster or were instrumental in response and recovery activities were included.
- The affected population - a directly affected community group was used as a sample of the affected population.

For more detail on the sample size and sample frame refer to sub-section 3.8.2.

The units of analysis are encompassed within a case study. The case study took the form of a singular-case design, in which a single research period covered a protracted period, collating and generating data that was both quantitative and qualitative. Multiple sources of evidence were collected to assume multiple triangulations, gaining essential construct validity (Yin 1984; Bagozzi *et al.* 1991). To assume external validity and reliability the

research was designed to ensure the ability to replicate with the potential to stimulate a multi-case study for the future.

The selected case study that was used as a fundamental part of this research design and the scope of its analysis is further detailed in the following section.

Figure 3.1. A schematic diagram of the research design developed and undertaken to complete this research, Adapted from Yin 1989. [Source: Yin 1989]

3.5 Case Study Selection

This section details the chosen case study context. The reasons for its selection and the scope of its analysis will be detailed in the subsequent section through an in-depth scoping study, that was undertaken to inform the generation of a practical data collection plan.

A case study approach was chosen because it was compatible with the analytical framework of this thesis. It is an approach that can investigate a contemporary phenomenon within its real-life context, when the boundaries between phenomena and context are not clearly evident and in which multiple sources of evidence are used (Yin 2009). An empirical enquiry that can explain causal links, describe real life contexts, illustrate interventions and explore intervention as outcome (Yin 2009), making it a suitable line of enquiry to meet the objectives of this research to examine the research problem stated in Chapter 1.

The case study required for this research needed to be one of a post-disaster context, where an international response was initiated; a case that would allow the assessment of response operations and its effect on adaptive resilience at the individual/HH level.

The case chosen for study was the 2010 earthquake in Haiti, which covered a specific geological range of the capital Port-au-Prince, with a case study period of 2 years from the earthquake's onset. A detailed review of this context was given in section 2.5. The disaster that occurred in Haiti in 2010 was of a significant scale, killing over 200,000 (UN-DESA 2010) and making over 1.5 million homeless (IFRC 2010). The resulting devastation attracted one of the largest humanitarian interventions to date, with thousands of INGOs flooding into the country over the following few years (DEC 2011a). Haiti itself had suffered damaging annual hurricane seasons prior to the earthquake, along with experiencing violent dictatorships for decades, and with the majority of the 10 million population living in the poorly serviced and weak, unregulated infrastructure of the capital PaP, left the population significantly vulnerable when the earthquake hit. Weak former levels of resilience prior to the earthquake saw survivors struggle to recover. With the huge international response that was initiated and the recovery short fall that was witnessed after the disaster, the Haitian post-disaster context became a unique research opportunity to review resilience in the post-disaster environment, its importance for recovery and the impact emergency response interventions had on the recovery outcome.

The context of post-earthquake Haiti, presented an opportunity to review humanitarian operations in a real-life context, to uncover the main reasons why the period of relief was so prolonged and why it had struggled to transition into a sustainable state of recovery within a 2 year post-disaster period. The protracted relief situation experienced within Haiti offered the opportunity to assess the effect disaster response had on the resiliency of an affected society. The scale of this disaster and the resulting response presented a case study that had the potential to reveal many of the underlying difficulties of emergency response, that in other crises might not be so visible. A case study in Haiti offered the opportunity to critically assess the international response, understand the operations and dynamics in the relief phase, the coping strategies within the population and how their recovery was supported. It also provided opportunities for uncovering the complexities and realities within this post-disaster environment, which highlighted critical operational areas within disaster response that could provide greater support in building adaptive resilience from the start.

As highlighted, a case study approach is a suitable research strategy for this thesis. However, criticism of the case study approach needs to be noted and how this research aims to counter such issues. Patton (1990) offered a criticism regarding the extent to which individual cases can be generalised to other contexts. This issue has been considered in this research approach. Firstly, the case study is designed to be replicable in order to assess multiple contexts over time. Secondly, the case study chosen has been sited as highlighting some fundamental issues seen in humanitarian operations and the results; issues that have also be seen in many past humanitarian responses (Lloyd-Jones 2006; UN Office of the Secretary-General's special Envoy for Tsunami Recovery 2005; Oxfam International 2005; O'Donnell *et al.* 2009; UNDP 2011). Reflecting that this chosen case study offers a significant element of representation for the purpose of conclusive and generalisable findings.

3.6 Scoping Study

The aim of conducting a scoping study was to enable a full understanding of the context within the country of research; looking to comprehend the relief and recovery activities that had taken place, since the January 2010 earthquake in Haiti. The scoping study was undertaken from the 2nd August – 16th September 2011 for a total of 6 weeks. Through this study a list of contacts for interview was created, scoping of potential sites for community

level data collection was undertaken and an understanding was gained on the feasibility of undertaking data collection in this chosen location.

3.6.1 Activities Undertaken

- The development of a comprehensive list of contacts that included: UN representatives, INGOs, Donors, LNGOs, government representatives (national and local), civil society and the private sector.
- Six informal interviews were conducted to scope out the past and present operational context, sectoral dynamics and to collect assessment data and reports.
- Read and analysed collected assessment data and relevant reports.
- A review of methodological approaches was undertaken on the basis of contextual knowledge and insight gained from this study.
- With the conclusion of the 6-week scoping study appointments were made for 10 formal semi-structured interviews to take place over the next month with the aim to complete 40 within this main data collection period of 6 months.
- Agencies were also identified and contacted about the potential access to communities through household surveys and community discussion forums.

3.6.2 Research Collection Operating Environment

Haiti, at the time of data collection was in a transition period, with many agencies exiting the country at the end of the year (2011). IDP camps still scatter the city, but at this time there was a push to begin disintegrating them. These factors created an operating environment that can be fairly volatile and insecure, resulting in security and access issues when considering research data collection. Because of this my methodological approach needed to be reconsidered and the resulting focus of the research re-strategised.

3.6.3 Methodological Considerations and Restructuring of Data Collection Approach

Due to the restricted access and level of potential violence in areas of research interest, the independent collection of household surveys was not feasible. Instead access to the community was only achievable through agencies operating within areas of interest. A community forum approach was deemed to be the most feasible option. This community discussion forum took place in an accessible area of PaP, where an affected community lived. Within the forum pre-deigned discussion questions were administered, as well as an

individually filled in Sociogram. This data collection method has been designed to understand individual/HH resilience, how it affected the rate of recovery and how these affected people were supported in the response.

A suitable location was confirmed through the British Red Cross (BRC), who was operating in Delmas 19. Delmas 19 held an IDP community of around 17,000 people, displaced close to their original habitation.

Interviews with agencies, INGOs, donors, government and the private actors proved feasible and successful. The knowledge gained through the 6 informal interviews, redirected the research focus to look more in-depth at relief and recovery operations at the humanitarian framework level down to agency programmatic level. Taking a more holistic approach in assessing resilience, by looking at WASH and Shelter programming in emergency response and early recovery operations. Assessing recovery barriers and opportunities to support adaptive resilience within programme operations from financial resources, to assessments, to implementation.

The scoping interviews allowed a review and a refocus of the questions to be used in the semi-structured interview, as well as the design of the online questionnaire. The idea to include an online questionnaire was to generate quantitative data to widen the scope of analysis, as well as to increase the level of response. The questionnaire was made available in English and French, enabling a wider range of stakeholders to respond, as well as offering an ease of data analysis of a second language.

3.7 Considerations as Role of Researcher

Following on from consideration of practical implications of data collection within the prescribed research context, this section details, considerations as role of researcher, operating within the research context. The section will begin looking at research bias and how it was minimised within this research, ethical considerations, and finally review aspects of validity and reliability.

3.7.1 Minimising Research Bias

Silverman (1993), recognised ‘that no simple neutral or value free position is possible in social science’ and the values of the researcher will typically be ingrained in the research

investigation and research design. What is important as a researcher is to acknowledge these values and reduce or eliminate their influence of the research findings. Actions that can be taken to achieve this are:

- Attempt to gain internal legitimacy from communities, agencies and government involved, to gain 'respectability' in a way that does not compromise objectivity.
- Utilising a 'grass roots' approach to research style, guided by local perceptions rather than agency, non-governmental and governmental perceptions.
- Flexibility of research focus, to aid 'cultural awareness' against the potential for an insider's 'cultural blindness'.
- Use of a holistic, iterative, locally evaluated approach, to reduce one's own cultural values. Honesty, research transparency, openness and where possible flexibility in the research process is advocated.

There are several specific areas of research bias that can occur, including: spatial, project, person, professional and diplomatic (Chambers 1983). These specific areas of research bias are further explained below including considerations for this research:

- Spatial bias considers whether the research methodological sampling stuck to the easy path, followed roads and/or avoided isolated villages.
    - This research aimed to include the main stakeholders present in the post-disaster environment within PaP, Haiti. Developing methodological approaches to ensure easy inclusion of more inaccessible groups. This included translation of the online questionnaire into French and the proactive search and contact with various stakeholders including: community members, local government, private sector, NGOs, INGOs, UN agencies and donors.
- Project bias looks to assess whether the physical area of research interest has been extensively studied earlier?
    - Haiti as a post-disaster research context was studied extensively, the community participants had not had previous researcher contact, but were familiar with communication from an INGO. Other stakeholders were passionate to share their experience and views through the interviews and online questionnaires.

- Person bias looks to gauge whether the respondents are from a cross-section of the relevant stakeholders, i.e. men and women? Influential and non-influential? Empowered or repressed?
    - Within the community sampling there was a good balance of men and women aging from 18-70 years, with representatives from a variety of socio-economic statuses and influence within the community.
    - Within the interviews and online questionnaire there were a mix of male and female respondents, with both English and French speaking respondents.
- Diplomatic bias looks to assess whether participants were influenced by the researchers 'elevated' position in society as a professional? Was the researcher viewed as an official making respondents wary of telling the truth?
    - The participants within the community forum saw the activity as a way to voice their opinions and feedback on the post-disaster interventions they had experienced and what they needed now. This indicates that respondents felt free to air their opinions. However, what needs to be considered is the culture of dependency that was created in Haiti and communities ability to over exaggerate current needs to gain more support.
- Professional bias looks to ascertain whether the researcher focused on all the actors and not just the professionals?
    - As previously mentioned efforts were made in choice and style of methodology to ensure the necessary variety of stakeholders were included within the data collection.

3.7.1.2 Perspective as a Researcher and a Practitioner

Due to being a practitioner in this field of study (i.e. an Emergency WASH Coordinator), as a researcher, this needs to be taken into consideration. As subsequently, it alters perspective on the subject matter being researched, which can bring up questions of researcher bias. However, as stated above, all potential bias has been accounted for through choice of sampling methods and methodologies embraced.

It should be considered that as a researcher and a practitioner, it adds significant value, in the way of informed and practical outputs from this research. As a practitioner I have background knowledge of the obvious gaps witnessed within emergency operations and the

failings as a result. This understanding has informed the basis of this research, as well as allowing outputs from this research to be truly practicable in the field this research aims to improve.

3.7.2 Ethical Considerations

As a researcher undertaking the entirety of the data collection I gained proficiency in the knowledge and understanding of several sets of ethical guidelines. Firstly, the Social Research Association Ethical Guidelines. Secondly, Loughborough University's Ethical Guidelines for Research. Thirdly, recommended ethical considerations by the Economic and Social Research Council (ESRC) were followed:

- Honesty to subjects about the purpose, methods and intended and possible uses of the research, and any risks involved.
- Confidentiality of information supplied by research subjects and the anonymity of respondents.
- Independence and impartiality of researchers to the subject of the research.

(ESRC 2012)

Informed consent

A clearly stated ethical consideration was the inclusion of informed consent. Within the research data collection process this was followed, producing a consent form for all participants that clearly stated the purpose of the research, methods used, and the intended uses of the research (refer to Appendix 1a). This consent form was signed by participants prior to their involvement in any data collection activity.

Data protection

The treatment of data and the forms of protection put on it was also made clear within the consent form. The data collection and analysis process in this research enabled data protection through the provision of optional anonymity, allowing for confidentiality of information. Participants were also informed that the data would only be viewed by the lead researcher and was not shared with any other party.

The provision of these vital ethical considerations enabled this research to be approved by the ethics board at Loughborough University.

3.7.3 Validity and Reliability

Research must be credible, transferable, dependable and confirmable (Lincoln and Guba 1985) and to achieve this it is essential to strive for research that is valid and reliable. Validity refers to the extent to which an account accurately represents the social phenomena to which it refers (Hammersley 1992). Reliability refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions (Hammersley 1992; Bryman and Bell 2007). To ensure validity and reliability this research used the method of triangulation, as discussed previously in sub-section 3.3.3 - Mixed Methods.

This thesis utilised the technique of triangulation using multiple sources of evidence in order to gain construct validity (Yin 1989; Bagozzi 1991). Specific areas of triangulation utilised in this research included: methodological triangulation, which was done by incorporating an array of different research methods to validate data being produced by a variety of stakeholders within the case study and data triangulation by comparing data produced through this case study with other past appropriate post-disaster case studies.

The next section further details the methodologies that were used to undertake the specified methodological and data triangulation encompassed within this research. Using these methods ensured the research was rigorous and credible.

3.8 Data Collection

The field research undertaken had to operate in a complex environment, which presented some significant challenges concerning access and security, but with careful planning this research has been able to generate a large amount of qualitative and quantitative data through primary data collection. With secondary data collection and the literature review allowing this primary data to be triangulated and contextualised. Table 3.2 (refer to pg. 103) details the data collection tools successfully used within this research, highlighting the positives and negatives of their use in the field and what was needed to counteract these negatives.

3.8.1 Data Collection Tools

Table 3.2 Summary of data collection tools used in this research.

Data collection tool	Positives	Negatives	Counter-act negatives
Literature review	- Builds fundamental knowledge - Clarifies applicable concepts and theories - Highlights the gaps in knowledge	- Non-peer reviewed publications. - Not all necessary documents are available.	- Use credible online journal databases. - Seek out established authors and credible publications.
Archival analysis	- Collection of material that may not be easily available. - Provides unique, context specific information	- Concerns regarding reliability and validity of data.	- Select information/ datasets from established and reliable institutions and sources.
Semi-Structured Interviews	- Enables respondent to share what they deem necessary information. - Provided in depth information - Offers the flexibility to explore new and unknown concepts and tap in to specific knowledge of the participant.	- Time consuming - Issues of misinterpretation between interviewer and interviewee. - Difficult to achieve reliability - Qualitative data hard to analyse statistically	- Avoid the potential for leading questions. - Record interview to accurately translate and report answers. - Understand the interviewee's potential standpoint and involvement in the process - Triangulate information with the online questionnaire, community/HH survey and archival data.
Online questionnaire	- Offers an alternative and easier response outlet. - an outlet that can offer complete anonymity. - Offered in both French and English in order to access a broader range of users in and outside of Haiti. - Provided highly useful quantitative data that is comparable between users and able to triangulate other quantitative data collected.	- Potential of low response rates. - Time consuming if translations needed. - Potential for confusion on the point of the question or adequacy to answer certain questions.	- Ensure the time to complete is between 10-15 minutes. - Make the questions as clear as possible with an explanation or example where appropriate. - Explain the aims and objectives of the research clearly and concisely and the importance of their involvement.
Community Group forums/ HH survey (to include Sociogram)	- Generates a stimulating environment for real discussion and problem solving. - Brings large numbers of participants together, equaling an efficient data collection method - Utilize agency access to HH level participants by tagging questions onto relevant surveys being carried out. - Large sample size can be achieved - Administered by assistant to minimize problems with low literacy - Provides background demographics - Produces quantitative data enabling statistical analysis. - Offers a unique way to measure the level of resilience and understand the relationship and value of specific attributes. - Provides resilience indicators to crisis events	- Issues of group generated bias - Individual opinions could be missed due to group format or time constraints - The no. of accessible communities/ HH to generate generalisable data sets. - HH selection bias - Questions need to be carefully worded and translated sympathetically. - Time consuming process - Subjectivity in scoring on sociogram - Statistical analysis reliant on subjective generalization. - Subjectivity in respondents answers, specifically when viewing the past. - Potential for misleading or leading questions - Misunderstood expectation of respondent may lead to misleading results. - Untested in disaster context.	- Avoid the potential for leading questions - Ensure adequate time frame on activities, create effective group sizes and allow an individual feedback capacity at the start and end of session. - Bring a level of diversity between communities accessed. - When conducting forum or administering questionnaire explain the purpose of research clearly and note that over or under stating answers will not help the cause but hinder the process. - Explain the scoring system clearly. - Triangulate answers with archival data and interviews.

3.8.2 Sampling and Data Collection Methodology

Having demonstrated in brief the data collection tools used in this research, highlighting their individual positives and negatives and how the negatives were actively counteracted this sub-section looks at each data collection tool in-depth. Each tool will be presented in terms of the main sources, sampling methods, data collection methods and focused areas of interest, highlighting how they were developed to meet the objectives.

The Objectives

- **Objective 1.** To clarify the concept of resilience within the post-disaster context.
- **Objective 2.** To gauge the impact emergency response programmes had on individual and household resilience in post-earthquake Haiti.
- **Objective 3.** To gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti.
- **Objective 4.** To determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level.
- **Objective 5.** To comprehend possible resilience building initiatives within emergency response operations.
- **Objective 6.** To comprehend how resilience building initiatives can be supported within the humanitarian operational framework.

3.8.2.1 Literature Review

Sources: library catalogues, online libraries, organisation- webpages, reports and publications, magazines/ bulletins/ blogs, sectoral publications, online bulletins and blogs from reputable institutions and organisations.

Search criteria:

- **Quality**: only reports and publications from reputable institutions and organisations, established library catalogues and peer-reviewed journals, magazines or blogs were sort and reviewed for documentation.
- **Relevance**: institutional and organsational reports and publications were sort from bodies such as, key donor institutions, key knowledge institutions, and implementing agencies who have studied and/or reported on emergency operations in Haiti, as well

as within other emergencies relating to operational frameworks, dynamics, transition and exit strategy, recovery programming and resilience.

Areas of focused interest: Emergency aid architecture, emergency management, DRR, preparedness, resilience, Haiti post-disaster operational environment, Haiti response and recovery operations and transitional dynamics, Haitian politics, other post-disaster response environments and dynamics, WASH, Shelter and Livelihoods interventions and reconstruction.

How this data collection method contributed to meeting the objectives

The literature review was used for several purposes. Firstly, it allowed the formulation of the research problem, as prescribed within an inductive approach. Secondly, it was used to gather foundational knowledge that helped to meet several objectives, including Objectives 1,2,3 and 4. Thirdly, the literature review enabled other post-disaster responses to be evaluated, developing comparative studies that allowed for data triangulation and a level of generalisability to be attained.

3.8.2.2 Archival Analysis

Sources: institutional and organisational research and reports, websites, online platforms and databases that relate specifically to Haiti.

Collection methods: direct from actors working in the humanitarian sector and actors specifically working or have worked in Haiti, as well as internet searches and dedicated online platforms.

Areas of focused interest: components of individual/HH resilience, humanitarian operational framework, agency programming frameworks, Haiti post-disaster operational environment, Haiti response and recovery operations and transitional dynamics, WASH, Shelter and Livelihoods interventions, reconstruction.

How this data collection method contributed to meeting the objectives

Analysis of archival data will produce case-orientated secondary data and contextual information. This data and information will build into and develop knowledge concerning

all areas of the prescribed conceptual and theoretic framework (refer to section 2.7). This data collection method also developed insights into all 6 objectives.

3.8.2.3 Semi-Structured Interviews

The use of a semi-structured interview allowed the flexibility to explore new and unknown concepts through respondents and tapped into specific knowledge of the participant. This method only produced qualitative data.

Sampling method: in order to gain a broad array of perspectives to allow for a more comprehensive overview of the response in Haiti and to counteract any biased opinions held by any one individual stakeholder, a range of stakeholders were targeted including: INGOs, UN agencies, cluster leads, LNGOs, government, private sector and donors. Different types of INGOs were targeted under criteria, such as the size of operations, whether they were operating in Haiti before or after the earthquake, the programme focus, i.e. relief and/or recovery and/or long-term initiatives, also sectoral focus, i.e. WASH, Shelter, Livelihoods and Early Recovery. UN agencies of interest included: UN-OCHA, UNICEF, UNDP and IOM. Government representatives were sought at the national level who had been involved in emergency coordination and sector specific ministries, as well as at the local level to include local government leaders. Private sector representatives that were involved in or affected by the earthquake were also sought.

Number of interviews aimed for: 40

Data collection method: A scoping study was used to identify appropriate stakeholders who had been or were currently active in Haiti, through collecting contact lists from the response archives. Sorting through these lists resulted in the collation of over 400 potential contacts. The use of the ‘snow ball’ technique to find new contacts from interviewees and associates in the field was also used. Conferences, cluster meetings and other events were attended to gain further relevant contacts.

These contacts were individually contacted by email, phone and in person, to asked for their participation in either an interview and/or the online questionnaire. Interviews were scheduled over a 6 month period. The interviews were undertaken via several methods, either face-to-face, by phone or by Skype call.

Areas of interest: humanitarian sector operational framework; internal organisational operational frameworks, for agencies and donors; Haiti response operational environment; barriers and opportunities in emergency response to stimulate recovery, specific categories: internal: mandates and policies**,** donor set up**,** staffing and professionalism, assessments**,** programme implementation**,** recovery triggers**,** exit planning**,** timeframe of assessments, planning and implementation**.** External: operational environment**,** stakeholders**,** cholera/ hurricane season**,** community resilience factors**,** community participation**,** conception of recovery and perception of required programing and involvement of agencies, donors and the private sector.

How this data collection method contributed to meeting the objectives

The semi-structured interviews were actively used in the scoping of the key areas that are dealt with within the objectives: including Objectives 2, 3, 5 and 6. This was done through the coding process, which is explained in the following section. This enabled the professionals within the sector of research to inform the direction of the research analysis, this ensured correct assumptions were made and crucial areas of analysis were highlighted, reducing in turn potential researcher bias.

Refer to Appendix 1b for the semi-structured interview coding outline.

3.8.2.4 Online Questionnaire

The online questionnaire was developed in English and French to access a broader base of respondents in and out of Haiti. Offering another participatory method that can allow total anonymity if required, further stimulating participation.

Sampling method: the sample aimed for, was the same as the one used for the semi-structured interviews, but has the added advantage of offering an easier respondent option for French speaking participants particularly within INGOs, LNGOs, government and the private sector.

Number of questionnaires aimed for: 30

Data collection method: an online questionnaire was produced in Google docs and disseminated to the collated list of contacts found through the scoping study via email.

Further encouraged by word of mouth and sent on to related parties through contacts and platforms. Both quantitative and qualitative data was produced.

Areas of interest: humanitarian sector operational framework**;** agencies approach to relief and response programming**;** operational environment in Haiti**;** programmes focus of agencies within the first 6 months, by month 12 and by month 18**;** funding sources and how they shape programmes**;** assessments included and when were they issued**;** the level of community participation and how was it achieved or not achieved; efficiency of different stakeholders**;** programming considerations: approach to planning, implementation and relief to recovery**;** recovery conceptualisation and implementation**;** Haiti operational environment and its effect on recovery.

How this data collection method contributed to meeting the objectives

The online questionnaire was heavily orientated towards gauging the variables within the humanitarian framework, particularly programmatic elements. This was designed in order to gather data to develop an in-depth understanding of the programmes undertaken within the case study period to build a picture of the response operation in Haiti and detail key operational areas that are frequently highlighted as challenges, in relation to recovery. This collection method was able to contribute to meeting Objectives 2, 3, 5 and 6.

Refer to Appendix 1c for the English and French versions of the online questionnaire.

3.8.2.5 Community Discussion Forum (including Sociogram)

The community discussion forum (CDF) provided a voice of the affected to add richness and depth to this research, as well as aiming to understand adaptive resilience and its importance for post-disaster recovery.

Sampling method: with the security and access issues present in Haiti, access to IDP communities and HHs was restricted. To gain safe access to an affected community in the PaP area, INGO programme ‘beneficiaries’ were chosen. BRCs Delmas 19 community were the community of choice, this IDP community were directly affected by the earthquake. The participants to be involved in the session needed to be a mixture of ages, as well as offering a balance of both male and female.

Number of participants aimed for: 20

Data collection method: the community chosen was accessed through an agency currently working in Haiti, due to security and access reasons. A community discussion forum was set up in Delmas 19, with the community contacted for participation through community mobilisers. The forum was undertaken in Haitian Creole and included discussion points and the Sociogram survey tool (refer to Figure 3.2, pg. 110). Participants were guided and helped by 2 community mobilisers, of whom took instruction from the researcher. Data to be collected was both quantitative and qualitative.

The Sociogram

The Sociogram is a survey tool that aims to quantify the level of resilience experienced in a community before and after a disaster. This tool has been adapted from Bosher's (2004) developed Sociogram for use in the development context to assess the types and strength of social networks experienced individuals within an 'every day' context and within a 'crisis period' (refer to Appendix 1d). The tool has been adapted from the work of social psychologist J. L. Moreno, whose studies in the 1940s stimulated exploration into social network analysis (Scott 1992; Abercrombie et al 2000). This adapted tool takes the concept of recording the types and strengths of social networks experienced by respondents within an 'everyday' context, as well as within a 'crisis' period and expands the tool to include further components of resilience, such as the level of access to assets and services individuals/HHs have within a pre- and post-disaster context.

The tool had been adapted within this research to go beyond just assessing the strength of social connections, but also, to assess the other 4 components of resilience theorised by Bosher (2004), which include: access to assets, access to services, economic opportunities and access to financial and legal services. This addition required a change in format of the Sociogram, to allow for easy of use and analysis. As has been demonstrated in Figure 3.2 (refer to pg. 110), the categories for review have been allocated a number, rather than using the name of the item in question (e.g. family, church leader, friend etc.). This number is then written onto the target, by the respondent, in a position that represents the strength of connection or level of access to that particular numbered item or service.

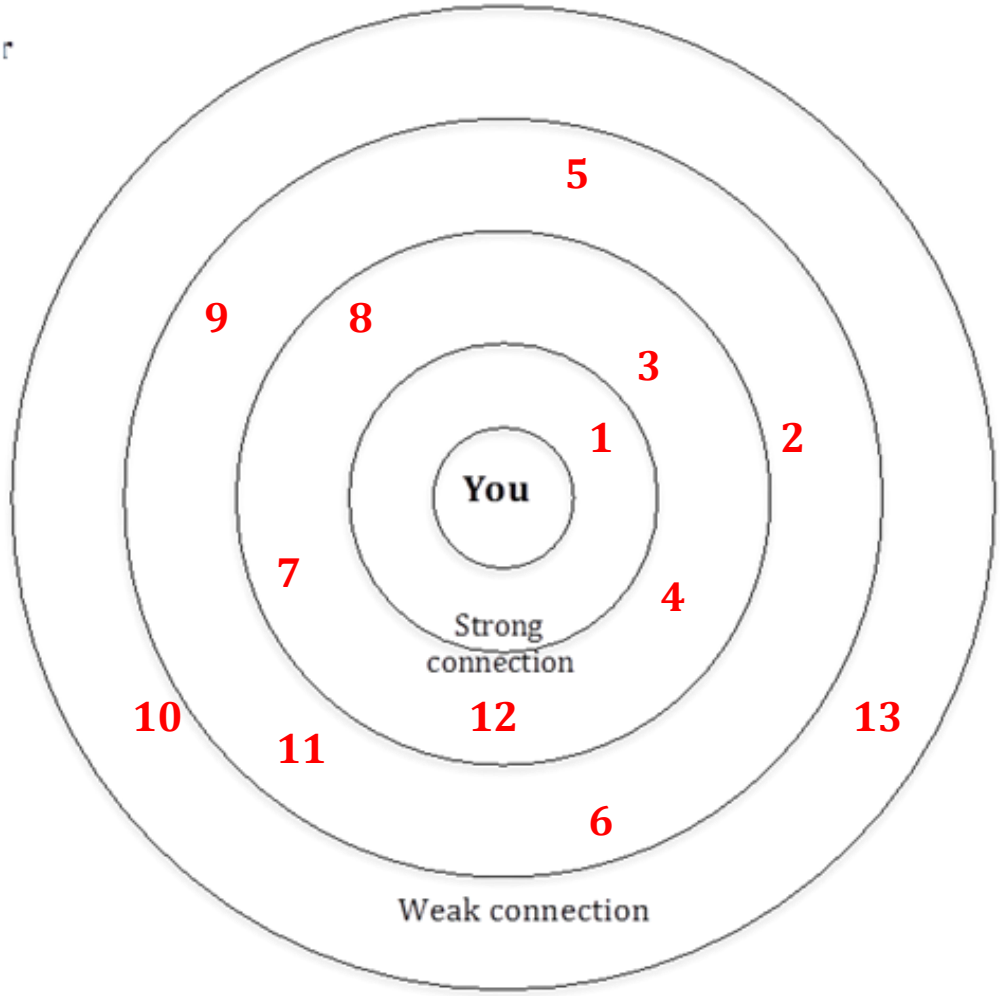
The target has been more comprehensively and distinctly banded to distinguish the strength of connection or level of access, using 4 rings within the target, that are clearly marked for the respondent. Where Bosher's Sociogram keeps the space unmarked for the respondent and then uses a scoring template, which encompasses 3 rings to scale the strength of connection. This amendment has been pursued to encourage more accurate placing of numbers, in reference to their strength of connection or level of access, which will result in more detailed and concise data sets. This adapted Sociogram has also been designed to be initiated within a post-disaster environment, to directly assess the 'crisis period', along with their pre-disaster situation.

Figure 3.2 (refer to pg. 111) shows the activity sheet, inclusive of Sociogram, in English. However, this was disseminated in Haitian Creole. The activity was led by a session leader who ran through each of the questions with their corresponding numbers and the participants answered by writing that corresponding number within the 'Sociogram' in relation to the strength of connection or level of access they felt they had. An example of this process has been given in Figure 3.2 the example shows that the participant felt they had a strong connection with their family (placing a 1 near the center), but a weak level of access to services (placing a 13 away from the center) before the earthquake. After the earthquake there was stronger connections with community members (placing a 2 closer to the center point) and weaker access to assets (placing a 12 further from the center). This exercise was done for 'before the earthquake' and one for 'after the earthquake' to compare and contrast the impact the earthquake had on these components, as well as to understand who and what affected individuals/HHs relied upon after the disaster occurred. There was a second section to this activity that made up the activity sheet, which asked the participants to rate their perceived level of recovery 6 months, 1 year and 2 years after the earthquake (refer to Figure 3.2, pg. 111).

Strength of connection and access to the following before the earthquake:

WHAT YOU NEED TO DO! Draw the numbers on the diagram (1-13), the closer to the center means the stronger the connection or access you have to each particular below.

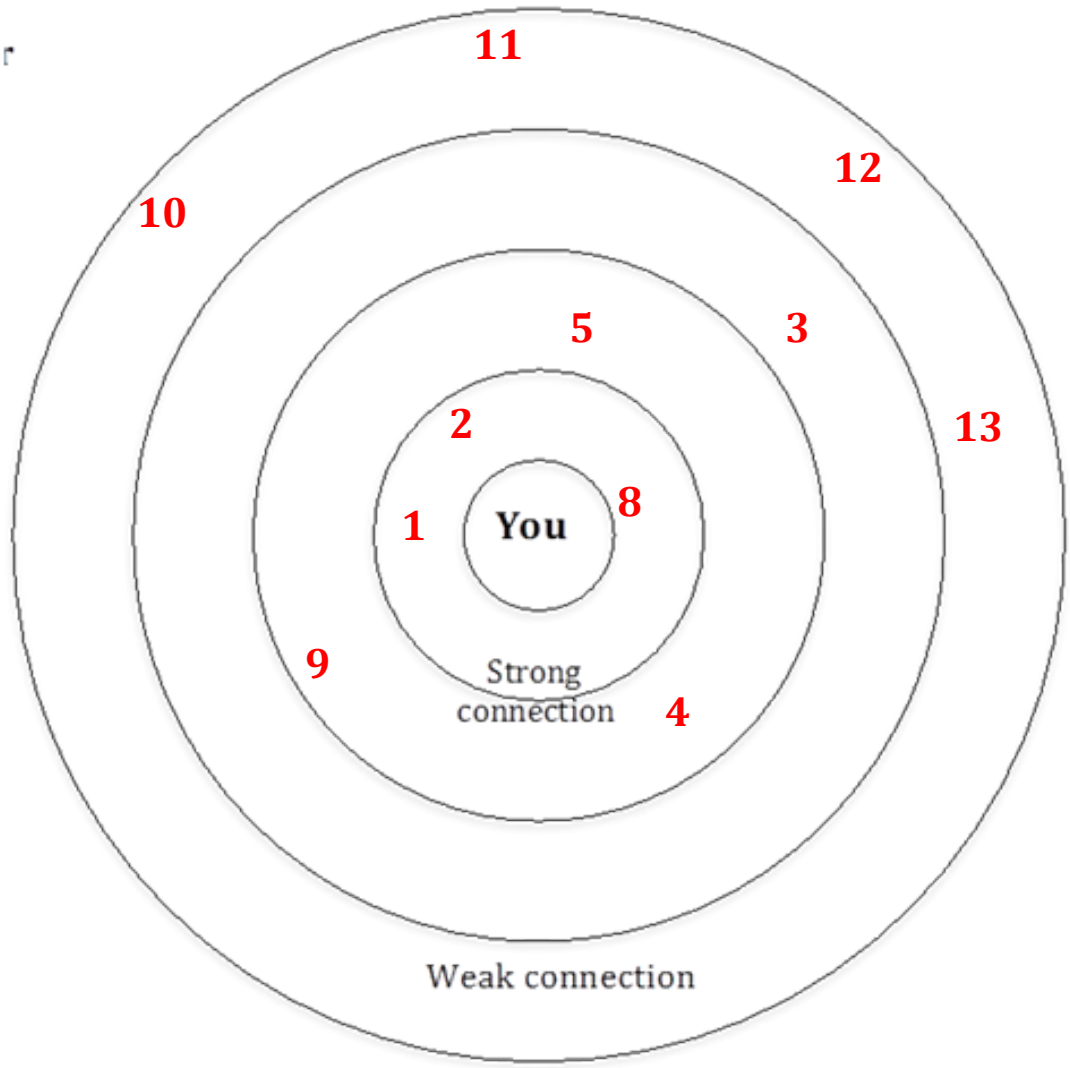
1= Family
2= Other members of the community
3= Friends
4= Community leaders/ church leaders
5= Local organisations/ civil society groups
6= Local government (Marie)
7= Local businesses
8= INGOs
9= UN agencies
10= Credit/loan/savings/grant
11= Existing livelihood (the way you earned money)
12= Existing assets, i.e. house, motor vehicle, business
13= Existing services, i.e. water supply (house connection, tap stand, well or kiosk), sanitation



Strength of connection and access to the following After the earthquake:

WHAT YOU NEED TO DO! Draw the numbers on the diagram (1-13), the closer to the center means the stronger the connection or access you have to each particular below.

1= Family
2= Other members of the community
3= Friends
4= Community leaders/ church leaders
5= Local organisations/ civil society groups
6= Local government (Marie)
7= Local businesses
8= INGOs
9= UN agencies
10= Credit/loan/savings/grant
11= Existing livelihood (the way you earned money)
12= Existing assets, i.e. house, motor vehicle, business
13= Existing services, i.e. water supply (house connection, tap stand, well or kiosk), sanitation (private or public), health services?



Rate of Recovery

WHAT TO DO! Mark one box for each question with an X

1= No recovery, i.e. still no access to basics like permanent shelter and water sources.
2= Some changes, but struggling to find basic provisions, i.e. food, water, and shelter.
3= A lot of changes in living standard since the earthquake, but life has not returned to the standard of living before the earthquake.
4= A lot of changes in living standard since the earthquake, situation is comfortable, but not the same standard of living prior to the earthquake.
5= Fully recovered, I am living a life that is equivalent or beyond the standard before the earthquake.

Example:

1	2	3	4	5
		X		

Question 1) Recovery after 6 months (June 2010)?

1	2	3	4	5
	X			

Question 2) Recovery by the first anniversary of the earthquake?

1	2	3	4	5
		X		

Question 3) Recovery now

1	2	3	4	5
		X		

Figure 3.2 CDF activity sheet, inclusive of Sociogram excercise (adapted from Bosher 2004).

Collected data: what resources were relied upon after the earthquake- ascertaining access to services and strength of social and political networks; rate of recovery after 6 months after, 1 year after and 2 years; assistance provided- by whom, what, how and when was it provided; communication- access to information throughout the response; were needs met? what are the next steps? and ascertain developed access to resources and their approach to recovery.

How this data collection method contributed to meeting the objectives

The community discussion forum was included for two purposes. Firstly, to begin to develop an understanding of resilience in the post-disaster context, to help meet Objectives 1, 2, 4 and 5. Secondly, to include the voice of the disaster-affected within this research, which gave rise to some of the main barriers to recovery felt by the affected.

3.9 Data Analysis

3.9.1 Desk-Based Review: Analysis Framework

The literature was analysed by reading and highlighting key information that contributed to developing background knowledge and context, to better understand the relevance of the objectives stated. Organising this information within the focus areas under sections: current debates, issues highlighted, gaps found in knowledge and case study support material. This information was then evaluated to allow a summarisation of the material, concisely documenting as a literature review.

Archival information from in-field reports was analysed and organised in the same way, but were evaluated to develop a case study and offered supporting information to the primary data collection.

3.9.2 Semi-Structured Interview: Coding

Interview transcripts were coded into these specific categories: internal- mandates and policies**,** donor set up**,** staffing and professionalism, assessments**,** programme implementation**,** recovery triggers**,** exit planning**;** External- operational environment**,** stakeholders**,** community resilience factors**,** community participation, cholera and DRR**.** Once information had been organised into these categories, the information was analysed to whether it offered a barrier or opportunity to recovery and the reason for this. These reasons were again assessed on the basis of whether resilience was impacted, as a direct result or offered an innovation to improve recovery through building resilience. These highlighted elements were then questioned on how a 'resilience approach' to programming could improve the barriers to recovery and/or utilise the opportunities by creating innovative strategies, strategies that can build resilience through response programming. An example of the coding template if given in Appendix 1b.

3.9.3 Online Questionnaire

Quantitative data produced through the online questionnaire was charted and the responses compared. Particular variables were compared, to note any significant patterns, i.e. particular programme considerations implemented and the time taken to conceptualise and implement recovery initiatives.

For the qualitative data, data was coded and assessed under the categories used for the semi-structured interview (refer to Appendix 1b). Other information was used to further contextualise the quantitative data produced in the online questionnaire.

3.9.4 Community Discussion Forum (including Sociogram)

The Sociogram produced qualitative data detailing information from before and after the earthquake. Answers to the 2 separate Sociograms, i.e. one before and one after the earthquake, were charted and variables compared. Information was gleaned from the discussion to bring further contextual knowledge of the response and understand in reality how affected communities were supported by humanitarian intervention. Gaining insight into community resilience and its effect on the rate of recovery.

3.9.4.1 Critique of the Sociogram

As detailed in sub-section 3.8.2.5, the Sociogram, is a tool that was adapted for use within this research. The use of the tool within a community discussion forum was successful. Participants were able to use it, producing usable data. However, the numbering system used to itemise the different connections and services needed extensive explaining, as well as support to individuals when filling in the form. It also stimulated communication between participants, which led to sharing of information, making results less individually representative. This is a situation that can be controlled, as long as the facilitator explains the activity thoroughly and the facilitator has a couple of assistants, to ensure participants are supported throughout the exercise.

The adaption of more comprehensive banding, used to scale the strength of connection or level of access that was visible to respondents, enabled clearly defined results to be produced that could be graphed. This allowed pre- and post- earthquake information to be easily analysed and compared. It also, produces data that can be easily shared, due to the clear and user-friendly nature of the data produced.

The results from the Sociogram, after triangulation with other data sources, including: the semi-structured interviews and the online questionnaire were representative. The data produced, highlighted many of the major issues experienced within the response, adding a valuable source of data. This data reflected key issues experienced, giving evidence of the

key components of adaptive resilience within the response and the impact of the response on these adaptive resilience components.

The use of this adapted Sociogram tool, within this research, enabled the experience of affected communities to be reflected, which ensured all stakeholders within the response were represented.

The validity of the data produced indicates the potential for this tool to be utilised to measure individual/HH adaptive resilience within post-disaster contexts. Results could then be fed into programme planning to better develop adaptive resilience early in a response.

For future use, this tool should be implemented with necessary facilitators, to ensure the activity is understood by participants and filled out to produce valid, representative data. The group size should be no more than 20, for a facilitator and 2 assistants to effectively carry out this activity. Testing this tool in difference emergency responses, to further validate the use of this tool for measuring adaptive resilience with post-disaster contexts, is the next essential step.

3.10 Potential Research Limitations

It is important to note the limitations within the methodologies. Firstly, to understand how the new knowledge produced fits into the current body of knowledge. Secondly, to understand its true validity. Thirdly, to present potential adaptions for future research. This section will briefly take note of the use of a case study methodology, as well as a few methodological limitations experienced in the field.

3.10.1 Use of a Case Study Approach

A case study approach is an approach that can investigate a contemporary phenomenon within its real-life context, when the boundaries between phenomena and context are not clearly evident and it is an approach that allows for an empirical enquiry that can explain causal links, describe real life contexts, illustrate interventions and explore intervention as an outcome (Yin 1989). Making it a suitable research strategy for this thesis. However, data produced is narrowed into the context of which it was extracted, i.e. within the post-disaster context of Haiti, seeing limits to its generalisability. Patton (1990) offered this criticism regarding the extent to which individual cases can be generalised to other contexts.

This research aims to contribute to the body of knowledge on the themes undertaken within this research for it to offer recommendations within practice and policy. The in-depth case study will firstly provide data rich evidence, fundamental to develop debate within the humanitarian sector for the eventual stimulation of change within practice and policy. Secondly, the case study has been designed to be replicable in order to assess multiple contexts over time, to further develop the evidence base and to increase its generalisability. Thirdly, the case study chosen has been cited as highlighting some fundamental issues seen in humanitarian operations and the results; issues that have also been seen in many past humanitarian responses (Lloyd-Jones 2006; UN Office of the Secretary-General's special Envoy for Tsunami Recovery 2005; Oxfam International 2005; O'Donnell *et al.* 2009; UNDP 2011). Reflecting that this chosen case study offers a significant element of representation for the purpose of conclusive and generalisable findings.

3.10.2 Methodological Limitations Experienced in the Field

3.10.2.1 Limited Sample

Post-disaster environments by nature are complex and volatile, within the data collection period in PaP, Haiti, security issues heightened, which made access to communities difficult. This led to the revision of the number of community discussion forums that could be safely undertaken. It also saw that the communities to offer representation were ones that were directly associated with particular INGOs, reducing the ability of the sample to be representative. This saw the data collection method allow for a selected insight into what constitutes post-disaster resilience, and to become a method that could allow members of the affected population to voice their experience of post-disaster interventions and their own recovery, adding valuable richness to the body of data.

3.10.2.2 Language

The working environment within post-disaster Haiti constituted English, French and Haitian Creole speaking nationals and internationals. Data collection methodology undertaken within this research accounted for this by offering an English and French version of the online questionnaire, as well as undertaking the community forum using Haitian Creole speaking nationals. However, all semi-structured interviews were undertaken in English, due to the researcher being an English speaker with organisations approached offering to conduct their interviews in English if it was their second language. This approach may have

limited the sample fractionally. It also saw that French speaking nationals and internationals that didn't speak English were only able to contribute through the online questionnaire.

This section has presented the methodological stance of this thesis, given an overview of the research design, presenting a scoping study for the selected case study, along with a detailed description of the chosen data collection and analysis methodologies, finishing with a clarification of potential methodological limitations. The next section details the data that was collected through the 6 months of fieldwork.

3.11 Results: Data Collection

The previous sections laid the necessary methodological framework for data to be collected effectively in the field. This section presents the achieved data collection, presenting the rate and type of respondents related to each data collection methodology. The analysis of this data will be presented in Chapters 4-8.

3.11.1 The Participants

Over the 6 month data collection period in the field during September 2011- April 2012, a total of 86 participants took part in the research, participating through either semi-structured interviews, the online questionnaire and the community discussion forum. These participants ranged from UN agencies (9), INGOs (50), government representatives (3), donors (2), LNGOs (2), the local private sector (2) and community representatives (18).

3.11.2 Semi-Structured Interviews

A total of 37 interviews were undertaken with the total range of stakeholders operating in the emergency response: government, donors, UN agencies, INGOs, LNGOs and the local private sector. All the main UN agencies of interest (UN-OCHA, UNICEF, UNDP and IOM) were interviewed. All sectors of interest (WASH, Shelter, Livelihoods and Early Recovery) were also covered. Within the large array of INGO participants interviewed a range of specialisms and levels of authority were successfully included (refer to Appendix 2).

3.11.3 Online Questionnaire

A total of 31 participants filled in the online questionnaire, which ran live for 4 months. There were 23 completed in English and 8 in French. Participants included government

representatives, UN agencies and INGOs. Offering a range of specialisms and levels of authority.

3.11.4 Community Discussion Forum

The community discussion forum attracted 18 participants from the Delmas 19 community. Of the participants that attended there were 8 males and 10 females, ranging from 18-70 in age. This equated to a good representative sample from the community. The session ran for 1h 45mins, collecting 18 filled out activity sheets that included the Sociograms and perceived rate of recovery activity, along with an in-depth discussion.

This Chapter has extensively detailed this thesis' methodological stance, research strategy and specific data collection and analysis methodology. Which laid out the framework for how the objectives stated in Chapter 1 were measured. The Chapter was concluded with a presentation on the data collection results detailing the level and type of respondents involved in the research. This Chapter has laid out the data collection methodology offering the foundations for the following two Chapters, which will present a detailed analysis of the research findings.

4. Resilience Pre- and Post- Earthquake Haiti

The previous Chapter outlined how data within this research was collected and how it aimed to meet the objectives, in order to answer the research problem. This Chapter presents the data analysis developed solely for the case study, breaking down the data and highlighting the patterns in accordance with each particular objective set out in this thesis. This Chapter's structure will present an overview of the level of resilience seen pre- and post-earthquake Haiti, looking at areas of adaptive resilience expressed and the recovery deficit seen. The results from this Chapter will be concisely concluded within Chapter 9 demonstrating this research's contribution to knowledge, theory and practice.

4.1 Data Analysis Utilised

The impact of the earthquake was severely felt by a large majority of individuals/HHs in and around PaP. It was a priority within this research to understand what the level of resilience individuals/HHs had pre-earthquake, to understand how that manifested itself post-earthquake. The data collection methods used to try and gauge resilience was the community discussion forum (including Sociogram), as well as summarised information from the literature review. The data produced from the community discussion forum was then triangulated with information generated from the semi-structured interviews and archival data.

4.2 Levels of Resilience Pre- and Post-Earthquake Haiti

As summarised in sub-section 2.6.4, the literature has highlighted 5 main attributes to resilience: access to assets, access to services, economic opportunities, access to legal and financial services and strong social and political networks. This section will review in brief each of these attributes, pre- and post-earthquake, to gauge the impact of pre-earthquake resilience on the level of absorptive capacity post-event and how this translated into the level of resilience expressed, highlighting key areas of adaptive resilience utilised.

4.2.1 Access to Assets

Access to safe housing was limited for individuals/HHs in the capital PaP, due to a quarter of the 10.2 million population now living in the city (ALNAP 2010), with 86% of urban residents living in slums (Oxfam 2011). Port-au-Prince is exposed to hurricanes and tropical storms with a large number of residences living on steep ravines and hill slopes, indicating huge vulnerability. The frequency of disaster experienced in Haiti (e.g. droughts, storms and

floods) over the past 20 years sees individuals/HHs loosing assets or suffering degradation of assets year on year, weakening resilience (UN-DESA 2010).

The Sociogram participants were asked about their access to assets, which were explained to include permanent shelter and any items of financial value or productive use, i.e. tools used for livelihood activities, before and after the earthquake. The results showed that access to assets varied within the community before the earthquake. However, the majority of participants lost all assets after the earthquake. Participants explained that everything they had prior to the earthquake had been lost, such as their houses, vehicles, tools, even their identifications. Many stated that after 2 years they had still not regained any form of assets (refer to Figure 4.1, pg. 122).

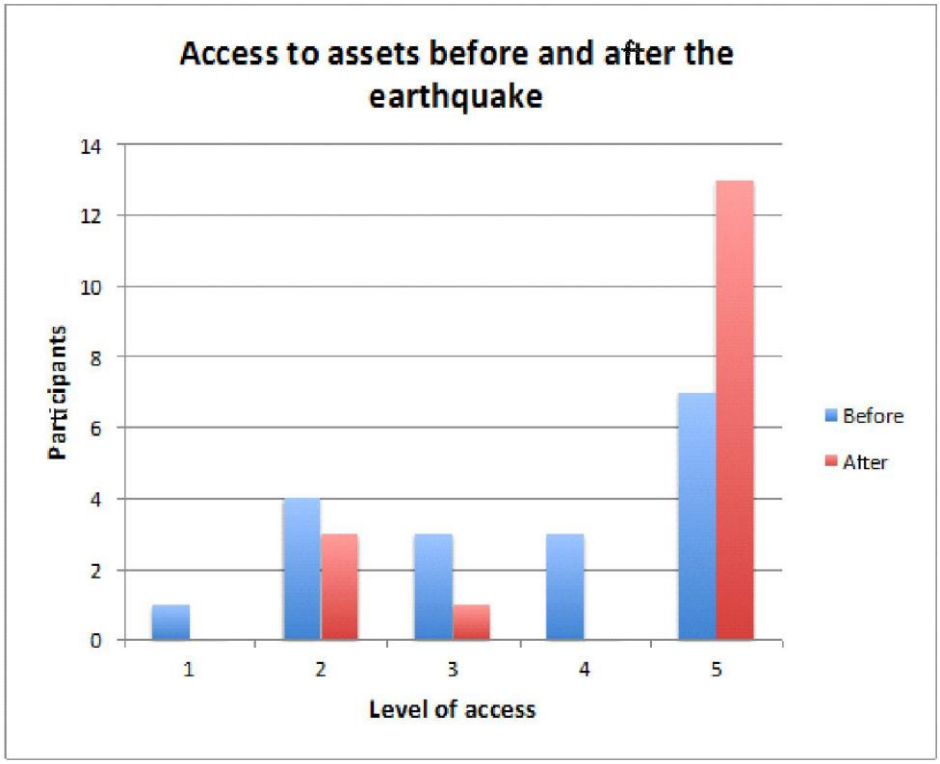


Figure 4.1 Demonstrated the comparative results produced by the Sociogram for the question on 'access to assets' before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= High access level, 5= No access

The length of time IDPs relied on tented shelters lasted several years, seeing heavy rains from multiple hurricane seasons exacerbated poor housing conditions. This situation was a common occurrence for the majority of the displaced in PaP. An INGO respondent stated 'I don't think anyone anticipated it would take so long to clear the camps'. Figure 5.2 (refer to pg. 150) provides secondary data produced by IOM in 2012 that coincides with this statement. The figure shows the volume of camps and IDPs that existed over an 18 month period. It can be noted that after a full year on from the earthquake there were still approx. 800,000 IDPs of the original 1.5 million dwelling in over 1100 IDP camps. Eighteen months on this had dropped, however, almost 400,000 IDPs still were without temporary or permanent housing and instead were insecurely situated in one of 575 IDP camps that still existed.

Archival data (IFRC 2011, Davis 2012; IASC Haiti E-Shelter/CCCM Cluster 2012) and interview responses noted that weak temporary or permanent housing provisions were made over the 2 years following the earthquake. Figure 5.5 (refer to pg. 159) gives secondary data collected by IOM in 2012 that presents the provision of T-shelter and house repairs achieved within the first 18 months after the disaster. The data clearly demonstrates the lack of temporary or permanent shelter infrastructure made available to the affected population. Results indicating that only 80,000 T-shelters were established within this timeframe that aimed to meet the need of 1.5 million IDPs, with only 35,000 T-shelters achieved in the first year. Even with the provision of 80,000 T-shelters it was noted that only 23% of T−shelters built were provided to families living in camps. Since owning or having access to land was a prerequisite for a family to be a beneficiary of a T−shelter program (IASC Haiti E-Shelter/CCCM Cluster 2012).

Housing repairs themselves only began in February 2011, over a year after the earthquake, achieving 5275 repairs within the 18 months. The construction of permanent housing was also a significant challenge offering little in the way of permanent shelter solutions within the 2 year time period since the earthquake (refer sub-section 5.3.4).

With T-shelters being offered as the main transitional solution for housing provision and a slow and limited number of housing repairs and permanent shelters being achieved, it is clear that it was an inadequate solution and saw a huge displaced population struggling to find sufficient shelter options. The challenges faced concerning shelter provision noted here

are further elaborated in sub-section 5.3.3 Presenting what prevailed over the 2 year period following the earthquake and the reasons for these challenges.

4.2.2 Access to Basic Services

Haiti has a clear designation of a fragile state with public institutions functioning at gross inefficiency prior to the disaster with less than half the population provided with basic services like electricity, water and sanitation (UN-DESA 2010). Haiti has shown to be one of the only countries in the world where improved access to water and sanitation has decreased in recent years; with only 17% of the population gaining access to improved sanitation and 63% to improved water sources (WHO/UNICEF 2010). High prices had to be paid for public goods due to the privatisation of the health, education, transport and water sectors (ALNAP 2010). This has left the most vulnerable people largely un-served with even the most basic of services.

Before the earthquake the majority of the urban population depended on trucked water and purchased bottled water. Participants commented in the Sociogram that there was access to water. However, the supply came through trucking and local vendors with high prices, limiting resource accessibility. This led to household level vulnerability. After the earthquake, the Sociogram results showed a drop in the provision of water (refer to Figure 4.2, pg. 125). However, this was not significant, due to the immediate revival of the private sector and the large delivery of trucked water provided by the humanitarian community. What is important to note is the shift in provider of water pre- and post-earthquake, the majority of water supply made available pre-earthquake was through private sector entities, post-earthquake the majority of water was provided through the international community, for over 2 years. This shift in provider has a negative effect on resilience due to the unsustainability of the provision, as well as the knock on effect a parallel service has on existing providers in terms of market viability, consequently destroying local service provision structures and local livelihoods.

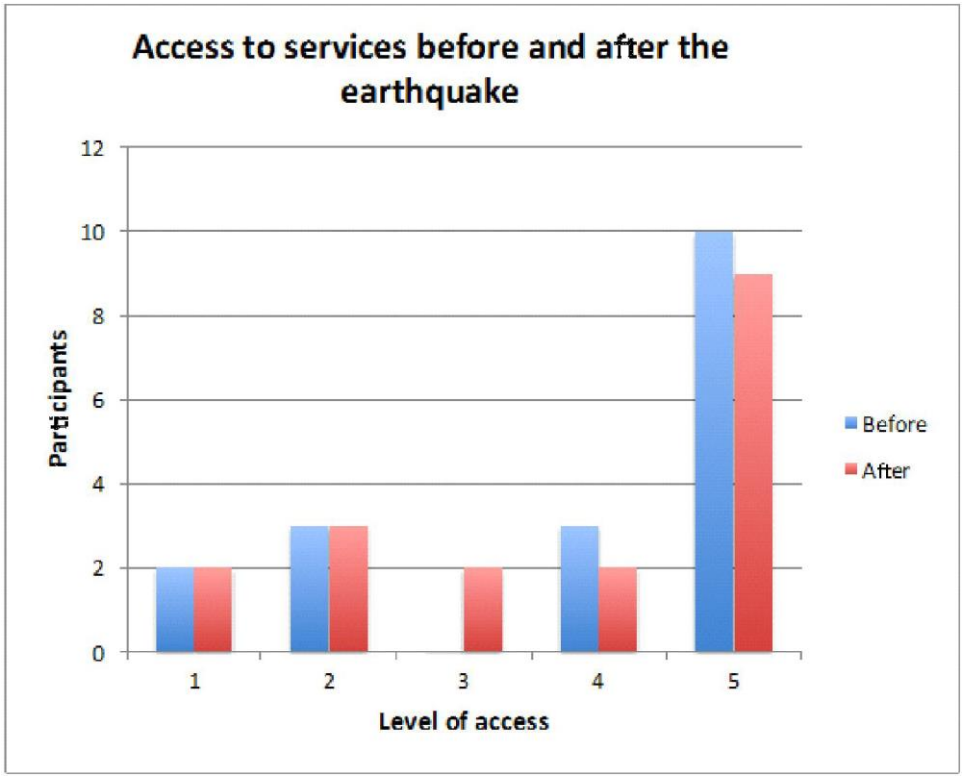


Figure 4.2 Demonstrates the results from the Sociogram answering the question on 'access to services' before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= High access level, 5= No access

The consequence of a camp focused approach and the difficulties presented in finding permanent shelter for IDPs saw the provision of basic services, such as water and sanitation, unable to return to a stable state. This was a consequence of basic provisions for water and sanitation being continuously delivered in the form of unsustainable services for camps, with very little public or private sector provision reinstated. Archival data[1], in the form of transcribes from WASH cluster meetings and official statements delivered by the government, indicated that DINEPA wanted agencies to exit from trucking water (the main water supply option used) after 6 months of the emergency. However, agencies struggled to find alternatives, lacking the ability to exit from or transfer services. As a result water trucking continued for over 2 years with many organisations either, desperately trying to hand over to DINEPA, who had a very limited capacity, or just dropping services all

[1] WASH Cluster meeting minutes from 24 meetings held between the 15th-27th January 2010.
WASH cluster plan for the distribution of water (21st January 2010)
DINEPA WASH Strategy (February 2010)

together, as a result of a lack of funds, which left communities un-served (refer to sub-section 5.4.2).

With the final number of IDPs in PaP alone reaching 1.5 million with the majority dwelling in camps saw the main strategy for water supply amounting to water trucking. INGO and government respondents highlighted within interview that investment in this strategy to supply water to the majority of the displaced through trucking was an incredibly expensive and unsustainable undertaking. Never-the-less, this 'initial' strategy became the WASH landscape for the next 2 years.

Within the 2 year period after the earthquake, there were initiatives that looked to develop more sustainable water supply and sanitation facilities. These included some INGO actors offering to support the repair of the public water supply network, the standpipes and their storage reservoirs, also to capacity build local private sector water kiosks (refer to case study 4, pg. 176). These initiatives were not undertaken at scale and were initiated 6 months to 2 years after the earthquake and saw a limited impact and an increasing void in sustainable service provision.

Sanitation services were provisioned mainly in camps with a few public facilities made available. INGO, LNGOs and government respondents noted that the provision of sanitation was slower than water supply provision, seeing many camps, particularly smaller ones without sanitation facilities for 6-12 months after the earthquake. Limited sustainable sanitation provision was achieved. The strategies that were initiated included neighbourhood sanitation solutions. However, these were achieved much later in the response and only at a small scale by a few agencies (refer to Case study 7, pg. 183). The lack of recovery of water and sanitation services highlighted here is further elaborated in section 5.4.2. This section breaks down the strategic challenges found and what resulted within the 2 year period since the earthquake.

4.2.3 Economic Opportunities

Port-au-Prince has a long history of corruption, state violence and organised violent crime and widespread poverty, seeing large levels of unemployment or employment with minimal income, i.e. labour, small scale agriculture or small stalls (Pelling 2010). The Sociogram demonstrated that participants struggled to find sufficient economic opportunities prior to

the earthquake. After the earthquake many participants stated they had lost their livelihoods and had been unable to regain sufficient work to generate much needed income (refer to Figure 4.3, pg. 127). Participants stated as a result they were still struggling to get back on their feet.

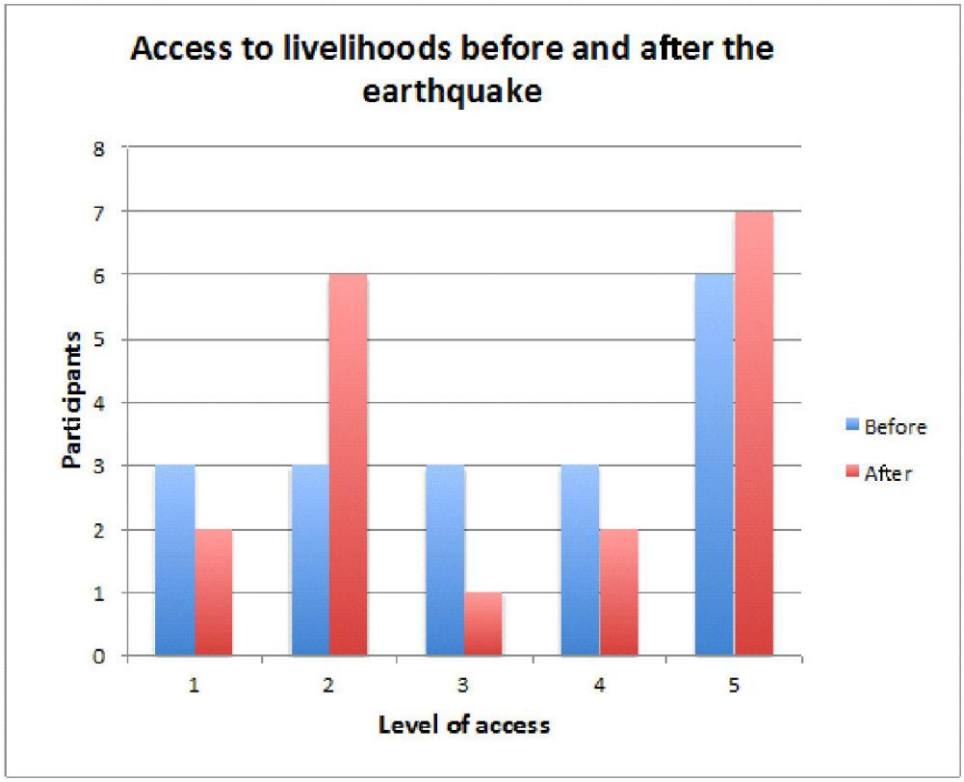


Figure 4.3 Demonstrates the results from the Sociogram answering the question on participant access to livelihoods, before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e].

Key: 1= High access level, 5= No access

Archival data produced by donors (EC 2012; IDB 2012) suggested that there were initiatives that allowed for job creation, such as infrastructure projects that required large amounts of labour and private sector development initiatives through investment in SMEs (Small to Medium Enterprises). With UN agency data (UN 2011; UNDP 2013) stating job creation figures, such as in 2011, UN agencies created just over 280,000 jobs, with IOM generating 140,000 jobs and UNDP creating 125,000 jobs, and by 2012 UNDP managed solely to create 400,000 jobs, inclusive of both short-term and long-term employments using this approach (refer to sub-section 6.2.2.2). Thus, there were initiatives in place. However, the volume of jobs, the type of work, i.e. short-term, temporary, permanent, and the

timeframe of which this work was made available would not have been enough to make the impact needed to build crucial livelihoods for all that were in need.

4.2.4 Financial Services

Access to cash, loans and grants was also highlighted as an immediate problem. This was a heightened issue due to many of the affected population being renters prior to the earthquake, with the majority just putting down the bulk of their savings for the annual rental period. Thus, when the disaster struck many people had little financial resources to tap into. Also the use of community revolving funds was commonly used in Haitian society, seeing a large number of individuals/HHs owing money when the earthquake hit, leaving many indebted. After the earthquake participants noted there was limited to no access to cash and loans for over 2 years.

Both archival data (Groupe URD 2010; Kolbe and Muggah 2010) and interview respondents noted that in the first months of the earthquake an incredible amount of financial support was sent by Haitian diaspora to their friends and relatives. Cash programme initiatives were also highlighted, such as Cash for Work, Cash for Food, house reconstruction grants, construction vouchers and rental support (refer to sub-section 6.2.2.3 and Case study 2, pg. 155). The availability, timeliness and frequency of these initiatives saw only a limited number of individuals/HH able to receive cash through them, often being presented in an untimely and ineffective manner. Loans themselves, were limited in their existence and the ones that were made available were due to social investment initiative, aimed to help stimulate private sector development. Therefore, individuals/HH had almost no access to loans. A more detailed evaluation of the employment of cash, loans and grants is covered in sub-section 6.2.2.

Through the Sociogram, participants were asked about their access to credit, loans and grants. The results showed that access to these financial mechanisms have always been low, with access decreasing after the disaster (refer Figure 4.4, pg. 129).

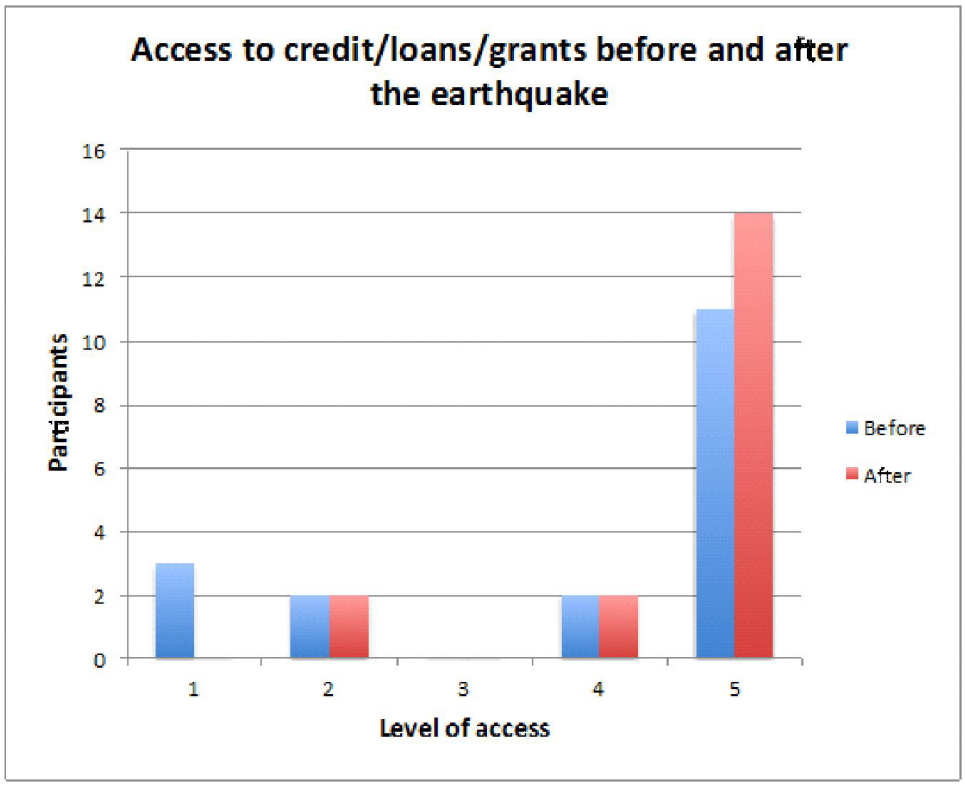


Figure 4.4 Demonstrates the results from the Sociogram on the question of 'access to credit/loans/grants' before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= Strong connection, 5= No connection.

4.2.5 Social Connections

Before the earthquake, Haitian society suffered social fragmentation, corruption and high crime rates leading to weak social bonds beyond immediate family. A weak civil society also existed which has meant there were few local institutions or resources available (Pelling 2010).

Respondents within the Sociogram stated that during the first months after the earthquake the majority of individuals/HHs were able to rely on their families, who lived outside of the affected area or overseas, it was noted that there were very strong ties of solidarity within the community. The Sociogram noted that connections with family were strong before and after the earthquake, with connections to community members being good before and becoming strengthened after (refer to Figure 4.5, pg. 130 and Figure 4.6, pg. 131). Archival data in the form of evaluatory reports (DEC 2011a; IFRC 2011b; CAFOD 2011), along with interview responses from a variety of stakeholders, also highlight the strong sense of

community that prevailed in the onset of the disaster. What was also noted was the large influx of support from the Haitian diaspora. This strong social connection between family and community members enabled essential survival strategies to be established, including: the sharing of scarce resources and social relationships, such as kinship, patronage, friendship and informal credit networks to be provided (Agarwal 1990). The existence of community practices, such as supportive social networks mitigate adverse consequences and maximise potential for recovery and growth (Violanti *et al*. 2000).

Interesting to note is that connections with community/church leaders and friends decreased after the earthquake (refer to Figure 4.7, pg. 132 and Figure 4.8, pg. 133). This could be attributed to the weaker original strength of connection felt with community/church leaders and friends, therefore, the level of dependence on those connections in a time of emergency in comparison with family and close community members.

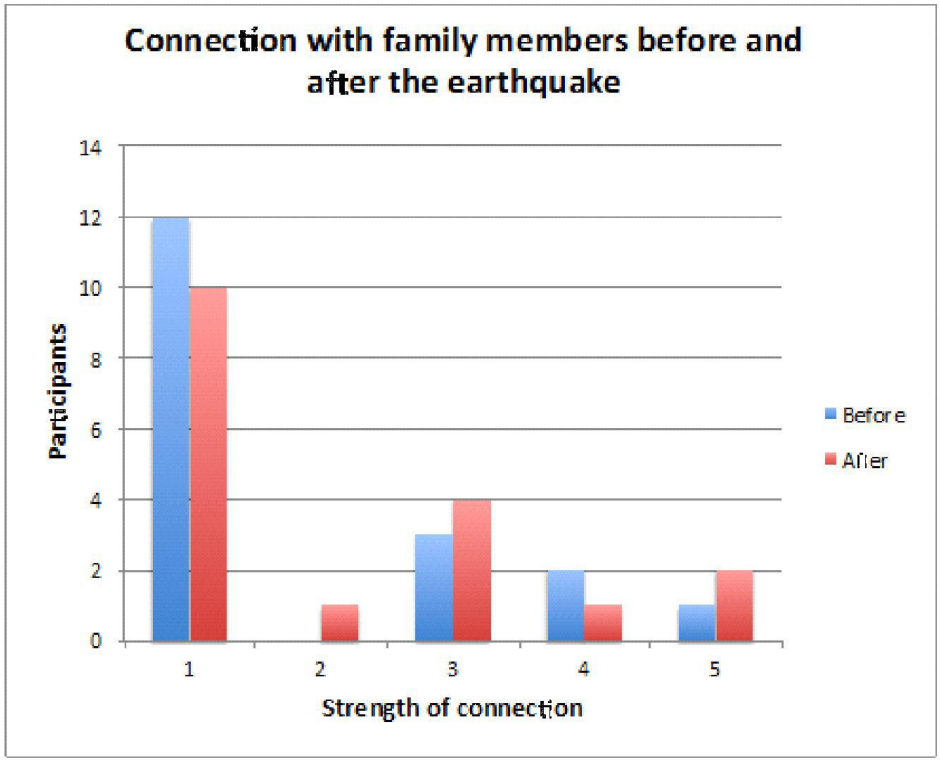


Figure 4.5 Demonstrates the level of connection with family members before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= Strong connection, 5= No connection.

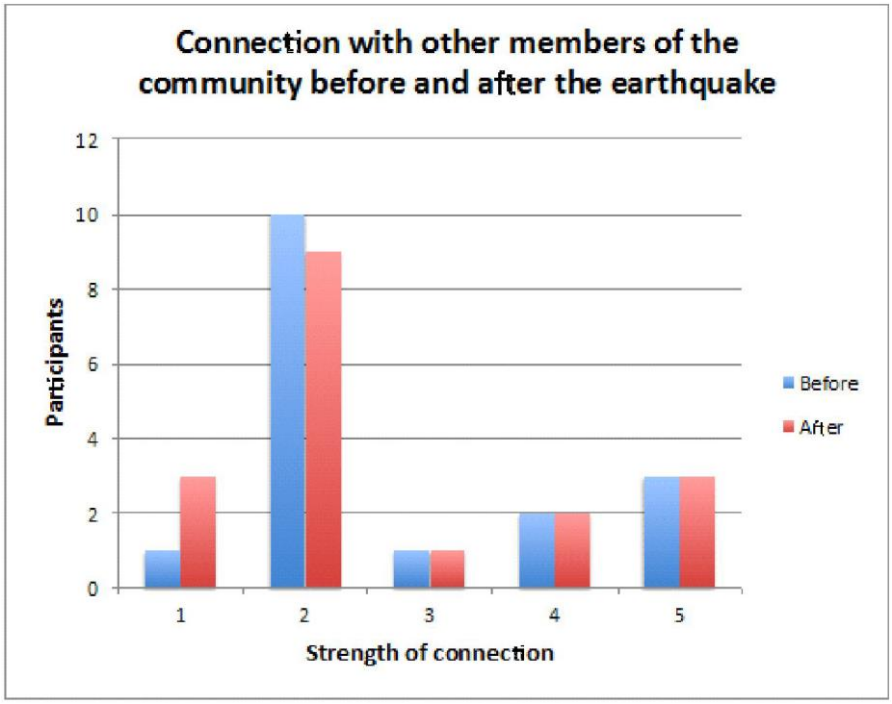


Figure 4.6 Demonstrates the level of connection with other members of the community before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= Strong connection, 5= No connection.

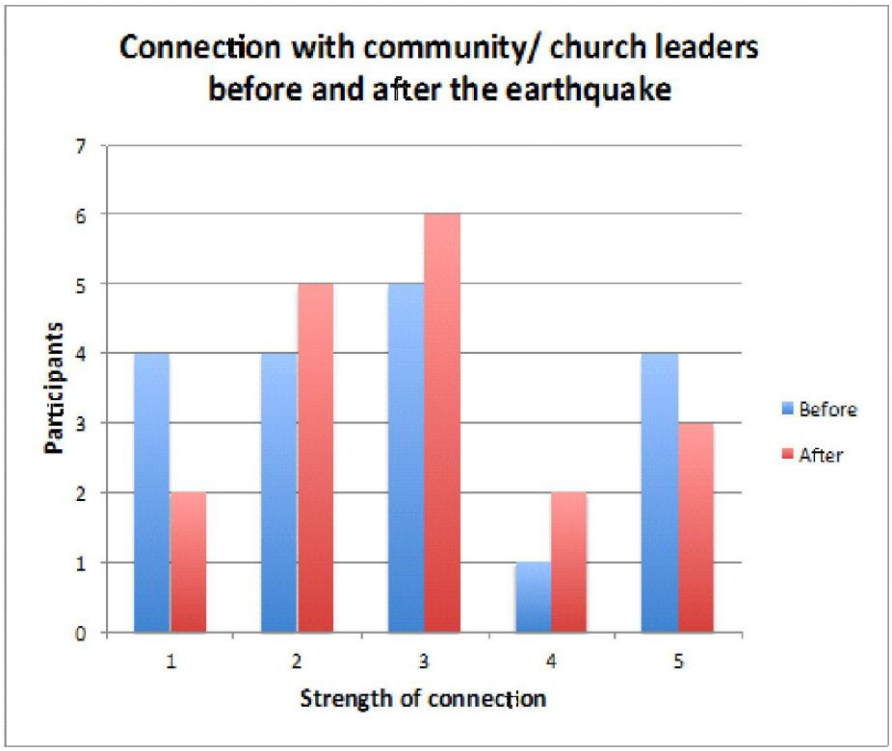


Figure 4.7 Demonstrates the level of connection with community/ church leaders before and after the earthquake. [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= Strong connection, 5= No connection.

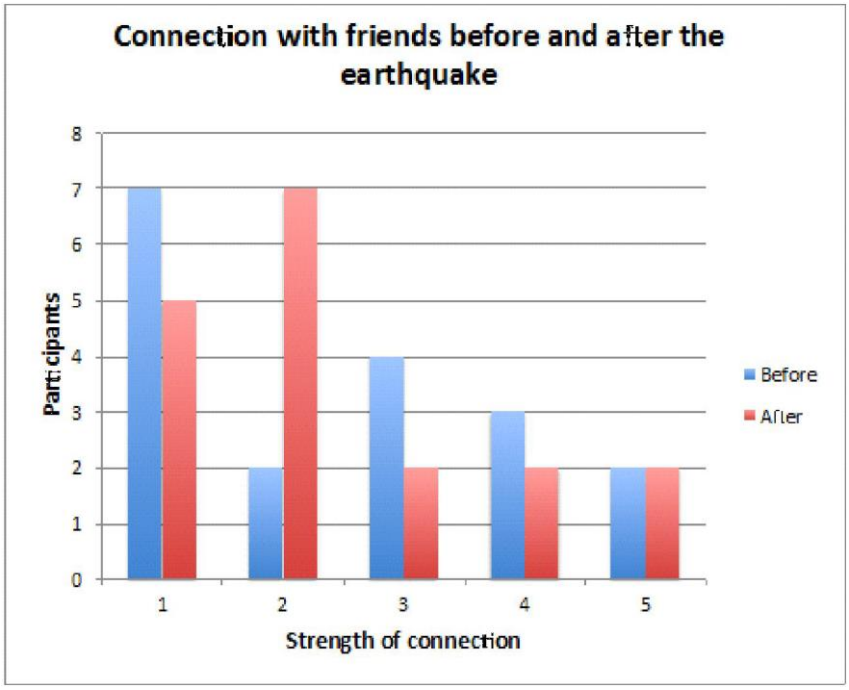


Figure 4.8 Demonstrates the level of connection with friends before and after the earthquake [Source: results from Sociogram, refer to Appendix 1e]

Key: 1= Strong connection, 5= No connection.

The respondents highlighted, through the Sociogram, that their connection with local organisations and INGOs increased significantly after the disaster, showing their heavy reliance on these entities for relief and recovery activities (refer to Figures 4.9, pg. 133 and 4.10, pg. 134).

4.3 Adaptive Resilience

The low levels of resilience at the individual/HH level witnessed in Haiti saw the existence of weak coping strategies and as a result experienced a significant impact from the disaster event. Low levels of resilience saw individuals/HHs absorptive capacity exceeded rapidly and therefore, in a vulnerable state with limited ability to recover. There were several areas where adaptive resilience was expressed, including: the immediate dependence on host families. Digicel, a large mobile phone operator in Haiti, had data noting their customer movement after the earthquake. The data indicated that a large proportion of the disaster

affected population fled out the city and into the surrounding countryside (refer to Figure to 4.11, pg. 135). Their exit was supported by free transportation issued by the government. This reduced the burden on authorities and provided essential security to traumatised families.

However, due to the centralised support offered by the humanitarian community focusing on camps, saw little support reaching host families, resulting in families unable to continually support the large number of IDPs. The consequence of this, and as was witnessed by many INGO representatives, within 2-3 weeks hundreds of thousands of IDPs returned to PaP and flooded into the camps. Camp set up at the start of the response was small, however, within a few weeks many had doubled or tripled in size, e.g. La Piste camp had 30,000 IDPs at the start, 3-4 weeks later 50,000 IDPs and 5 weeks later 70,000 IDPs.

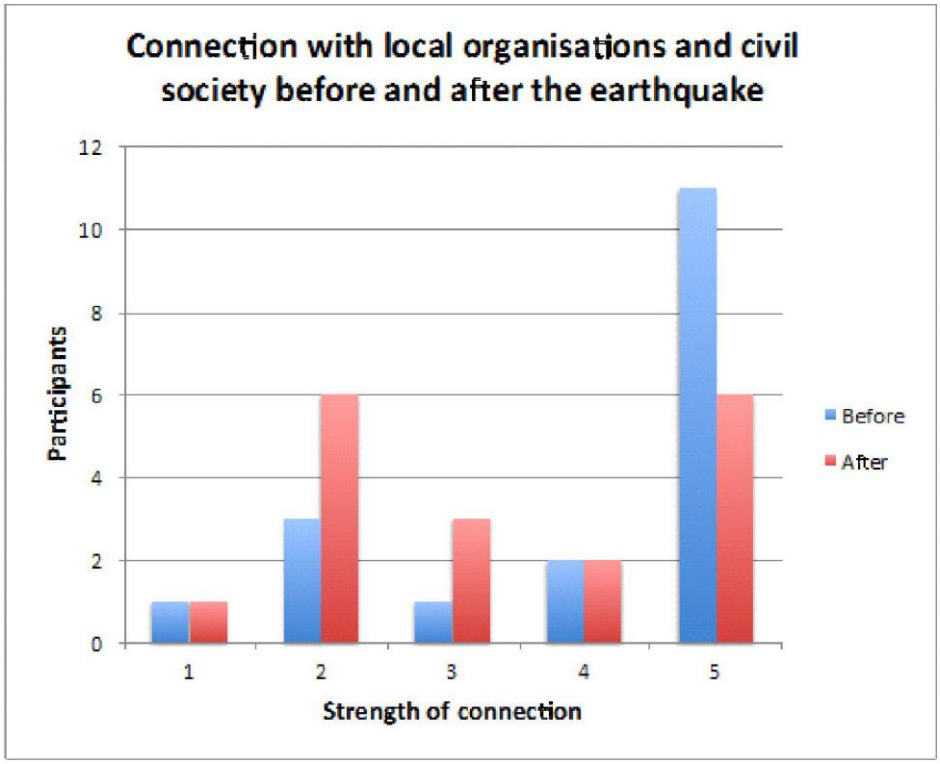


Figure 4.9 Demonstrates the level of connection with local organisations and civil society before and after the earthquake. [Source: results from Sociogram]

Key: 1= Strong connection, 5= No connection.

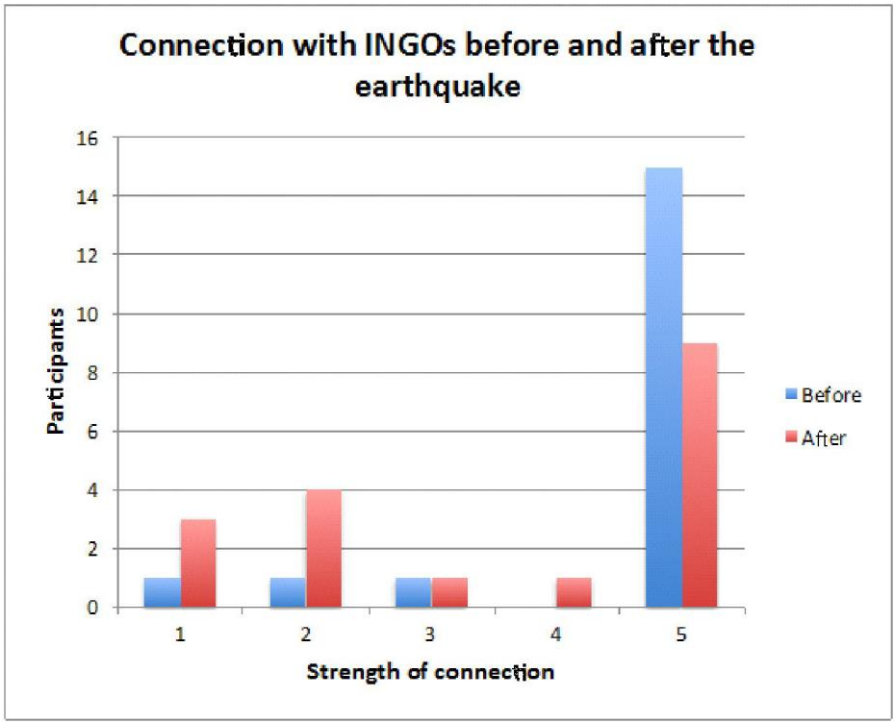


Figure 4.10 Demonstrates the level of connection with INGOs was weak before and after the earthquake. [Source: results from Sociogram]

Key: 1= Strong connection, 5= No connection.

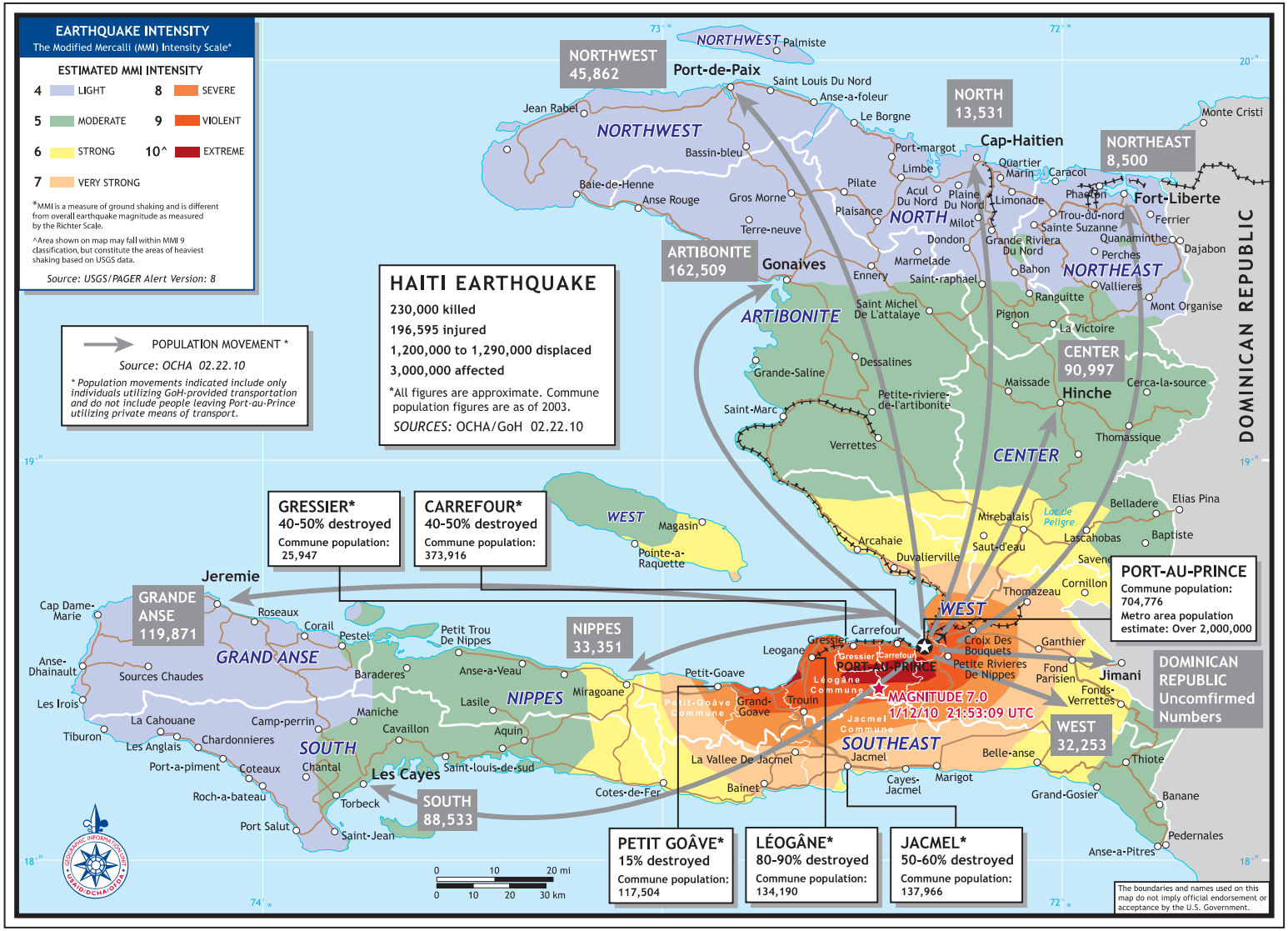


Figure 4.11 shows the affected areas in Haiti and movement of people after the earthquake.

Many of the IDPs within PaP became camp residents within the same commune they originated. Figure 4.12 (refer to pg. 136) demonstrates the actual level of communal displacement of IDPs, highlighting that 73% of displaced families were situated within the section of the commune they originated, with a further 7% of IDPs situated within the same commune, but in a different section. Resulting in an overwhelming majority of IDPs living in their original neighbourhoods. This indicated a reliance on strong social connections as a form of adaptive resilience.

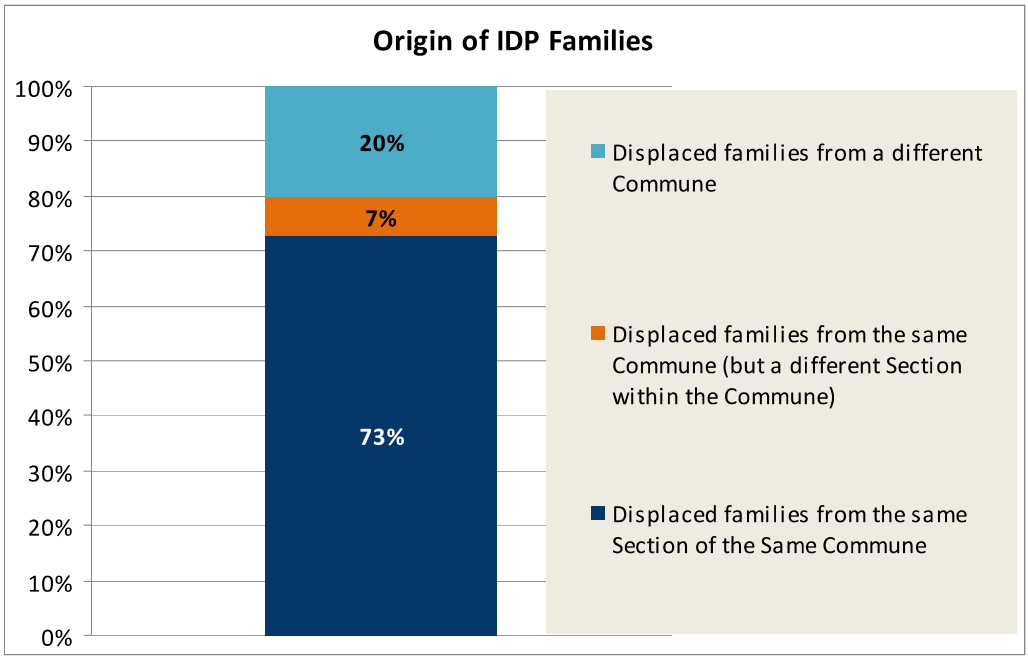


Figure 4.12 A graph showing IDP origin, highlighting the overwhelming majority of camp residents living in the same administrative section as before the earthquake. [Source: IOM Data Management Unit 2013]

The private sector was noted as very involved and ready to provide trucks and bottled water. The large and already operational private sector was utilised for trucking and bottle distribution only. There was a significant network of private water vendors operating before the earthquake, which could have been capitilised on from day one to offer a further alternative supportive strategy to that of water trucking. One of a few strategies that could have allowed the build up of transitional capacity, enabling a rapid exit from trucking, reducing the huge financial burden and the development of sustainable service infrastructure.

4.4 Individual/Household Recovery Deficit in Haiti

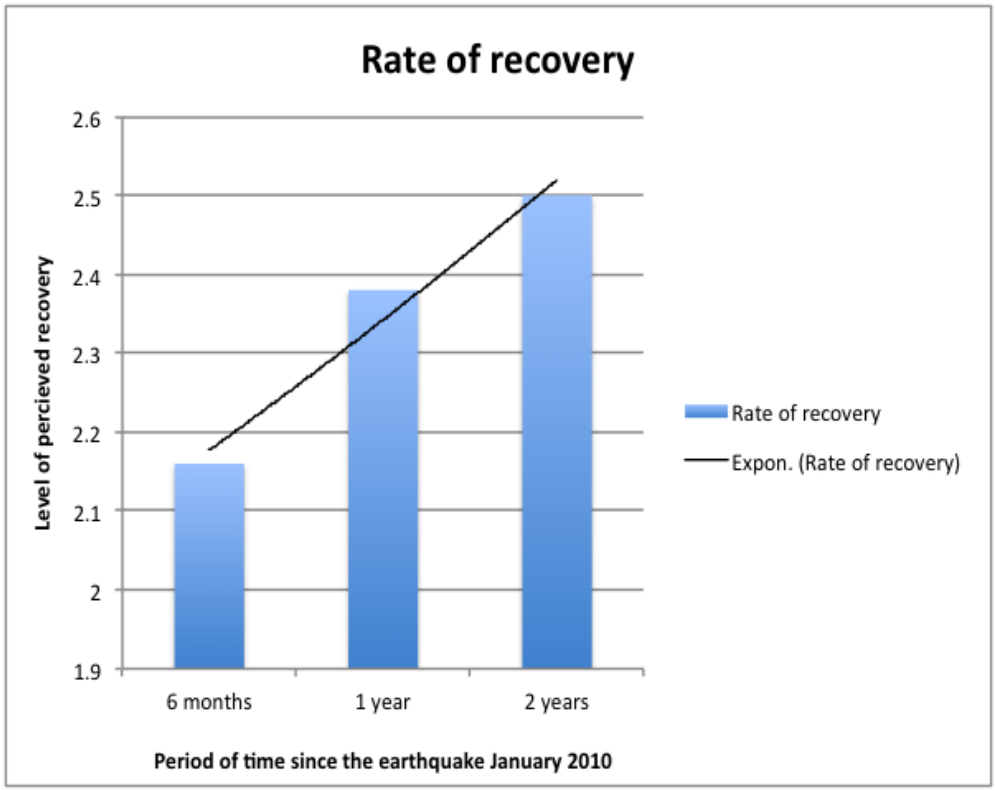
As a part of the community discussion forum participants, who were representatives of the disaster-affected population, were asked about their recovery. An activity presented to them sort to gauge their 'perceived rate of recovery' over a 2 year period, rating their perceived recovery after a 6 month mark, a 1 year mark, and a 2 year mark (refer to Appendix 1e). Participants rated on average their perceived rate of recovery, over the 2 years since the earthquake, had increased with the rate slowing down from year 1 to year 2 (refer to Figure 4.12, pg.138). Even with the increase in the perceived rate of recovery over 2 years the majority of the participants believed there had been some changes over the 2 year timeframe since the earthquake. However, they were still struggling to find basic provisions, such as food, water and shelter; seeing that recovery or a return to a functioning state had not occurred.

Breaking down the 'perceived rate of recovery' results to the individual shows that 28% believed the level of their recovery has not changed at all over the 2 year period, 39% believed it had increased, 5% believed their level of recovery had decreased, with 11% saying the rate increased at year 1 and since has decreased, and the final 5% showed the level of recovery decreased for them between the 6 months mark and the year 1 mark, but had increased up until the 2 year mark (results from a response rate of 18 individuals).

After 6 months most participants stated that they were able to access basic resources, such as water, foods, hygiene kits and money, but their position stayed the same; things didn't change much up until the first anniversary. After the first anniversary of the earthquake respondents stated that they were still able to get access to basic resources, but not at the same service level, they were obliged to get things through their family, trying to help each other in the community. It was highlighted that the community were still struggling to recover. Many people commented that they still struggled because the rate of recovery/return to a functioning state had slowed down.

In order to pinpoint the key areas that caused the barriers to recovery participants were asked 'over the past 2 years were your needs met in a timely manner?' The participants expressed that only their basic survival needs had been satisfied. They explain they were still living in the same way they were a few months after the earthquake.

The community discussion forum ended with participants being asked 'what are your next steps?' This was to give insight into factors they perceived to be important for them to recover and gain a state of functionality. The main answers included the need for progressive neighbourhood reconstruction, to gaining the ability to access money to set up businesses, many of the participants noted they were waiting for job opportunities and a wish to access knowledge through skills training, as they felt that would help them for the long-term.



Key:

1 = No recovery, i.e. still no access to basics like permanent shelter and water sources.

2= Some changes, but struggling to find basic provisions, i.e. food, water, shelter.

3 = A lot of changes in living standard since the earthquake, but life has not returned to the standard of living before the earthquake.

4 = A lot of changes in living standard since the earthquake, situation is comfortable, but not the same standard of living prior to the earthquake.

5 = Fully recovered, I am living a life that is equivalent or beyond the standard before the earthquake.

Figure 4.13 Perceived rate of recovery over a 2-year period since the earthquake (refer to key for clarification on rate of recovery classifications). [Source: results from Sociogram activity, refer Appendix 1e]

There was a large humanitarian response that aimed to cater for immediate shelter, basic service and food needs. However, recovery was poorly established through response activities and the reasons for this will be analysed in depth in the following 2 Chapters. The main points that can be deduced in reference to raising adaptive resilience are: the provision of permanent shelter options – this provision increases protection and stabilises day to day functioning; the provision of sustainable services, such as water, sanitation and health - providing these essential services after a disaster reduces an affected population's vulnerability, protecting public health and providing an economic good; access to sustainable livelihood options- provides an essential income that can be used to reduce individuals/HHs vulnerability by acquiring essential goods and services to build resilience; access to cash, loans and grants - offer opportunities to re-establish essential assets, such as a home, also this provision can be used to re-establish or establish new businesses generating essential livelihoods.

This Chapter has assessed the data from the community discussion forum, including the Sociogram, triangulating data with archival data and information from semi-structured interviews, through the 5 main components of resilience (as referenced by Bosher (2004) – these components are further developed within section 7.2) to gauge pre- and post-earthquake resilience at the individual/HH level. The analysis has highlighted that there was low levels of resilience before the earthquake hit Haiti, which saw individuals/HHs absorptive capacity exceeded rapidly. Consequently, leaving these individuals/HHs in a vulnerable state with limited ability to recover. Within the immediate aftermath of the earthquake a number of adaptive resilience mechanisms were witnessed including: the immediate dependence on host families, maintaining strong social connections by setting up tents close to their place of origin, private sector capacity ready to meet demand, markets re-established. The humanitarian response didn't actively support these adaptive resilience mechanisms due to their choice of response strategy, that took a centralised approach focusing on camp provision and the setting up of parallel basic services.

The following Chapter will breakdown in detail Shelter and WASH sector programming undertaken within the emergency response. To highlight how programmatic decision making and implementation affected the development of individual/HH resilience in Haiti.

5. The Impact of Emergency Programmes on Resilience in Haiti

This Chapter looks to meet Objective 2. To gauge the impact emergency response programmes had on individual and household resilience in post-earthquake Haiti. Presenting the Chapter in a format that will firstly, layout the discussion of the main findings by drawing on relevant data sets offering up their analysis, and, secondly, concluding the main findings in order to deduce the objective in question within the case study context. The data analysis will be broken down into sections that will look in-depth at emergency response programmes, specifically at Shelter and WASH, assessing their immediate response approach and its outcome, followed by their transitional and recovery strategy understanding its outcome. The section will then breakdown elements of response agency capacity, detailing crucial programmatic components, such as assessments, transitional and exit planning, recovery programming, strategic capacity and community participation.

5.1 Data Analysis Utilised

A recovery deficit was identified in Haiti and an objective of this research is to understand how emergency response operations in Haiti supported or hindered adaptive resilience and its consequence on overall recovery. The data collection methods used to ascertain this objective included: the semi-structured interviews, the online questionnaire, and archival data.

5.2 The Humanitarian Response Approach and its Effect on Adaptive Resilience

In the onset of the emergency relief, thousands of NGOs flooded the country. Due to the scale of the disaster, the complex urban environment and a weak government, the response suffered huge coordination problems. Cluster groups formed rapidly, though many were not effective in their management. This was, in part, due to the sheer volume of representatives participating in co-ordination meetings. As a result, the meetings became information sharing sessions rather than the necessary environments to undertake planning and strategising activities (refer to Figure 5.1, pg. 141).

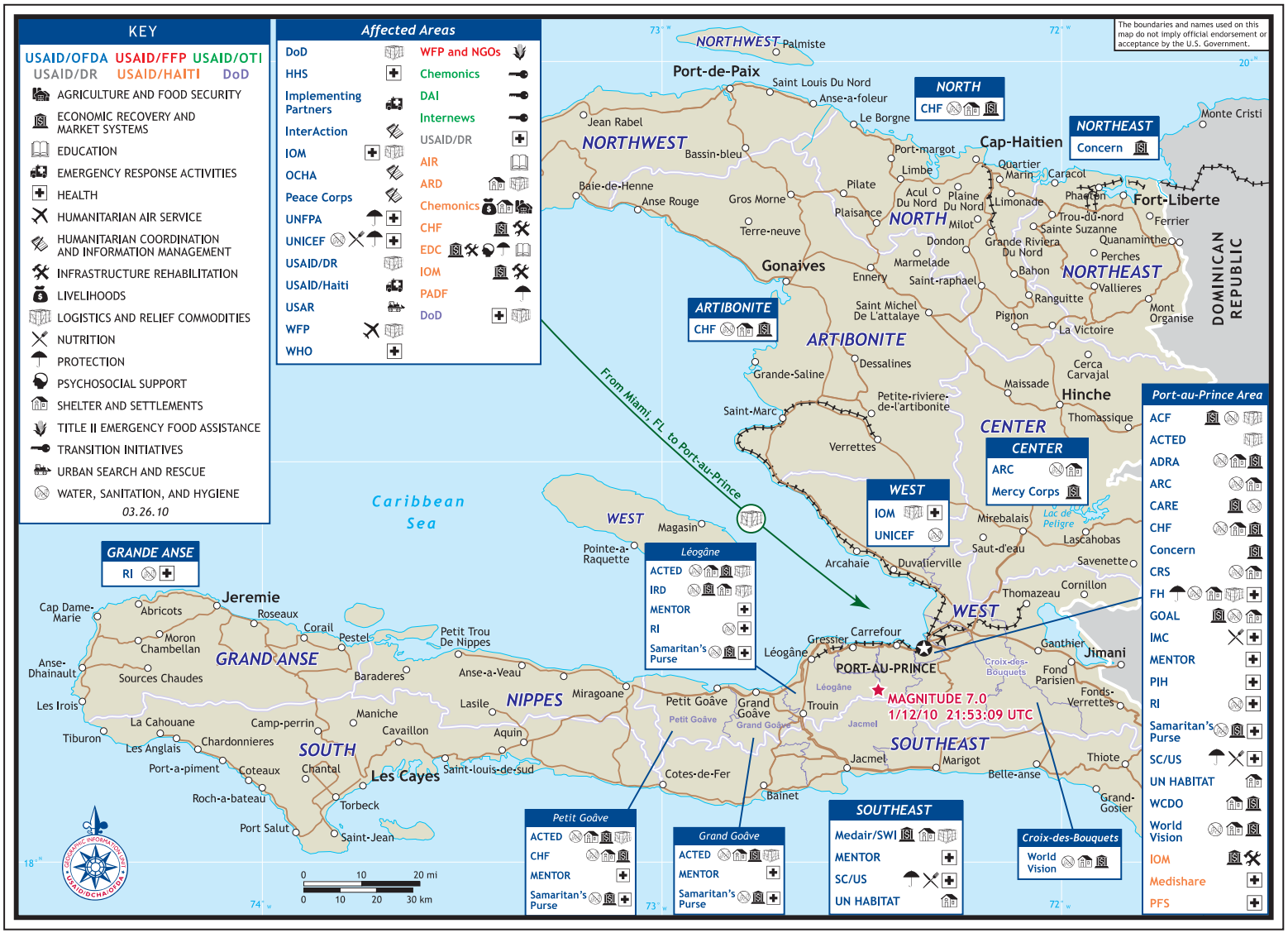


Figure 5.1 Humanitarian assistance seen in earthquake-affected areas by March 2010.

Many local Creole and French speaking organisations struggled in the initial English speaking cluster meetings and with a large focus on emergency planning, expertise in the development sector was ignored, resulting in many of these organisations being pushed out of planning and coordination activities. This was a missed opportunity to tap into essential local knowledge, something the humanitarian sector lacked when entering this response. It has been noted that dominating cluster personalities guided programming in a 'preferred way of operating', rather than being responsive to the operational environment, which resulted in losing sight of the context.

With a separation of activities through the cluster system holistic, integrated programming was made difficult. Firstly, activities such as the provision of T-shelters and permanent housing, clearing rubble and early recovery were all separated into individually managed clusters. In addition, weak communication amongst the clusters increased the problem. A lack of expertise present at the meetings, due to many of the relief workers being new to the role, saw a weak understanding of how to manage large displaced populations. With a focus on number crunching and not on developing effective and timely strategies, the humanitarian sector was unable to adequately respond to the changing needs of the disaster. Moreover, the impact of the devastation also significantly limited technical communication and, as a result, individual agencies found their own appropriate solutions to overcome this, thus, further preventing a coherent and contextual strategy to be implemented.

However, even with all these difficulties, the cluster system was seen as successful, particularly the WASH cluster that was lead by DINEPA - Haiti's ministry for water and sanitation. This cluster's Strategic Advisory Group (SAG) was seen to have authority, where protocol suggested was taken on by the agencies. It can be said that the support DINEPA received in the early stages of the response by the WASH community provided them with the capacity and skill to feedback effectively.

The weak government and struggling clusters at an early stage also meant there was no effective policy environment for response actors to operate in. Thus, strengthening, informing and working with the government from the start of the response could have helped generate a policy environment the agencies could work effectively in, allowing for a more informed response. Instead what resulted was an ad hoc programming that had to

contend with failed country systems, land tenure issues and a lack of operating standards specific to the context.

Lack of comprehension of the country systems and the battle against land right issues also led to delays in the conceptualisation, and possible implementation, of longer-sighted operational work. Establishing rights to land was a huge barrier to recovery. Ownership was difficult to establish. Thus, the construction of permanent housing was very difficult. Limited record keeping and the destruction of administrative offices in the earthquake, together with the fact there were many landowners who had died, or had been displaced, after the earthquake, meant that establishing land rights became extremely complex. This, in turn, then held up crucial recovery activity, as even temporary shelters could only be built on land that had a fully understood legal status or was rented.

What was not supported were the host families that housed the large numbers of affected households. With the great burden of distant relatives and/or friends on already resource strained households, this provision was unsustainable. The large IDP camps that were set up in PaP offered the alternative support and it was found that many fled back to PaP. The numbers being received by IDP camps shot up exponentially a couple of weeks after the disaster.

It has been noted that there was a change in the level of dependency after the earthquake had occurred. There is a history and a culture of dependency before the disaster, 'but the response has increased it 10 fold' states an INGO representative. This led to a culture within the relief environment that saw affected communities become demanding, not wanting to help themselves unless payment was available, and aggressive behavior was noted if all demands were not met. An example being: 'You will rot in hell, because you have not provided us with an orphanage' - a statement expressed to an expat relief worker in a camp where their work had provided extensive WASH and shelter facilities, to which the scope of their work was clearly communicated to the community.

A particular problem with transition for many large IDP camps occupying state land was the recognition of ownership status. The state did not allow the building of any permanent structures or any other activities to be undertaken on the land. Thus, the communities, kept a temporary status and, consequently, temporary services, despite having resided there for

some considerable length of time. Consequently, a real problem in this set up is the potential for large camps to become ill-serviced slums when relief agencies have stop supplying temporary services, there being no alternative options to offer.

To illustrate this point, the cholera outbreak in October 2010 had a huge impact on the Haitian community, hitting hardest areas of the country where WASH coverage was as low as 3%, with a consequential mortality of 7000 people and over 300,000 being hospitalised (Humanitarian Response 2012). It became the second disaster to hit Haiti that year. This outbreak and the oncoming hurricane season led to numerous and immediate changes within agencies operations. Many were trying to execute exit strategies just before the outbreak occurred; the outbreak delayed this by at least 6 months, taking up considerable resources.

The end of 2011 saw many agencies closing down relief-orientated operations and/or handing over programmes in order to exit. A large number of INGOs left due to the lack of funds, abandoning many needed services; this caused some volatility from the Haitian community against the international community. The government in 2012, then begun actively disassembling IDP camps, under their 16/6 programme (refer to Case study 2, pg. 152), to start returning the city to some form of normality. However, this was not a simple process and tensions flared within these communities. The ministries, some agencies and financial institutions attempted to implement recovery initiatives and essential infrastructure, but there was a considerable lack of recovery expertise, capacity, resources and holistic strategy to ensure a rapid transition. This resulted in an unnecessary protracted crisis, where recovery was not adequately supported until 2 years after the disaster. This left the country vulnerable, with increased dependency and negatively affected local markets and services, leaving a weakened society that struggled to recover and rehabilitate itself. This, then, raises the question whether there is a more appropriate approach to take within emergency response that has the ability to stimulate recovery and leave more sustainable options for the disaster affected nation rather than chaos?

5.3 Emergency Response Programme Analysis- Shelter

The provision of shelter in the immediate aftermath of a disaster is a key priority for health and safety issues. The chosen approach to shelter provision and the continuing strategy plays a huge role in the level of household resilience experienced in the post-disaster environment, as it impacts on the level of vulnerability felt and also effects the level of

services provided, the potential availability of livelihood options and the maintenance of social networks, which all aid in the process of recovery (refer to section 4.2).

5.3.1 Challenges in the Immediate Aftermath

As presented in the literature reviewed for this case study context (refer to section 2.5), the post-disaster urban environment of PaP presented a host of challenges as, prior to the earthquake many problems existed, such as the lack of full civilian registration, low coverage of public services, a lack of quality infrastructure and housing stock, lack of urban planning, homeless and slum dwellers, land tenure issues, weak institutional capacities, and high population density (especially in small plots with high building occupancy). The majority of the population of PaP were tenants, with many tenants just having paid the annual rent; this saw a vast amount of the affected population with no savings.

Archival data (IFRC 2011b; Groupe URD 2010; Ferris and Ferro-Ribiero 2012) and responses from stakeholders present in the immediate aftermath noted that after the earthquake, in PaP's cramped urban environment, response agencies faced massive displacements with weak displacement tracking and a lack of accurate information in the first few months. This resulted in shelter needs not being well understood and the default support and development of thousands of IDP camps all over the city. There was a huge amount of debris in the streets, which hampered accessibility to neighbourhoods and, together with unclear land tenure status, this limited the delivery of T-shelters in original plots. Internally displaced populations in urban centers became operationally difficult to distinguish between the disaster affected population and the less affected urban poor.

5.3.2 Immediate Response Strategy

The Shelter Cluster in Haiti has been active since the 2008 hurricane, enabling a level of prepositioned stocks to have been developed. The Shelter and Food Security clusters were called by the GoH on January 13th 2010 and requested to immediately initiate the distribution of prepositioned stocks. However, only small quantities of prepositioned stocks were available in relation to the overall need. The collaboration between the two clusters and the logistic support of MINUSTAH did allow for the shelter cluster to distribute items very early in the response. The establishment of the emergency shelter pipeline in combination with prepositioned stocks allowed for continual and effective distribution of materials from the 14th January 2010.

The Shelter cluster was led by IOM in the immediate aftermath, from February 3rd 2010. IFRC then took the lead. IOM continued to provide assistance to cluster partners by managing the NFI pipeline and coordinating Camp Coordination and Camp Management (CCCM). IFRC sent a Shelter Coordination Team to support the Haitian government in the inter-agency coordination of Shelter actors. IFRC then handed over the coordination of the Shelter/NFI Cluster to UN-HABITAT on November 10th 2010.

From the outset the cluster was split up into sub-working groups with a representative for each activity focus, e.g. rubble clearing, CCCM and the provision of T-shelter and permanent housing. This Cluster activity separation was noted as a problem due to the interlinking nature of the activities and the distinct lack of communication and cooperation between the working-groups. For example rubble clearing needed to be coordinated with T-shelter provision and permanent housing construction and CCCM needed to be coordinated with T-shelter and permanent shelter for transition dynamics. Several INGO respondents stated that this separation didn't allow a comprehensive strategy to be formed, which would have increased the effective delivery of response and recovery activities.

There was also the problem of who was responsible for undertaking needs and damage assessments early in the response, delaying access to this vital information at critical times.

Camps

The sporadic pop up of communal tented camps by survivors led to the proactive adoption of a classic humanitarian approach of implementing IDP camps, despite the fact that it was an urban population, displaced in or near their neighbourhoods, who had taken refuge in case there were further tremors. Archival data, in the form of agency and donor reports, highlighted the fact that the sector had problems adapting to the large number and different types of camps, which had spontaneously sprung up in every spare gap in the city (e.g. from a few isolated tents in the streets to camps of several thousand people) and, despite efforts to register people, geographically reference sites and attempts to distribute the different areas between humanitarian agencies, the camps were unevenly served. Some camps, particularly at 'high profile' locations, received an abundance of aid, while certain sites in isolated areas and host areas were left ill-served.

Many INGO representatives saw involvement in larger camps as cheaper and better logistically in the short-term and the emergency shelter response was effective in that it managed to provide shelter for 1.5 million within 4 months. It was noted by a certain number of agencies that, once the larger camps were being provided for by agencies, some of the new agencies on the scene wanted to approach camp management on a smaller scale. Thus, were steered into supporting the smaller sporadic camps, which had kept people close to their neighbourhoods. It was found by these agencies that this strategy also helped redevelop livelihoods, as people could access their former customer base.

The major problem came with the conceptualisation of how 1.5 million people would find alternative shelter arrangements in the long term, and how long the camps could be managed to meet camp residence needs until this time.

As previously mentioned, the earthquake aftermath found most people with little cash and assets (refer to section 4.2). What was seen was an incredible amount of financial support sent by Haitian diaspora to their friends and relatives, which allowed many affected people to obtain better emergency shelter conditions and to get or contribute to an interim transitional solution. Host family support was also strong and helped to obtain better shelter conditions for thousands of affected persons.

As also noted in section 4.2, in the immediate aftermath of the earthquake, a large percentage of the affected population in PaP fled the city to all four corners of the country to find support from friends and family. This reduced the burden on authorities and provided essential security to many traumatised families. However, as witnessed by many INGO representatives, many of these families returned within 2-3 weeks and flooded into the camps. Thus, many of the small camps set up at the start had, within a few weeks, doubled or tripled in size, e.g. La Piste camp had 30,000 IDPs at the start, 3-4 weeks later 50,000 IDPs and 5 weeks later 70,000 IDPs.

Strategic planning

A large amount of archival data (IFRC 2011b; DARA 2011; Crawford *et al.* 2010; IASC Haiti E-Shelter/CCCM Cluster 2012) that reported on the progress of the response noted the overwhelming shelter needs and post-disaster constraints that exceeded the capacities of the GoH and humanitarian actors to provide necessary shelter needs throughout the response.

The lack of damage and needs assessments, combined with the lack of land to relocate the displaced people to, forced humanitarian actors to make decisions on how to respond to the most pressing shelter needs on the back of minimal information. It was only in early February that the Shelter cluster put together and agreed, with the GoH, the first Shelter Sector Response Plan (SSRP), in which the main guidelines for emergency shelter were drafted, principal challenges were identified, technical advice was included and coordination and monitoring mainstreams stated. This allowed Shelter agencies to have a common platform to operate from.

The SSRP was a 5-year strategy in two phases: the first three months and a later extended period. The plan aimed to achieve full transitional shelter within 12 months in two phases. The first phase objective was to assure emergency shelter within 3 months, before the hurricane season began. This was achieved. The strategy assumed a gap of about 6-8 months between the emergency shelter milestone and one for transitional shelter. As highlighted later in this section, this was a complex process and not achieved in the planned timeframe.

Together with the emergency shelter provision, the SSRP considered three main blocks of activities for transitional shelter:

1. A registration process
2. Assessment of building safety and demolition of unsafe structures
3. The provision of a range of transitional shelter solutions for IDPs and Non-displaced tenants, including:
    a) For displaced populations: transitional shelters (a frame of timber, bamboo or steel sheeting and a roof of corrugated metal); cash/vouchers for additional construction materials; and coordinated rubble clearance.
    b) For non-displaced tenants: relocation assistance - rental assistance; extended credit; and the provision of a range of more permanent shelter solutions for non-displaced owners, including: self-help, phased materials distribution, and technical advice.

Archival data in the form of situational and reflective reports (Groupe URD 2011; IFRC 2011; Davis 2012; IASC Haiti E-Shelter/CCCM Cluster 2012; IOM 2013) being generated by stakeholders in the response, along with corroborating data collected through the

interview and questionnaire, noted that, despite the wide range of options presented through the SSRP, they were not equally used nor integrated into the main response with the relevance that each one could have had. The direct provision and construction of transitional shelters was by far the most frequently used option to give an interim solution, both in IDP camps and in the previous living sites. Host family support and other cash transfer related options were integrated by some agencies to a much lower extent. Shelter actors did not especially promote its use, which could be due to the lack of proper assessments that would recommend this option and/or to the high workload. Transitional/temporary relocation in planned sites was not strongly supported due to the lack of available land and the possibility that large temporary settlements away from communities and livelihood opportunities may create dependencies, social problems and security threats and also inhibit recovery, as was seen in Coraille (a poorly planned relocation site for temporary shelters). However, when necessary, and only as a last resort, agencies supported the GoH driven relocations providing T-shelters to relocate the population.

5.3.3 The Outcome of the Immediate Response Strategy on Adaptive Resilience and Resulting Level of Recovery

An INGO representative involved in camp management highlighted that the cost in total to keep disaster affected people in the IDP camps was US$1000 per person per year (this figure includes all services provided to the IDP), which resulted in this being a very costly long-term option due to the fact IDP camps were unable to close or even attempt to close for over 2 years after the earthquake. Though the IDP camp residents were given plastic sheeting with a recommended life-span of 6 months in the first few months in the camps, the vast majority of the 135,000 families that were still in IDP camps 2 years on were just about to enter a third rainy season still using the same plastic sheeting.

Due to the length of time IDPs were residing in camps throughout the city, landowners and communities became frustrated, resulting in many IDPs faced with forced eviction. In the first 2 years after the earthquake 53,366 people had been forcibly evicted from 130 IDP camps. A further 81,982 people living in 147 camps were also under threat of eviction at this time, representing 19% of the total IDP population in Haiti – almost one in five (IOM 2012b).

Figure 5.2 (refer to pg. 150), with data provided by IOM, show the evolution of the camp

population since the earthquake. When compared to the number of housing solutions provided by the international aid response it is striking to note that the vast majority of Haitian families in camps after the earthquake left the camp without any assistance. This could be attributed to the level of adaptive capacity. However, the fall in camp population can also be attributed to those who were forced to leave the camps through eviction and as the result of flooding, landslides and cholera.

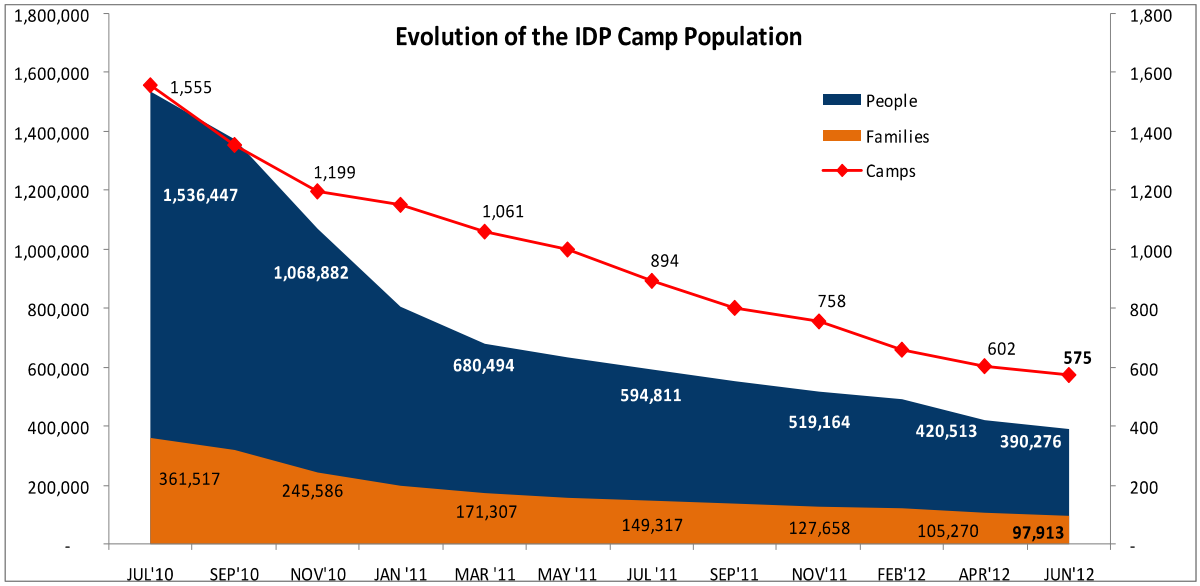


Figure 5.2 Shows the evolution of displaced population by number of camps, families and individuals over a 2-year period post-disaster. [Source: IOM Data Management Unit]

Sectoral reports (CAFOD 2011; IFRC 2011; Davis 2012) noted the shelter sector did not effectively assess and follow up on emergency shelter needs, with reinforcement and transition actions not being integrated into comprehensive strategy early on, and instead, continued to respond to the protracted emergency. Several INGO and government representatives stated that responding to the hurricane season and the cholera outbreak that occurred within the first 6 months consumed resources and increased the workload, keeping the focus on the emergency and delaying transition. Many INGO representatives interviewed felt that, despite the constraints posed in post-disaster Haiti, a thorough context and field assessment could have been achieved before committing to a specific response.

A Haitian land rights expert stated ‘camps were the wrong approach in Haiti. At the beginning, many communities set up camps near homes and the humanitarian sector needed

to have supported them to keep social networks strong and work on clearing the land to construct new homes'. The eventual response approach undertaken for shelter provision saw thousands of IDP camps unable to transition for over 2 years; populations were made vulnerable as a result of the protracted relief, hindering any chance for resilience building and therefore, effective recovery. The humanitarian sector chose to pursue the creation of IDP camps with little alternative options proposed, the sector should be responsible for the results and ensure households and individuals are not affected in their potential recovery because of the decisions made by the international response.

5.3.4 Transitional and Recovery Strategies

Programmatic information given by donor and agency representatives, and reports (Groupe URD 2010; IFRC 2011; IASC Haiti E-Shelter/CCCM Cluster 2012; IOM 2013) on response progress highlighted the housing strategy aimed for to find solutions to help families leave camps focused on:

- T-shelters
- Housing repair
- Permanent housing
- Rental support
- Integrated neighbourhood approach

With each strategy being implemented to varying degrees at different stages of the response bringing with them their individual complexities and problems. These four approaches are described below, with their resulting outcomes presented in the following section.

Transitional Shelters

T-shelters were the main housing solution of choice with many agencies focusing solely on the provision of this type of shelter. The T-shelters commonly introduced were mainly wooden framed structures with plywood walls and a tin roof designed to offer medium-term shelter for between 3-5 years (refer to Figure 5.3, pg. 152).

Figure 5.3 Example of a planned T-shelter relocation site on the outskirts of PaP. [Source: IOM 2012]

Case Study 1. Haven/ Habitat for Humanity

The joint Habitat for Humanity and HAVEN two-week house building initiative was undertaken in Leogane in November 2011. The project flew in hundreds of volunteers to construct T-shelters to form a new community called Santo, by February 2012, 155 families moved from tents and makeshift shelters into concrete and wood houses that were built through this programme. This approach hindered the development of adaptive resilience by setting up a situation where IDPs would need to relocate, breaking fundamental social connections, the housed were only temporary and therefore offered a less significant asset for individuals/HHs.

[Source: Habitat for Humanity 2012]

House Repair

This approach looked to repair or retrofit damaged houses. After the earthquake, the Haitian Government, along with international agencies, assessed the structural integrity of almost every building in Haiti. After the assessment, the engineers used a colour-coding system, tagging each house with a stamp painted either Green (safe); Yellow (in need of repair); or Red (beyond repair) (refer to Figure 5.4, pg. 153). The Government agency responsible was the Ministry for Public Works, Transport and Communication (MTPTC); therefore, the tags are colloquially referred to as 'MTPTC status'.

Figure 5.4 Demonstrates the 3 level coding system applied to the status of damage a house has undergone, presenting a sprayed tag 'MTPTC' in the respected code colour. [Source: IOM 2012]

Permanent Housing Reconstruction

Programs were created to replace houses so badly damaged that they were in need of demolition. The vast majority of permanent housing built was in peri-urban and rural areas outside of PaP. This was caused primarily by the complexities of building in dense, disorganised urban environments where land tenure was unclear.

Rental Support Cash Grants

The rental support scheme aimed to help families exit from camps through the provision of cash grants that support the rental of a safe property of their choice, in the neighborhood of their choice (refer to Case study 2, pg. 155). This approach encompassed 3 forms of support:

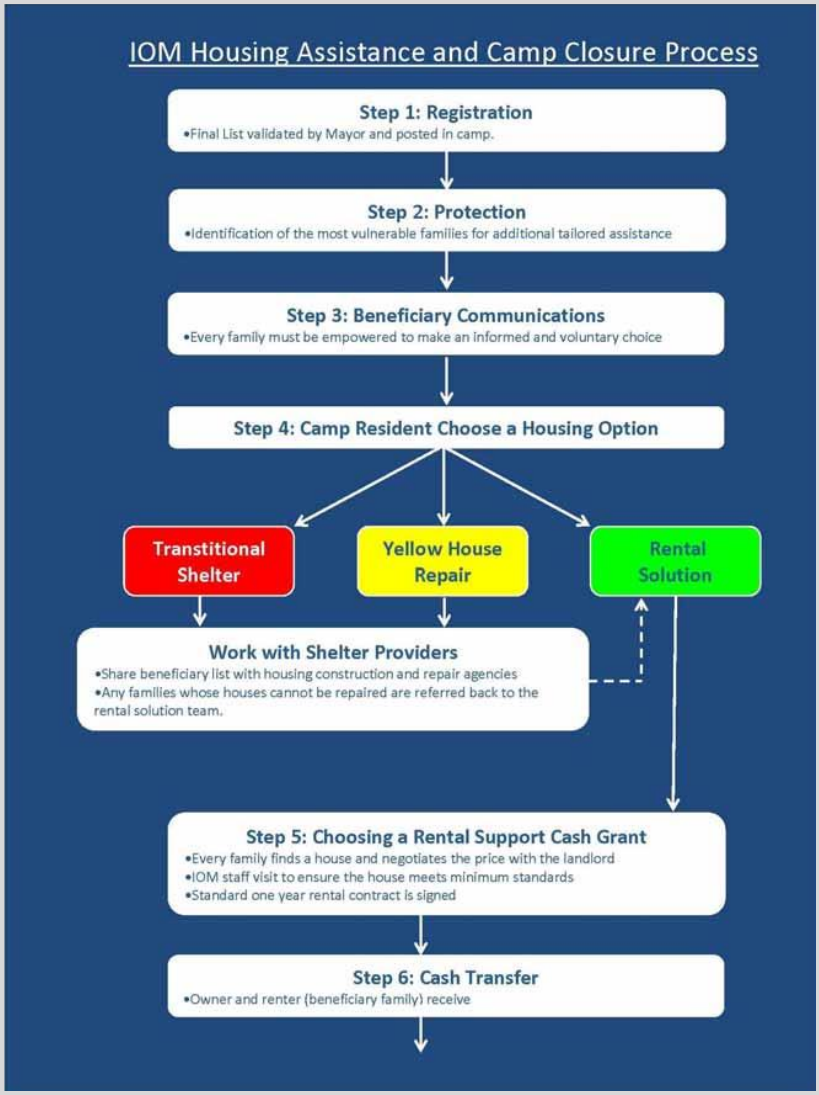
- Families who entered into a formal rental agreement with a house owner. This category represents the majority of cases under this scheme.
- Families who moved in with a host family (family or friend). The financial assistance has been broadly termed rent, though in the case of a beneficiary moving back into a

parent's home, the family may have come to an informal arrangement about how the funds were divided.

- Families who moved out of PaP to the provinces. These families were assisted in leaving the city in keeping with the effort of decentralisation. Once having arrived at their chosen destination outside PaP, these families either used the received funds to rent or moved in with a host family.

Case Study 2. 16/6 programme- neighbourhood resettlement

The 16/6 neighbourhood return policy sought to rehabilitate existing settlements rather than attempt unrealistic relocation projects that have occurred with dire negative consequences in many disaster recovery situations. The programme focused on rehabilitating 16 neighbourhoods and exiting from 6 camps. The programme gave camp residents several housing options, including T-shelters, yellow house repair and rental support. The figure below shows the process associated with the housing assistance made available under this programme.



Camp Champs de Mars before and after an IOM housing assistance intervention. [Source: IASC Haiti E-Shelter/CCCM Cluster 2012]

Neighbourhood approaches

Thinking changed from a camp focus in Aug/Sept 2010, 7-8 months after the earthquake, with several agencies coming to recognise and acknowledge that large sections, if not the whole, of the camp of IDPs originated from specific neighbourhoods close to the location of the camp. Figure 4.12 (refer to pg. 136) demonstrates the actual level of communal displacement of IDPs, showing that an overwhelming majority of IDPs were living in their original neighbourhoods. Case study 3 (refer to pg. 156) demonstrated a neighbourhood rehabilitation programme undertaken by J/P HRO.

Case Study 3. J/P HRO's neighbourhood rehabilitation programme - Delmas 32

J/P HRO found that a majority of the camp residents of the Petionville Club Camp originated from Delmas 32 and many residents were moving back to this same neighborhood. J/P HRO included school retrofits, the opening of two health clinics and a community center, as well as income generating projects including recycling and water kiosks in conjunction with the first phase of their relocations project. The strategy was to harmonize services, moving services that had been offered to families in the camp to neighbourhoods of return. This was designed as an added incentive for return and to ease and support the transition process.

The second phase of their relocations plan included a comparable expenditure on infrastructure improvements. In addition community agents in communities of return function as points of contact assisting in the reintegration phase, addressing psychosocial issues, and organising focus groups of returned families to help them recreate a social support network among other families.

[Source: IASC Haiti E-Shelter/CCCM Cluster 2012]

As a result, several large INGOs began to capitalise on designing and implementing 'integrated neighbourhood programmes'. The British Red Cross, who had carried out an early recovery assessment report, beginning the assessment at the end of week 3 after the

earthquake, now found that this allowed them to focus on developing a comprehensive integrated neighbourhood scheme in Delmas 19. The approach enabled the provision of integrated shelter rehabilitation and reconstruction, the installation or improvement in WASH facilities, and improved livelihood provision. BRC worked with both the camp community and the neighbourhood community in order to rehabilitate the neighbourhood. Household mapping was used, i.e. where original residents were asked the location of their homes, which was then cross-referenced with other community residents. This mapping exercise allowed BRC to develop a full GPS map of the neighbourhood to plan housing reconstruction.

5.3.5 The Outcome of the Recovery Strategy on Adaptive Resilience

T-shelters

A hundred thousand T-shelters were eventually constructed in and around PaP, which provided much better accommodation than tent structures within the IDP camps (Davis 2012). However, this approach has not been as effective as at first presumed. Firstly, to construct this number of T-shelters absorbed approximately US$500 million, reflecting an average cost of US$138.8 per m^2, permanent dwellings cost an average of US$166 (Davies 2012), making an investment in permanent shelters only marginally more than an investment in temporary shelters.

T-shelters also frequently inhibited the construction of permanent dwellings due to occupying scarce areas of land in the densely populated urban area. Additionally, the lightweight timber technology used in their construction prevents the T-shelters being easily recycled into permanent dwellings. With many agencies leaving the post-disaster environment without demolishing these T-shelters, these shelters will inherently become substandard dwelling for years to come.

Furthermore, construction of these T-shelters was slow in the first year with only 35% of planned shelters (39,219 out of 110,440) being constructed (Shelter Cluster 2011).

Lastly, they failed to generate much needed local employment. This was a result of projects such as HAVENs ‘build a week’ where 300 volunteers from Europe were flown in to build 50 houses in a week (refer to Case study 1, pg. 152).

While it is a great achievement that over 100,000 families received a housing solution through T−shelters, what was found was that only 23% of T−shelters built were provided to families living in camps. Since owning or having access to land was a prerequisite for a family to be a beneficiary of a T−shelter program, it was much easier for agencies to quickly and efficiently identify potential beneficiaries by looking in areas where there was land available, which was often outside of the densely populated urban center where there was the most need.

Agencies focused on, and directly invested in, T-shelters, pushing aside other options, such as integrated housing approaches and rental support, which significantly narrowed the housing strategy to the delivery of T-shelters, providing less support to more effective transitional options. The T-shelter strategy eventually lost its value and relevance, opening up the opportunity to direct efforts into more effective options such as housing repair, rental support and integrated neighbourhood approaches. However, as a result and as witnessed by agency, donors and the affected population these options were significantly delayed in their implementation in response to the contextual need.

House repair

There was a delay in the undertaking of house repair due to the slow completion of house repair assessments carried out by the MTPCE, the production of guidelines on small building repair, as well as the limited amount of international capacity engaged in this activity. The assessment and guidelines were not finished until October 2010 and then it took a further 5 months for the approach to be implemented.

The repair strategy has been a key approach in preventing the wasteful demolition of houses that are repairable, however, the approach was late in starting (refer to Figure 5.5, pg. 159) and was noted by agency representatives to be in a large extent supply-driven with decisions made on previous knowledge, ease of implementation, liability concerns and visibility, there was not enough focus on demand

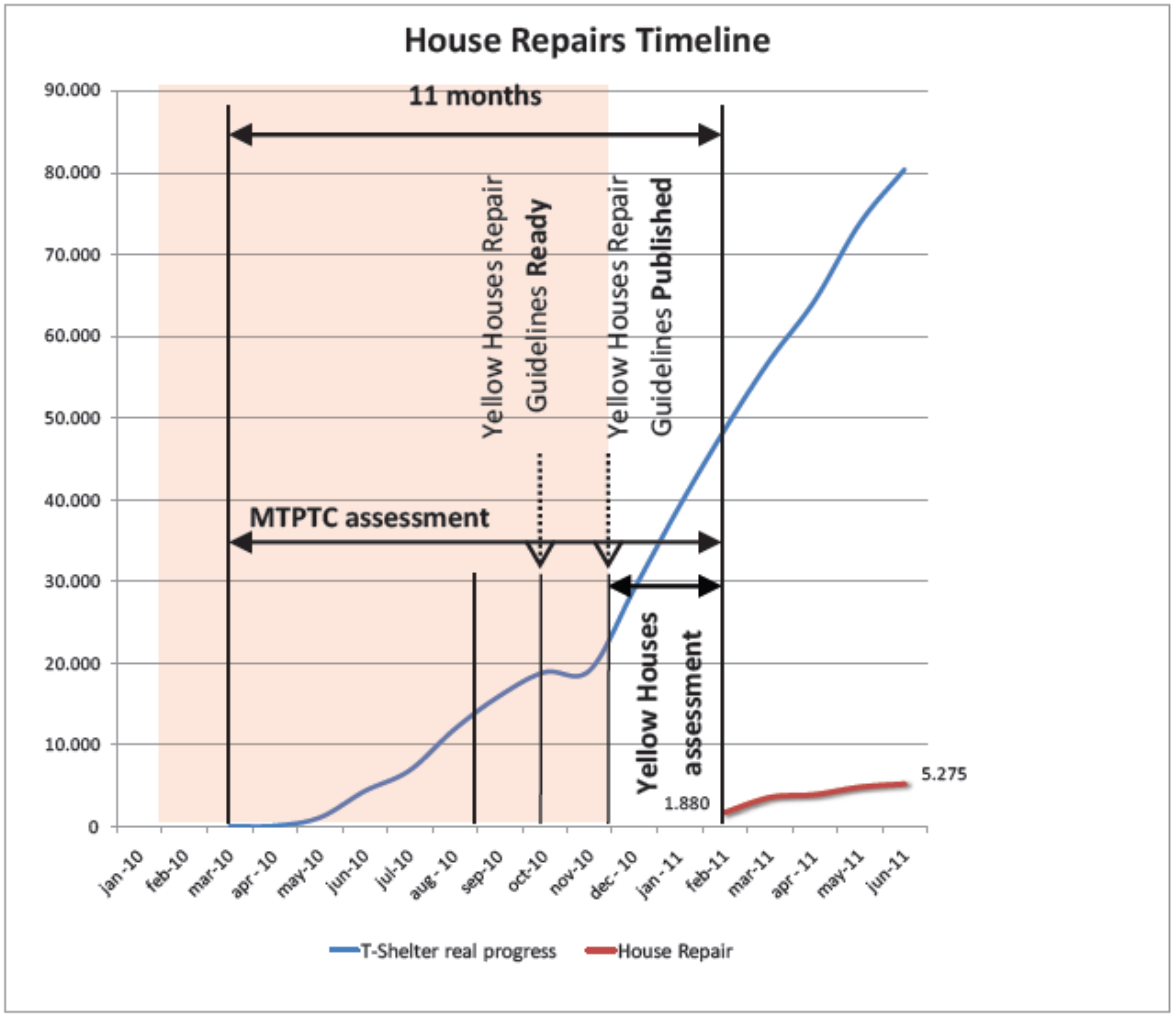


Figure 5.5 A timeline detailing the progression of the housing repair approach.
[Source: IFRC 2011b]

Permanent housing

All stakeholder representatives involved in shelter noted that the provision of permanent housing proved hugely challenging. Issues were frequently noted by representatives that caused slow progress, including problems with land tenure, lack of available land, training masons on the newly developed building standards and a policy and leadership vacuum in respect to government. These issues saw only a very few permanent houses built by the end of 2012.

Agency representatives noted that there was substantial community level involvement witnessed in housing reconstruction activities through processes such as mapping exercises and community enumeration processes, which helped pave the way for vital neighbourhood

upgrading programmes. However, with this strategy, there was often the problem of raised community expectations, as activities would highlight priority areas, but available funding and capacity would not necessarily be able to match the needs. However, what it did achieve was the identification of areas where the community members themselves could undertake work at little to no cost, supporting the community to help themselves to recover.

Rental support

The major push for rental support came late as a result of other options failing to deliver transitional opportunities that would enable camp closure. With thousands of camps still filling every gap in the city the government's 16/6 programme (refer to Case study 2, pg. 155) was a symbolic move to clear key public spaces to restore some public confidence and hope. Several agencies including IFRC and IOM undertook large rental support programmes as a strategy to close camps. Rental support provided families with help locating a property and cash to support them for 1 year. However, there were concerns over the availability of housing stock for the large numbers of potential new renters, as well as the programs inflationary effect on rental prices.

The risk of affecting rental prices was acknowledged in the rental support program design phase, developing an approach that allowed families to 'keep the change' if they found a property for less than US$500. This 'keep the change' approach was critical as it incentivised each family to negotiate for their own benefit, seeing families paying the market rate, controlling inflation of rental prices as a side effect of the approach. Figure 5.6 (refer to pg. 161) shows how the average rent was not affected by the increase in families renting as a result of the rental support programme.

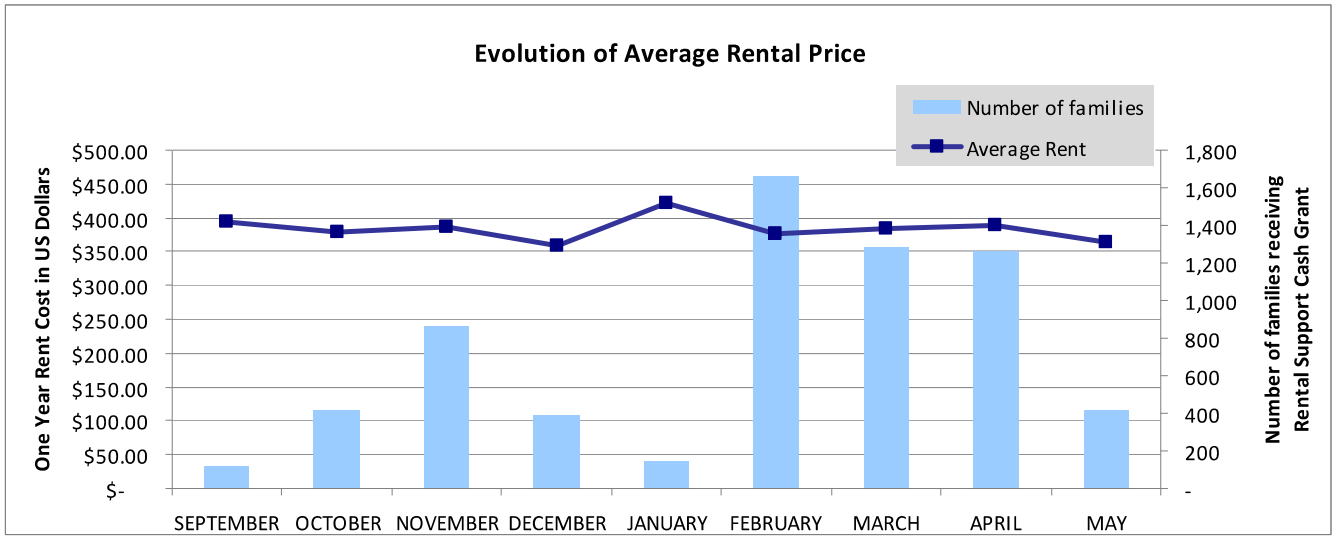


Figure 5.6 Shows the average rental price paid by families receiving rental support between September 2011 and May 2012. [Source: IOM 2012]

A survey undertaken by IOM and J/P HRO in April 2012 looked at rental potential in 2 districts of PaP- Delmas 32 and Delmas 40. Using figures generated from this study allowed an estimate of potential available rental housing stock to be around 19,000 for the whole metropolitan area of PaP; this indicated a good level of housing was still available to support potential new renters.

A survey conducted by IFRC to see the sustainability of the approach found that 100% of families who responded to the survey had found a housing solution after the 1 year of rental support was finished: 63% of families were able to negotiate with their own means to stay in the same rental property and 27% of families were able to find an alternative solution (either by paying rent in another property, or by moving in with family or friends). Though 10% of families could not be contacted by telephone, there were no recorded incidences of families returning to a camp.

Neighbourhood approaches

This strategy requires that an urban planning approach is adopted from the post-emergency period, which raised some questions about the capacity of humanitarian actors and whether or not it is compatible with their mandate, seeing only a few agencies looking at this approach at an early stage of the response, i.e. Mercy corps, BRC, CRF and UNOPS. Neighbourhood approaches were only slowly adopted by the many other actors operating in

PaP including agencies and donors.

The neighbourhood approach was a complex undertaking in this urban environment due to the density of housing, the absence of available land and the operational complexity generated through the involvement of many different actors. Many humanitarian actors stated they had encountered issues with coordination, with decision-makers, but also within the agency itself, due to the multi-sectoral nature of the integrated programme approach. These noted issues saw programmes experiencing extended discussion times with stakeholders in order to come to a consensus about the operational objective. There were issues of unfinished or delayed projects, which resulted in the community taking matters in to their own hands. An example of this was seen with IOM's canal construction in Delmas 19, where canal restoration had begun, but was stopped, the floodwater would then flood the neighbourhood where the canal was unfinished. Thus, the community started to finish the construction, building the canal walls following the original height. Without technical guidance the community carried on the canal construction and ended up building incredible high and unsafe walls. BRC also experienced within their neighbourhood reconstruction that the delay in action by themselves after a decision to demolish housing saw the community undertake the planned demolition without instruction and the inherent issues this entails.

Many agencies involved in implementing neighbourhood approaches stated that in the main part, programmes started much too late and that it should have been an approach that was taken on early in the post-disaster context to ensure IDPs do not become dependant on camps and that transitional options are available. It was also highlighted by these representatives that if these programmes were in place earlier in this disaster, vulnerable individuals/HHs could have gained access to adequate shelter, increasing their access to assets, strengthening social connections and would have guided more sustainable service infrastructure, all building adaptive resilience, stimulating recovery much earlier in the response.

5.3.6 Key Problems and What Needs to Change to Support Adaptive Resilience and Recovery

Questionnaire data demonstrated that many agencies in the Haitian context that undertook emergency operations did not conceptualise exit, transition or recovery strategies till a much later stage in the response, often using external cues, such as the lack of funding, time

constraints, time lapse and sectoral pressure that trigger the mindset of the agency from emergency provision to transition, exit and recovery thinking. The data saw that recovery was conceptualised by some agencies within the first 6 months after the disaster (52% of respondents), with a large proportion only contemplating from 7 months to 2 years after the disaster (37% of respondents). The data also pointed out that there was a significant delay between conceptualisation and implementation with 5% of respondents implementing in the first month, 26% of respondents within months 2-6, a further 26% in months 7-12 and the majority at 42% implementing from 1-2 years after the disaster.

The data also highlighted the main triggers that were used by agencies to begin implementation of recovery programmes (refer to Figure 5.7, pg. 164). These main triggers were assessment results (22%), community dynamics (21%), timeframe (15%), consensus with the sector (15%), money (13%) and donor requisites (10%).

One INGO respondent stated ‘people seemed to use a percentage reduction in camp inhabitancy and look at it on the scale of time ‘we should be in a state of recovery by now…’ referring to triggers used to begin recovery programming. This coincided with the main answers given about triggers, with assessments undertaken, often accounting for camp dynamics (as noted in the following sub-section 5.5.1 recovery assessments were rarely undertaken, refer to Figure 5.7, pg. 164). ‘Community dynamics’ to many actors refers to camp dynamics as few were working within neighbourhoods, and ‘time-frame’ and ‘consensus with the sector’ falls in line with the recognition that ‘we should be in a state of recovery by now’, which would be promoted by the sector offering a clear indication of a lack of strategy.

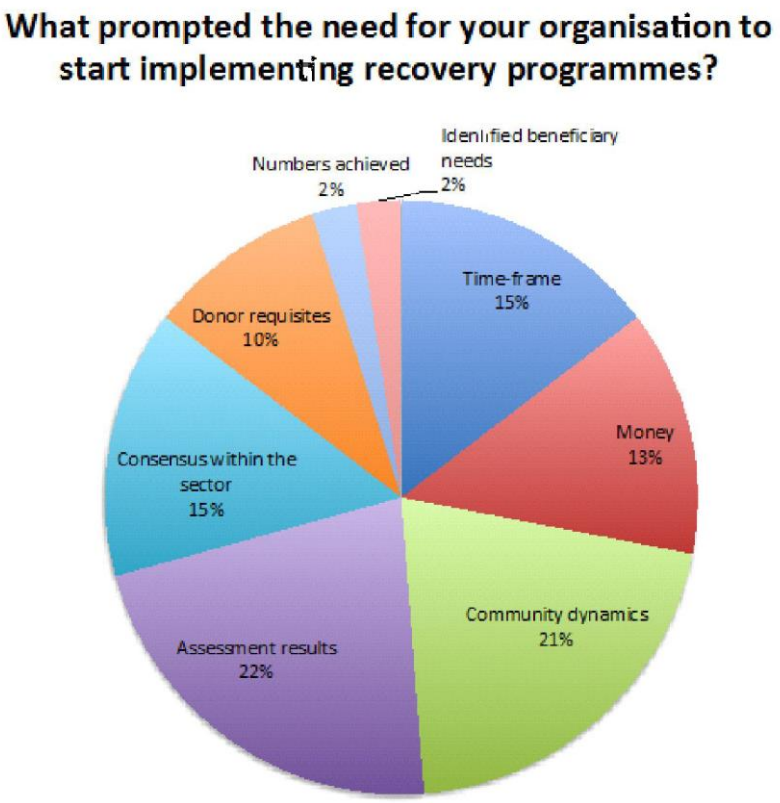


Figure 5.7 This chart presents the main reasons that prompted organisations to start implementing recovery programmes. [Source: Online questionnaire]

Money and donor requisites make up 15% of responses showing that available funds drive programme implementation. A point noted and further elaborated on in the following sub-section 6.2.1.1, which in brief demonstrated that very little recovery and reconstruction funds were made available, forced agencies to invest solely in emergency provision and later T-shelter. This limited the flexibility needed to meet beneficiary needs in a timely manner, forcing the situation to stay in a protracted emergency state. It is truly surprising to see recovery programming decisions not being based on beneficiary needs, seen here as low as 2% of the responses.

Respondents also specified whether recovery initiatives were timely. Responses brought up a variety of issues experienced in the post-disaster environment. For example, many agencies believe that operations were beginning to transition and a focus on recovery was starting just before the cholera outbreak hit and the hurricane season descended, which meant resources were diverted to the preparation and handling of these 2 major events.

A representative from Concern Worldwide stated, ‘I don't think anyone anticipated it would take so long to clear the camps. The Cholera epidemic in 2010 shifted the focus from recovery back to emergency. Concern WASH started to plan and implement recovery programmes from the beginning of 2011’.

A representative from GOAL Ireland indicated that, ‘the pressure to prepare for the hurricane season [in 2010] presented an unnecessary distraction from moving into real recovery. Even after the hurricane season passed, the donor community and related organisations should have taken stock and made some strategic decisions that would have supported recovery. For some, this would have resulted in tearing up some grant agreements, but it would have been the best approach’. Thus, indicating that the response approach was, in essence, reacting to its environment, with little forward planning and strategic capacity to tap into to ensure the best and most effective outcome.

From the data it is clear that a continuous review and updating of strategy, plans and goals should have been undertaken to make them flexible and adaptable. The shelter strategy should have been revised when it was obvious the objectives would not be met, which could have resulted in a more comprehensive long-term transitional and permanent housing approach. As agencies programmes were not flexible, often as a result of funding commitments, lack of strategy and/or poor programme design and capacity, interventions could not be easily adapted in the field to meet the ever changing needs in this volatile post-disaster context.

A lot of blame for the delay in and lack of recovery was put on external factors, such as the cholera epidemic, hurricane season, land issues, ineffective government and mindset around who was responsible for recovery. This attitude was witnessed in several INGO and donor responses:

‘Given the constraints imposed by donors, government and the local context, many INGOs, though not all, did the best they could’- INGO representative.

‘Recovery initiatives were, and still are, hampered by legal and political aspects and the absence of government’- Private sector representative.

‘The lack of recovery process has to do with land issues, corruption and lack of expertise’- INGO representative.

‘Shelter agencies didn’t have the capacity or responsibility in this urban context to control the final outcome’- INGO representative.

These were undeniable issues and it was highlighted through reports and evaluations (UN-DESA 2010; Oxfam 2011; UN 2011b; IFRC 2011b; Davis 2012) that they did indeed present as extraneous factors affecting programming. However, these external factors are what were used by the humanitarian sector to satisfying the sector’s reasoning for insufficient results, rather than looking internally on an organisational and sectoral level. This culture sees that performance is not reviewed, systems are not enhanced and therefore programmatic output will never perform at its most effective level.

It has been made clear that there was a ‘lack of vision at the micro-level’ as stated by an INGO respondent. With little contextual data gathered on transitional and recovery options (evident in assessments not undertaken- refer to Figure 5.13, pg. 187), strategic decisions at the sectoral level were being made on an uninformed basis, not ensuring a comprehensive and effective strategy. In essence the approach was one that ‘clutched at straws’, which with time became less relevant as more contextual data became available.

An INGO respondent stated, ‘recovery activities should have been planned from the outset’. The Haiti response shows a need to develop longer-term comprehensive approaches that allow flexibility and encourage demand driven responses from the start.

It should be recognised that, to achieve successful results in reconstruction, strategic decisions must involve the affected population. Empowering communities to carry out reconstruction allows them to realise their aspirations, contribute their knowledge and skills (which assist in their psycho-social recovery), helps establish community cohesion and increases the likelihood of satisfaction with the results (GFDRR 2010). Involvement and awareness raising needs to be encouraged in order to build ownership, as there is ‘no growth without ownership’ states an INGO respondent.

In Haiti many shelter options were unexplored in the early onset of the disaster, options that would have decentralised the approach, taking a focus away from camps and installed options that built on existing adaptive resilience allowing for faster moving recovery options. In such complex post-disaster situations there is a need to find simple ways to understand the context and the options available, such as introducing a rapid context assessment that could glean basic contextual information (refer to Chapter 10) that could have opened up potential shelter options, which then could have informed early strategy development. This would have optimised response intervention from day one- guiding and driving a different response culture, leading to more effective programming that would actively stimulate resilience and recovery.

This section has broken down in-depth the strategy and programmes implemented within the Shelter sector throughout the 2 year period after the earthquake. The analysis of the data highlighted the achievements and deficiencies of the programmes carried out, demonstrating that transition and recovery were hindered through weak strategy, lack of planning, poor leadership, ineffective coordination and insecure capacity. There is a clear need to re-examine programme approach and implementation to allow a more coherent and effective effort by the international community, one that will foster and stimulate greater results in both the short-term and in the long-term.

5.4 Emergency Response Programme Analysis- WASH

Following on from the in-depth assessment of the shelter response initiated in Haiti, this next section seeks to break down another crucial sector for recovery- WASH. The section will look at the problems experienced in the immediate response, as well as WASH coordination and strategy, assessing the interventions undertaken for relief and recovery activities, understanding their impact on adaptive resilience and eventual recovery of this basis service.

WASH is a fundamental sector to critique, as it is vital to have sufficient clean water and sanitation in the immediate aftermath of an event in order to treat the affected population, provide for human consumption and maintain basic hygiene. These basic facilities also support the work of search and rescue, as well as facilitating productive and commercial activities, stimulating recovery.

Providing essential water and sanitation services after a disaster reduces an affected population's vulnerability and improves resilience, protecting public health and providing an economic good. In the case of a natural disaster, the interruption or damage to services for an extended period limits the recovery of normal development activities for the population. Re-establishing the operation of water and sanitation services goes a long way toward restoring activities in a community impacted by a natural disaster.

The longer it takes to restore services, the more activities are affected and the resulting social problems will intensify, affecting the process of economic, commercial, and social recovery of the affected population, leaving longer-term impacts.

5.4.1 Challenges in the Immediate Aftermath

This complex urban disaster presented a mass of new challenges for humanitarian organisations that have been more used to rural settings (DEC 2011). Issues included building demolition, debris management, road clearance, settlement planning, land tenure and issues of property rights for owners and tenants, which resulted in a particularly complex operating environment for humanitarian organisations working in sectors, such as WASH, Shelter, Camp Coordination, Camp Management and Early Recovery (IFRC 2010).

Massive population displacement within PaP resulted in overcrowding in camps and resettlement areas, which raised the risk of transmission of certain communicable diseases. Drinking water and sewer systems that were functional before the earthquake were no longer usable. With 1.5 million displaced people needing emergency WASH services, it presented a huge challenge.

Within the WASH cluster, DINEPA, Haiti's dedicated water and sanitation ministry, took the leadership role. By the second month 70% of camps were supplied by tanker, at a cost of US$500,000 per month (Cocking and Bastable 2010) (refer to Figures 5.8 and 5.9, pg. 170). Within 6 months DINEPA were trucking a third of all subsidised water to camps (IFRC 2010). The minimum water of 5ltr of safe water per person per day was being supplied to 1.2 million and latrines were being shared by 200 people (over the 50 person per latrine SPHERE standard). However, this decreased to 100 people per latrine by October 2010 (Groupe URD 2011).

The January 2011 WASH cluster meeting reported that the average amount of water used for drinking and domestic purposes was 83ltr per day per family or 17ltr per person per day (Oxfam 2011). It also interestingly noted that over 50% of people believed that water from trucks was not safe and home water treatments were very common (Oxfam 2011). Cocking and Bastable (2010) noted that this was most likely due to the pre-earthquake campaign about safe water making the people hesitant to drink trucked water. This resulted in many people continuing to buy water in bags, using the treated, trucked water for washing and cooking (Cocking and Bastable 2010).

An evaluation of USAIDs Haiti Transition Initiative noted the complexity of this urban setting 'vis-à-vis' community attitude towards participation and communal ownership: the urban population tends to 'look more toward government to solve problems rather than work them out themselves' (Jutkowitz *et al.* 2006). Some humanitarian actors found a lack of community participation, except when there was employment or a salary on offer. This cultural attitude may stem from the fact Haitian society has a long enforced history of being passive recipients of aid, rather than equal partners in the process (Oxfam 2009).

Some national feelings towards the 'NGO republic' go beyond being passive recipients, as can be seen in the graffiti around Port-au-Prince proclaiming '*Aba ONG vole!'* ('Down with thieving NGOs') reflecting Haitians' impatience and frustration with the response (ALNAP 2010).

The lack of communication capacity amongst organisations and accountability to beneficiaries, along with the lack of progress towards recovery, are some of the failings seen in this massive emergency response (King *et al.* 2011).

The WASH sector has had to contend with a major outbreak of cholera that struck 6 months into the relief operation and came prior to a disruptive hurricane season. There were thousands of NGOs on the ground, all operating at full capacity to contain the WASH situation, but it was argued that approaches taken could never solve the key problems (IFRC 2010). One year on from the earthquake, a large proportion of sanitation services and two thirds of water trucking was being provided by international partners, which created a situation that was unsustainable (IFRC 2010).

Several INGO representatives involved in the WASH sector noted that DINEPA wanted agencies to exit from trucking water after 6 months of the emergency, but agencies struggled to find alternatives, lacking the ability to exit from or transfer services. As a result water trucking continued for over 2 years with many desperately trying to hand over to DINEPA, who had a very limited capacity, or just dropping services all together due to the lack of funds, which left communities un-served.

Figure 5.8 'Freche Lokal' is one of the several water trucking companies that operated in PaP within the response. [Source: Oxfam 2012]

Figure 5.9 Water storage through water bladders used to supply the vast quantities of treated water to the thousands of IDP camps in PaP. [Source: DINEPA 2012]

Archival data in the form of evaluation reports (DINEPA 2010; DEC 2011a; Oxfam 2012), highlighted that a huge opportunity to develop resilience was missed as, pre-earthquake, there had been a massive network of water vendors operating all over the city, many of whom still had substantial capacity to deliver and many who could have restarted their business with a little extra support. Oxfam was one of few agencies who did recognise this capacity and, in partnership with DINEPA, invested in the rehabilitation of water vendors, as well as existing public tap stands (refer to Case study 4, pg. 176). Other effective exit strategies were delivered in the form of neighbourhood approaches, e.g. early in 2011 IFRC began a strategy to take water supply services out of camps and place them close to neighborhoods, which were then managed by identified community members as a business (refer to Case study 5, pg. 177). Utilising existing capacity and introducing neighborhood approaches could have been achieved at scale far earlier in the response, as the supply options clearly existed.

Oxfam have also supported the Haitian government to help achieve a sustainable recovery process within the WASH sector. Oxfam, in partnership with DINEPA, actively recruited expert WASH engineers to improve professional skills of the staff; helped to write Haiti's first water quality guidelines and sewerage standards; aided the strengthening of overall WASH infrastructure; rehabilitated a number of water points and re-established the operation of water kiosks. DINEPA assumed responsibility for trucking water, with the long-term aim to provide water through the network, which was being progressively repaired. Even with these efforts, there was a dire need for innovative solutions to meet the long-term WASH needs of the affected Haitian communities throughout the response; solutions that could have allowed a rapid and sustainable recovery to occur.

5.4.2 WASH Coordination and Strategy

Reviewing cluster meeting transcripts (refer to footnote 1 on pg. 125) allowed the dynamics of coordination and strategy to be made clear. This data is triangulated with data from the interviews and the online questionnaire. The UNICEF WASH team that already existed in Haiti took over coordination from UNDP and based themselves at MINUSTAH base near the airport. Cluster meetings were held from the 14th of January at DINEPA offices. With many agencies already operating in Haiti before the earthquake there were many agencies at hand after the earthquake struck. Agencies operating early in the response included The Red Cross movement, Solidarités, Oxfam GB, ACF, CARE, Concern, NCA, WHO, CRS, PSI and Mercy Corps. The early cooperation of DINEPA and other existing WASH capacity helped develop a strong coordination base from an early stage of the response; a unique situation amongst the clusters operating in the response.

In the first few weeks there was an attempt to gather information on Who, What, Where, When, but quickly found communication and capacity difficult on the ground. This saw the flash appeal being developed at the global level, which dictated the next 3 months of funding. CERF allocated US$10 million supporting priority areas in all sectors, which supported the priority areas highlighted in the flash appeal. Understanding the real needs and corresponding response programming in the first few weeks was difficult, particularly as there was limited information made available. A needs assessment was carried out by the Red Cross movement in the first week, however, a WASH Cluster needs assessment was not started until the 20th January, leaving it several weeks without adequate information to inform planning. A WASH strategy was not developed until the end of February 2010.

It was increasingly noted by the WASH cluster, evident in their meeting notes on the 16th January, that many people were leaving PaP and that there would be a need to undertake assessments in other areas outside the city. A focus was directed to supplying hospitals and camps where people who stayed in the city were attempting to find shelter. The private sector was noted as being very involved and ready to provide trucks and bottled water. The WASH relief approach that was initially employed was the provision of bladders supplied by trucks to camps and hospitals. The mindset of the relief approach model is clear here, a focused, one directional and one dimensional strategy, which is understandable in a complex and ill understood operational environment to enable any relief at all. One INGO respondent notes, 'the WASH approach was about the short-term, easy and cheap options, and how to reach the most people'. But this 'initial' strategy encountered challenges at the start. Firstly, through the massive vehicle and fuel requirements needed to run what were originally 80 trucks, but which quickly escalated to 178 trucks within the first week, which was needed to supply 180,000 beneficiaries. Fuel shortages, in particular, saw many trucks halted and unable to continue to supply water. With the final number of IDPs in PaP alone reaching over a million, investmenting in this as the sole strategy to supply water to the majority of the displaced became an incredibly expensive and unsustainable undertaking. This 'initial' strategy became the WASH landscape for the next 2 years.

What could have been understood, even at day 4 of the response, was that people were flooding out of the city where there was a need and opportunity to support the large number of host families that will be supporting these IDPs, offering an opportunity to unburden the devastated capital. In all sectors, this was not enacted within the strategy and, as a result, what was found over the following months was that IDPs began flooding back into PaP and into the camps, driving up numbers exponentially. The large, and already operational, private sector was utilised for trucking and bottle distribution only, and as noted, there was a significant network of private water vendors operating before the earthquake, which could have been capitilised on from day one to offer a further alternative supportive strategy to that of water trucking. This was one of a few strategies that could have allowed the build up of a transitional capacity, which would have enabled a rapid exit from trucking, reducing the huge financial burden, building sustainability and enabling recovery.

In the emergency WASH strategy developed by DINEPA on the 19th February, it was mentioned that the Haitian private sector that produced and sold treated water was the first

actor to mobilise and make available its services and capacity for the benefit of the victims of the disaster. All drinking water production was initially only distributed in the IDP camps for free. DINEPA mention that the private sector additionally had many kiosks able to distribute drinking water throughout the metropolitan area. DINEPA contracted two major operators to re-set the points of water distribution with the plan to fully fund these operations with the aim to use these kiosks to transition water supply from free to paid when people had gathered some financial resources. DINEPA at this stage had a long-term strategy offering the idea that, alongside rapid water supply interventions, partial restoration of the existing water supply infrastructure run by CAMEP in PaP would be undertaken. A suggestion was provided so that in the 'consolidation' period, CAMEP, along with the service providers running the kiosks, would be ready to gradually restore the payment of water by the population moving away from free-trucked water. The strategy highlighted the need to ensure activities and strategies become a part of a logical plan for the rapid recovery of the affected population. This strategy document shows that rapid recovery was conceptualised by the government early in the post-disaster environment and sustainable transitional options for water supply were on the table, asking the question why, after 2 years, was there so little progress towards this end?

Group URD's RTE reports undertaken in 2010 highlighted the initial assessments, did not account for pre-existing practices in terms of access to water and excreta management, particularly in the urban context. It took a long time before water treated by inverse osmosis, the existence of standpipes and of CAMEP networks were taken into account in organisations' strategies (RTE 2010). The humanitarian sector was also unprepared to deal with the scale of emergency sanitation required in this urban environment. The normal approach of utilising pit latrines was not appropriate in the majority of camps and affected neighbourhoods. No partnerships were formed with business foundations nor had there been any accumulation of contingency stocks, seeing a lack of preparation and the operational ability to create suitable options. This reality held up the response; and what resulted was the hiring of portable toilets that were emptied on a daily basis by private companies at an inflated market rate - all paid for by the INGO (Groupe URD 2010; RTE 2010). Above ground latrines were finally constructed in many camps, again with the need to de-sludge on a regular basis. However, with the huge amounts of waste being transported to the one single dumpsite available in PaP, waste saturation was quickly reached and excreta was then dumped in an uncontrolled manner in the country-side, presenting obvious health risks. The

WASH sector was unprepared for, and lacked strategic insight, to meet this vast sanitation situation. Again maintenance and long-term thinking did not occur along side planning.

These waste disposal constraints forced the need to find solutions that involved in-situ treatment/recycling and/or ad hoc composting sites where possible. It was reported by several INGO and government respondents that a wastewater treatment plant was eventually constructed in PaP in order to receive the vast quantity of sludge produced by the thousands of camps that were in existence for over 3 years after the earthquake.

Neighbourhood sanitation solutions were achieved on a small scale by a few agencies including Mercy Corps (refer to Case study 7, pg. 183) and Oxfam (refer to Figure 5.11, pg. 174) where latrines were built at community level to be individually managed by the households themselves, Mercy Corps managed it in the first few months of the response; Oxfam undertook it as apart of a longer-term strategy. These initiatives allow ownership to develop and a self-managed service to be achieved, ensuring a sustainable basic service to build into an individuals/HHs level of resilience.

Figure 5.10 Some of the thousands of above ground latrines that were constructed throughout the IDP camps in PaP. [Source: IFRC 2010]

Figure 5.11 Household owned latrines being constructed within existing neighbourhoods as a part of Oxfam's long-term sanitation strategy. [Source: Oxfam 2012]

Regarding water supply, a few actors (e.g. ACF, Solidarités International and Oxfam) began to offer support in the repair of the water supply network, the standpipes and their storage reservoirs, and also, to capacity build local private sector water kiosks (refer to Case study 4, pg. 176). These actors felt these 'long-term recovery strategies' were difficult to implement quickly. A strong, supportive policy push from DINEPA at an early stage could have presented the necessary strategic guidance and raise the capacity required to undertake these types of interventions in a rapid manner. This would have enabled a new capacity to help support immediate water supply, as well as providing transitional mechanisms. The free water supply services to IDP camps began to be replaced by a neighbourhood approach in summer/autumn 2010 (refer to Case study 5, pg. 177).

These activities suggest there was a small amount of progress being made in terms of exit strategies from the emergency phase; from free provision to paid provision run by Haitian stakeholders. However, the credibility of these sustainable approaches was undermined when the cholera epidemic forced a return to the free supply of chlorinated water. The cholera epidemic forced WASH activity back into emergency provision, delaying any progress towards recovery and the development of sustainable delivery options that were beginning to be implemented.

Case study 4. Oxfam's capacity building of local water kiosks

Oxfam recognised the huge potential in the rehabilitation of local water vendors to sustainably meet water supply needs, this saw the agency undertake many rehabilitation projects of this nature. One such project was initiated in Corraille where 13 kiosks were built and connected to the water pipeline. Water meters and on/off taps were fitted, providing a water pumps with generator and fuel in order to ensure a regular flow. The management and operation of the systems were negotiated with DINEPA and the water committees were trained to manage the kiosks, paying DINEPA rather than Oxfam for water usage.

[Source: Oxfam 2012a; DINEPA 2010]

By the end of the cholera outbreak, many INGOs had run out of funds to continue WASH service provision. This situation was not supported by any handover or exit strategy, leaving many affected communities and IDPs un-served. Many agencies tried to hand over all WASH programmes to DINEPA and UNOPS, as no other sustainable option had been developed to the scale needed. However, DINEPA did not have the massive resources and capacity that was needed to handle such a transfer. This created a huge service gap and a massive amount of pressure on the ministry, remaining INGOs, other service providers and their existing sources.

Case study 5. IFRC Neighbourhood approach to exit water supply services from camps

IFRC were operating water supply services to 66 camps within the response. The exit strategy undertaken in 2011 saw the identification of HHs within the camps who would be prepared to run a reservoir as a business in their community of origin. These HHs were then trained and capitalised. Camp residents were provided a 3 week subsidy: first week offered free water, 2nd and 3rd week offered 3 gourdes per bucket, by the 4th week owners could buy/rent their own trucks. IFRC managed to close all 66 camps for WASH by November 2011.

It was noted by many INGO respondents that there were two camps of thinking: one for short-term relief only and another that considered recovery and development within a long-term programmatic vision. Due to a lack of government control, and therefore national leadership, dominant 'relief' minded personalities tended to control cluster discussion and eventual WASH strategy in the initial onset of the response. The often disseminated post-disaster model of water supply provision, i.e. free provision through delivery by INGOs, commonly centralised on camps, is often not contexualised or strategically determined. The default model is not open to parallel thinking or strategic planning, which would allow for more sustainable and decentralised options, which is required to ensure transition and exit from this 'model' of relief service provision.

The strategic, operational framework was drafted over 6 months after the earthquake with the aim to build on the WASH strategy that was first outlined in February 2010, in light of evolving needs of the emergency and the GoH's re-settlement policy. The framework was drafted by the SAG (Strategic Advisory Group) on behalf of the GoH following a 'strategic review workshop' with all stakeholders on the 16th June 2010. The framework was offered as a guideline that must be adhered to under the ministry (DINEPA), which allowed for strong cluster authority.

At 6 months into the WASH response, it was noted that the WASH situation, while apparently under control, remained precarious as coverage was far from universal (notably

35% of smaller settlement sites still lacked toilets and risk factors, such as standing water, poor solid waste disposal, poor hygiene practice and overcrowding were prevalent).
This framework was the first instance in which 'early recovery' and 'risk reduction' factors were highlighted as crucial elements to consider in programming by the international community. Many significant and appropriate suggestions were made. However, their planned inception of this approach was presented 6 months after the disaster occurred, after 6 months of response programming that had laid out the operational environment. An operational environment that was not conducive for the sudden 'phase' change to recovery. This created a significant challenge to effecting recovery. A dynamic suffered in all sectors, which offsetting recovery to see a protracted relief situation prevail over the next 2 years. What should be noted here is that, if many of these 'early recovery' strategies were initiated or factored into programme development from the onset, there could have been a very different response landscape - one that offered productive and sustainable outputs and a more rapid recovery.

Though the framework stated the need to 'include beneficiaries in assessing and prioritising their own needs, as well as programme design', many INGO respondents stated that there was little attempt to ensure effective community participation in their response programming. In addition, trust issues arose as the affected communities were not receiving updates on planned interventions, only hearing media coverage of the vast amount of aid being given out. Participation by stakeholders can offer key elements to improve programming, such as gaining contextual insight, access to assessing real need, opportunity to develop solutions that can be owned by the affected community- tapping into local capacity.

In many of the IDP camps, community committees were set up, where members of these committees were voluntarily instated. There were many problems found in the effective operation of these committees, including issues of abuse of authority. These committees were later modified by DINEPA to only include educated and respected members of the community, i.e. teachers, doctors. The committees did offer a communicative mechanism for the agencies and were utilised by some to undertake assessments, to support relief activity and exit and recovery strategies (e.g. the establishment and training of camp WASH caretaker and hygiene promoters), implementation of feedback mechanisms (e.g. discussion sessions, complaints lines and suggestion boxes).

These initiatives and success stories were not widespread. Initial circumstances did make community participation difficult because of displacement and the psychological trauma in the immediate aftermath of the earthquake. People were also focused on their day-to-day survival, thus, with the heavy introduction of Cash for Work and payment for involvement in any programme (issued by the cluster), there were challenges getting people involved and willing to spare their time in activities that were deemed as unpaid work. This dynamic upset the potential for wide spread initiation of community participation early on. This is a clear example of where agencies must consider the impact of programmatic decisions on recovery.

Case Study 6. BRCs Integrated Neighbourhood Approach

The integrated neighbourhood approach (INA) was undertaken by BRC in Delmas 19, one of several INA communities IFRC that undertook this approach. The INA took on a holistic strategy, which encouraged integration of key programmes in targeted neighbourhoods. It was a broad strategy to facilitate 'camp to community'.

Objective 1: Shelter, water, sanitation and infrastructure support

- Increase access to safe shelter through a multi-pronged and gender-sensitive approaches involving owner-driven, donor driver and alternative shelter solutions.
- Increase availability of and access to safe water in INA neighbourhoods.
- Increase access to basic sanitation at both household and community levels in INA neighbourhoods.

Objective 2: Livelihoods

- Support targeted shelter solution beneficiaries to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities.

Objective 3: Community-based support

- Mobilization, health, hygiene promotion and risk-reduction.
- Mobilize community engagement and gender and diversity balanced participation in community-based assessments and activities.
- Improve capacity of target communities to prevent and manage common health problems.
- Hygiene knowledge and behaviour is improved in INA neighbourhoods benefiting from IFRC water and sanitation inputs through provision of hygiene promotion.
- Improve capacity of target community to identify and mitigate risks and improve overall safety in the neighbourhoods (Disaster Risk Management).

The focus in Delmas 19 was the provision of rental support, resettlement grants, undertake an extensive GIS survey to plan for reconstruction, improve storm channel reconstruction, WASH service provision and livelihood creation. A holistic approach that builds adaptive resilience through the support of the development of access to assets, services, economic opportunities, and social connections, as well as improving the level of resilience achieved through the stimulation of risk reduction and disaster risk management.

[Source: BRC 2012]

The online questionnaire data indicated that after 2 years there was a fair level of community participation achieved within overall programmes (refer to sub-section 5.5.5). But this was after 2 years. Establishing this dynamic in the first few weeks could have enabled these successful exit and recovery programmes to have flourished early, stemming the potential for a protracted relief situation.

An INGO representative stated that 'Every effort should be made to engage civil society organisations and the private sector when planning local initiatives'- from the start, DINEPA pushed for engagement with national trucking companies and INGOs did used national companies to supply and maintain portable toilets. What was missed was the involvement of local level private sector at scale, i.e. local water vendors. The humanitarian community rarely directly engaged private sector entities in relief operations. As also noted in the following section, funding streams from major donors were not channeled to support the local private sector to implement much relief programming from the outset, though some donors directed funds later in the response for 'recovery and reconstruction' activities (refer to sub-section 6.2.1.1). Several UN agencies did engage local private sector as implementation partners, such as IOM, UNOPS, UNDP and WHO, though these activities were, again, engaged later in the response (refer to sub-section 6.2.1.1). Some support was offered to the local private sector through support schemes, such as IDB's Social Investment Fund, Business Development Services and Productive Haiti Program, and EC's and CIDA's provision of micro-credit system (refer to sub-section 6.2.1.3). However, these initiatives were not utilised by the WASH response to support the local private sector. Setting up business rehabilitation and development schemes like these could have mobilized, at scale, local WASH service provision that could have met early relief needs, stimulating early recovery and leaving a strengthened WASH provision in this urban center. Operational policies to encourage the engagement of the private sector by INGOs are urgently needed. Currently, these working relationships are not customarily or effectively utilised within humanitarian response.

The framework also states the need to restore livelihoods through support to local manufacturing and procurement. Understanding private sector capacity and establishing relationships will also help rapidly gather information on resources available that would support the use of local manufacturing and procurement within the WASH response. Typically WASH facilities use materials and products that are imported, i.e. bladders, tanks,

treatment units, chemical disinfectants, tarpaulin, plywoods etc. The model sees these products stockpiled for immediate dissemination, which is crucial, but often there can be challenges with shipments and customs, which can delay the arrival of products. Understanding the in situ market, particularly in urban disasters, can offer more effective alternative options to supply the necessary facilities immediately. Furthermore, it also helps to re-establish livelihoods and feeds into the local economy.

Building the capacities of the GoH (DINEPA) was also prominent in the strategic framework - with the framework focusing on the transfer of technical know-how and building information management capacity. DINEPA was the most proactive and successfully involved ministry from the start of the response. The GoH, with its international partners, drafted a comprehensive recovery and development plan - the Post Disaster Needs Assessment (PDNA) in March 2010. This plan presented an extensive strategy to rebuild and develop the WASH sector. It included the development of technical and financial capacity, the construction of regional structures that could operate and manage urban water and sanitation systems, as well as the increased involvement of the private sector in areas of research, facility construction and network management. It was an ambitious strategy and needed the financial commitment and human resources of the international community and government departments at all levels. The WASH sector succeeded in establishing regional structures to maintain and operate water and sanitation facilities through support given to DINEPA and OREPA *Offices Régionaux de l'Eau Potable et de l'Assainissement* (Regional Potable Water and Sanitation Services). As noted previously, several agencies supported DINEPA in their technical development, for example, through the establishment of an emergency response unit within DINEPA (Oxfam Intermon), and the development of national water and sanitation guidelines and the assistance to recruit and train national WASH engineers (Oxfam GB).

DINEPA were also supported to manage information centrally: an information manager within DINEPA cooperated with the WASH cluster information team. Information coming in from the CCCM Disaster Tracking Matrix (DTM) team (e.g. tracking outputs) and the WASH cluster information team was verified on a monthly basis by DINEPA using a standardised format agreed by the SAG. Information outputs included: Dashboard (an online information portal), updated contact lists, monthly statistical reports (including coverage and access, financial and programmatic gap analysis and programmatic progress

by agencies). WASH monitoring was initiated on 20th January 2010 by a dedicated WASH monitoring team set up by the cluster. Monitors reported to the SAG for planning and impact evaluation.

At this point, the WASH cluster strategically stated the need to 'engage in recovery actions in areas of origin that 'build back safer and better' and 'move to neighbourhood approaches that are centered on returning home at the earliest opportunity'. This proved a difficult strategy to undertake when initial focus was solely on supporting camps. It is also a difficult strategy for WASH in that it is also highly dependent on the coordination with the shelter sector: a dynamic that was not as established as it should have been to adequately provide necessary WASH services to compliment the Shelter strategy. There are, however, examples of agencies that were able, from day one, to work in the neighbourhoods to rehabilitate services at the household level - one case enabled water supply to return to normal in just 2 months after the earthquake, allowing the agency to exit after 3 months (refer to Case study 7, pg. 183). Immediate localised rehabilitation and recovery was possible, but to allow this approach to reach the necessary scale the humanitarian operational model needed to look very different.

Case Study 7. Mercy Corps immediate household rehabilitation

Mercy Corps global emergency team arrived after a week. They began work in Tabarre rehabilitating HHs immediate needs through vouchers for food and NFI (Non-Food Items), rental support and basic services, e.g. through rehabilitating local water vendors and providing latrines in the neighbourhood. Within 2 months of their operation water supply returned to normal. Mercy Corps were then able to exit after 3 months. This initiative contributed to a decentralised approach to emergency response programming allowing immediate rehabilitation of affected HHs, rapidly supporting adaptive resilience.

[Source: Primary data from an INGO interview]

This section has assessed the WASH response in Haiti in great detail and it has highlighted that the current operational model is unable to utilise existing capacity, engage with the private sector or adequately allow for community participation; programmatic elements that

are crucial to ensure support to adaptive resilience of individuals/HHs, the existence of transitional and exit strategies and the stimulation of a rapid recovery. All these programmatic elements have been shown to be possible, and in Haiti, many of the eventual 'transitional' and 'recovery' activities could have been undertaken over 18 months earlier than they were. Highlighting that with a revised humanitarian model Haiti could have avoided the protracted relief and poor recovery it suffered for years after the earthquake.

The next section narrows down specific areas within agency operations that support programme development and implementation to see how this supportive framework impacts on potential programme outputs.

5.5 Agency Capacity

Gauging programme outputs within the Shelter and WASH sector in the previous sub-sections has shown fundamental challenges within humanitarian operations and how current approaches are impacting on potential recovery. This section endeavours to critique programmatic elements that support programme development and implementation (such as assessments, transitional and exit planning, recovery programming and strategic capacity) to comprehend current practice, and how this supported or hindered programming aimed to build resilience, to ensure the development of transitional mechanisms and the stimulation of recovery.

5.5.1 Assessments

Assessments are crucial to ensure effective and appropriate programme planning. In Haiti, it was noted by several respondents and highlighted in evaluations that there was a lack of information and weak assessments carried out in the initial response. To understand what types of assessments were carried out, and when, within the response period, participants of the online survey were asked about the types of assessments that their individual agencies undertook, which were not undertaken and at what stage of the response they were first initiated. Figure 5.12 (refer to pg. 186) presents an overview of the stage at which assessments undertaken were carried out in the response period. The figure presents the individual assessment and its corresponding percentage breakdown of participants initiating that assessment in particular periods of the response, e.g. 55% of respondents that initiated contextual analysis within their agencies undertook this within weeks 1-4 after the earthquake, 15% within 2-6 months, 15% within 6 months-1 year, and a further 15% from

year 1-2 after the earthquake. The assessments included for analysis were: rapid needs assessment, risk assessment, contextual analysis, recovery assessment, monitoring and evaluation, community participatory assessment, impact assessment, disaster risk and management assessment, as well as internal programme audit. The timeframes used to assess initial implementation were broken down into phases of: 1-4 weeks, 2-6 months, 6 months-1 year, 1 year-2 years.

Figure 5.13 (refer to pg. 187) demonstrates the number of agencies that didn't undertake particular assessments. The same 9 assessments used within Figure 5.12 were analysed. A summary of assessment data collected within the online questionnaire and corresponding data within the interviews and archival data is presented in the following sub-section.

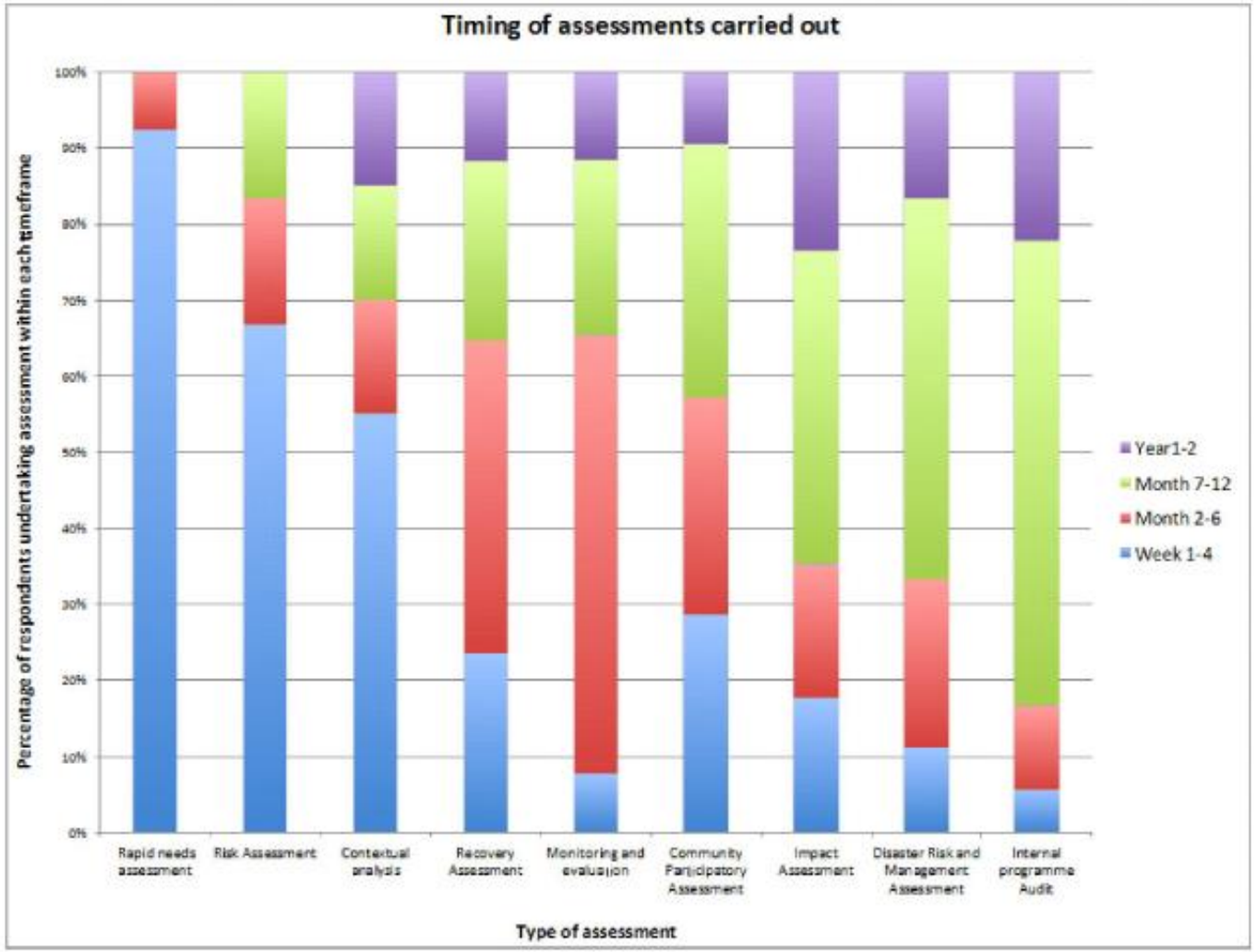


Figure 5.12 Demonstrates the period after the earthquake at which respondents carried out each assessment. [Source: primary data from the online questionnaire]

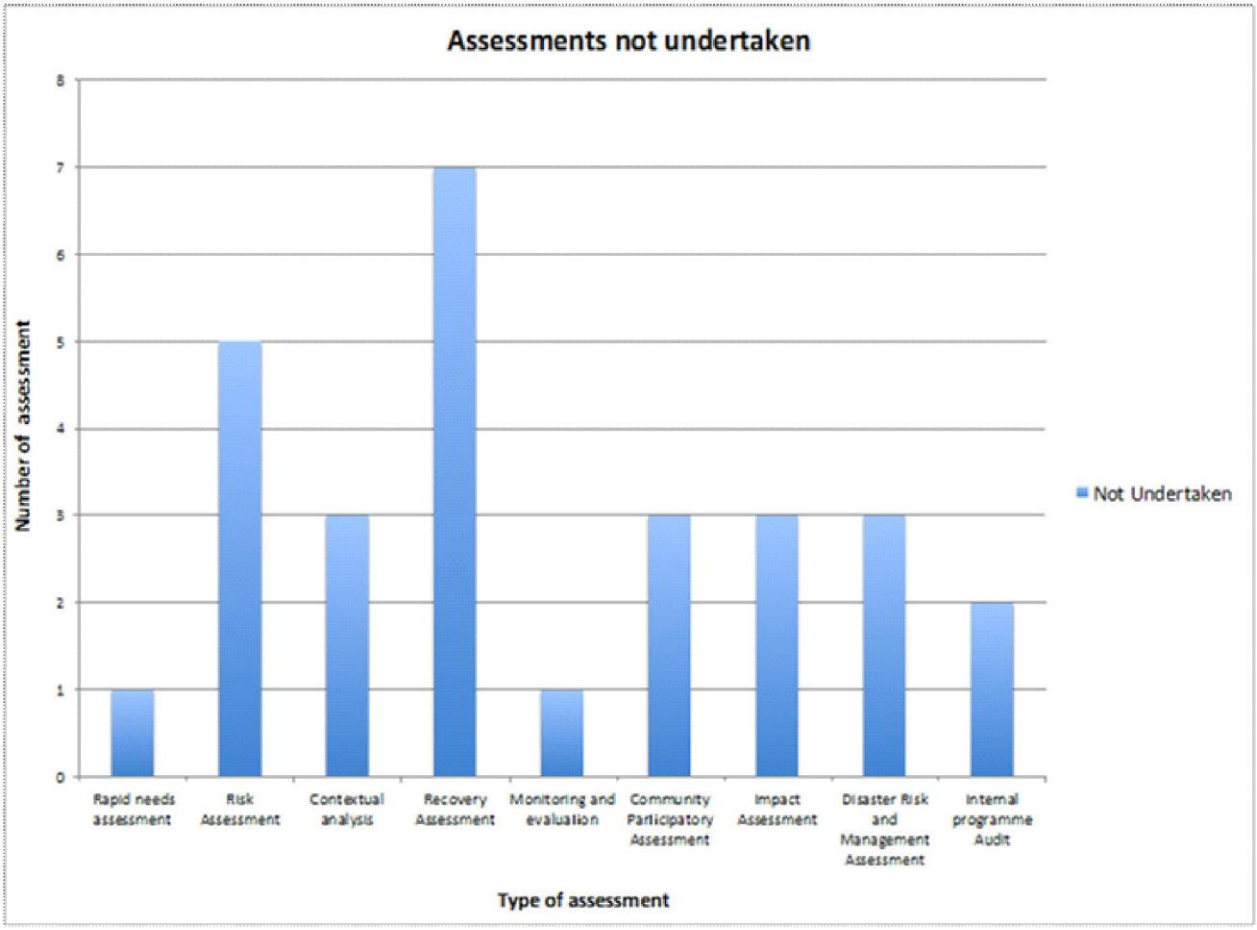


Figure 5.13 Demonstrates the assessments not undertaken by respondents throughout the whole response. [Source: primary data from the online questionnaire]

Summary of assessments data

Rapid needs assessments and risk assessments were on the whole carried out in the first month after the disaster. It can be noted that risk assessments were not carried out by all, potentially identifying a limited culture for risk identification, this is further reiterated by the number of organisations who do not undertake disaster risk and management assessments, as well as the different timeframes the assessments were actually undertaken. A need to standardise risk identification and disaster risk reduction and management assessments in the in post-disaster environment is evident.

Context analysis was undertaken by the majority of organisations. However, almost half of the respondents indicated that they had undertaken their initial analyses from month 2, with some only undertaking the analyses 1 year after the disaster. Several INGO respondents

stated that context assessments were often not undertaken as it was deemed an unnecessarily time consuming exercise in an emergency. Context analysis is key to understanding the environment to be worked in and to planning and implementing appropriate and effective interventions. With so many organisations not investing in this analysis until a late date, this would imply that a large proportion of emergency response organisations suffered a lack of contextual knowledge to effectively build their programmes around. This resulting lack of coherence with the operational context is further reflected by the level of community participation undertaken, and the time at which it was initiated, with almost 50% of responding organisations that had undertaken community participation having only initiated it 6 months after the earthquake. It was noted by several INGO respondents that the implementation of a type of rapid context assessments would offer the opportunity to tap local knowledge, to engage with local development groups, to understand skills available locally and to develop links to the private sector. These are all key elements, if vulnerability, resilience and local capacity are to be understood; effective programmes that reaches the most vulnerable are to be planned; transition and exit planning mechanisms are to develop; and the impacts of programme choices on recovery comprehended. One INGO stated that they had undertaken a vulnerability assessment early on, looking particularly at a water point survey and potential rehabilitation. The INGO representative stated, 'this allowed us [agency] to develop early recovery processes and to install a longer-sighted strategy'.

Monitoring and Evaluation (M+E) was undertaken by the majority of organisations, but its early and effective implementation was only carried out by a few organisations (8% in the first month of operation, with a further 55% initiating within the first 6 months). An INGO respondent stated that 'what M+E work that was done was donor driven though grants as opposed to implemented by the program to gain a greater knowledge of the context or to inform on program impact'. This result highlights that M+E was undervalued and under utilised. Baseline surveys were also weak or non-existent, a consequence noted by several INGO and donor respondents, that emergency responses are not interested in setting up comprehensive baseline information. This mindset resulted in programme plans being based on little contextual information, seeing programmes unable to actually ensure a programme reached the most vulnerable, which is a fundamental mandate of the international community. Further to this, no baseline data means programme impact is difficult, if impossible, to measure, which ultimately results in no real learning on the most effective response approaches. The poor implementation of M+E means response and recovery

programmes were unable to be reactive to changing needs or to increase programme efficiency. Instead, programme evaluations were often undertaken at the end of a programme, presenting results too late for a programme to be reactive and meet the required needs. This operational set up also fails to integrate results into future programme planning due to weak feed back systems.

It has been clearly demonstrated that a large number of organisations do not undertake recovery assessments, with results from the online questionnaire presenting recovery assessments as the least undertaken assessment (refer to Figure 5.13, pg. 187). This incidence is a direct result of each organisation's emergency mandate, which deems recovery as not being part of their responsibility. As a result, a void of knowledge is created and, automatically, a gap between relief and recovery activities develops, offering no cohesive ground to work from. Understanding the necessary recovery strategies early on will allow emergency organisations to gauge transitional and exit strategies, and, by understanding recovery dynamics, to develop integrated recovery strategy that would be advantageous for both emergency and recovery operators; offering the coherence that is needed.

In point of evidence, the International Federation of the Red Cross and Red Cross societies inherently have to think long-term, as a part of their mandate is to build up the capacity of the national society in order to hand over when they leave. Due to this, BRC implemented their Recovery Assessment Team (RAT) who carried out a recovery assessment by week 3 after the earthquake. This information was then able to inform their programme planning, enabling them to successfully carry out longer-sighted programmes, such as extensive neighbourhood rehabilitation, increasing affected communities ability to recover. Examples like this show early recovery assessment is possible and can offer significant strategic gain for response programming.

5.5.2 Transitional and Exit Planning

Many INGOs stated within the online questionnaire and through the interviews that their agencies had to end services in Haiti on the basis of a lack of funds and transitional or exit options. Research data shows that a substantial amount of agencies didn't undertake or adequately implement exit or transition strategies within their programmes (refer to Figure 5.14, pg. 192). The lack of transitional or exit strategy resulted in communities being un-

serviced and vulnerable, triggering anger amongst these communities, which on occasion led to attacks on agency staff and their cars, creating an unnecessary hostile environment.

In the WASH sector, the Haitian ministry for water and sanitation (DINEPA) wanted agencies to exit from trucking water after 6 months of the emergency response, but agencies struggled to find alternatives, thus, lacking the ability to exit from or transfer services. As a result, water trucking continued for over 2 years, with many agencies desperately trying to hand over to the ill-prepared ministry or just dropping services all together due to the lack of funds, which left many communities un-served. In the Haitian response, a huge opportunity was missed, as, pre-earthquake, there had been a massive network of water vendors operating all over the city, many of whom still had substantial capacity to deliver and many who could start up their business with a little extra support. Oxfam recognised this capacity and in partnership with DINEPA invested in the rehabilitation of water vendors, as well as existing public tap stands (Oxfam 2011). By early 2011, IFRC began a strategy to take services out of camps and place them close to neighborhoods. The strategy saw the identification of HHs within the camps, who would be prepared to run a reservoir as a business in their community of origin. These HHs were then trained and financed. Camp residents were provided a 3 week subsidy: first week offered free water, 2nd and 3rd week offered 3 gourdes per bucket, by the 4th week owners could buy/rent their own trucks. IFRC managed to close all 66 camps for WASH by November 2011. Utilising existing capacity and introducing neighborhood approaches could have been achieved at scale far earlier in the response, the options existed.

Utilising these types of options at scale would have built up relief service provision, as well as allowing transition and exit mechanisms to exist and sustainable services to be supported. A consequence would have been the stimulation of recovery early and the building up of resilience at the HH level. However, current operational approaches within humanitarian responses hinder the sector's ability to exit and transition effectively and to offer control for potential negative impacts. This is a major concern the humanitarian sector needs to address. Many WASH agencies in Haiti tried to transfer services to their only recognised option - DINEPA. DINEPA, however, did not have the resources and capacity to handle this large a transfer of services. In essence, the agencies' inability to plan for transition and exit resulted in the issues being transformed into the ministry's problem and their, consequential, responsibility to pick up the pieces.

One INGO respondent stated, ‘exit strategies are usually conceptualised when the situation returns to normal, when another competent body is able to continue with activities that lead to development process, when the authorities within the country are capable of running the activities without overstretching, when funds are available to complete the process or when the resilience of the communities has been built up’. In reality, in Haiti, the perceived complexity of the post-disaster environment and the lack of planning and capacity building in crucial areas, i.e. government, private sector and communities, meant that exits were extremely difficult. Based on their experience in Haiti, many INGO representatives commented on the need for a change in their mentality, recognising that it is an imperative to consider exit planning on implementation of programmes.

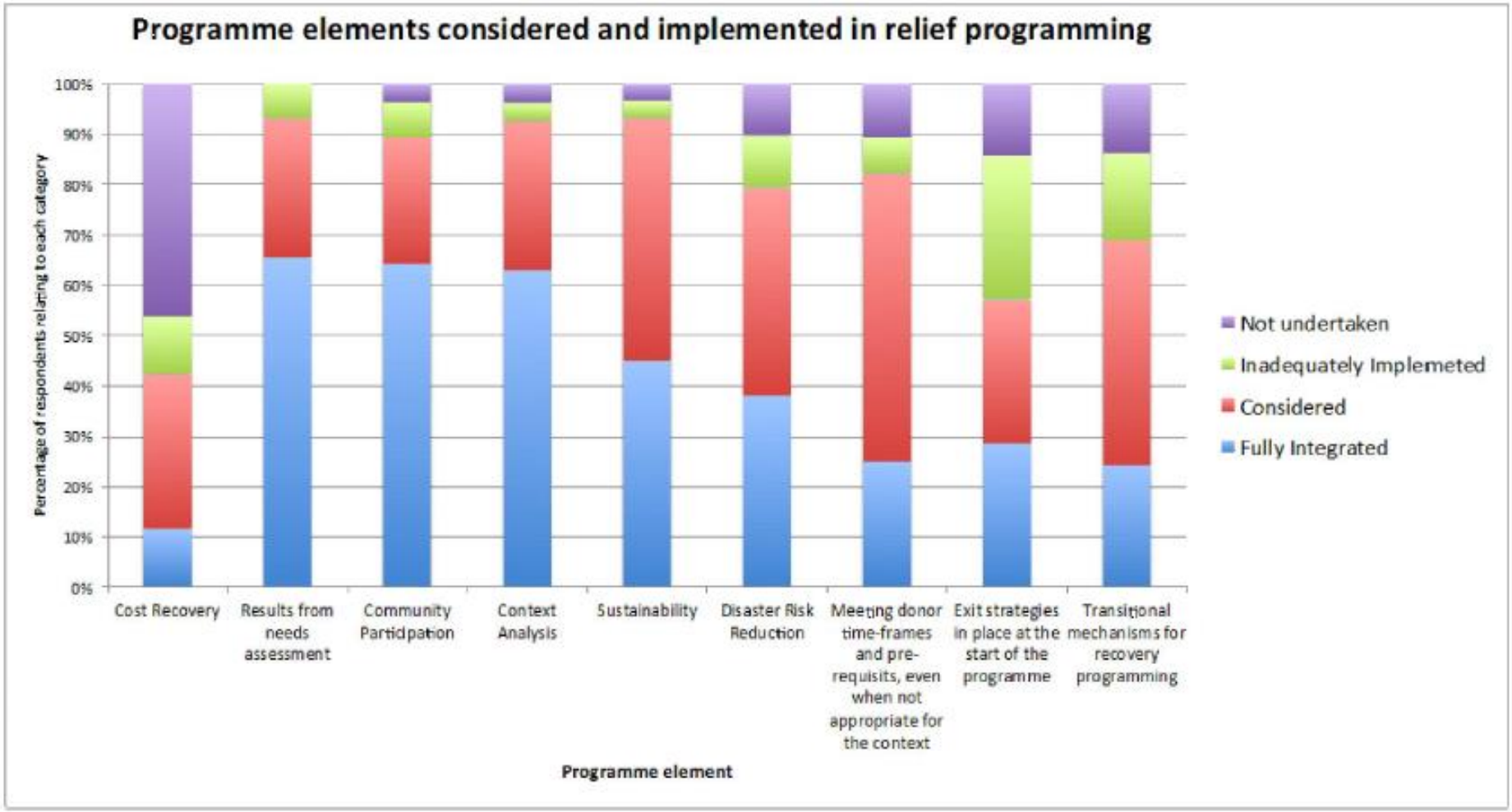


Figure 5.14 Details the level at which respondents included certain programme elements into their response programming. [Source: primary data from the online questionnaire]

5.5.3 Recovery Programming

The conceptualisation and planning of recovery interventions was undertaken at different periods of time after the earthquake. Research data collected through the online survey showed that a large proportion of agencies undertook recovery planning in either months 2-6, or later, in years 1-2, after the earthquake (refer to Figure 5.15, pg. 193). Only a few conceptualised recovery from the onset of the response.

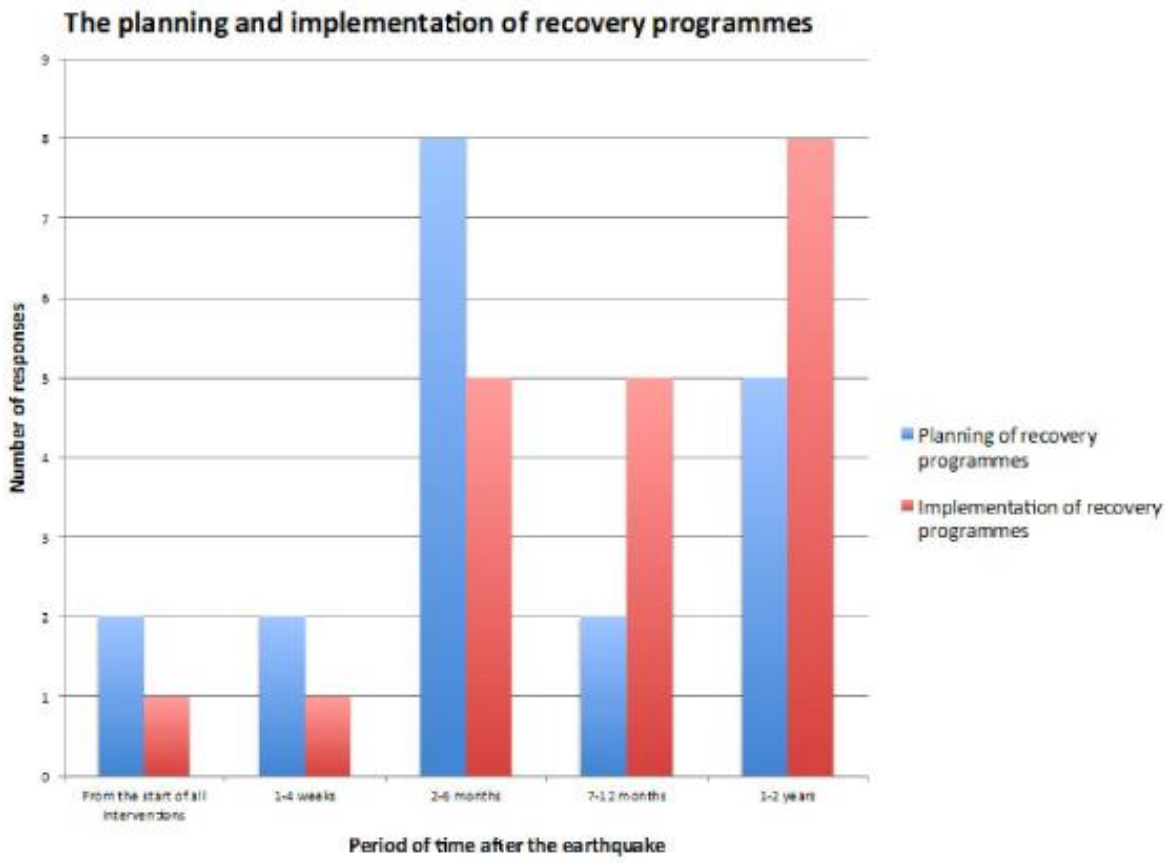


Figure 5.15 Illustrates at what stage each responding entity planned for and then physically implemented recovery programmes. [Source: primary data from the online questionnaire]

Implementation, in the main part, began over a year after the earthquake, with only a few organisations managing to implement activities in the first 6 months after the earthquake. However, the dip between planning and implementation of recovery strategies in months 7-12 after the earthquake may have been as a result of the shift in resources needed to prepare for and respond to the hurricane season and the outbreak of cholera that hit Haiti at that time, which was noted by several INGO respondents within the interviews and online questionnaire.

The research data also showed there was a low implementation rate for programmatic elements, such as sustainability and DRR, but a higher consideration rate for such programmatic elements. Therefore, indicating a shift in thinking and the issued value of these programmatic elements, but the current lack the knowledge and ability to assess and implement these activities. These elements are crucial for developing an emergency response approach that will stimulate recovery.

5.5.4 Strategic Capacity

As highlighted in the previous sub-section there is a considerable lack of strategic capacity in reference to transition and exits within agencies, which is not effectively countered by the cluster system (refer to sub-section 6.3.2). Recovery strategy is also weak; a vacuum exists due to the juxtaposed positions of the current disaster management paradigm and the nature of recovery. The current disaster management paradigm separates activities into 'phases' along a continuum (refer to Figure 2.3, pg. 13), which sees many agencies deeming any form of 'recovery' activity outside their mandate. With recovery beginning from day one, it needs to be conceptualised and strategically accounted for in response programming. This set up, therefore, sees no recovery expertise at a very fundamental stage of the recovery process.

Agencies who often solely specialise in 'relief' activities often find themselves needing to transition services to local counterparts and ensure recovery is underway for relief agencies to deem that there is no more relief activities required. However, as one INGO respondent stated 'emergency specialists don't make good recovery analysts', due to the mindset and approach needed to account for these different activities. Recovery programmes come with a suite of data management techniques and monitoring, but there is weak implementation because the main expertise lays in emergencies. An INGO respondent states 'we need to lay down recovery plans early and ensure recovery assessments and implementation are supported with financial and human resources, as currently when recovery programmes are required agencies are scrambling for expertise'.

Limited recovery expertise and capacity in the earlier stage of a response, means that there is a limited (or no recovery) plan in place at the crucial time, resulting in a lack of transitional mechanisms and sustainable programme options, which, in Haiti, led to a protracted relief situation that carried on for over 2 years.

5.5.5 Community Participation

Within the online questionnaire, participants were asked, 'what was the level of community participation achieved in your programmes?' The data indicated that there was a fair level of community participation achieved within overall programmes (refer to Figure 5.16, pg. 195). What needs to be made clear is: firstly, this question is based on programmes that have been undertaken over a 2 year period, where a higher level of participation would have been achieved, secondly, the average rate of participation indicates that there were successful initiatives, but there were also issues experienced.

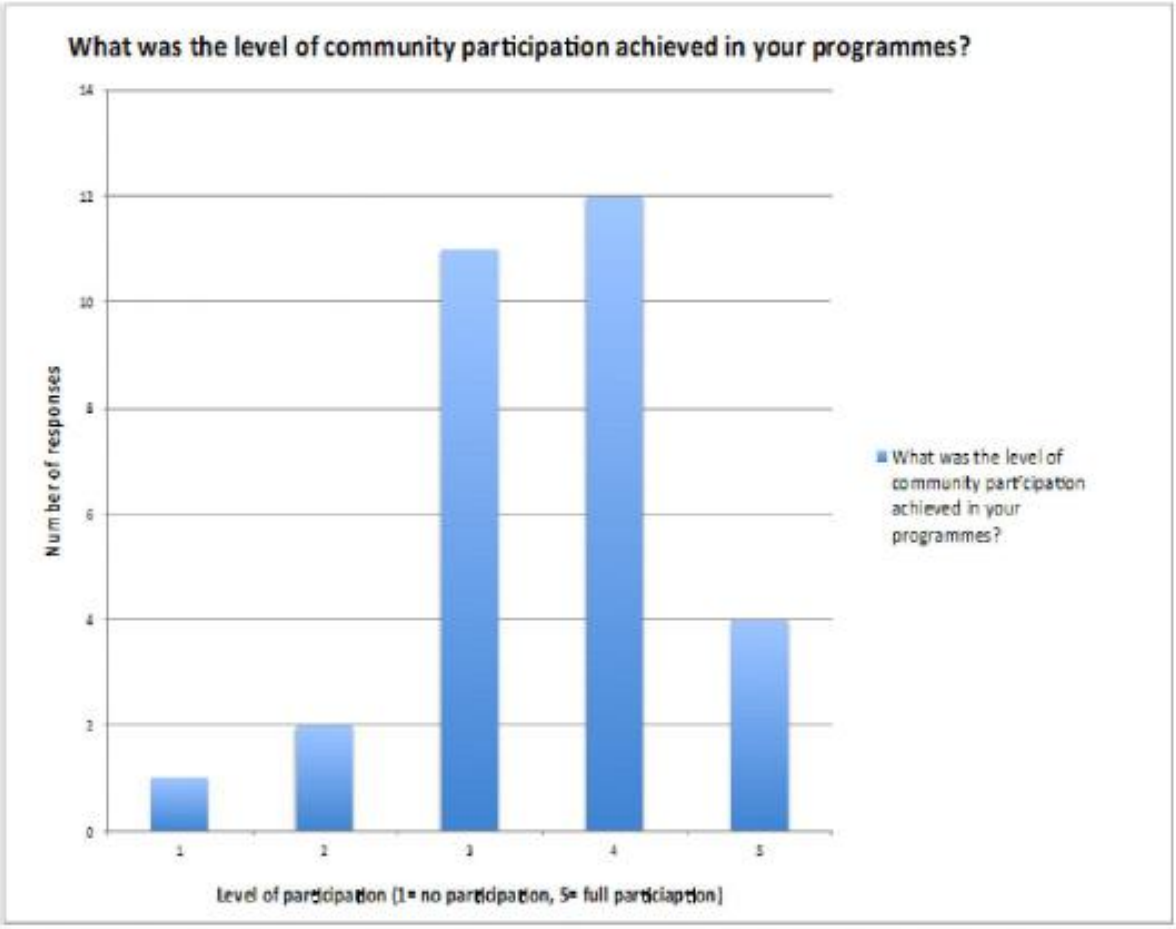


Figure 5.16 Shows the level of community participation experience by agencies within their response and recovery programmes. [Source: primary data from the online questionnaire]

Many organisations noted successful interventions that engaged camp communities and committees in undertaking assessments, as well as developing programmes and sustainable solutions. Others offered training to allow community members to more effectively

participate, i.e. camp WASH caretaker or hygiene promoters. Some organisations managed to implement feedback mechanisms, such as discussion sessions, complaints lines and suggestion boxes.

Organisations that managed to develop early and effective community participation were those that were either working in Haiti long before the earthquake, and had, therefore, already built good relationships and strong networks; were organisations that had a number of national staff at an early stage that regularly worked with the same communities building trust and early participation; or were those organisations that mandate that their programmes are required to build resilient communities from the start, thus, involving the community in all of their activities from day one.

Unfortunately, these initiatives and success stories were not widespread. However, it was noted by respondents that initial circumstances did make community participation difficult because of displacement and the psychological trauma in the immediate aftermath of the earthquake. Also, people were focused on their day-to-day survival, thus, with the heavy introduction of Cash for Work and payment for involvement in any programme (issued by the cluster) there were issues getting people involved and willing to spare their time in activities that were deemed as unpaid work. This dynamic upset the potential for wide spread initiation of community participation, resulting in an operational barrier.

An example of the lack of participation, and the outcome seen, was explained by participants within the community discussion forum, who noted that they were only receiving some of the assistance needed because the kind of assistance being given was decided by the provider and not by themselves, the beneficiaries. They were not involved in any discussions or decision-making within programme plans. Therefore, what they expected and needed was not received.

Problems of participation also emerged when INGOs tried to speak to representatives of the camp communities and the neighbourhood communities at the same time. INGOs are used to managing the provision of assistance in camps by creating ad hoc committees. However, real difficulties were seen in establishing the legitimacy of neighbourhood representatives. Representation and power conflicts existed between camp committees, who had managed aid since the disaster, and neighbourhood committees, who had existed before. The presence

of gangs further confused power relations, and there was also the need to consider municipal authorities within certain neighbourhoods where humanitarian aid was needed. Gauging these social dynamics and legitimate authority was necessary to undertake successful and locally owned neighbourhood interventions that were essential for recovery. Community participation is always, on paper, one of the key principles, but is often not undertaken or insufficiently implemented in the field. Consequently, this results in losing out on both local knowledge and the development of sustainable programmatic options for relief and recovery.

This Chapter has presented the data analysis aimed to answer Objective 2 - To gauge the degree to which emergency response operations supported or hindered resilience at the individual/HH level and how it affected eventual recovery. The data has been discussed through the analysis and critique of specific emergency response approaches and their effect on resilience and resulting level of recovery, which has highlighted fundamental issues that have contributed to the lack of coherence between relief and recovery. The analysis has highlighted that certain programme approaches have directly hindered recovery and others that possessed supportive potential for recovery by building adaptive resilience of affected individuals/HHs.

Actual interventions undertaken are hugely influenced by a variety of other variables operating around the response operation; these include financial mechanisms and coordination structures that make up the humanitarian framework. How these emergency approaches sit within the humanitarian framework and how the humanitarian framework influences current approaches to emergency operation will be dealt with in-depth in the following Chapter.

6. The Impact of the Humanitarian Framework on Resilience

This Chapter looks to meet Objective 3 - To gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti. The Chapter will be organised into a format that will, firstly, present the discussion of the main findings by drawing on relevant data sets, offering up their analyses, and secondly, concluding the main findings in order to make deductions relative to the objective in question within the case study context. The data analysis will be broken down into sections that will look in-depth at two key dynamics that operate within a response: finance and donor mechanisms and cluster coordination. The first section will deal with finance and donor strategy that was employed in Haiti, looking specifically at factors such as national involvement and economic development, which are key contextual factors involved in the stimulation of resilience. The donor system and its programmatic influence on the stimulation of resilience will also be evaluated. The following section will deal with cluster coordination and stakeholder effectiveness witnessed in this case study.

6.1 Data Analysis Utilised

Reviewing programmatic output within the response highlighted some key issues that hindered the development of individual/HH resilience, which were clarified earlier in Chapter 5. To understand the potential influence that key factors within the humanitarian framework have on eventual programmatic output this next chapter analyses data from the semi-structured interviews, online questionnaire and through archival data to gauge these dynamics and their specific influences.

6.2 Finance and Donor Strategy

Archival data (Groupe URD 2010; GHA 2010; EC 2011; USAID 2011) highlights the response to the 2010 earthquake in Haiti that saw the top five donors (US, Canada, the European Commission, the World Bank and the Inter-American Development Bank) funding humanitarian and reconstruction programmes; responding to CAP appeals, and re-evaluating and revising development programmes.

Even though there was a large level of funds pledged, not all were received and those funds that were received were not spent in their entirety. Issues of lack of recovery and lack of reconstruction funds plagued the Haiti response. The following sections look in-depth at the

way funds were channeled, funding mechanisms and the overall set up of the funding system to gauge what affect this had on stimulating resilience and engaging recovery.

6.2.1 Influence on National Involvement

6.2.1.1 Breakdown of Funds Channeled to Implementation Partners

Reviewing archival data in the form of reports, evaluations and secondary data produced by donors it could be seen that large sums were allocated for emergency activity (e.g. the US committed US$1.8 billion, CIDA disbursed US$178 million, EC disbursed US$100 million), as well as for reconstruction and development (e.g. US committed US$1.8B, IDB committed US$1.73B, the World Bank committed US$560M, EC disbursed US$165M) (these figures were collected through direct donor data[2]). The UN also distributed large sums to carry out both humanitarian and recovery activities through 13 of its agencies.

These funds were channeled through a variety of implementation partners, with each donor taking very different approaches. Table 6.1 (refer to pg. 200) details the amount of funds channeled through individual implementation partners for both emergency and reconstruction and development activity from some of the major government donors from 2010-2012. Table 6.2 (refer to pg. 201) demonstrates the channeling of funds to different implementation partners by the 13 UN agencies operating in Haiti in 2011.

[2] EC's direct data on status of all projects (July 2012).
IDB's Quarterly report (August 2012)
World Bank's Active portfolio (August 2012)
CIDA's Project profiles (2005-2015)

Table 6.1 Details percentage of budget distribution from donors to implementation partners from 2010-2012. [Source: Direct donor data]

Donor	Government	Red Cross Movement	NGOs			UN	Private Sector	Unspecified*
			Total	INGO	LNGO			
CIDA (Emergency activities)	0%	32%	22%	22%	0%	46%	0%	0%
EC (Emergency activities)	0%	14.5%	52%	52%	0%	30.5%	0%	3%
EC (Reconstruction and development activities)	37%	0%	13%	-	-	6.5%	38%	0%
IDB (Reconstruction and development activities)	99%	0%	0%	0%	0%	0%	1%**	0%
HRF (inc. World Bank, UN and IDB) (Reconstruction)	87.5%	0%	1.5%	0.8%	0.7%	8.5%	0%	0.6%

* Amounts that were not allocated under any specific label.

** IDB all funds channeled through government, with exception of US$2million loan to private sector- local insurance company.

Table 6.2 Details percentage budget distribution from different UN agencies to implementation partners in 2011. [Source: Direct UN data]

	National government	Local government	INGOs	LNGOs	National private sector	Local private sector
UNDP	10	5	12	25	8	24
UNEP	0	0	90	10	0	0
IOM	2	0	7	42	6	43
UNICEF	2	7	30	10	13	36
WHO	5	32	5.5	17.5	19	21
UNWOMEN	20	0	0	80	0	0
UNOPS	0	0	0	0	40	60
ILO	0	0	85	0	0	15
ONUHABITAT	0	0	61	10	1.3	13
FAO	36	30	6	27	0	0
UNAIDS	23	0	5	69	0	3
UNFPA	28	42	0	30	0	0
UNHCR	7	0	22	71	0	0

Government donors' channeling figures indicate that emergency funds were channeled primarily through implementation agencies such as the Red Cross, INGOs and UN agencies, with very little directed through the government, local private sector or LNGOs (refer to Table 6.1, pg. 200). It is important to note that due to the protracted crisis, this approach to the disbursement of emergency funds was sustained for over a 2-year period. Conversely, with reconstruction and development funding, a different picture emerges, where larger sums of funds were disbursed directly to the government. Funding to the private sector and LNGOs, however, remained low at 0%, 1%, 38% and 0% and 0.7% respectively (refer to Table 6.1, pg. 200).

Amongst the UN agencies in 2011, almost half of the overall UN budget was being channeled to national actors, but there was significantly less channeled in the humanitarian period. The increase in channeled funds to national actors came in the transition to recovery. Within the UN, choices of implementation partners differs from one agency to the next, due to operational approach and the type of activity being supported. When looking at the overall budget disbursement by the UN in 2011, it can be noted that the largest percentage share of the budget is directed to NGOs, with INGOs receiving roughly 24% and LNGOs 30%, followed by the local private sector receiving 16%, central and local government receiving 10%, and 10% respectively, and finally 7% went to the national private sector (refer to Box 6.1, pg. 203). A commitment to channeling funds at the national level stems from the UNs fundamental commitment to the Paris declaration and to principles of alignment, harmonisation, country ownership and mutual responsibility.

The breakdown of budget disbursement to different implementation partners (refer to Box 6.1 and Figure 6.1, pg. 203) shows different preferences between agencies: UNDP channel large proportions of its funds to the local government, local private sector and LNGOs; UNICEF mainly disbursed funds through INGOs and the local private sector and very little to government; IOM invested large amounts in the local private sector and LNGOs, relying less on the international private sector and the national government; UNOPS allocated funds solely in the private sector, channeling a larger share to the local private sector; UN-HABITAT disbursed their largest proportion to INGOs, with smaller portions channeling to LNGOs and the local private sector; FAO split their funds fairly proportionally between national government, local government and LNGOs with a much small amount being channeled to INGOs (refer to Box 6.1 and Figure 6.2, pg. 203).

Box 6.1 Overview of UN agencies budget disbursement to implementing partners 2011.

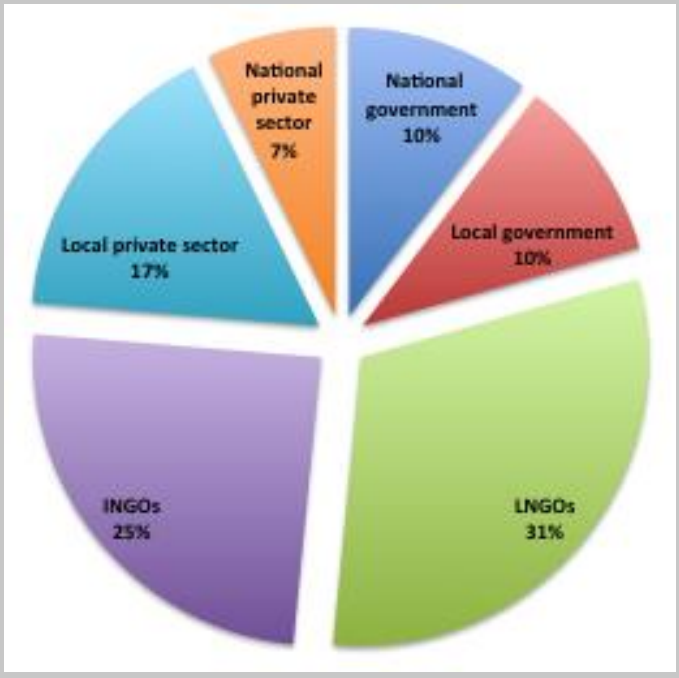


Figure 6.1 Budget disbursement to different implementation partners by all UN agencies operating in Haiti in 2011. [Source: UN direct data].

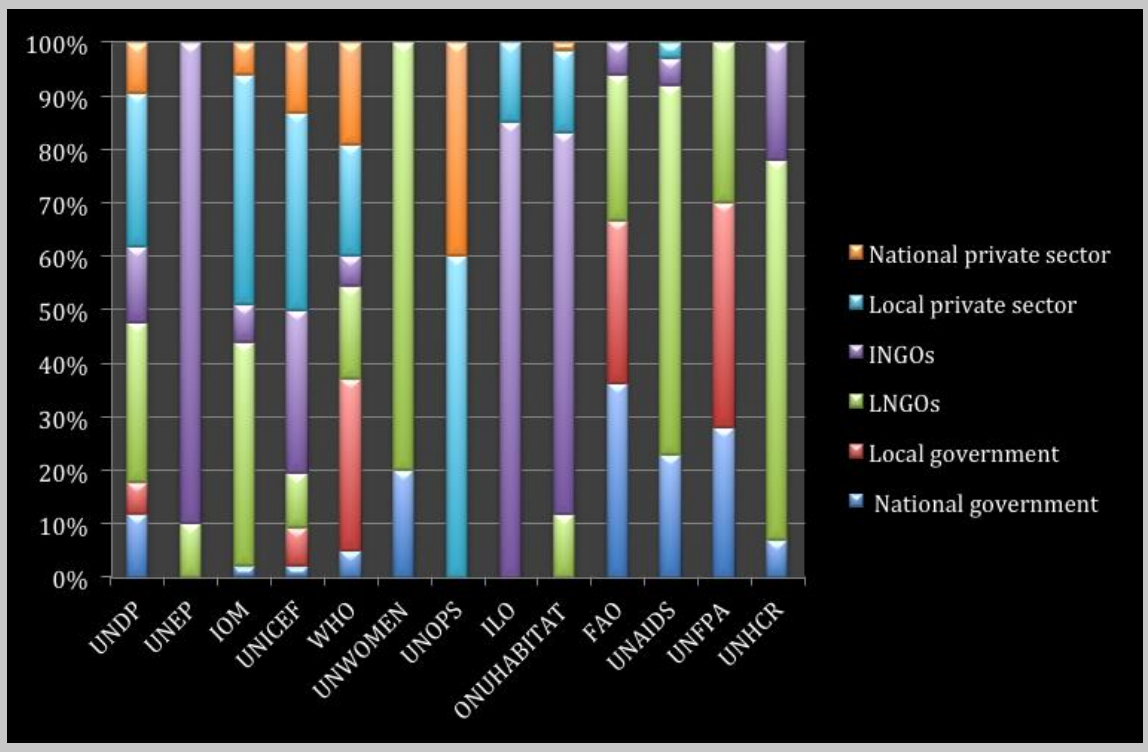


Figure 6.2 Budget distributions to different implementation partners by individual UN agencies operating in Haiti in 2011. [Source: UN direct data]

Donor respondents noted that the choice of implementation partner has evolved, historically, through several factors, such as the organisational policy of the donor, established funding mechanisms, perceived effectiveness of working relationship with different partners, processes of accountability and desired programme outputs. The availability of established funding mechanisms also influences donor decisions on how funding is channeled. For example, grant and tender processes between donors, UN agencies, the Red Cross and INGOs are well established through processes such as the CAP (Consolidated Appeals Process), and are regularly used for channeling humanitarian funds. In contrast, mechanisms to channel funds through the government institutions, local private sector and LNGOs are often weak or lacking altogether. In Haiti, many LNGOs and local private sector entities were unable to understand and access tender processes for humanitarian and/or reconstruction programmes and little support was offered to facilitate their involvement in these complex processes (EC 2012).

6.2.1.2 Support to Government

Donor reports (EC 2012; IDB 2012; World Bank 2012) demonstrated that several donors established various methods for supporting the GoH, including through direct budget support and through the provision of technical assistance. IDB, EC and the WB disbursed a large proportion of funds through the public financial mechanisms of the GoH. CIDA, who did not channel funds directly through the government supported bilaterally by setting up Memorandum of Understandings (MOU) with the GoH and providing technical assistance. Support offered to government by donors was financial, technical and institutional, with different approaches offering varying degrees of ownership and inclusion.

IDB attempted to strengthen institutional capacity through the development of the Haiti integrated government platform: a technology platform to provide secure communications, host critical information systems and recover key databases lost in the earthquake. The platform aimed to equip the Haitian public sector with data management tools that looked to increase the transparency and efficiency in the use of reconstruction resources. IDB also offered the government soft loans, working with the Ministry of Economy and Finance to increase efficiency and transparency of public resource management and raise the standard of living.

The EC along with offering direct budget support, dedicated funds to the reconstruction of

ministry buildings (US$25M planned disbursement 2013-2014), the preparation of a new governance facility for technical cooperation (US$1.2M disbursed) and support to non-state actors and local authorities and to local investments (US$2.8M disbursed). The majority of World Bank programmes managed to fully involved the Ministry of Finance and the Haiti Reconstruction Fund (HRF) in 2012 came under the chairmanship of the Minister of Economy and Finance. These initiatives built government capacity to enable a further US$100M to be released for reconstruction.

The GoH created the Interim Haiti Recovery Commission (IHRC), which was co-chaired by the UN Special Envoy to Haiti; to ensure the planning and implementation of the recovery efforts were Haitian-led. It allowed communication and coordination between the GoH, donors, civil society, and private sector communities to promote Haiti's development goals and ensure accountability and transparency.

Many UN agencies also invested a lot of financial and technical resources into national government (e.g. UNDP, IOM, FAO, UNAIDS, UNWOMEN), local government (UNDP, UNICEF, WHO, FAO); as well as local entities, such as LNGOs and civil society (e.g. UNDP, IOM, UNWOMEN, FAO, UNAIDS, UNHCR) with the aim to strengthen these local capacities.

'It is not donors who make the biggest difference, national actors need to be built up to play the leading role in the recovery, reconstruction and development of their country'
- Nigel Fisher, UN Humanitarian and resident coordinator.

UNDP channeled a large amount of funds to local authorities with 30% of the budget being spent in government institutions, which supported ministries through capacity building. The UNDP aimed to build in missing capacity and offer technical support and training. UNDPs transition strategy centers on the importance of key government leadership to allow humanitarian ownership to transfer to government ownership.

Even with a number of donor and UN initiatives undertaken to involve the government and support recovery there were a number of challenges witnessed by respondents in the rate of recovery and reconstruction. What has been highlighted was the level of ownership, competence and leadership offered by the GoH (IMF 2012), but also the actual level of

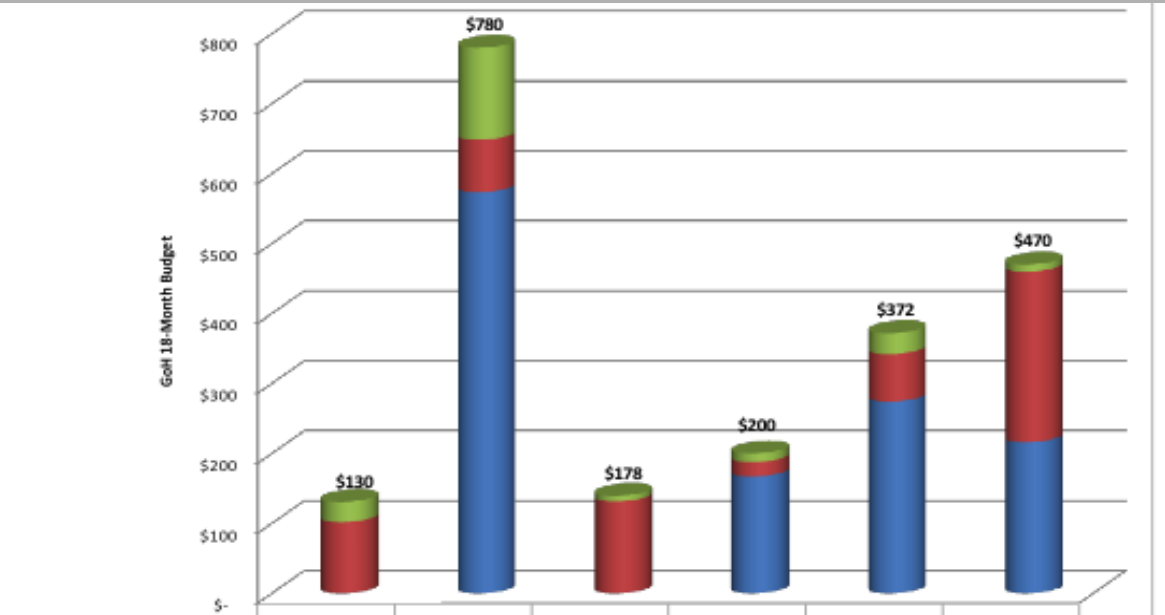
funds offered to recovery and reconstruction activities compared to the needs (refer to Box 6.2, pg. 207). Raising the questions as to whether the overall approach undertaken by donors was comprehensive enough in its strategy and its budget allocation to build the capacity of the government to undertake and own recovery and reconstruction activity. Box 6.2 illustrates the amounts that donors contributed to supporting the GoH's 18 month Action Plan for National Recovery and Development. As illustrated by Figure 6.3 (refer to pg. 207), support was met for smaller budget requirements in the areas of DRR and urban development, but large gaps remained in reconstruction, institutional strengthening and education.

Box 6.2 Budget support to the GoH for post-earthquake recovery

Approximately US$5.50B was pledged by 55 public sector donors at the pledging conference in March 2010 to support the GoH's Action Plan. As of December 2011 donors had provided US$1B in debt relief and approved US$4.5B in programme funds of which US$2.4B had been distributed by 2012.

Of the US$335M received, the HRF channeled 89% of its disbursed funds directly through the government or government associated agencies, which offered the government strong ownership in the implementation of HRF-funded projects. Several donors also offered direct budget support to the government from 2010-2012, including IDB distributing US$50M in 2010, US$35M in 2011 and US$27M in 2012, and EC distributing US$36M in 2010, US$26M in 2011 and US$150,000 in 2012.

Figure 6.3 shows that there were still significant funding gaps in the GoH's 18 month budget plan. With programmes aimed at reconstruction, financial and economic recovery (jobs) and strengthening of administration suffering the most. Funding was met for the smaller budgets requested for DRR, development of regional hubs and urban development.



	Disaster Risk Reduction	Reconstruction	Regional Hubs and Urban Development	Financial and Economic Recovery; Jobs	Strengthening the Administration	Education
HRF Funding	$29	$132	$8	$13	$30	$10
Other Donor Funds Contributed	$102	$75	$131	$21	$68	$244
Financing Gap	$(1)	$574	$(64)	$167	$274	$216

Figure 6.3 Donor and HRF contribution to the GoH 18 month budget plan for funding post-earthquake recovery. [Source: HRF 2012]

6.2.1.3 Support to the Private Sector

As demonstrated in Table 6.1 and 6.2 (refer to pg. 200 and 201), minimal amounts of the overall budget from donors was directly channeled to the private sector, despite the fact that budget offered in support of private sector development brought about many fundamental initiatives.

IDB offered US$2M for low rate loans to be offered to SMEs through local financial institutions, e.g. an incentive called the Social Investment Fund; a Business Development Service, disbursing US$31.2M in total for private sector development; and a Productive Haiti programme (refer to Box 6.3, pg. 209).

The EC channeled much larger amounts directly to the private sector (refer to Table 6.1, pg. 200) supporting mango producers, offering a micro-credit system and developing commercial exchange.

CIDA also offered a system of micro-credit and financial services through savings and credit cooperatives. By 2011, 47 cooperatives and 24 points of service were established. This programme has boosted credit and savings by 20% (with the total number of members at 390,000) as has helped generate stable, permanent employment in rural areas.

Within the UN agencies: UNOPS, UNDP, WHO, UNICEF and IOM channeled large percentage of funds to the local private sector. Five agencies didn't invest in the private sector at all, these include: UNEP, UNWOMEN, FAO, UNFPA and UNHCR.

UNDP specialise in private sector development and job creation. The strategies they employed included; buying locally, offering support to companies on how to apply for UN tender processes, setting up an employment programme that worked with the private sector, i.e. helping them become more competitive and increase their quality of service, and they also offered support to entrepreneurs through a professional qualification a subsidy programme that asked the private sector what skills they were missing, then provided subsidies to the youth to study in those professions.

Box 6.3 IDB Support to the Private Sector

Social Investment Fund Due to the limited access to credit and very high interest rates in Haiti post-earthquake IDB set up a Social Investment Fund (SIF) in 2011, which will be a 12 year debt fund with up to €50M in assets, offering SMEs a lower rate loan through local financial institutions (e.g. banks, micro-financers, cooperatives and leasing companies). The SIF will provide these local financial institutions (LFI) with loans that can cover up to 60% of the financial cost of eligible sub-loans; providing co-finance sub-loans that are blended at a lower rate, enabling more SMEs to have access to finance. Loans between US$10,000 and US$30,000 can be allocated by LFI to SMEs that comply with Haitian law.

Business Development Services As most SMEs in Haiti lack formal business training, IDB's business development service aims to help SMEs better prepare financial statements, formulate more precise business plans that better project their financial flows, as well as develop their entrepreneurial management skills - a process that will enhance the productivity of SMEs and allow them better access to credit. IDB have invested US$11M, with a further US$9M having been contributed from multiple donors. The business development service allocates funds upon demand and in high priority sectors and value chains. Further support will be offered once credit has been obtained through training to formulate or review business plans, strengthen managerial skills, support to the implementation of business plans and support for the training of new workers hired as a result of the financial investment.

Productive Haiti Program Productive Haiti is a programmatic approach that aims to support credit requests on the market, enabling financial institutions to have more incentives to cater to the existing investment needs. This approach will include the implementation of five pillars:

1. Partial Credit Guarantee Fund (PCGF): to reduce bank's credit risk for existing clients (US$35M)
2. Social Investment Fund (SIF): to enhance collaboration with private sector lenders to increase access to finance through lower rate loans (€50M).
3. Business Development Services (BDS): for the provision of technical assistance to SMEs for SIF, PCGF or QEF financial eligibility (US$20M).
4. Professional training (PT): to provide demand driven funding support for professional training.
5. Quasi Equity Facility (QEF): to offer a multi-layered equity facility to provide 'seed grants' and equity funds to enable SME start-ups.

[Source: IDB 2012]

6.1.2.4 Local Private Sector and LNGOs Assessment of Humanitarian Funding

Several private sector, INGO and LNGO respondents stated they were critical of the way international aid was channeled and felt that there had been insufficient engagement with local private sector and civil society. Humanitarian aid was seen to have been poorly administered and insufficiently regulated, which resulted in funds being channeled into programmes, which Haitians felt they had neither ownership nor control over.

The most alarming impact of aid cited by INGOs and LNGOs was the destruction of social services and basic services, particularly in the health sector. In the field of health, engagement with the private sector was minimal, even though the vast majority of health service providers in the country are private. The lack of engagement with the private health institutions resulted in the bankruptcy of many private health centers and hospitals, the loss of jobs and the further weakening of local health institutions. Within water and sanitation archival data highlighted that many of the private local water vendors were unable to re-engage their businesses due to being unable to compete with all the free provision undertaken by INGOs.

Fragmentation and unreliability of assistance was also cited by private sector respondents as making a productive relationship between international donors and the local private sector difficult. Respondents were also critical of the way in which aid resulted in a distortion of local markets and disempowerment of local communities.

The setting up of parallel aid systems was criticised within evaluatory reports (Fiscale 2011; OECD/DAC 2011; DEC 2011a) as leading to a continuous weakening of the Haitian State and Haitian institutions in general. In some cases, this resulted in a virtual collapse of certain sectors.

Another issue articulated by a variety of stakeholders in interview was that aid was inefficient, wasteful, fragmented and unreliable. Inefficiency and wastage was considered to be directly related to the lack of understanding of the context and the bypassing of local institutions- ‘because of the perceptions of the culture of corruption in Haiti, there is a fear to work with local institutions’, states a private sector respondent. ‘Therefore the donors fund outside organisations who set up their own systems, but who do not have an

understanding of the reality. As a result, their projects are less effective and lots of money is wasted', a statement by a government respondent.

Aid that was channeled in this manner was perceived as an inefficient use of resources that undermined sustainability. In the words of an INGO respondent, 'its like pouring money into a system that is broken. Millions have been spent and millions have been lost, not reaching people in need nor building systems that can be sustained'.

Finally, aid was also described by several INGO respondents as not being innovative enough in supporting recovery, reconstruction and economic development, processes that would have encouraged the development of resilience within this vulnerable society.

6.2.2 Influence on Recovery and Economic Development

6.2.2.1 Donor Strategy for Recovery and Economic Development

Literature (Groupe URD 2010; EC 2012; IDB 2012, World Bank 2012) has demonstrated that donors offer a variety of approaches in the wake of a crisis that coincide with the nature of the organisation and the funding instruments they have developed. Donor reports showed that, in Haiti, the EC, which offers both expertise and support in both emergency response (ECHO) and mid-long term development, provided two lines of support under their Civil Protection Mechanism and European Development Fund. Box 6.4 (refer to pg. 213) illustrates the sectoral division of these funds and the strategies developed specific to recovery and economic development (refer to Figures 6.4 and 6.5, refer to pg. 213).

The EC undertook several strategies for addressing the earthquakes direct affects that offered long-term sustainability, resilience building and recovery and included:

- Facilitating the return of displaced people to their place of origin or to relocate. Taking a neighbourhood approach, reconstructing homes and water and sanitation facilities.
- Providing Haitians with access to healthcare in their neighbourhoods.
- Integrating DRR methods in all reconstruction efforts.
- Offering Cash for Work for debris clearing and rehabilitation.
- Providing a food assistance programme that worked through cash or vouchers aimed at stimulating the local economy.

The EC also offered reconstruction and development initiatives that contributed to economic development:

- Facilitating access to micro-credits in rural areas and strengthening the capacities of financial lenders, e.g. Caisses Populaires.
- Supporting road and bridge rehabilitation and maintenance.
- Offering support to the Ministry of Industry and Commerce.
- Enhancing commercial exchanges between Haiti and the Dominican Republic.
- Enhancing local community cooperation in border areas.
- Promoting the economic development of the northern region.

Furthermore, the IDB, an institution solely concerned with development, offered a different strategic approach. A Country Strategy Update was produced after the earthquake declaring 7 priority sectors aligned to a reconstruction plan: infrastructure, transport, energy, WASH, agriculture, education (US$250m over 5 years) and private sector development, through access to finance and business development.

Box 6.4 EC's sectoral budget division and strategic approach in post-earthquake Haiti

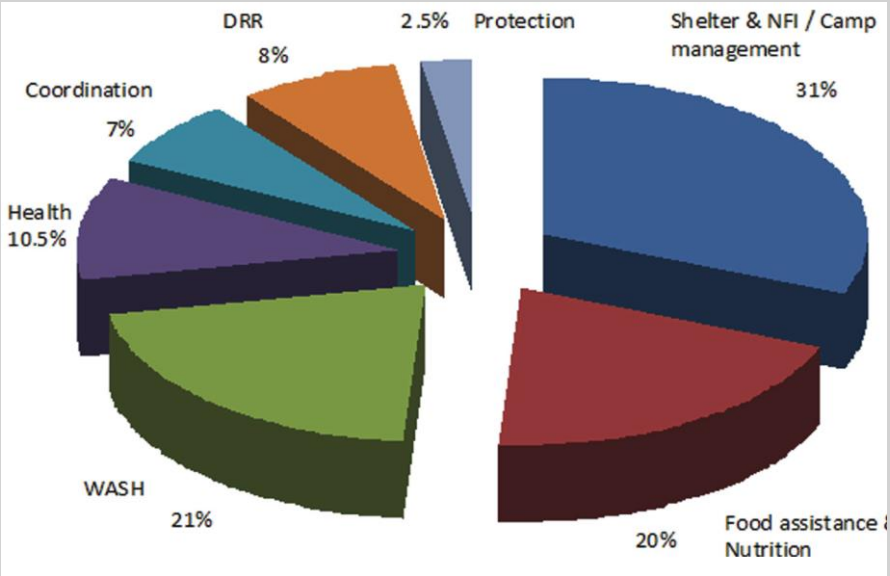


Figure 6.4 Breakdown of the EC's emergency budget by sector 2010-2011. [Source: EC 2012]

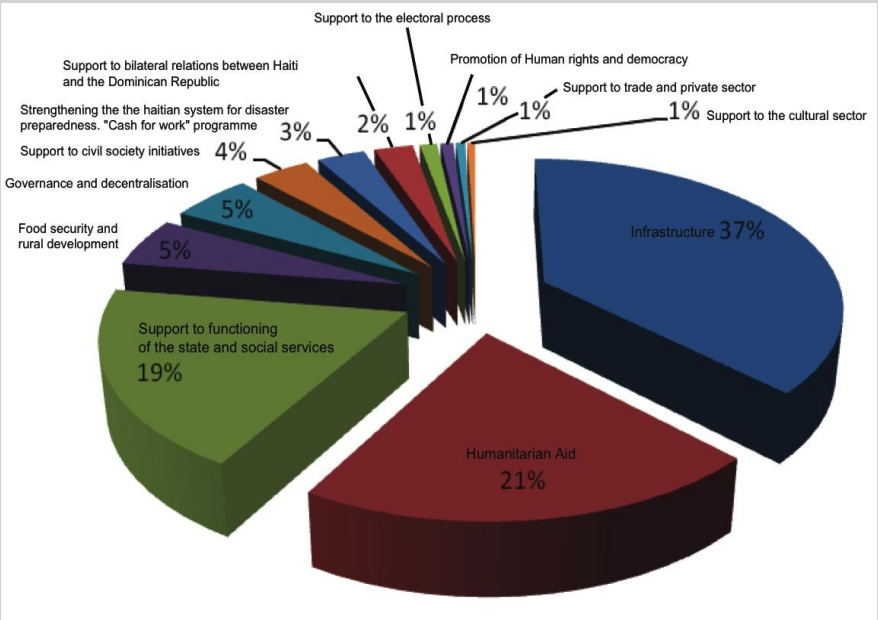


Figure 6.5 Breakdown of the EC's budget for reconstruction and development by activity. [Source: EC 2012]

6.2.2.2 Job Creation

Donor reports (EC 2012; IDB 2012) established that donors aimed to create jobs through infrastructure projects that required large amounts of labour, such as the EC's road and bridge rehabilitation projects and IDB's support to the Caracol Industrial Park development. By 2012, HRF had provided 18% of total reconstruction financing, with US$274M being allocated to 17 projects since June 2010.

Private sector development initiatives were also used to create employment opportunities, through the establishment of more SMEs, the development of industrial parks, such as Caracol Industrial Park, and loan support for the employment of local labour. IDB offered such loan support to SMEs through their economic and social assistance fund. IDB also offered soft loans for the GoH to stimulate economic recovery and expand and diversify sources of income in poor rural and peri-urban communities.

Evaluatory reports produced by the UN (UN 2011; UNDP 2013) showed that in 2011 UN agencies created just over 280,000 jobs, with IOM generating 140,000 jobs and UNDP creating 125,000 jobs. UNDP, in particular, invested in job creation in every commune. In the first 10 months the objective was to inject money into the economy, so money was pushed through any good employment suggestion, whether it was short-term or long-term. By November 2010 labor-intensive programmes were being provided, but, for maximum benefit, they needed to be framed within the long-term rehabilitation programme. By 2012, UNDP managed to create 400,000 jobs, inclusive of both short-term and long-term employments, using this approach.

6.2.2.3 Cash Transfers

Donor programmatic reports mention that cash transfers were offered by donors who undertook direct programme activity, such as the Cash for Work programmes offered by the EC, which gave out cash and vouchers for food assistance for labour undertaken (US$5M). The World Bank also offered cash grants for housing repair and reconstruction, i.e. US$1350 was given to a house-hold if the damaged house was assessed as structurally solid and US$3500 if a house that had been completely destroyed or was beyond repair (these funds facilitated the build of a core unit 18m^2 in size).

Other UN agencies also have incorporated cash transfers into their programmes through mechanisms, such as CfW, reconstruction support, and rental support. UNDP set up a large CfW programme for activities such as debris removal. Cash was paid to 40,000 workers using mobile money. UNDP also supported working groups that coordinated hundreds of NGOs undertaking CfW programmes. UN and INGO respondents noted that reconstruction subsidies were also coordinated by a UNDP scheme where each family received a US$500 coupon to buy construction materials and UNDP provided them with support from engineers, who could tell them what they needed to buy and also train them on how to repair their homes. Tools were also available for loan. Again mobile money was used to transfer the cash to the beneficiary. By 2012, IOM began to support the dissolution of IDP camps through rental support offered to those who moved out of the IDP camps; this strategy was initiated under the 16/6 programme (refer to Case study 2, pg. 155).

6.2.2.4 Private Sector Views on Recovery and Economic Development

All private sector respondents interviewed and some INGO respondents, referred to distortion of local markets in Haiti. Various kinds of distortion were described, including the distortion of salaries and the distortion in the rental market.

The distribution of free food and goods was also criticised for distorting the local food and commodity market. Some private sector actors did develop proposals on initiatives to better link international assistance to local markets, but complained that these were never seriously considered (refer to Box 6.5, pg. 217).

LNGO and INGO respondents were also critical of aid being channeled in a way that disempowered rather than strengthened local communities. They cited the emergence of passive tendencies among the population as a result of not being involved in their own development.

Distribution of free goods and services and CfW programmes were cited by LNGOs and INGO respondents as examples that undermined local notions and practices of self-reliance. ‘People get used to receiving; becoming mere spectators to the activities of the NGOs’, one INGO respondent related. ‘Goods, services and cash are given without their having to work for them; expectations are raised and eventually not fulfilled. Then when the INGO finishes their project and leaves after a few years, it creates immense frustration among the

population and it undermines local solidarity, self-reliance and initiative', stated another INGO respondent.

Box 6.5 Food aid and local markets

'Many food and beverage businesses faced enormous challenges after the earthquake because the majority of food was distributed for free for about 6 months. We from the private sector had, in fact, proposed that a voucher system be organized, that could be given to the affected population to use in local shops, and then local stores could be reimbursed by aid organizations. This would have ensured that the local commercial food was protected and it would have allowed people access to goods, to recover their sense of normalcy and their dignity. And it wouldn't have cost anything more, just a different way of organizing assistance through partnership with the private sector. But such a system was never considered seriously and was never established.'

A quote given by a local Haitian private sector respondent.

6.2.3 The Donor System and its Programmatic Influence

Many respondents from the international community noted significant programmatic issues that stemmed from the operative nature of the donor. It is clear that response and recovery operations are heavily dependent on the donor and consequently often strategically impact programs carried out on the ground. These issues include:

'Time frames were extremely short, as is always the case with humanitarian funding. There has not been as yet, much 'transitional' funding for Haiti and not enough 'development' funding, which is sorely needed to prevent certain future disasters and to increase resilience'. - INGO respondent

'Proposals are developed around available funding and time limits on spending were set. Organisations often follow donor money, resulting in programmes not being developed on real field based needs'. - INGO respondent

'Strategic direction essentially depended on the funding, we [agency] have been very dependent on funding where the donor specifies what is wanted, rather than being able to put our own ideas to donors'. - INGO respondent

‘Implementation of recovery was stunted due to lack of funding. It was sad that we could not implement earlier’. - INGO respondent

Lack of donor coherence disconnects the response

The literature review has presented how funds flow into an emergency through a variety of routes, i.e. the CAP, Flash appeals, CERF, ERF, private funds etc. (refer to sub-section 2.4.2), which then flow through a variety of financial disbursement partners and implementation partners (refer to Table 6.1, pg. 200 and 6.2, pg. 201), with all parties of which having their own agendas. The current lack of coherence between the expansive array of donors that support the plethora of implementation agencies operating in a response lays the foundations for a confused and ineffectual approach, making coordination and strategy development extremely difficult. This approach does not allow the international response to function as a sum of its parts, which, if successfully achieved, would create a capacity that could streamline planning, strategy development and implementation, enabling the sector to rapidly assess and respond to the variety of needs presented in volatile post-disaster environments. Instead, the current approach operates as a disconnected body, which results in a significantly weaker capacity that struggles to undertake effective coordination and strategy development.

Top-heavy decision-making weakens leadership

Current funding architecture presented within the previous sub-section shows that decision-making is frequently top heavy, and where response programmes are developed on the basis of donor perception and/or agenda and not enough on the reality and need on the ground. While, donors have a strong influence on response programme direction, however, they do not have the mandate nor sufficient capacity to offer leadership. This creates a dynamic where decision making authority is not in the hands of those who are in leadership positions within a response creating a power vacuum; making it difficult for effective leadership to exist.

Short proposal timeframes affects effective planning

A respondent from an INGO noted ‘donors can sometimes only give a couple of weeks after a call for proposals to plan an entire programme, which results in a rushed understanding of the most appropriate type of programme for the context, then you have to implement that prescribed programme’. With little time to gain effective assessment of the operational

context and the needs of the affected population, along with a funding system that does not allow the flexibility to evolve programmes to meet the changing needs, sees the implementation of inappropriate programmes. The provision of a funding system that offers flexibility should be an intrinsic way of operating in dynamic and often volatile environments, such as emergency responses.

A further challenge seen, within the issue of funding flexibility, that was highlighted by several INGO and UN agency respondents, can be seen when attempting to gain funding for, what is deemed, 'recovery activities'. Often activities relating to recovery need to be funded under different funding streams, calls for proposals within these funding streams are irregular and the process needed to release the funds can take a year, which is a none starter in emergencies.

Funding caps affects programmatic scope

Many INGO respondents noted that relief funding often has a 6 month spending cap, which they witnessed led to misguided decision-making that focused on rapid spending strategies and not looking at how to meet the real needs with the most effective programme. It was also noted by INGO respondents that spending caps also made it very difficult for long-sighted programming to be planned for. An INGO respondent states 'if there is any unspent money there should be a system that can free up the money for use for other activities such as recovery. To do this firstly, donor's mindset needs to change, as there is more interest in funding emergencies activity only because of its profile. Secondly, making a request for both relief and recovery funding needs to be made available at the same time.

It had also been noted in Haiti by INGO respondents that when recovery activities were needed there was little to no money available. If relief, recovery and development are ever to find coherence, funding periods need to be extended, e.g. from the typical 6 months to 1 year timescale to at least 1 to 5 years. This would allow for effective transitional programming that affords the possibility for strategy development.

Donors push for quantity over quality and 'visibility' over 'feasibility'

As noted in the previous section, donors often choose funding avenues based on the profile it can bring, e.g. relief activities, which come with huge media attention, a life saving profile

and quantifiable numbers to impress. Whereas, recovery is much more complex with results only being visible much further down the line.

This mindset is extended into an approach of 'visibility' where funds are often released to activities that will gain the most media coverage, e.g. in PaP, a lot of work took place in camps nearest to the airport and the presidential palace. As is clear the choice of programme support was not based on need or feasibility, but on visibility, resulting in programme aims were being warped by donor pressure, reducing the effective scope of interventions.

As noted by INGO respondents and demonstrated in donor pre-requisites, donors favour, and push for, quantifiable results, basing their impact on numbers achieved In Haiti, this consequently resulted in 'UN agencies and many other INGOs focusing on numbers achieved with less of a focus on strategy', as one INGO representative stated. An example of this approach saw an X number of IDPs receiving X number of litres of water per day, which was achieved through the use of an incredibly expensive and unsustainable form of delivery; a form of delivery that ends when the money runs out, not when the need ceases. This current approach doesn't look at the response in a holistic way, it does not encourage strategy development or the development of more effective operations to meet the real needs of affected communities. Relief professionals have often, consequently, developed their expertise to work solely in their perceived dedicated 'phase' and not developing the strategic base to ensure effective transition, exits and recovery can take place. This can be likened to the humanitarian sector operating with blinkers on; operating in the realms of donor architecture and not within the reality on the ground.

Programmes chosen on financial imperative not on need

It was also noted by several INGO respondents that programme choice by some agencies was made on a financial imperative and not on need. Where agencies would undertake programmes, i.e. either self-set or under a donor specified proposal application, that allowed for financial support to keep the agency in operation even though it was well understood that said programme(s) were either ineffective or even negative in its impact. The financial dependency that this current donor system creates can lead to the implementation of ineffective and misled programming that confuses, and potentially hinders, the overall effectiveness of response operations. These approaches need to be monitored and accounted for in the overall strategy to ensure international interventions are appropriate and worth

undertaking. If there is ever to be coherence between relief and recovery, donors and agencies need to be able to work off one platform. A platform that offers up a coherent strategy and that allows for a coordinated and capable response, rather than a chaotic and futile one.

Separation of funding streams

Current donor architecture is based on separated funding streams for 'relief' and 'recovery' orientated activities. The 'phased' disaster cycle paradigm has encouraged a funding framework that has developed 'distinct branches with very different sets of benchmarks and heavy structuring, and there is not a friendly link between them', states a donor respondent. This framework has developed a funding procedure that has created an inflexible system. A system that is unable to release funds outside its 'phased' parameters.

Agencies are recognising the need to look at relief and recovery simultaneously, but are struggling to find financial support to undertake more strategic and context specific programming. Within the Haiti response, examples of this can be seen in IRDs response proposal that looked to include relief and recovery activities, but was refused by OFDA. However, further into the response, OFDA were described as 'going beyond their mandate' when they offered to support CHF's programme that was more long-sighted in its thinking.

Along with programme approach being influenced, the ability to exit correctly was also compromised. An example of this was seen under ECHO funding, where a sponsored organisation ran out of funds before being able to adequately exit, the donor told the organisation they needed to end activities anyway, resulting in unfinished programmes and services being dropped with no alternative put in place.

The donor system frequently inhibits the potential for coherence to be created between relief and recovery, as the system doesn't incentivise agencies to undertake more than relief and with handovers often not planned in. Therefore, strategy to adequately transition or exit is not inherent in programming. What is more significant is that the system does not allow for progressive development of operations within the humanitarian sector, a detrimental dynamic that ensures response operations will never reach their optimum operational state. Instead, operating in the chaotic and un-strategised manner that it currently finds itself in. If

humanitarian response is to ever increase in effectiveness and coherence, a significant redesign of the donor system needs to be undertaken.

DFID have recognised this and state, in their most recent HERR, that there is a need to fund recovery from day one, recognising that their split-funding model (e.g. relief, recovery and reconstruction) has caused a false dichotomy between these activities. The review found that what affected populations want and need the most is an immediate start to livelihoods recovery and that the neat donor funding split does not work to meet this need (DFID 2011b).

Accountability and using the donor system to install standards

Several INGO respondents note that there is an obvious lack of accountability and acknowledgement of failure by the humanitarian community. This results, in the consequences of ineffective or detrimental programmes going unaccounted for and critical learning never being fed back into operations, which is necessary to increase effectiveness. This state of affairs has been encouraged by the donor system. Firstly, through the lack of a system of accountability: an INGO respondent comments, 'the lack of a system of accountability is not amended by donors because of their potential 'fear' of being accountable for all the mistakes'. Secondly, agencies are under a system that needs to prove success of funded programmes to ensure future funding is available, which prohibits the ability to admit failure and feed in learning.

Ensuring a system of accountability will stimulate an environment of learning and greater flexibility, foster an acknowledgement of failure and highlight opportunities to improve programming and operations. Driving the humanitarian system to increase standards.

Local private sector mechanisms for accessing funds

If transition mechanisms are to exist and sustainable service options are to develop after a disaster, the local private sector needs to be involved in response and recovery activities. In order for the local private sector to re-establish access to the streams of finance that flow into an emergency need to be made more available. Private sector respondents stated that they struggled to access funds within the humanitarian response and, with free services being offered by the humanitarian community, private sector providers couldn't compete and re-establish themselves; many who had lost their livelihoods as a result.

Bidding processes needed to be opened up to allow local companies to apply. Facilitation needed to be offered by funding institutions or implementation agencies to support local companies become aware of what was available and how to undertake the process.

When considering opening up bidding processes, there also needs to be a discussion on criteria for application, as, within the response period, many agencies would only accept applications from 'formalised' companies. In Haiti, the majority of the local private sector groups were 'unformalised', which meant these local companies were often marginalised. Examples in Haiti saw PDT (Peace Dividend Trust), along with many other agencies, working only with formalised companies. UNDP, as an exception, worked with unformalised companies, which was essential as 90% of the private sector in Haiti is unformalised.

This section has assessed in-depth the dynamics of financial mechanisms and donor strategy within international response and their outcomes for recovery within the Haitian context. It is clear that current donor strategies possess elements that have the capacity to promote recovery, however, their current scale and timeliness are not sufficient to make the necessary impact they are capable of. There are also elements within financial mechanisms and donor strategy that have a significantly negative impact on programming and its ability to stimulate recovery.

6.3 Coordination

A second critical factor within the humanitarian framework that impacts the effectiveness of programmes is coordination. This section will look at stakeholder perceived effectiveness, which will highlight reasons for development of particular working relationships, and cluster coordination will also be assessed within the Haitian context to highlight the level of strategy and leadership available to support programming and its impact.

6.3.1 Stakeholder Perceived Effectiveness

How emergency operations are approached and implemented often depends on the strength and capacity of stakeholders involved and their perceived effectiveness. In Haiti, and within every disaster response, there are a myriad of stakeholders from: national to local government, INGOs, LNGOs, private sector, military fractions, UN agencies and community groups. Within the online survey, participants were asked to rate the

effectiveness of different stakeholders operating in the Haiti disaster response. This highlighted stakeholders that were perceived as most effective (refer to Figure 6.6, pg. 224) and those that were the least effective (refer to Figure 6.7, pg. 225). The results are displayed as the sum total of respondent's views on effectiveness of individual stakeholders, e.g. the most effective stakeholder perceived by respondents was INGOs receiving 23% of the total sum of allocated effectiveness. The summary of these results is given in the following section.

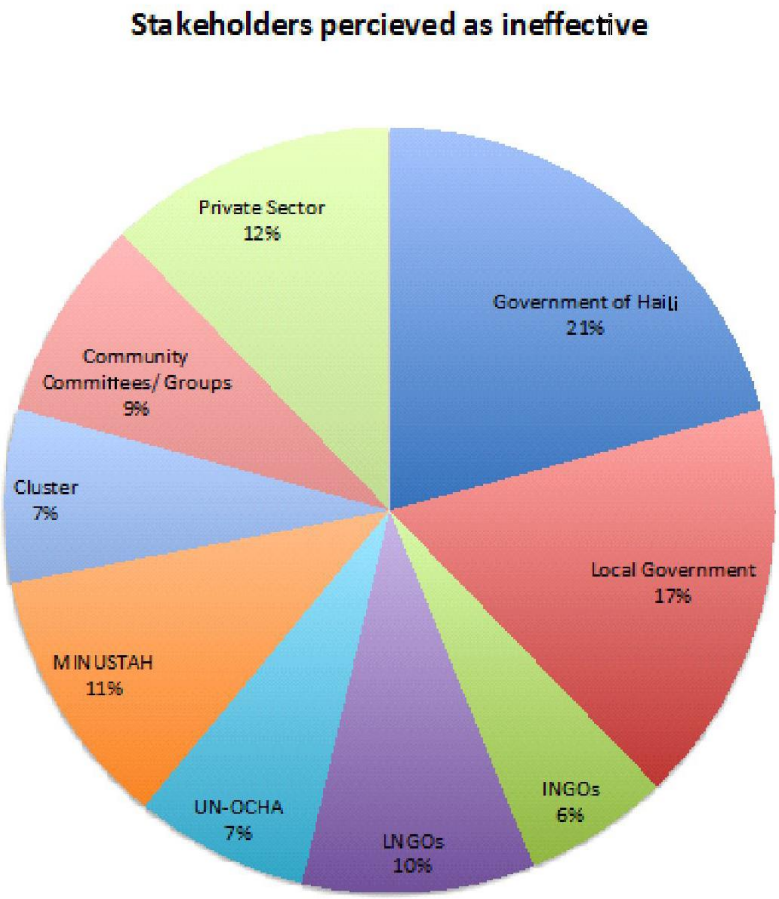
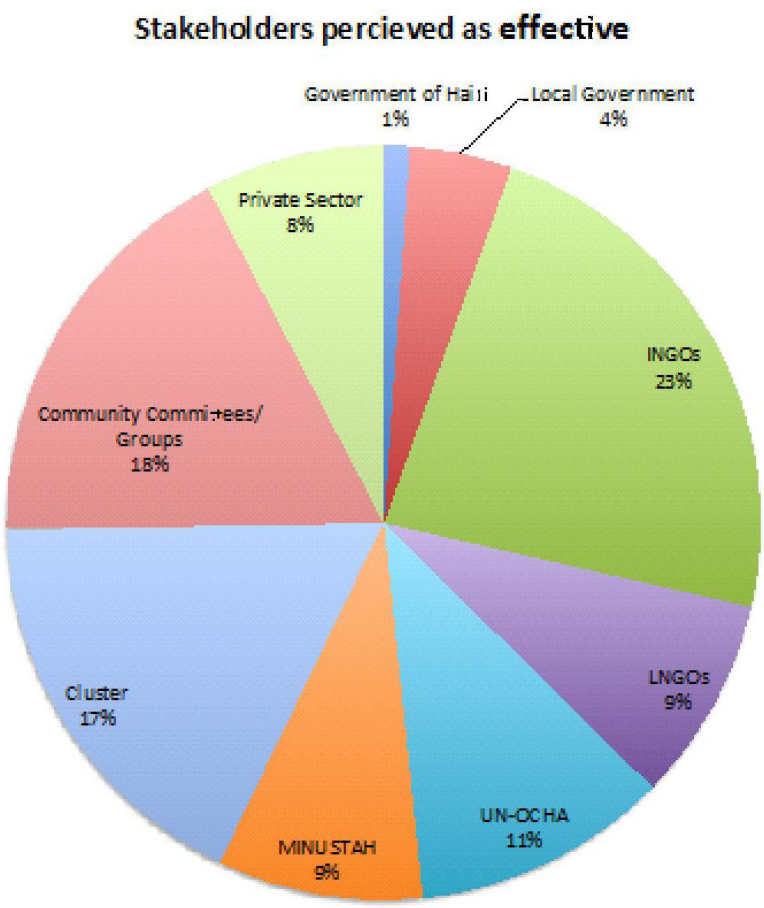


Figure 6.6 Online survey results for the perceived effectiveness of some of the main stakeholders operating in the Haiti disaster response. [Source: data from the online questionnaire, refer to Appendix 1c]



stakeholders operating in the Haiti disaster response. [Source: data from online questionnaire, refer to Appendix 1c]

Summary of perceived stakeholder effectiveness

The overall response from participants shows that the most effective stakeholders included INGOs, the cluster groups and community committees. It must be noted that the majority of respondents in this questionnaire were from INGOs. Community committees, along with the local private sector, were seen, in the main, part as effective by a variety of different stakeholders. However, some saw the operations of the private sector as disruptive to response programming - 'Many private sector actors caused more harm than good, by putting up their prices, which reduced the level of services which INGOs were able to provide to earthquake victims. Price regulation from the government may perhaps have avoided this', stated an INGO respondent.

UN's MINUSTAH were deemed effective, especially in providing logistical and security assistance in the onset of the disaster. The effectiveness of UN-OCHA gained a mixed review in its level of perceived ability and efficiency in coordinating their response.

Central government, along with local government, were both seen as highly ineffective in the emergency response, as well as within continued efforts. Local government was deemed slightly more effective than central, as access to, and participation of, representatives was higher - 'Trying to work with some national government and local government agencies has been a nightmare. There have been a few exceptions though with local government, including Tabarre Mairie, who have been generally helpful', stated an INGO respondent.

6.3.2 Cluster System Coordination

Archival data demonstrated that 12 cluster groups were set up a month after the earthquake hit Haiti. These cluster groups, and corresponding lead agencies, include: Emergency Shelter and NFI (IFRC), Camp Coordination and Camp Management (CCCM)(IOM), WASH (DINEPA), Health (PAHO/WHO), Food (WFP), Agriculture (FAO), Early recovery (UNDP), Protection (MINUSTAH/OHCHR/UNICEF/UNFPA), Education (UNICEF), Logistics (WFP), emergency telecoms (WFP), Nutrition (UNICEF).

The first important issue noted by several INGO respondents is the time it took to form the cluster groups. This occurrence left agencies scrambling to undertake patchy needs assessments with no common framework or coordination, developing proposals off the back of extremely limited information. Once clusters had formed, many agencies were already undertaking interventions, coming with their own agendas, which ultimately made coordination and strategy development difficult from the beginning.

Several INGO respondents highlighted that the separation of cluster groups was not supported by an effective inter-cluster communication and coordination mechanism, which created a strategic gap when considering recovery. An example of this saw Emergency Shelter (IFRC), CCCM (IOM), and early recovery (UNDP) separated, which resulted in IDP camp creation and management strategically separated from T-shelter support, which again was separated from rubble clearing. Rubble clearing would have enabled many more IDPs to return to their place of origin and, with this accomplished, the international community would then be able to support the creation of permanent shelter. Rather than what occurred, which was the channelling of a significant amount of emergency funding into sustaining IDP camps and T-shelters. The cluster set up didn't allow a conducive environment for transitional or recovery strategy to be developed and inform the progression of the emergency intervention.

The cluster system had the ability to get the humanitarian community working coherently by offering vital context assessments, a coherent response plan and strategic guidance (refer to sub-section 6.3.2). Archival data showed that, in Haiti, there was an inter-cluster rapid initial needs assessment for Haiti (RINAH), which was a process conducted by the CAP project ACAPS (Assessment Capacities Project), an initiative of a consortium of three NGOs (HelpAge International, Merlin and Norwegian Refugee Council). ACAPS works with a number of humanitarian actors, including the IASC Needs Assessment Task Force. However, the release of the report was delayed and, thus, the information was already outdated. The needs assessment also focused on needs alone, with no consideration for context, local participation and capacity, all vital for strategic recovery planning. To allow this information to be ascertained, the involvement of local and national authorities, LNGOs and the local private sector in coordination meetings was essential. In Haiti, this was not the case - local authorities stated they 'felt like strangers in our own city'. A sole focus on emergency work within cluster meetings meant many local development actors were not listened to, missing a crucial opportunity for active knowledge transfer. This also marginalised actors that could offer the contextual insight and strategic thinking needed for recovery planning and building in resilience.

With a lack of strategy and a focus on number crunching, the clusters in Haiti were not able to adapt to the changing needs. Strategic Advisory Groups (SAG) were set up in each cluster, which were made up of some of the major agencies within each respective cluster. These SAGs were commissioned to make some of the big decisions and communicate these with donors. This system operated for the first 6 months then a gap was experienced. There could be a number of reasons for this including, staff turnover, funding timeframes, lack of transitional and recovery expertise or external demands, i.e. the cholera outbreak, hurricane season. What is clear is that SAGs have the potential to offer the strategic capacity that is currently missing in response programming, but its mandate and capacity may not be operating at its full potential (refer to sub-section 8.6.1).

Understanding coordination capacity and its dynamics within post-disaster Haiti has uncovered a significant level of strategic weakness and a general lack of leadership. This coincidence added to the challenges experienced within programming in the form of direction, scope and scale. The lack of strategic capacity within the agency itself (refer to section 5.5) is not compensated at the coordination level seeing a strategic void develop,

which resulted in a lack of ideas and options particularly for exit, transition and recovery programming at the stages of the response where they were most essential.

This Chapter in overview has examined two essential areas within the humanitarian framework that have a major impact on the outcome within an international response, and specifically for the focus of this research, individual/HH resilience building for recovery. This assessment has been undertaken in order to meet Objective 3. To gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti. The first section examined finance and donor strategy that was employed in Haiti, looking specifically at factors such as national involvement and economic development, followed by the influence the donor system has on programming, and lastly, cluster coordination and stakeholder effectiveness witnessed in this case study.

The case study presents the decisions taken and approaches implemented in the response from the donor level down to the agency level. Highlighting the lack of funds channeled to the private sector, the limited focus on livelihood creation and limited transitional strategy for the creation of sustainable accommodation and servicing options. A response that left a nation vulnerable, instead of proactively building adaptive capacity for the affected and therefore their resilience.

7. The Relationship Between Post-disaster Resilience Building and Recovery

This Chapter looks to meet Objective 4 - To determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/HH level. Within this Chapter the conclusion of the key components of post-disaster resilience, that became evident through data produced through the case study and analysis of the literature, will be presented. Giving examples of how emergency response programming supported or hindered adaptive resilience of individuals/HHs in post-earthquake Haiti. The common barriers to recovery that were highlighted through data produced within the case study are then presented. The link between these key components and common barriers is made to highlight how adaptive resilience has the ability to stimulate recovery. Finalising the chapter by assessing how building adaptive resilience could have played a role in promoting recovery in Haiti.

7.1 Data Analysis Utilised

This chapter brings together the conclusions from Chapters 4-6 to determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/HH level, therefore the data collection methods used to ascertain this objective included: the community discussion forum and Sociogram, semi-structured interviews, the online questionnaire, archival data and the literature review.

7.2 Adaptive Resilience and the Key Components of Post-Disaster Resilience

On analysis of the existing resilience frameworks (refer to sub-section 2.3.2), only a few frameworks looked at resilience in the post-disaster contexts, these were namely, Cutter (2008) and Maguire and Cartwright (2008), who managed to make crucial conceptual links between prior resilience and the level of absorptive capacity affected populations would have post-event, also how adaptive capacity can be increased through response interventions to increase potential recovery and future resilience. As Cutter *et al.* (2008) expressed in their Place-Based model (DROP) (refer to sub-section 2.3.2) individuals/HHs will possess an existing level of ‘resilience’ before a disaster that will stem from their access to resources, such as assets, services, financial resources and their strength of relationships with friends and family, local authority and civil society (Bosher 2004). This existing level of resilience ascribes the level of absorptive capacity made available to that individual/HH in the event of a disaster. This absorptive capacity determines the level of perturbation experienced, as well as the capacity available to recover/return to a state of functionality, i.e. adaptive resilience

(refer to Figure 7.1, pg. 230). Adaptive resilience is the term given to an individual's/HH's level of potential resilience expressed in a crisis event and the modality that humanitarian response can support and develop.

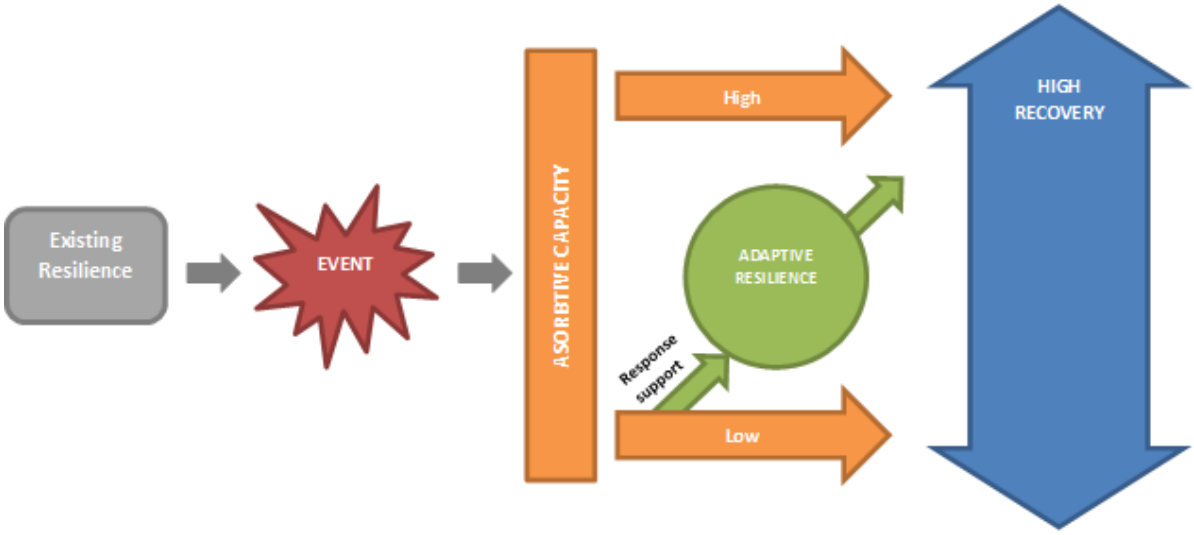


Figure 7.1 A schematic diagram of post-disaster adaptive resilience and necessary humanitarian support to increase level of potential recovery (adapted from Cutter's DROP model). [Source: Cutter 2008]

The analysis of current resilience frameworks and previous emergency response approaches detailed in the literature review have highlighted that there is an obvious gap in knowledge surrounding how to practically support adaptive capacity post-disaster to ensure prior weak resilience doesn't hinder potential recovery. There was a clear need to further break down and understand the 'modality' that humanitarian response can support and develop adaptive resilience at the individual/HH level within the post-disaster context. To better understand this modality, the fundamental nature of post-disaster resilience needed to be clarified. The research was able to clarify what truly constitutes the key components of post-disaster resilience. This was achieved through the review of the literature that presented a number of resilience frameworks and their corresponding concepts, and the review of the dynamics expressed through the data collection within this post-disaster context, at the individual/HH level (Community Discussion Forum and Sociogram) and within the emergency response (Semi-structured interviews and online questionnaire), which has clarified the essential components of post-disaster resilience.

Six key components have been deduced from the literature and the data. The first 5 have been detailed as essential components of resilience by Bosher (2004) and further iterated as fundamental to adaptive resilience and recovery through data collected within the community discussion forum and Sociogram (refer section 4.2). Due to the small sample size the data produced through this methodology was triangulated with data from the semi-structured interviews and online questionnaire to validate the fundamental nature of these key elements for adaptive resilience and therefore recovery (as detailed in the main findings of Chapters 5 and 6).

The 6th component detailed in these key components of resilience is an addition to the main 5 components described for resilience. This 6th component is risk perception, risk perception being an individuals conceptualisation of individual or community resilience, which will encourage self-belief and ownership of recovery and not dependency. Risk perception was a concept considered only within one resilience framework, a framework by Paton and Johnston (2001). The model considers social and psychological factors are fundamental in the conceptualisation of individual and community resilience. Particularly focusing on risk perception and risk reducing behaviour. The model presents that an individuals perception of a threat remains a pertinent precursor, the key factors are the consideration of whether risk may be reduced and whether the required actions are within the capabilities of the individual. As people make assumptions about the possible consequences of action before considering engaging in that behaviour, risk perception then becomes critical in determining the potential level of adaptive resilience that could be achieved.

These social and psychological factors were not encompassed in later models. These factors are crucial when developing schemes to build in community preparedness, as well as considering resilience building initiatives in humanitarian responses. Indicating that the lack of consideration in later models could highlight a missing link in the holistic conceptualisation of resilience, which is necessary to effectively operationalise resilience.

6 key components of post-disaster resilience

1. **Access to assets**

   Asset ownership, such as a house, transportation or tools forms a level of security and capital for potential recovery.

2. **Access to basic services**

   Services, such as water, sanitation and health care are vital for survival and maintenance of health. Adequate provision also means time spent on ensuring these vital activities is limited, freeing up time for more productive pursuits, such as livelihood activities.

3. **Economic opportunities**

   Proactively encouraging livelihood opportunities and market stimulation will foster local economic recovery, stimulating the rehabilitation of local services and amenities. It will also allow individuals/HHs to raise essential capital to manage their own recovery.

4. **Access to legal and financial services, i.e. loans, grants.**

   Access to cash in a crisis can be fundamental to securing accommodation, starting up a business and offering an opportunity for individuals/HHs to manage their own recovery.

5. **Strong social and political networks**

   Supportive social networks, such as friends, family and community members, help mitigate adverse consequences and maximise potential recovery. Political connections, i.e. access to local government, civil organisations and international organisations also provide essential support, information and guidance.

6. **Risk perception**

   Individual conceptualisation of individual or community resilience is vital to encourage self-belief and ownership of recovery and not dependency.

7.3 Adaptive Resilience and the Stimulation of Recovery

The level of recovery is intrinsic to the level of resilience expressed after a disaster event. Key barriers to recovery noted within the community discussion forum, semi-structured interviews and online questionnaire were:

The common barriers to recovery for the affected individuals/HHs identified within this case study included:

- **Lack of adequate shelter provision**
  - There was a fundamental need for shelter options that went beyond tented camps.
  - Shelter provision that could offer semi- permanent or permanent solutions, i.e. house repair, host family support, rental support, new construction.
  - The lack of shelter saw individuals/HHs unable to return to their place of origin, seeing that affected individuals/HHs were unable to return to a state of functionality.
- **Lack of sustainable basic services, i.e. water and sanitation**
  - The main provisions of water and sanitation were accessible only in or around camps, seeing this provision linked to Shelter strategy.
  - Reliance on temporary, unsecured water and sanitation services saw individuals/HHs over time struggling to find adequate resources to lead a day to day productive life.
  - There was a significant need to foster more sustainable service options, within camps, but also within host communities, affected and un-affected neighbourhoods, either through the private sector or through the repair and development of state resources.
- **Limited or no livelihood opportunities**
  - There were some livelihood options made available within the response through Cash For Work and some reconstruction programmes. However, the amount and timescale of these options was not adequate in dealing with the volume of need. Seeing individuals/HHs not being able to establish any form of income, increasing their dependency on external resources.

- Support to and development of private sector business and local market development was needed to aid the local economy, which could have generated livelihoods.

- **Limited or no access to cash, loans or grants**
  - For disaster affected individuals/HHs there was limited cash available with some receiving cash from associated diaspora, others through cash programmes initiated by international agencies. However, loans and grants were virtually impossible to access.
  - This situation again saw individuals/HHs solely relying on unsustainable external resources, increasing their level of dependency.
  - The productive use of cash transfers, increase in livelihood provision, which is intrinsic for access to sustainable sources of cash, support to local bank institutions, the development and use of mobile money and the opening up of UN and other bidding processes to local private sector were all options needed to provision adequate access to financial support that could support domestic and livelihood activities.

Figures 7.2, 7.3, 7.4 and 7.5 (refer to pg. 235) show a component of adaptive resilience, a common barrier that is related, presenting the improved recovery output that would be achieved, if that specified key component of adaptive resilience was supported through an emergency response intervention. For example, if economic opportunities were supported (a component of adaptive resilience), then the lack of livelihood opportunities (a common barrier to recovery) would no longer be a problem (improved recovery).

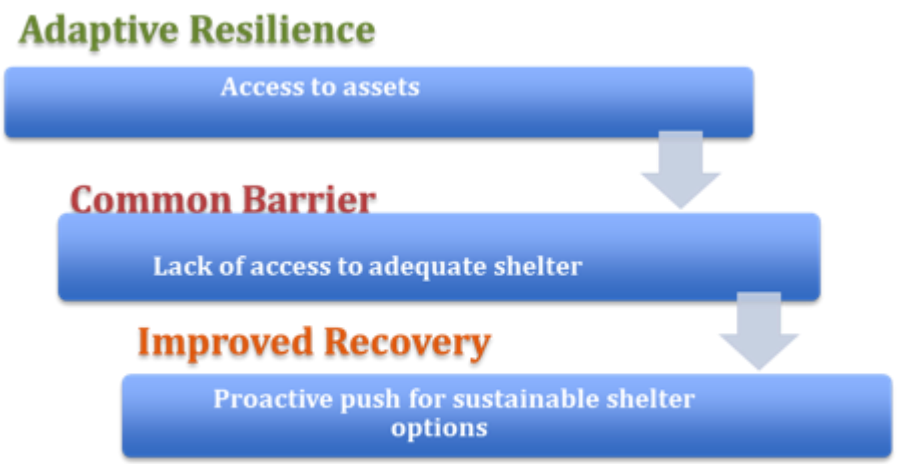


Figure 7.2 Demonstrates the link between adaptive resilience and common barriers to recovery, specifically looking at access to assets.

Figure 7.3 Demonstrates the link between adaptive resilience and common barriers to recovery, specifically looking at access to basic services.

Figure 7.4 Demonstrated the link between adaptive resilience and common barriers to recovery, specifically looking at economic opportunities.

Figure 7.5 Demonstrated the link between adaptive resilience and common barriers to recovery, specifically looking access to financial services.

As noted in Chapter 4 recovery is difficult to achieve in the aftermath of a disaster without external assistance. If recovery is to be achieved it has been shown through the data analysis that adaptive resilience of the affected population needs to be supported and proactively developed. Figure 7.6 (refer to pg. 237) demonstrates that when a society who have weak levels of resilience endure a disaster the impacts can be substantial. The current humanitarian approach has the ability to ensure survival within an affected population in the aftermath of a disaster, however, as the literature and this research's case study has highlighted this approach generates poor recovery and can often leave an affected nation vulnerable, with a weak level of resilience, which in turn leads to that society experiencing a continual cycle of disaster. If that same society with its former weak level of resilience is supported by the humanitarian sector by raising its potential adaptive resilience then that humanitarian approach has the ability to ensure survival, as well as recovery, raising the level of resilience experienced within that affected society ultimately breaking the cycle of disaster.

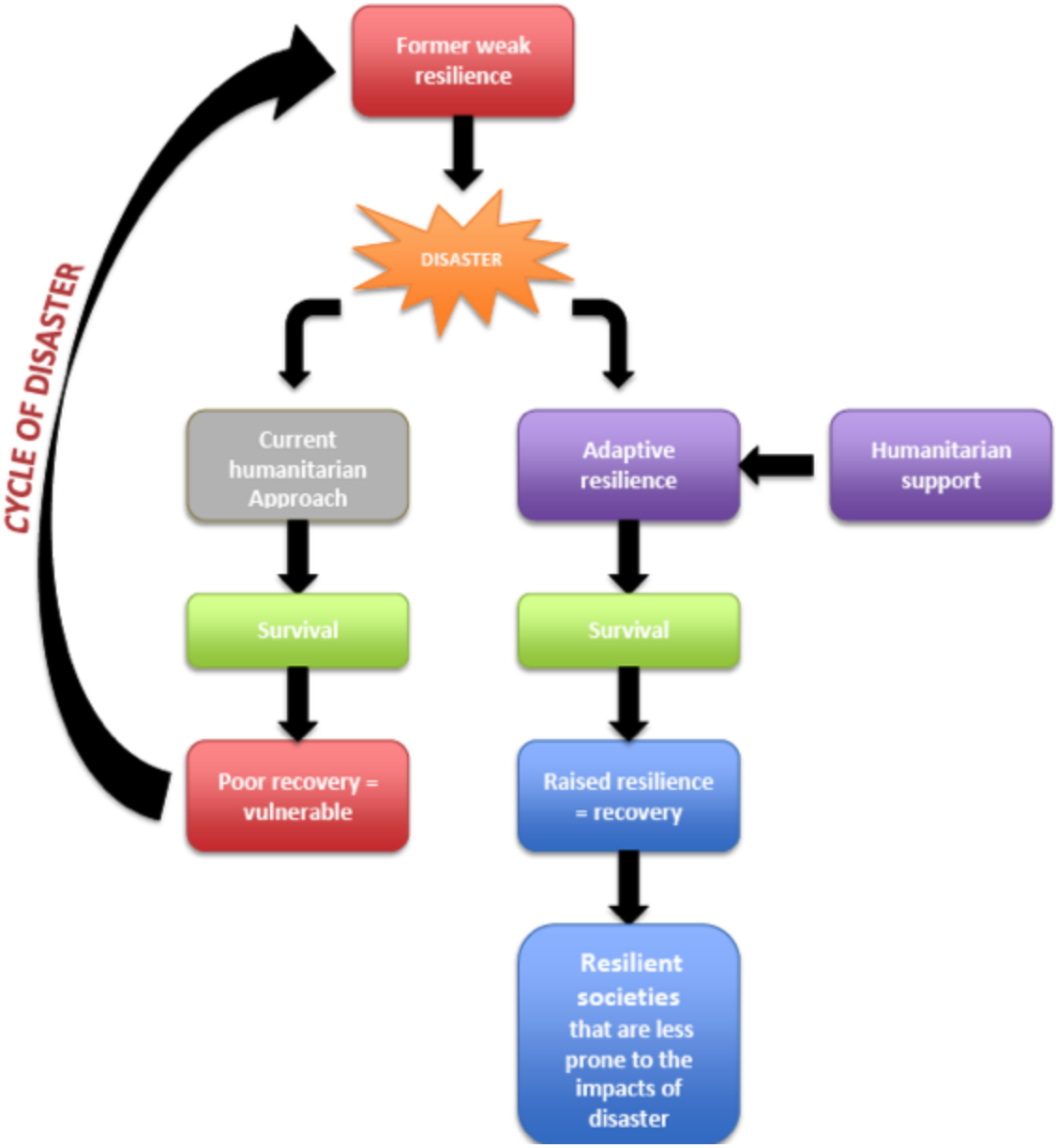


Figure 7.6 Demonstrates the relationship between adaptive resilience and recovery within an operational perspective.

7.4 Examples of How Emergency Response Programming Supported or Hindered Adaptive Resilience of Individuals/HHs in Post-Earthquake Haiti.

Looking at the 6 key components of post-disaster resilience examples are given for each to show programmatic approaches that had the ability to support adaptive resilience or to hinder it. These examples have been iterated in the previous 2 chapters, with each example referenced to its corresponding section.

Access to assets

Asset ownership, such as a house, transportation or tools forms a level of security and capital for potential recovery.

Supported:

1. The World Bank offered cash grants for housing repair and reconstruction (refer to sub-section 6.2.2.3, pg. 214).
2. Neighbourhood rehabilitation- Several agencies undertook neighbourhood rehabilitation programmes, including J/P HRO, who in Delmas 32, harmonised and moved services from the camp to the neighbourhood setting, which included school retrofits, the opening of two health clinics and a community center, as well as income generating projects including recycling and water kiosks (refer to Case study 3, pg. 156). BRC carried out an early recovery assessment report at the end of week 3 after the earthquake; this allowed them to focus on developing a comprehensive integrated neighbourhood scheme in Delmas 19. The approach integrated shelter rehabilitation and reconstruction, the installation or improvement in WASH facilities, and livelihood provision (refer to Case study 6, pg. 180). These programmes were designed as an incentive for return of IDPs to their original neighbourhoods, where they could re-establish assets, such as homes and community bonds.

Hindered:

1. After a full year on from the earthquake there were still approx. 800,000 IDPs of the original 1.5 million dwelling in over 1100 IDP camps. Seeing a huge population without access to permanent shelter options (refer to Figure 5.2, pg. 150).
2. The lack of temporary to permanent shelter infrastructure made available to the affected population, seeing only 35,000 T-shelters achieved in the first year. Of the eventual provision of 80,000 T-shelters only 23% were provided to families living in camps. Since owning or having access to land was a prerequisite for a family to be a beneficiary of a T-shelter program (refer to sub-section 4.2.1, pg. 121).
3. Housing repairs only began in February 2011, over a year after the earthquake, achieving 5275 repairs with the 18 months, offering little in the way of permanent shelter solutions within the 2 year time period since the earthquake (refer to sub-section 4.2.1, pg. 121).

Access to basic services

Services, such as water, sanitation and health care are vital for survival and maintenance of health. Adequate provision also means time spent on ensuring these vital activities is limited, freeing up time for more productive pursuits, such as livelihood activities.

Supported:

1. Oxfam helped re-establish a small number of water kiosks, repaired public water points, and worked with DINEPA to establish Haiti's first drinking water and sewerage standards (refer to Case study 4, pg. 176).
2. Early in 2011 IFRC began a strategy to take water supply services out of camps and place them close to neighborhoods, which were then managed by identified community members as a business (refer to Case study 5, pg. 177).
3. Within weeks of the response Mercy Corps began rehabilitating HHs immediate needs in Tabarre through vouchers for food and NFI (Non-Food Items), rental support and basic services through rehabilitating local water vendors and providing latrines in the neighbourhood. Within 2 months of their operation water supply returned to normal (refer to Case study 7, pg. 183).

Hindered:

1. alarming impact of aid cited by INGOs and LNGOs was the destruction of social services and basic services, particularly in the health sector. The lack of engagement with the private health institutions resulted in the bankruptcy of many private health centers and hospitals, the loss of jobs and the further weakening of local health institutions (refer to sub-section 6.1.2.4, pg. 210).
2. Before the earthquake communities were self-sufficient through using water kiosks that sold low-cost water and generated profits that were then fed into community projects. Since the disaster many of these vital kiosks had to be abandoned due to the large amounts of free water being distributed in camps and nearby areas (refer to sub-section 2.6.4, pg. 72).
3. This lack of preparation and operational ability to create options for sanitation services held up the response, created unsustainable service options that focused around camp provision and lacked sustainable maintenance options, causing significant environmental health risks (refer to sub-section 5.4.2, pg. 171).

Access to Economic opportunity

Proactively encouraging livelihood opportunities and market stimulation will foster local economic recovery, stimulating the rehabilitation of local services and amenities, it will also allow individuals/HHs to raise essential capital to manage their own recovery.

Supported:

1. The EC channeled funds directly to the private sector (refer to Table 6.1, pg. 200) supporting mango producers, offering a micro-credit system and developing commercial exchange (refer to sub-section 6.2.1.3, pg. 208).
2. UNDP looked at private sector development and job creation. Strategies they employed included buying locally, offering support to companies on how to apply for UN tender processes, an employment programme that worked with the private sector, i.e. helping them become more competitive and increase their quality of service, they also offered support to entrepreneurs through a professional qualification subsidy programme that asked the private sector what skills they were missing, then provided subsidies to the youth to study in those professions (refer to sub-section 6.2.1.3, pg. 208).
3. Jobs were created through infrastructure projects that require large amounts of labour, such as the EC's road and bridge rehabilitation projects and IDB's support to the Caracol Industrial Park development (refer to sub-section 6.2.2.2, pg. 214).
4. UNDP set up a large CfW programme for activities such as debris removal. Cash was paid to 40,000 workers using mobile money (refer to sub-section 6.2.2.3, pg. 214).

Hindered:

1. Job creation that was achieved, could only meet the needs of a portion of the affected and many of these opportunities were short-term in nature, therefore, could not offer sustainable livelihood options to raise resilience in the long-term.
2. Private sector respondents were critical of the way in which aid resulted in a distortion of local markets and the distortion of salaries (refer to sub-section 6.2.2.4, pg. 215).
3. Some private sector actors developed proposals on initiatives to better link international assistance to local markets, but complained that these were never considered seriously (refer to Box 6.5, pg. 217).

Access to legal and financial services

Access to cash in a crisis can be fundamental to securing accommodation, starting up business and again opportunity for individuals/HHs to manage their own recovery.

Supported:

1. IDB offered low rate loans to be offered to SMEs through local financial institutions, set up an incentive called the Social Investment Fund; a Business Development Service; and a Productive Haiti programme (refer to Box 6.3, pg. 209).
2. CIDA offered a system of micro-credit and financial services through savings and credit cooperatives, which helped generate stable, permanent employment in rural areas (refer to sub-section 6.2.1.3, pg. 208).

Hindered:

1. No access to cash by the HH to pay of loans or set up new rental contracts, due to just putting down large sums for rent before the earthquake (refer to sub-section 4.2.4, pg. 128).
2. Private sector respondents stated they struggled to access funds within the humanitarian response. Bidding processes needed to be opened up to allow local companies to apply (refer to sub-section 6.2.2.4, pg. 215).

Strong social and political networks

Supportive social networks, such as friends, family and community members, help mitigate adverse consequences and maximise potential recovery. Political connections, i.e. access to local government, civil organisations and international organisations provide essential support, information and guidance.

Supported:

1. Neighbourhood rehabilitation to facilitate a rapid return to places of origin, as mentioned previously, will allow former community bonds to be re-established as well as securing existing ones (refer to sub-section 5.3.4, pg. 151).
2. The 16/6 rental support scheme helped families exit from camps through the provision of cash grants that support the rental of a safe property of their choice in the neighborhood of their choice (refer to Case study 2, pg. 155).

Hindered:

1. Not support offered to host communities to enable them to support displaced family and friends.
2. The lack of decentralisation from the IDP camps strategy in the first 2 years of the response.
3. Development of relocation programmes that resulted in the separation of existing community groups, i.e. Corraille (refer to Figure 5.3, pg. 152).

Risk perception

Individual conceptualisation of individual or community resilience is vital to encourage self-belief and ownership of recovery and not dependency.

Supported:

1. Interventions that engaged camp communities and committees in undertaking assessments, as well as developing programmes and sustainable solutions (refer to sub-section 5.5.5, pg. 195).
2. Training to allow community members to more effectively participate in programme implementation, i.e. camp WASH caretaker or hygiene promoters (refer to sub-section 5.5.5, pg. 195).
3. Implementation of feedback mechanisms, such as discussion sessions, complaints lines and suggestion boxes (refer to sub-section 5.4.2, pg. 171).

Hindered:

1. Humanitarian aid was seen to have been poorly administered and insufficiently regulated, which resulted in funds being channeled into programmes, which Haitians felt neither ownership nor control over (refer to sub-section 6.2.2.4, pg. 215).
2. Aid has also been seen to have been channeled in a way that disempowered rather than strengthened local communities, with the emergence of passive tendencies among the population as a result of not being involved in their own development (refer to sub-section 5.4.1, pg. 168).
3. The distribution of free goods and services, and CfW programmes were cited as examples that undermined local notions and practices of self-reliance (refer to sub-section 6.2.2.4, pg. 215).

4. The lack of participation saw that 'beneficiaries' were not involved in any discussions or decision-making within programme plans, seeing little ownership develop (refer to sub-section 5.5.5, pg. 195).

7.5 Could Adaptive Resilience Building Have Played a Bigger Role in Recovery in Haiti?

This next section reviews the humanitarian response that was assumed in the urban Haitian context to understand whether the approaches and interventions undertaken were able to support or hindered adaptive resilience and consequently how this impacted recovery. There are several key approaches and sectoral interventions that essentially did weaken individual/HH level resilience. A selection of agencies managed to implement approaches that had the potential to raise individual/HH level resilience. However, their timeliness and scale prevented these efforts from realising their full potential. These key approaches and interventions are discussed in more detail below.

The Shelter strategy

The repetitive fail-safe model of camp creation in disaster aftermath is renowned in the humanitarian sector, with little other strategy supported in the initial stages of a response, as demonstrated in this particular case study. In Haiti, IDPs were setting up small camps naturally close to their place of origin, although a vast proportion of people also fled the capital (refer to Figure 4.11, pg. 135). A more decentralised strategy could have been supported to steer the focus away from what eventually occurred, which was the mass migration back into PaP and the exponential growth of IDP camps. A decentralised approach could have seen more effective support offered to host families, through: rental, food, NFI, services, support in neighbourhoods, i.e. rubble clearing, reconstruction, non-IDP neighbourhoods, to increase host and rental option, thus, taking pressure off the camps. These approaches would have ensured social connections stayed strong, an important element of adaptive resilience, along with the rapid return of assets and provision of sustainable services.

The choice of the Shelter cluster to invest almost solely into T-shelters as a transitional tool was a mistake in Haiti, as it is a complex and expensive programme that takes considerable time and resources to implement, particularly for the outcome to only last a few years, for which new options will need to be found (refer to sub-section 5.3.2). The time and resources

could have been better spent increasing the provision of longer-term options, such as rental support and reconstruction, options that would have stimulated resilience early through the increase in individual/HH asset ownership and increased protection.

The World Bank and UNDP offered cash grants and subsidies for housing repair and reconstruction, offering technical support and training. However, these initiatives were implemented over 2 years after the disaster seeing this option not become an alternative to camp dwelling till late in the response (refer to sub-section 5.3.4). IOM began to support the dissolution of IDP camps through rental support, this strategy was initiated under the 16/6 programme in 2012. This programme showed good results offering the much needed strategy to close the thousands of IDP camps that still exist in PaP (refer to Case study 2, pg. 155). Interestingly, several INGO respondents highlighted that rental options were suggested in the early stages of the response, but were disregarded due to the over enthused approach of Build Back Better (BBB) that was being pushed by the IHRC for Haitian recovery. The rental support options were seen as not supporting sustainable reconstruction and merely as a temporary measure. But in reality, rental support would have stimulated the private market and encouraged homeowners to repair and construct homes to support the new rental market demand. Build Back Better was a concept that took huge planning and investment and which capacity was not there in Haiti, resulting in a failed rehabilitation approach that disregarded more immediate and contextually relevant approaches that could have had the potential to stimulate recovery and even built into an eventual BBB approach.

The WASH strategy

With the heavy focus on IDP camps the WASH strategy fell in line with catering for the ever expanding multitude of IDP camps that were sprouting up all over the city and beyond. In the main part trucking of water was employed, which was an expensive, short-term strategy. However, in the context of Haiti, the continuation of camp dwelling and a lack of alternative options saw this short-term strategy going on for over 2 years. DINEPA, Haiti's dedicated water and sanitation ministry requested a transition and exit from trucking in 2010, but the agencies were unable to undertake this request, with many just dropping service provision or dumping it on the doorstep of DINEPA to pick up, leaving un-served communities and immense pressure on remaining institutions (refer to sub-section 5.4.1).

There was a wealth of options in this urban environment that could have been stimulated in the first few months to offer much needed transitional options that would have built in

sustainability and allowed recovery to thrive. These options included: utilisation of the private sector for water supply and waste management services; neighbourhood service provision- in neighbourhoods of origin, neighbourhoods close to IDP camps and host communities, creating water supply businesses at the household level, host family HHs treatment provisions, HH owned latrines; the repair and construction of permanent infrastructure, i.e. water supply pipelines, public tap stands, waste treatment plants (refer to sub-section 8.3.2). These options were not identified due to weak rapid assessments that do not tap into local knowledge; missing a tremendous amount of local capacity, particularly on offer in urban environments that could be tapped into in the immediate response and allowed the creation of sustainable service options, the ability to transition and exit early and stimulate adaptive resilience and recovery.

Overall response dynamics

The international response in Haiti saw a major focus on a centralised approach of camps, food aid and services based in camps. These approaches were extremely expensive options and were only aimed to support in the immediate aftermath. However, with little alternative options set up for transition and exit these approaches lasted for an extended period of over 2 years. There was also little focus on livelihood generation and economic recovery, which often resulted from a lack of understanding about the context, agencies inexperience and lack of policy relating to working with the private sector and encouraging business.

The level of community participation particularly in the early stages of the response was extremely low, with participation that took place being insufficient in it quality and implementation. This was not due to a lack of approaches or tools, as there are plenty, but the mindset that there is no time for consultation in the immediate aftermath. This mentality automatically resulted in supply-led interventions that missed out on utilising vital contextual information, seeing that interventions often didn't meet the complexity of needs that evolved over the response period. This humanitarian response model saw that affected people's adaptive capacity was not built on, but was instead, often impeded; creating dependency, market disruption and weakening existing services, which ultimately reduced resilience and countered any potential for rapid, sustainable recovery.

The end of 2011 saw many agencies closing down relief-orientated operations and/or handing over continuing programmes in order to exit. Several INGO and government

respondents stated that a large number of INGOs left due to the lack of funds, abandoning many needed services. This caused some volatility from the Haitian community against the international community. The ministries, some agencies and financial institutions attempted to implement recovery initiatives and essential infrastructure, but there was a considerable lack of recovery expertise, capacity, resources and holistic strategy to ensure a rapid transition (refer to section 5.5). The conceptualisation and planning of recovery interventions was not undertaken by many deemed 'relief-only' agencies, some within the first 6 months, however, only a few conceptualised recovery from the onset of the response (refer to sub-section 5.5.3).

A overall response approach that ensured a protracted relief situation, that wasn't actively supporting adaptive resilience, instead hindering it. Ultimately affecting recovery, leaving a weakened society that struggled to recover and rehabilitate itself. Thus, the questions remains: What measures can be developed that would support and foster resilience at an early stage? How can these strategies be mainstreamed into humanitarian programming? And what are the differences in potential approach between different types and scales of disaster?

This section's aim was to meet Objective 4 - to determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level. This was achieved by analysing the data to further understand the concept of post-disaster resilience by ascertaining the main components that made up adaptive resilience as witnessed within the case study. Then understanding these components through the humanitarian operation undertaken within the Haiti earthquake response, assessing programmatic approaches to gauge whether adaptive resilience was supported or hindered and its consequential effect on recovery in the post-disaster context. The section has allowed for further conceptual clarification of resilience in the post-disaster context and has highlighted the importance of supporting adaptive resilience through humanitarian interventions for the stimulation of recovery.

The following Chapter aims to answer these questions by presenting a variety of programmatic options to be used in different types and scales of disaster. Also the chapter will present strategies that could be used to mainstream resilience building initiatives into humanitarian programming.

8. Resilience Building for Breaking Barriers to Recovery

This Chapter looks to meet Objective 5 - to comprehend possible resilience building initiatives within emergency response operations and Objective 6 - to comprehend how resilience building initiatives can be supported within the humanitarian operational framework. By taking the data produced within the case study, as well as literature detailing different types of interventions achieved through different emergency contexts, this Chapter aims to describe the basic approach to supporting adaptive resilience of individuals/HHs within emergency response operations and then to detail appropriate interventions within different emergency contexts, i.e. rapid onset (natural disaster/conflict), slow onset (natural disaster), long-term humanitarian programming (natural disaster/conflict), urban and rural environments. Lastly, to highlight how this approach could be better supported within the humanitarian operational framework, looking within the agency, i.e. assessments, as well as within the international response framework itself, i.e. coordination and financial mechanisms.

8.1 Data Analysis Utilised

To ascertain the theoretical conception of resilience building for breaking barriers to recovery it is necessary to lay out the concluded key components of adaptive resilience, then state the key components concluded for the barriers to recovery to begin to develop relationships between these variables, drawing on data analysis undertaken in previous Chapters.

8.2 Adaptive Resilience Approach

To begin to look at adaptive resilience in context of post-disaster interventions the two figures below, Figures 8.1 and 8.3 (refer to pg. 248 and 251 respectively), demonstrate some specific examples of humanitarian interventions that could be implemented to support the 6 key components of adaptive resilience. Figure 8.1 presents the 6 key components of adaptive resilience and Figure 8.3 presents several interventions to be used for each of the 6 key components of adaptive resilience.

Figure 8.1 Key components of post-disaster adaptive resilience.

Taking these components into consideration post-disaster initial response should be looking at approaches such as:

- ✓ Neighbourhood interventions, i.e. host family support, rehabilitation and rapid return, which will keep and strengthen social and political connections and allow people to build back assets.
- ✓ Utilising and capacity building the private sector for the sustainable provision of basic services, like water and sanitation.
- ✓ Community-led interventions to ensure demand-led interventions that take into account real relief and recovery needs, installs a level of risk perception and develops ownership of individuals, HHs and communities; increasing the ability of affected communities to manage their own recovery.
- ✓ Offering or encouraging the access to loans, grants and cash to improve livelihood options and to remedy potentially devastating debt.

  (refer to Figure 8.3, pg. 251)

Humanitarian approaches like this build on affected individuals/HHs adaptive resilience, supporting them to build and manage their own recovery. Operationally these approaches allow the utilisation and optimisation of local resources and capacity to increase the effectiveness of the response and build essential strategy and options for transition, exit and recovery.

Understanding what adaptive resilience is and gauging the type of interventions that can be used to support and develop adaptive resilience enables a comparative understanding of the outcomes seen through the current emergency model and its continual challenges of: weak transition capacity, weak exit strategies, protracted relief, dependency, market disruption, weakening of essential services and slow recovery. Offering the potential within an emergency approach that proactively supports adaptive resilience to improve operations by ensuring effective relief operations that are able to meet real needs, creating transitional mechanisms, effective exit strategies, rapid recovery and sustainable solutions for recovery and rehabilitation (refer to Figure 8.2, pg. 250). Figure 8.3 describes a variety of adaptive resilience building interventions associated with specific key component of resilience to give an overview to the type of approach needed within emergency response programming. These interventions are further detailed within Chapter 10 - Recommendations. The next section looks to breakdown this approach to provide appropriate interventions for different emergency contexts.

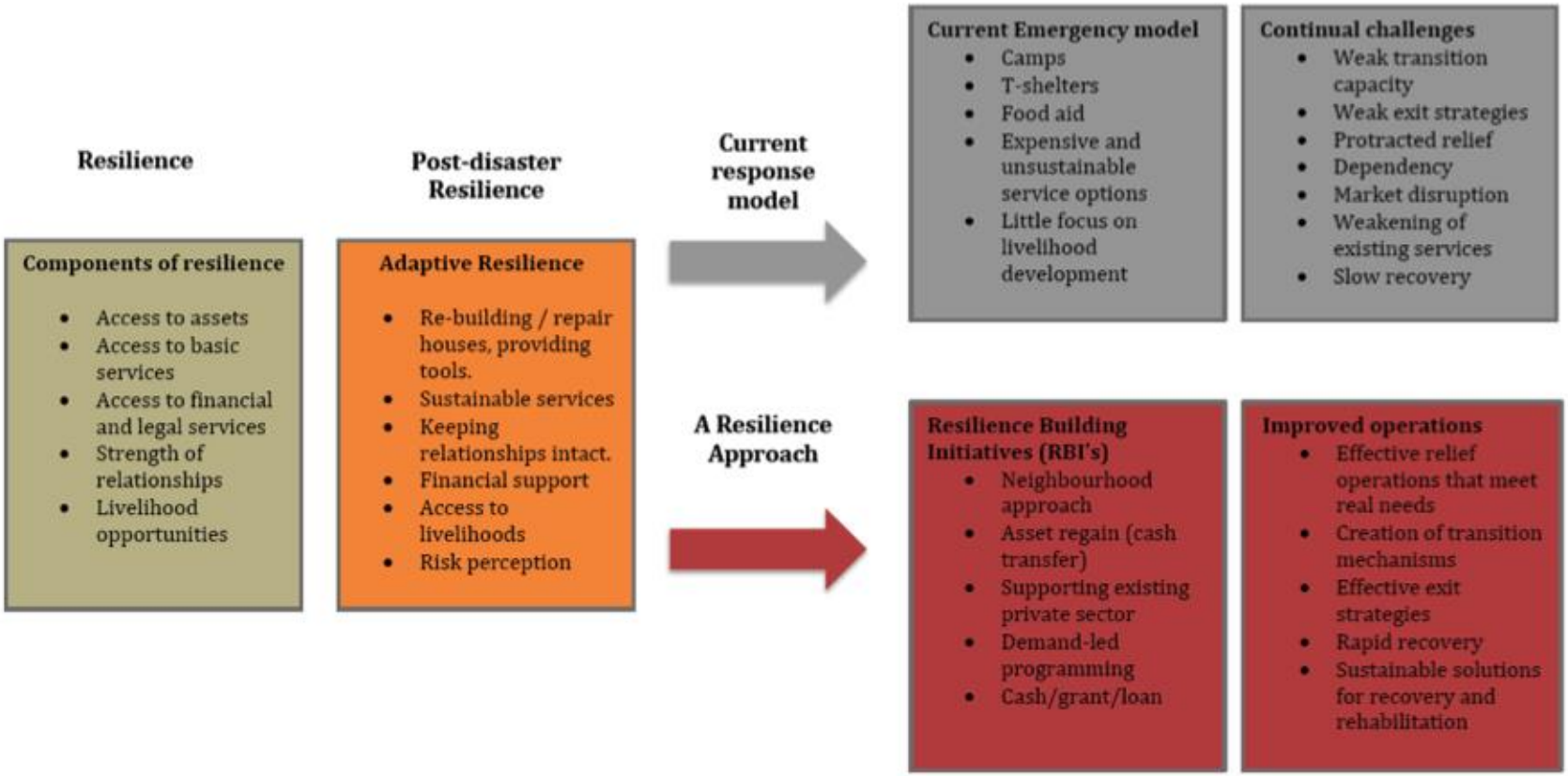


Figure 8.2 Current humanitarian response approach with continuing challenges verses a resilience approach and its resulting improved operations.

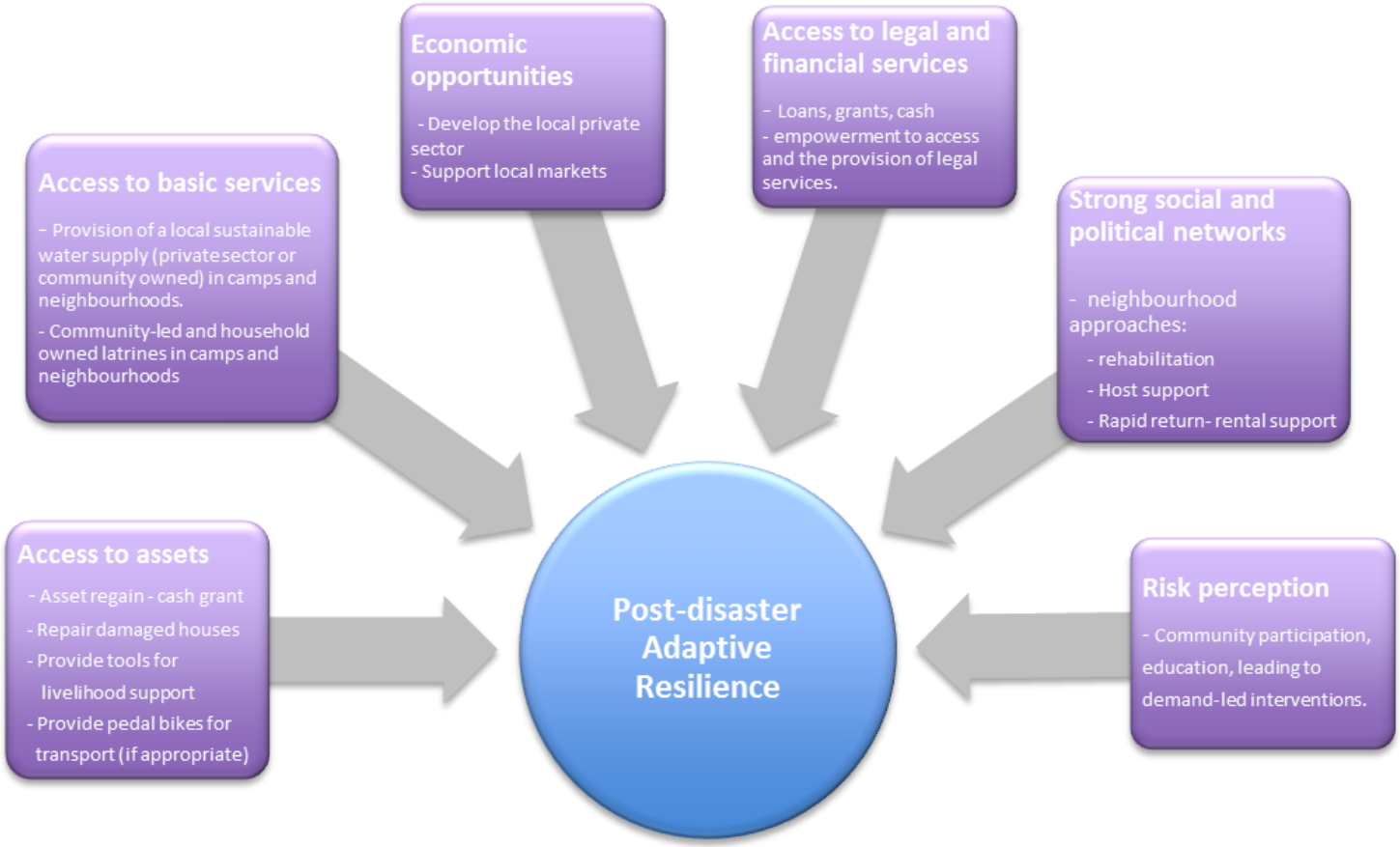


Figure 8.3 Post-disaster adaptive resilience building approaches.

8.3 Key Programmatic Barriers in the Haiti Response and Potential Adaptive Resilience Interventions

As noted the six key components to adaptive resilience developed through this research are: access to assets, access to services, economic opportunities, access to legal and financial services, strength of social and political connections and risk perception. On this basis the following section will highlight the observed programmatic barriers to recovery seen within the Haitian response as highlighted through the case study and suggest interventions that could have supported adaptive resilience. Two sectors will be looked at: Shelter and WASH.

8.3.1 Programmatic Barriers and Interventions: Shelter

Analysis of the Shelter sector in section 5.3 highlighted some key programmatic barriers that affected the Shelter sector's ability to adequately develop individual/HH adaptive resilience, which became one of the main barriers to recovery within the Haiti response- access to assets. These key operational barriers were:

- **Weak policy environment**
- **Land tenure issues**
- **Weak transition mechanisms**
- **Poor recovery planning**
- **Lack of strategy**
- **Sole focus on camps for immediate intervention**
- **Sole focus on T-shelters for a transitional intervention**

Approaches needed to support adaptive resilience and combat these programmatic barriers include:

- **Host family support**- which would have decentralised the shelter strategy, decreased dependency on IDP camps, kept social connections strong.
- **Integrated neighbourhood approach-** early implementation would have quickened the pace of rehabilitation and reconstruction, allowing for a rapid return allowing social connections to remain strong and assets to be regenerated.
- **Rental support**- could have been used early in the response to accommodate displaced persons as an immediate approach, as an alternative to camps or more widely used as a strategy to close camps and to avoid large relocation programmes.
- **Participatory approaches**

- **PASSA (Participatory Approach to Safe Shelter Awareness)-** could have created demand for safer housing and community-led effective interventions.
- **Skills training-** could have developed local capacity and livelihoods, raising resilience.

- **Household cash grants**
  - **HES (Household Economic Security)-** is a rapid response cash grants process. Helping HHs pay off existing loans (in Haiti there was a revolving community loan system (SOL) prior to earthquake, loosing capital in the earthquake left loans unpaid) This approach could have ensured loans could be paid and housing sort for IDPs to avoid depending on IDP camps.
- **Utilise local products and services-** taking on this approach would have stimulated market development and provide essential livelihoods.

These interventions are further expanded in Chapter 10 - Recommendations

Undertaking these adaptive resilience building approaches would have encompassed several adaptive resilience mechanisms that include:

- The development of participatory methods to ensure programmes are demand-led, ownership is developed and expectations are managed. For shelter land ownership can be faster determined to increase the pace of shelter reconstruction, raising resilience early.
- Proactively investing in options that decrease dependency on camps and decentralise the shelter strategy, i.e. support rental options, existing neighbourhoods and host families.
- Increase household economic security through grants to pay off existing loans.

(refer to Figure 8.4, pg. 254)

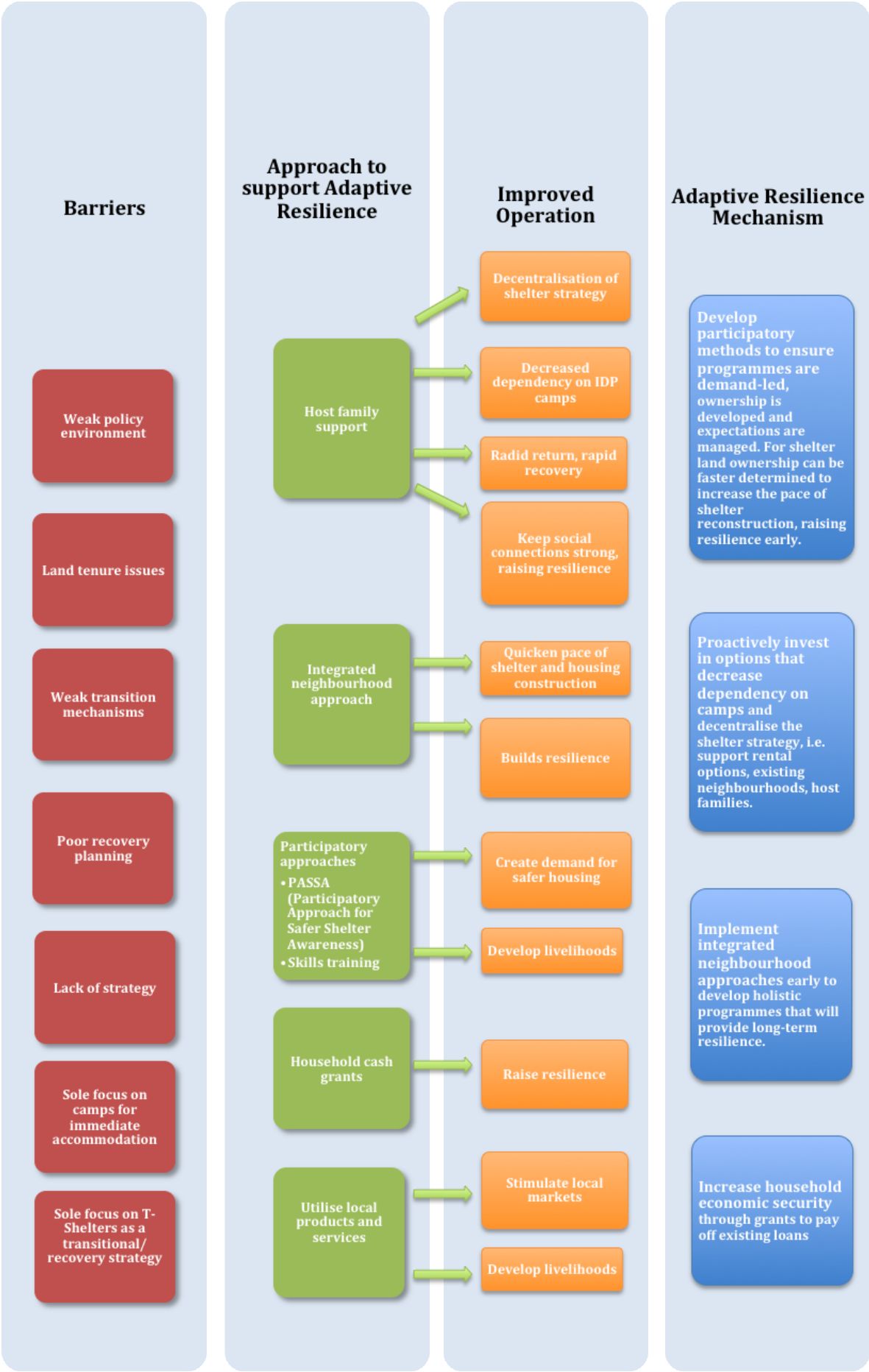


Figure 8.4 Presents the main operational barriers seen within the Shelter sector and the types of interventions to be used to develop adaptive resilience within humanitarian response.

8.3.2 Programmatic Barriers and Interventions: WASH

Analysis of the WASH sector in section 5.4 highlighted some key programmatic barriers that affected the WASH sector's ability to adequately develop individual/HH adaptive resilience, which became one of the main barriers to recovery within the Haiti response-access to basic services. These key programmatic barriers were:

- **WASH services and infrastructure was short-term and expensive**
- **Weak participation and ownership, leaving services poorly maintained.**
- **Weak transition mechanisms**
- **Weak exit strategy**

Approaches needed to support adaptive resilience and combat these programmatic barriers include:

- **Demand-led interventions-** would have ensured a needs assessment that was able to gauge real relief and recovery needs, allowing decision-making to be in the hands of the affected, which would have strengthened ownership, tapped into local capacity and manage expectations.
- **A business model approach-** would have develop sustainable service options, livelihood and created exit and transition options.
- **Neighbourhood rehabilitation-** would have allowed for a rapid return and the development of local, sustainable services.
- **Investing in infrastructure-** would have developed sustainable services and would have developed good relationships with government and the private sector.

These interventions are further expanded in Chapter 10 - Recommendations.

Undertaking these adaptive resilience building approaches would have encompassed several adaptive resilience mechanisms that include:

- The development of participatory methods to ensure programmes are demand-led, ownership is developed and expectations are managed. This will allow transfer and exit options to be clear from the start.
- The rehabilitate and fostering of new local service options early to undertake work in relief and recovery activities, i.e. water vendors, reservoir and well owners, trucking and waste disposal companies. This will develop early sustainable service

options that offer the necessary exit and transition options, allowing the development of livelihoods and rapid recovery.

- Investment in longer-term infrastructure would have enabled an effective supply for both relief and recovery needs, as well as developing crucial long-term infrastructure.

(refer to Figure 8.5, pg. 257)

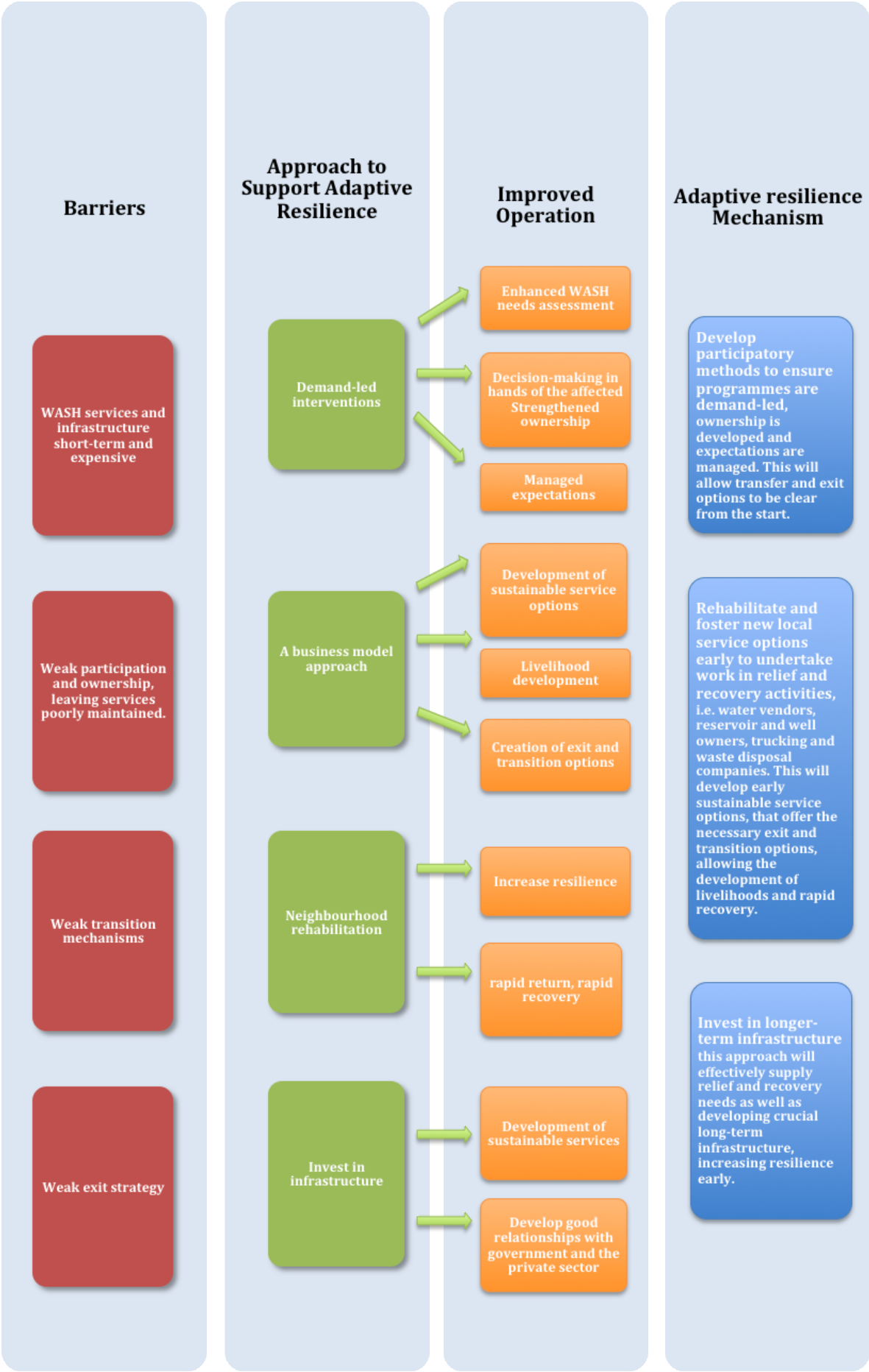


Figure 8.5 Presents the main operational barriers seen within the WASH sector and the types of interventions to be used to develop adaptive resilience within humanitarian response.

8.4 Adaptive Resilience Interventions by Emergency Context

Sections 8.2 and 8.3 developed an understanding of the types on interventions that could be used within an emergency environment to support adaptive resilience of individuals/HHs. This next section looks to clarify the use of such interventions within different emergency contexts, as each context offers unique characteristics that will allow certain interventions to be capitalised on, but also will see some interventions inappropriate for the context. The context specified within this section are: rapid onset (natural disaster/ conflict), slow onset/cyclical (natural disaster) and long-term humanitarian programming (natural disaster/ conflict). Each of the interventions detailed within these contexts will be evaluated to whether the intervention is possible within urban and/or rural contexts, as well as whether they are possible within large and/or small scale responses.

With the breakdown given here, it is important to note that this approach is about a mindset to response programming, it enables agencies to take the context into account and have strategies and resources ready to capitalise on local resources and respond appropriately, as each context will offer different opportunities and challenges. Agencies need to better equip themselves to be able to capitalise on the opportunities and work with the challenges to increase the effectiveness of emergency response. Building agency capacity to support these types of interventions is detailed in the next section.

Table 8.1 (refer to pg. 259) details the different emergency interventions that can build adaptive resilience at the individual/HH level, that have been highlighted through this case study, indicating which emergency context the intervention could be used in. Also referenced, are examples of these interventions within other previous emergency responses globally. All interventions highlighted within the table are detailed in Chapter 10 - Recommendations.

Table 8.1 Resilience building interventions and their applicability in different emergency contexts

Sector	Adaptive Resilience Intervention	Response Context	Urban/Rural	Large/Small Scale	Emergency Example	Ref
Shelter	**Host family support:** **- Cash transfers or vouchers for host families** **- Service provision for host families**	Rapid onset- Natural disaster Rapid onset- conflict Slow onset/ cyclical Long-term humanitarian	Rural- offering support in urban centers within a rural response could offer an option to IDPs other than heavy reliance on camps. Urban- Urban conflict settings could see IDPs scattering out to rural areas, again rural and urban host family support will offer an alternative option to the inevitable creation of camps.	Large and small- for large scale it can offer a decentralisation option, along side camps.	Jordan/ Lebanon/Syria (conflict)- UNDP, CARE Somalia (natural disaster)- AGIRE	UNDP (2014) CARE (2014) AGIRE (2011)
	Neighbourhood rehabilitation: **- IDP and non-IDP neighbourhood support**	Rapid onset- natural disaster Long-term humanitarian	Urban- predominantly an urban focus due to number of neighbourhoods that exist in one center. Rural- however, rural community rehabilitation can be a key strategy to reduce dependence on camps and secure a rapid return.	Large and small- for large scale it should be apart of the shelter strategy early, in parallel with immediate shelter options- will reduce the dependency on camps in the medium term.	Haiti (natural disaster)- BRC Lebanon (conflict)- SCI	BRC (2012) King (2014)
	Rental support	Rapid onset- natural disaster Rapid onset- conflict Slow onset/ cyclical Long-term humanitarian	Urban- predominantly an urban focus due to the volume of rental options found in the urban environment. Rural- can be used where possible.	Large and small- for large scale it should be apart of the immediate shelter strategy to the capacity of available properties.	Haiti (natural disaster)- IOM Lebanon (conflict)- SCI	IOM (2013) King (2014)

	Participatory approaches: - **PASSA (Participatory Approach for Safer Shelter Awareness)** - **Skills training community members**	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban and rural	Large and small	Darfur, Sudan (conflict)- Tearfund, Haiti (natural disaster)- IDB Philippines (natural disaster)- ARC	Tearfund UK (2013) IDB (2012) ARC (2014)
	Household cash grants	Rapid onset- natural disaster Slow onset/cyclical Rapid onset- conflict Long-term humanitarian	Urban and rural	Large and small	Myanmar (natural disaster)- SCI, Indian Ocean Tsunami (natural disaster)- HPG	SCI (2009) Adams (2007)
	Utilise local products and services: - **Buying construction materials locally** - **Utilising local capacity**	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban and rural	Large and small	Haiti (natural disaster)- Oxfam GB Lebanon (conflict)- UNHCR	Oxfam (2012c) UNHCR (2013)
WASH	**A business model approach:** - **Rehabilitating local service capacity, i.e. water vendors** - **Create funds that support entrepreneurs** - **Cash and voucher systems**	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban and rural	Large and small	Haiti (natural disaster)- Oxfam GB West Africa (Ebola)- CordAid	Oxfam (2012) CordAid (2014)

	Demand-led approach: - **HH latrine construction** - **Zero cost options**	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban and rural	Large- an intervention that should be implemented to the scale possible, it can ensure a rapid level of construction. Small- a focus should be placed on this intervention over others to develop ownership and ensure appropriate facilities.	South Sudan (conflict)- Oxfam GB Haiti (natural disaster)- Oxfam GB	Oxfam (2012b) Oxfam (2012a)
	Neighbourhood approach: - **IDP and non-IDP neighbourhood support** - **Host family support**	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban- predominantly an urban focus due to number of neighbourhoods that exist in one center. Rural- however, rural community rehabilitation can be a key strategy to reduce dependence on camps and secure a rapid return.	Large and small- for large scale it should be apart of the shelter strategy early, in parallel with immediate shelter options- will reduce the dependency on camps in the medium term.	Haiti (natural disaster)- IFRC, Mercy Corps, BRC Syria (conflict)- UN-HABITAT, SCI, GOAL	Thesis- IFRC, Mercy Corps (pg. 177&180) BRC (2012) UN-HABITAT (2014) Practitioner first hand experience Syria (SCI/GOAL)
	Invest in infrastructure	Rapid onset- natural disaster Slow onset/cyclical Long-term humanitarian	Urban and rural	Large- an intervention that should be implemented to the scale possible, it can ensure a rapid level of construction.	Philippines (natural disaster)- USAID Syria (conflict)- SCI, GOAL	USAID (2014) Practitioner first hand experience Syria (SCI/GOAL)

8.5 Improving Agency Capacity to Support Adaptive Resilience in Emergency Programming

This next section presents key areas that agencies could improve their ability to support adaptive resilience programming; these key areas were highlighted within the case study (refer to section 5.5). Key areas that were assessed through the data were, assessments, data management and planning, and capacity and expertise. Outputs are presented in the form of suggested activities that could improve the capacity of an agency to support adaptive resilience in an emergency.

8.5.1 Improving Assessments

The case study highlighted the lack of adequate assessments and use of assessments within emergency response to plan programmes effectively (refer to sub-section 5.5.1). Improving existing assessments and investing in new assessments holds the key for significant programmatic improvements, key assessments that should be integrated and standardised into emergency programming, include:

- **Rapid assessments**

  Post-disaster operations are often planned on the back of weak or no contextual information gathered to plan appropriate and effective interventions. A knowledge base is crucial if needs are to be truly understood and met, and transitional and exit plans are to be conceptualised and realised. There is potential to glean some of this information within sectoral rapid assessments, examples include:

  - **Shelter sector rapid assessment:** neighbourhoods within and surrounding affected areas could be scoped out and basic information on local skills and resources could be gleaned. Basic information on host family dynamics and locations should be gathered. Within the IDP registration process neighbourhood or place of origin could be established to strategise rapid return.
  - **WASH rapid assessment:** information on how affected population accessed water and sanitation before the disaster should be gauged, along with existing resources and capacity, this will highlight strategic option to build up national resources and provide essential transition and exit mechanisms.
  - **Rapid context and resilience assessment:** this would be a new type of assessment that may require additional human resources, which could be created in the form of a 'recovery team' that would be deployed within an emergency response team. This new capacity would be dedicated to gleaning contextual

information from local stakeholders and assessing community level resilience; information that will allow the development of medium to long term strategy to be developed. With the new capacity able to assess the progression of the response interventions can be initiated in a timely and more effective manner, developing recovery strategy and capacity from day one.

- **Baseline**

  Response operations that have poor assessments at the start of the response have little or no baseline information for the impact of programmes to measure against and so fail to effectively implement Monitoring and Evaluation (M+E). Without this, there is little valid feedback on the effectiveness of different types of intervention. Ensuring this will see progressive learning within the humanitarian sector on the most effective and appropriate response operations, thus, improving quality and standards. This type of comprehensive baseline survey could be undertaken by a hired external private company, that has the expertise and capacity for such a rapid, full-scale survey. It would be a worthwhile investment because is could layout priority areas quickly and ensure all stakeholders are coordinating off the same page.

- **Monitoring and Evaluation**

  Enabling proactive M+E from an early stage of the response allows programme impact and appropriateness to be evaluated, and modified if necessary, in a timely fashion. This enables programmes to meet changing needs in volatile and uncertain environments. This approach to programming will see adaptive capacity is understood and built up in an appropriate way to increase the rate of recovery. There are several areas that will make the implementation of M+E easier and more accessible in response programming, these include:

  - The development of a user-friendly, concise reporting system where data, opinions and strategic plans can be regularly fed in, ensuring the continuity of strategic development throughout the entirety of the response. This will particularly help with issues of staff turnover.
  - The education and training of staff in M+E methods and the instilment of the importance of its integration.
  - Install its use in policy and programmatic reporting requirements.

Improved Operations- Assessments

The lack of adequate assessments substantially hinders effective relief and recovery programming and should be seen as a weak link. Improving existing assessments and investing in new assessments holds the key for:

- Improved contextual knowledge in the early stage of the response, which will increase strategy for programme planning.
- Early development of longer-term planning and the comprehension of the impacts of programme choices on recovery.
- Increasing the effectiveness of relief activities, whilst simultaneously stimulating recovery.
- Ensure all stakeholders are coordinating off the same page.
- Support handovers when new staff takeover (making sure knowledge and experience is not lost).
- Build in of DRR strategies early.
- Early and regular initiation of M+E will enable more responsive programming that can gauge and build on adaptive resilience of affected communities.
- Measuring impact, which will allow for performance reviews and best practice to evolve.

8.5.2 Data management and Planning

The analysis of current practice (refer to sub-section 5.5.4) revealed there is a need for a data management system that has the capacity to effectively communicate learning and feedback information into programmes. A system, that will allow programme planning to be more strategic. With high staff rotation, feedback mechanisms and hand-overs are weak. This has resulted in a lack of continuity within programmes, missing the feed in of crucial information and capacity to recognise opportunities and build on them. Methods that could improve data management and planning include:

- **A centralised method of reporting and planning** within an agency could offer a more succinct and coherent way to operate. Setting up a user-friendly information system that allows all stakeholders to routinely and concisely feed all assessment and performance information into it, will begin to build a base of knowledge. Also, making it mandatory to tap into the database when developing new programmes, would ensure more well-informed decision-making that would then allow more

integrated and context appropriate programming. Specific key information can be gleaned from this system to feed into the Cluster database to help trace activity and feed in context information.

- **Contingency database**

  Setting up contingency plans that will account for the many possible scenarios that could be faced in a disaster response as a tool to be accessed by field staff could provide the knowledge base needed to support faster, more effective decision-making. This would enable programmes to more rapidly respond to changing needs and exploit all opportunities by providing the technical and strategic knowledge necessary to support programme changes. This approach can also help inform field staff of resilience building approaches that can be initiated in the early stages. To do this, an agency would need to invest in the write up of potential risks and scenarios that could be faced in different disaster cases and how to respond and manage them. However, such a system should leave scope for innovative thinking and not necessarily be prescriptive. Essentially, the database would be envisioned as a tool to strengthen the operational system and to be able to counter any areas of weakness in the capacity or expertise of transitioning field staff, whilst also allowing the stimulation of innovation and the proactive capture of opportunities.

Improved Operations- Data management and planning

Building capacity for data management and planning within an agency's operations will ensure:

- More integrated and context appropriate programming
- An accessible knowledge base
- To support faster, more effective decision-making
- A more succinct way of operating
- Provide technical and strategic knowledge required to meet changing needs
- Streamline DRR approaches into programming
- Ensure long-term programmes can be carried through until their entirety
- Develop internal operational preparedness
- Smoother handovers

Integrating these improved methods will offer the foundations for operationalising programmes that can support the development of adaptive resilience

8.5.3 Capacity and Expertise

The case study highlighted that many agencies deeming any form of 'recovery' activity outside their mandate. However, as noted, recovery begins from day one, and needs to be conceptualised and strategically accounted for in response programming. Therefore, this sees few agencies with recovery expertise at a very fundamental stage of the recovery process (refer to sub-section 5.5.4).

- **Recovery expertise**

  Currently within many organisations there is a lack of capacity to assess the context, survey results and develop recovery programming. It has been noted that emergency specialists don't make good recovery analysts, as mindset on approach can be very different. This situation often results in weak knowledge on early strategic options, delaying and potentially hindering transitional mechanisms and sustainable programme options.

  There is a need to conceptualise the reality of the long-term and create a programme approach that looks ahead. This could be achieved through the development of recovery capacity, creating a 'recovery specialist' role that could be deployed from the very start of the response. This specialist or recovery team could become the capacity, which would be necessary to produce the knowledge needed, to initiate programmes that support adaptive resilience to stimulate effective recovery early. The recovery specialist or team could:

  - Undertake a rapid context assessment, tapping into local knowledge to understand the political and social environment, the level of resilience in the community, the skills available and local resources. Feeding this information into the development of relief programmes.
  - As the response progresses the recovery specialist can continually overview and assess the context recognising opportunities for building in resilience and other timely recovery initiatives.
  - The specialist will bring the recovery expertise so lacking in a response and will strategise from the start to ensure strong transitional planning, exit strategies and longer-term planning if necessary.

Improved Operations- Capacity and Expertise

Increasing operational capacity within agencies to cater for recovery will improve programming by:

- Enabling a rapid context assessment and resilience assessment to be carried out.
- Developing transitional mechanisms and exit planning.
- Providing much needed recovery expertise and longer-term strategy.
- Enabling programmes to meet recovery programme implementation needs.
- Allowing the development and implementation of demand-led approaches.
- Developing sustainable, transferable service options.
- Developing potential business models to provide sustainable services building local livelihoods.
- Deployment of a small 'recovery team' to increase capacity at critical times.
- Enabling impact and recovery assessments to be undertaken.

8.6 Improvements to the Humanitarian Framework to Support the Programming of Adaptive Resilience in Emergencies

This section looks at the barriers within the humanitarian framework that were highlighted within the case study through the assessment of coordination mechanisms, agency planning and the finance and donor strategy (refer to sections 6.2 and 6.3) and offers suggestions for improvements within the framework to better enable the response to support adaptive resilience. These suggested improvements are broken down into coordination and planning and finance and donor strategy.

8.6.1 Humanitarian framework Barriers and Suggested Improvements: Coordination and Planning

Analysis of cluster coordination and agency planning in sections 6.3 and 5.5, respectively, highlighted some key operational barriers that affected programmatic ability to adequately develop individual/HH adaptive resilience. Issues that have been demonstrated to hinder the potential mainstreaming of a resilience building approach into response programming. These key operational barriers were:

- **Weak strategic capacity and planning**
- **Weak capacity and involvement of government**
- **No policy environment at the start**
- **Weak context analysis**

- **Emergencies are not interested in setting up baselines, data collection or M+E**
- **Lack of recovery expertise; resulting in the lack of and the delay in transitional mechanisms**
- **Separation of cluster groups weakening strategic potential**
- **Weak or no exit planning**

Approaches needed to support adaptive resilience and combat these operational barriers include:

- **Cluster Coordination and the development of the SAG**

Getting the plethora of agencies, government and private sector working coherently is often a huge feat; a large element of this is the weak strategy that is provided throughout the response. Strategic capacity needs to be drastically improved if response operations are to utilise existing opportunities, undertake effective holistic relief activity, support adaptive capacity and allow for the development of transition and exit options. This could be possible through the optimisation of the Strategic Advisory Group (SAG) at an inter-cluster level to offer the capacity to evaluate and prioritise activity for both relief and recovery. SAG, under this capacity could offer a longer-term vision disseminating strategic ideas to donors, the government and response agencies, offering much needed operational strategic guidance - Clusters can use this authority to help scale up operations, as many involved agencies have weak capacity and foresight to plan ahead and think outside of the box. To develop this capacity:

- Each Cluster group would provide 1 or 2 experts that create a 'think tank' mechanism/SAG at the inter-cluster level, which will ensure holistic, integrated and timely strategic planning.
- The mandate and processes of the inter-cluster level SAG could be developed and monitored at the Global Cluster level. This will increase the important function of the Global Cluster, which in turn could produce a function of authority. Utilising this to potentially mandate more synchronised activities within the operating frameworks of agencies, i.e. the processes of assessment and reporting within agencies could be synchronised. With the Global Cluster producing effective assessment and reporting tools that encourage the consistent implementation of context, risk, DRR, impact, M+E and recovery assessments.

Synchronising activities will enable more informed, coherent programming that is able to feed information into a central database accessible for comparison and review by all.

- **Rapid context assessment undertaken by SAG**

  The new capacity within the inter-Cluster SAG could also form the function of initiating a rapid need and context assessment (through its capacity or through hiring of an external company) covering all sectors, with sector specific information going to each Cluster group. This would make up for weak initial assessments and ensure strategic planning from the start that all stakeholders could utilise and begin to build coherent operations.

- **Data management and dissemination coordinated by SAG**

  Using the SAG's 'think tank' set up to rapidly process information coming in and provide the strategic capacity to devise priority actions from the start, that has the long-term vision to allow transition and exit strategies, and effective recovery. These strategic ideas can be sold to the donors and disseminated to the government, the agencies and the private sector. This function of the SAG ensures:

  - Government is kept updated with agency activities, opening up communication and cooperation to allow capacity building within the government and the development of an early policy environment. Which will develop a conducive operating environment where major issues, such as land rights, can be approached and remediated quickly. Increasing government involvement from the start will also provide opportunities for effective transfer mechanisms.
  - A central database, where agencies report on programme progress and feed in any contextual data (through a user-friendly information management system, that can be accessed by all). This will allow SAG to overview progression of the response, recognising issues and gaps to then have the capacity to resolve them in a timely fashion.
  - Regular communication of new information and priority action to all implementing agencies through a highly managed portal, weekly email updates and texting service.
  - Regular communication with affected communities allowing them to receive updates and guidance, but also opens up a channel of communication to feed

in context information, their needs and feedback on programmes being undertaken.

Improved Operations- Coordination and Planning

Utilising and developing the capacity of SAG would create new capacity for:

- Timely context assessment to inform more effective programme decision-making.
- Strategic thinking that can bring foresight and reduce the incidence of weakly planned programmes.
- The dissemination of information and ideas to government, donors, agencies and the private sector over the whole period of the response.
- Stimulation of a policy environment to guide an operational framework from the start.
- Effective communication channels to exist with affected communities, feeding in information, as well as gaining contextual insight and programmatic feedback.
- Building in resilience and DRR approaches.
- Coordinating capacity, that reduces gaps and overlaps, and enables more holistic, integrated and context specific programming.
- To engage effectively with government, build capacity, develop an effective policy environment early and ensure more sustainable handover mechanisms.
- Generate private sector involvement.
- A central database where agencies report on programme progress allowing an overview of progression of the response; enabling rapid recognition of issues and gaps, offering capacity to rectify them in a timely manner.

These mainstreaming approaches are further elaborated in Chapter 10 - Recommendations.

Undertaking these adaptive resilience building approaches encompassed several adaptive resilience mechanisms that include:

- Increasing capacity of government through information sharing and involvement in strategic planning. Opening up communication and cooperation to develop a conducive policy environment to speed up activity and develop sustainable handover mechanisms.

- Capacity for strategic planning that will enable the early integration of a longer-term rational, resilience building, DRR strategy, exit planning and the development of transitional mechanisms.
- Introduce and increase capacity to conduct assessments that are geared towards understanding the changing context, and how programmes can meet these needs in a context-specific way that proactively builds resilience early.
- Increase capacity for early transfer and exit planning will allow the development of sustainable programming.
- Introduce recovery expertise and capacity early will increase capacity for timely recovery interventions.
- Proactively building in a DRR and resilience building knowledge base that will offer sustainable options for relief and recovery programme planning, enabling better transfer mechanisms.

8.6.2 Humanitarian framework issues and suggested improvements: Finance and Donor Strategy

Analysis of finance and donor strategy in section 6.2 highlighted some key operational barriers that affected programmatic ability to adequately develop individual/HH adaptive resilience. These operational barriers have been demonstrated to hinder the potential mainstreaming of a resilience building approach. These key operational barriers were:

- **Lack of donor coherence**
- **Separation of funding streams**
- **Top-heavy decision-making**
- **Short proposal timeframes**
- **Funding caps**
- **Donors push for quantity over quality**
- **Visibility' over 'feasibility'**
- **Programmes chosen on financial imperative not on need**
- **Lack of accountability**
- **Local private sector unable to access funds**

Approaches needed to support adaptive resilience and combat these operational barriers include:

- **Option 1: A new centralised funding system** to increase coherence and improve strategy (refer to Figure 8.6, pg. 274 and sub-section 10.4.1). The development of more central funding systems, where donors can place their donations into a central pot, so not to support individual projects, but contributing to an overall strategic approach. This system will open up the opportunity to provide the timely release of financial resources and allow for coordinated efforts.
    - This system will allow for better information management, coordination and effective programming. Developing a more consolidated funding process, where funding decisions can be better controlled strategically by a system operating at ground level. Rather than a system that is controlled by donor agendas and pre-requisites. A process that will allow for better strategic placement of funds in a timely manner, that comes with more appropriate performance expectations.
- **Option 2: Improve the current system**
    - **Flexible funding-** donors need to re-evaluate their funding architecture to develop more coherence between separated funding streams. To allow response programmes to meet the real needs of an affected population in a timely manner and stimulate recovery.
    - **Extension of funding period-** ridding of spending caps and enabling medium to long-term financial provision will allow more effective programmes to be developed.
    - **Donor pre-requisites**- Donors often push for quantity, with a focus on numbers achieved and less focus on strategy. Donor education is needed, which could be done through the development of cost-benefit and cost-effectiveness arguments on longer-sighted strategy that promotes early recovery, ease of transition/exit and DRR.
    - **Direct financing to local stakeholders-** If transition mechanisms are to exist and sustainable service options are to develop after a disaster the local private sector need to be involved in response and recovery activities. In order for the local private sector to re-establish themselves access to the streams of finance that flow into an emergency need to be made more available.

(refer to Figure 8.7, pg. 275)

These mainstreaming approaches are further elaborated in Chapter 10 - Recommendations.

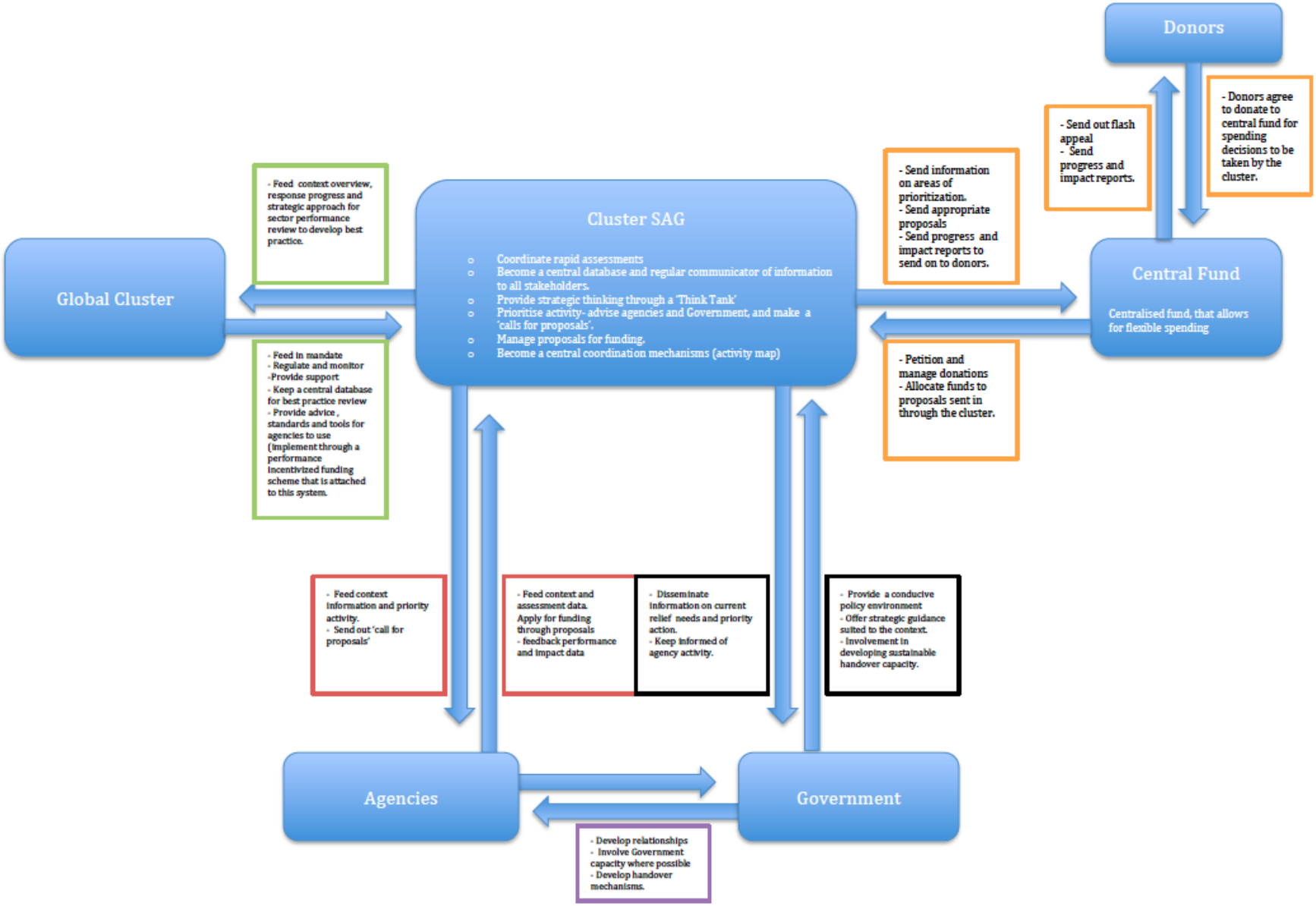


Figure 8.6 Presents a new financial mechanism and cluster capacity, detailing the various stakeholders and the dynamic of each relationship.

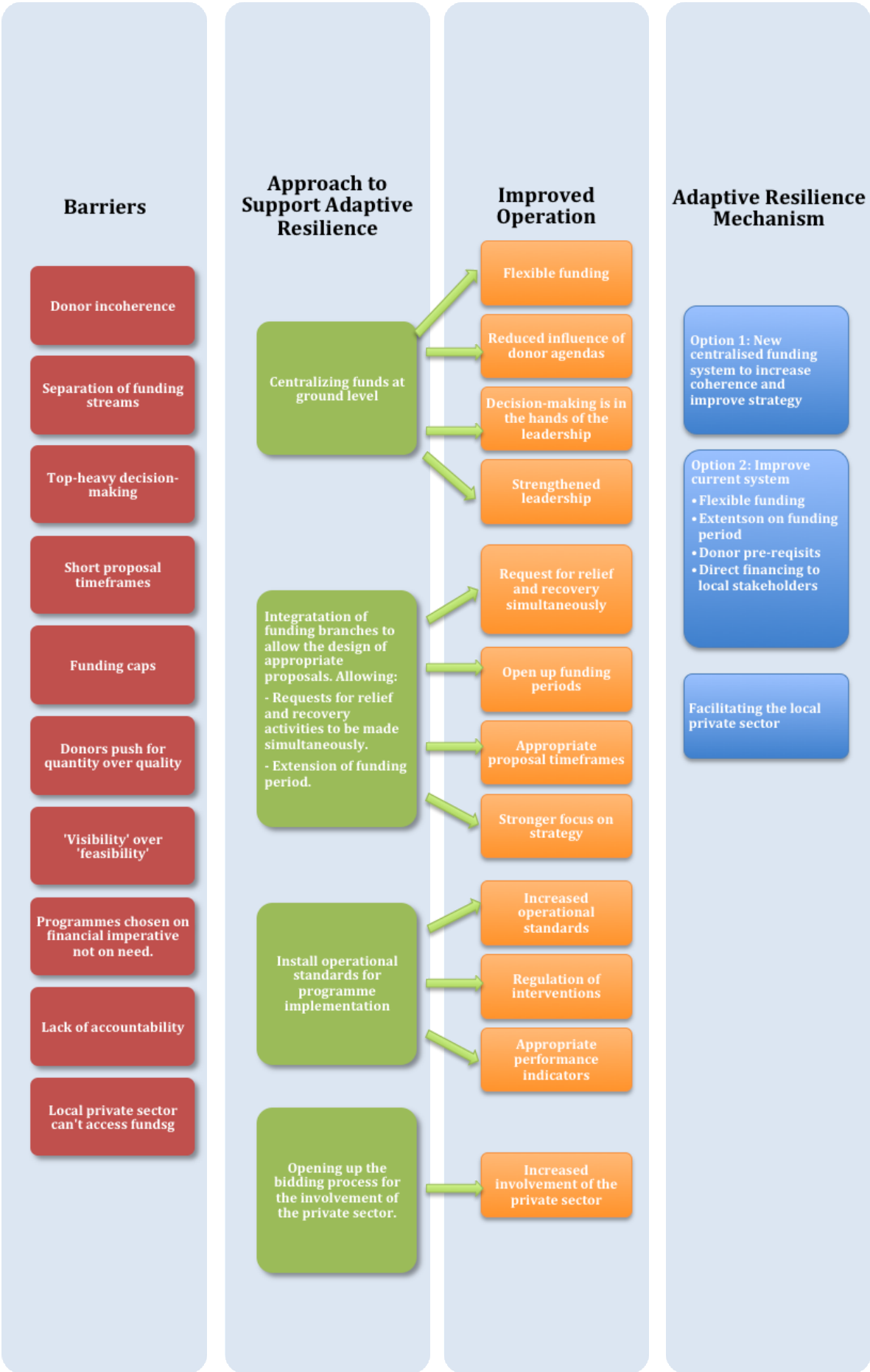


Figure 8.7 Presents the main operational barriers seen within finance and donor strategy and the types of interventions needed to allow adaptive resilience building to be mainstreamed into humanitarian programming.

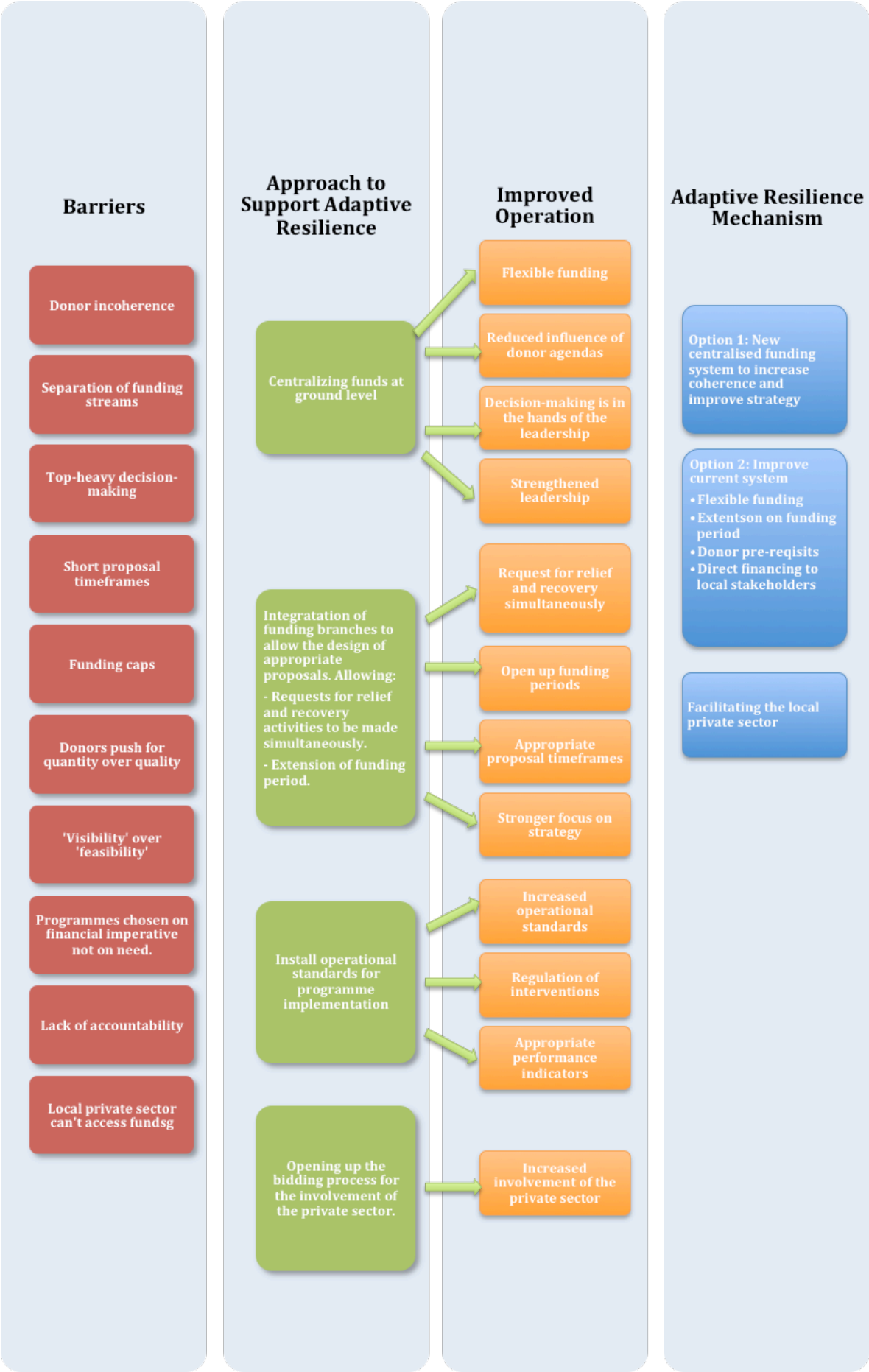


Figure 8.7 Presents the main operational barriers seen within finance and donor strategy and the types of interventions needed to allow adaptive resilience building to be mainstreamed into humanitarian programming.

8.7 A Resilience Approach How it Will Support Emergency Operations

Developing resilience in the post-disaster environment has been shown to be possible and possesses the ability to improve strategy within humanitarian operations. Developing resilience enables programming to improve the provision of essential services, substantially increase transitional and exit options and proactively stimulate rapid recovery. An approach that will improve adaptive resilience of disaster affected individuals/HHs within a response to ensure recovery is not hindered and increase resilience for the future. Overall creating much needed cohesion between relief, recovery and development and stimulating a cycle of increased resilience and preparedness globally.

A resilience orientated approach would enable response programming to be much more strategic, developing its capacity to meet context dependent evolving needs, create a multitude of transition and exit and recovery options. Offering the humanitarian sector a way to leave a legacy of sustainable solutions and scale up resilience.

Programmatically, a resilience orientated approach would translate for Shelter activities into proactively undertake a decentralised approach, localising interventions by either supporting affected communities in their place of habitation, rehabilitating place of original habitation for a rapid return and/or supporting host families. This moves programmes away from the default camp model. Depending on scale of displaced persons and the operating environment this approach can be integrated to varying degrees. The approach offers alternative strategies for shelter that builds post-disaster resilience by allowing relationships in the community to stay strong, the opportunity to develop sustainable services, build asset ownership, as well as the creation of livelihoods. Installing strategy that will stimulate a rapid recovery and build DRR and preparedness thinking into local communities, strengthening resilience for the future.

For WASH activities a resilience orientated approach would translate into the undertaking of a more holistic WASH strategy from day one of a response, to produce a programmatic approach that is demand-led, ensuring the real needs are understood and options are developed that adequately meet them, building ownership and sustainability of service provision. A business approach allows local markets to be stimulated, supply chains to be improved and provide options for the private sector to recover. This would enable the development of livelihoods and sustainable service options that can help the initial response,

provide transition and exit strategies, as well as building in infrastructure for the future. Increasing HH's adaptive resilience by providing sustainable services, supporting neighbourhood options to keep social connections strong and providing livelihoods, will raise the level of resilience that supports a rapid recovery and future resilience.

Mainstreaming a resilience approach will encourage improvements in financial provision by allowing the system to evolve and develop through the stimulation and uptake of new response strategies that proactively promote resilience and rapid recovery and in many cases become a lot more cost-effective. A push for more flexible funding will allow implementation partners to respond to the real needs of an affected population in a timely manner, essential in a volatile environment faceted with unknowns. Considering a re-evaluation of current financial mechanisms holds the potential to drastically increasing strategy and leadership, which currently is some of the key challenges faced by the humanitarian sector today.

This Chapter has reviewed and further analysed data from previous sections to highlight how barriers to recovery can be overcome by supporting adaptive resilience of individuals/HHs, through emergency programming, financial mechanisms, coordination and planning. Key practical interventions that have the ability to support resilience building within humanitarian response presented within the case study have been highlighted. These interventions have been supported through examples from other emergency responses in order to evaluate their applicability in different emergency contexts. Presenting a resilience approach that has the ability to transform humanitarian operations.

9. Conclusion

In fulfilment of the aims and objectives of the research, this Chapter presents the conclusions of the research, highlighting key findings and contributions to knowledge. Recommendations for practice and for further research are also embodied within this Chapter.

9.1 Fulfilment of the Aim and Objectives of the Research

This research sought to investigate the research problem - Can resilience building within post-disaster environments increase potential recovery of disaster-affected populations and is it feasible to build individual/household resilience through emergency response operations? Its aims were to conceptualise what individual/HH level resilience means in the post-disaster environment, to understand what a resilience building approach could look like in the humanitarian sphere and how it could improve humanitarian programming, and to comprehend what would be needed to mainstream such an approach within the humanitarian framework. This was achieved through the fulfilment of 6 objectives:

- **Objective 1.** To clarify the concept of resilience within the post-disaster context.
- **Objective 2.** To gauge the impact emergency response programmes had on individual and household resilience in post-earthquake Haiti.
- **Objective 3.** To gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti.
- **Objective 4.** To determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level.
- **Objective 5.** To comprehend possible resilience building initiatives within emergency response operations.
- **Objective 6.** To comprehend how resilience building initiatives can be supported within the humanitarian operational framework.

The conclusions from each of these individual objectives are presented in the following sub-sections.

9.1.1 Objective 1

Objective 1 sought to assess and analyse what individual/HH level post-disaster resilience is and to understand its importance in the post-disaster context. This was achieved by analysing data from the community discussion forum, the literature review, archival data, semi-structured interviews and the online questionnaire (refer to Appendix 1c, 1d and 2a and section 2.6) to further understand the concept of post-disaster resilience by ascertaining the main components that made up adaptive resilience as witnessed within the case study. These identified components were then investigated within the humanitarian operation undertaken in Haiti, assessing programmatic approaches to understand whether adaptive resilience was supported or hindered and its consequential affect on recovery in the post-disaster context.

Individual/HH level post-disaster resilience essentially looks at adaptive resilience, which describes an individual's/HH's/community's adaptive capacity within a post-disaster environment, which can be developed within a post-disaster context to actively raise resilience for recovery. The term 'adaptive resilience' was first described in Cutter's DROP model (2008) (refer to sub-section 2.6.2). Where individuals/HHs will possess a level of 'resilience' before a disaster that will stem from their access to resources, such as assets, services and financial resources, as well as their strength of relationships with friends and family, local authority and civil society. This existing level of resilience ascribes the level of absorptive capacity made available to that individual/HH in the event of a disaster. Correspondingly, this absorptive capacity determines the level of perturbation experienced, as well as the capacity available to recover/return to a state of functionality. In post-disaster contexts understanding and supporting individuals/HHs adaptive resilience will ensure former weak resilience will not hinder their ability to recover and will also build in resilience for the future, strengthening absorptive capacity and the ability to manage their own recovery.

The research was able to pinpoint and verify the key components of post-disaster adaptive resilience. This was achieved through the analysis of literature in Chapter 2, which highlighted the importance of the existing theory presented by Bosher (2004), which stated 5 components of disaster resilience, including: access to assets, access to basic services, economic opportunities, access to legal and financial services, i.e. loans, grants, and strong social and political networks. The research explored the level of resilience experienced

before and after the earthquake in Haiti through these 5 individual components to gauge the impact of pre-earthquake resilience on the level of absorptive capacity post-event and how this translated into the level of resilience expressed, highlighting key areas of adaptive resilience utilised (Chapter 4). This analysis verified the relevance and importance of these components in determining post-disaster adaptive resilience and its link to the recovery deficit witnessed in Haiti.

Further assessing the concept of resilience in the humanitarian sphere, through the analysis of the relationship between adaptive resilience and potential recovery within the post-disaster environment, highlighted the obvious gap in knowledge surrounding how to practically support adaptive capacity post-disaster. This led to the need to break down and understand the 'modality' that humanitarian response can support and develop adaptive resilience at the individual/HH level. This analysis highlighted the necessity of a sixth component of adaptive resilience- risk perception. Risk perception, which describes an individual's conceptualisation of individual or community resilience, which will encourage self-belief and ownership of recovery and not dependency. A concept considered only within one resilience framework, a framework by Paton and Johnston (2001). Due to the nature of post-disaster adaptive resilience, individuals/HHs are required to take immediate action and capitalise on available resources. As people make assumptions about the possible consequences of action before considering engaging in that behaviour, risk perception then becomes critical in determining the potential level of adaptive resilience that could be achieved (refer to section 7.2).

These social and psychological factors were not encompassed in later resilience frameworks. These factors are crucial when developing schemes to build in community preparedness, as well as considering resilience building initiatives in humanitarian responses. Indicating that the lack of consideration in later models could highlight a missing link in the holistic conceptualisation of post-disaster resilience, which is necessary to effectively operationalise resilience in the post-disaster environment.

Therefore, an outcome of this research offers the conceptualisation of 6 key components that are fundamental to post-disaster adaptive resilience:

1. **Access to assets**

   Asset ownership, such as a house, transportation or tools forms a level of security and capital for potential recovery.

2. **Access to basic services**

   Services, such as water, sanitation and health care are vital for survival and maintenance of health. Adequate provision also means time spent on ensuring these vital activities is limited, freeing up time for more productive pursuits, such as livelihood activities.

3. **Economic opportunities**

   Proactively encouraging livelihood opportunities and market stimulation will foster local economic recovery, stimulating the rehabilitation of local services and amenities. It will also allow individuals/HHs to raise essential capital to manage their own recovery.

4. **Access to legal and financial services, i.e. loans, grants.**

   Access to cash in a crisis can be fundamental to securing accommodation, starting up a business and offering an opportunity for individuals/HHs to manage their own recovery.

5. **Strong social and political networks**

   Supportive social networks, such as friends, family and community members, help mitigate adverse consequences and maximise potential recovery. Political connections, i.e. access to local government, civil organisations and international organisations also provide essential support, information and guidance.

6. **Risk perception**

   Individual conceptualisation of individual or community resilience is vital to encourage self-belief and ownership of recovery and not dependency.

The analysis conducted within this research has been able to further clarify the concept of post-disaster resilience and its importance within post-disaster contexts. This has enabled Objective 1 to be met.

9.1.2 Objective 2

Objective 2 sought to gauge the impact emergency response programming had on individual/HH resilience in post-earthquake Haiti. Objective 1 was able to clarify the concept of individuals/HHs adaptive resilience and Objective 2 further contexualised this

concept, looking to understand how emergency programmes undertaken in the earthquake response supported or hindered adaptive resilience. The data collection methods used to ascertain this objective included: semi-structured interviews, an online questionnaire, and archival data (refer to Appendix 1c and 2a).

Programme approaches within the Haiti response, specifically looking at Shelter and WASH interventions, were successfully assessed in terms of how the approaches undertaken supported or hindered adaptive resilience in Haiti. The research, through triangulated primary and secondary data, has clearly pinpointed critical areas within the Shelter and WASH responses that significantly hindered the development of individual/HH adaptive resilience. The lack of strategic vision within the immediate response resulted in the classic adoption of the camp approach and other immediate, supply-led programme approaches. This approach inherently was unable to effectively support the development of adaptive resilience at the scale needed, which looks to develop access to assets, basic services, economic opportunities, access to financial and legal services, strengthen social and political connections and develop risk perception. Due to this immediate strategic vision undertaken by the international community, programming outputs actively hindered the development of adaptive resilience, examples of these outputs include:

- Limited community engagement sort by the international community, which is essential if risk perception was to be gauged and developed and, therefore, creation of ownership.
- The inadequate choice of shelter options, i.e. large-scale IDP camps and a focus on T-shelter construction, which were unable to stimulate access to assets and ensure critical social and political connections stayed strong.
- The provision of unsustainable service options that were not locally managed, which limited the availability of basic services and opportunity for livelihood development, as well as the development of local infrastructure.

This approach proved a missed opportunity, due to the fact that the response was operating in a large urban environment, which often has the potential to offer a multitude of alternative options. Ultimately, this saw the dismissal of crucial decentralisation strategies that could have increased individual's/HH's access to assets, strengthened social and political bonds, increased access to basic services, increased livelihood options and local

economic development. These crucial decentralisation strategies included, for Shelter: host family support, rental support and neighbourhood rehabilitation, and for WASH: utilising local private sector capacity, supporting host families and neighbourhood rehabilitation, and the investment in infrastructure. This consequently, limited consideration for the development of adequate transition, exit and recovery mechanisms.

The programmatic approach that was developed in this response can be directly linked to the lack of contextual knowledge that existed amongst response agencies. This information could have been generated through a baseline, sector specific rapid needs assessment and/or a context assessment. However, as the research indicated, these types of assessments were limited in their application by agencies, and often, if they were utilised data was either collected too late or the information was not used in a timely way to ensure effective programme planning. These types of assessments are fundamental, if the true need of the affected population is to be gauged, potential individual/HH adaptive resilience and local capacity is to be understood and information generated to support effective programme plans.

There is a lack of consistency between agencies on the types of assessments carried out, along with the level of information produced and the timeliness of that information. This outcome is consistent with the literature, as ACAPS (2012) also highlighted the lack of commonly accepted methodology within the humanitarian system. Group URD's RTE reports (2010) highlight that the initial assessments, which preceded water and sanitation programmes in Haiti, did not account for pre-existing practices, in terms of access to water and excreta management etc., particularly in the urban context.

The lack of understanding of and investment in viable options saw minimal development and support of individual/HH adaptive resilience and a significant lack of transitional and exit strategies made available. Recovery expertise and strategy was not seen at crucial times during the response, resulting in 'emergency minded experts' scrambling for options. For example, for Shelter, a focused strategy was placed on T-shelter provision, with minimal support to more effective, sustainable housing options, such as rental support and neighbourhood rehabilitation achieved within 2 years of the response. For WASH, the main exit option for many agencies engaged in supplying WASH services included, the transfer of services to the already overwhelmed ministry dedicated to water and sanitation,

DINEPA. There was, also, the limited development of private sector capacity and infrastructure, which could have provided these basic services locally and in a sustainable manner. This created a response that was not able to offer the adequate shelter facilities and basic services that affected communities needed to recover. This inevitably saw a protracted relief situation prevail and limited recovery achieved within 2 years after the earthquake hit Haiti. This is an observation that is familiar to the humanitarian responses as seen during the 2005 Indian Ocean tsunami (Oxfam International 2005), the 2005 Pakistan earthquake (Oxfam 2006) and the 2011 Cyclone in Myanmar (UNDP 2011).

Undertaking this in depth post-disaster case study in the protracted relief context of Haiti, has allowed evidence to be produced that reveals the impact emergency response programmes can have on individual/HH resilience. Producing the outputs required for Objective 2.

9.1.3 Objective 3

Objective 3 sought to gauge the impact of the humanitarian framework on the level of resilience developed in the context of post-earthquake Haiti. This objective was effectively met by examining finance and donor strategies that were employed in Haiti. Looking specifically at factors, such as national involvement and economic development and the influence the donor system had on programming. Cluster coordination and stakeholder effectiveness witnessed in this case study was also assessed for its impact on programming. Information was generated from the semi-structured interviews, archival data and the online questionnaire (refer to Appendix 1c and 2a).

When assessing the finance and donor strategy undertaken in Haiti, it is clear there were not adequate levels of support within the response period to encourage national involvement or sufficient economic development, which would have been key stimuli for recovery and the development of a more resilient society. Government donors channelled emergency funds primarily through implementation agencies, such as the Red Cross, INGOs and UN agencies, with very little channelled through the government, local private sector or LNGOs. Within the emergency period, UN agencies themselves, as a whole, also did not channel a great deal of funds to local actors. Although, several donors did establish various methods for supporting national actors like the GoH, through financial, technical and institutional support, with approaches offered resulting in varying degrees of ownership and

inclusion. This led to the question as to whether the overall approach undertaken by donors was comprehensive enough in its strategy and its budget allocation to build the capacity of the government to undertake and own recovery and reconstruction activity. Several attempts to encourage private sector development were undertaken by donors. However, the private sector themselves noted that the fragmentation and unreliability of assistance made a productive relationship between international donors and the local private sector difficult. The private sector was also critical of the way in which aid resulted in a distortion of local markets and disempowerment of local communities, with the setting up of parallel aid systems leading to a continuous weakening of the Haitian State and Haitian institutions, in general, and, in some cases, resulting in a virtual collapse of certain sectors. Overall, the finance and donor strategy undertaken wasn't able, in its scale, commitment or insight, to actively encourage national involvement or stimulate economic development to the degree needed to proactively foster adaptive resilience and, therefore, stimulate recovery.

When examining the influence of the donor system on response programming several key issues come into play: the lack of coherence amongst donors, which caused in a disconnected approach within the response; top-heavy decision-making weakened leadership; short proposal timeframes affected planning; funding caps and the separation of funding streams influenced programmatic scope; donors' push for quantity over quality and 'visibility' over 'feasibility'; and many programmes were chosen on financial imperative rather than on need. These key issues all significantly impacted the effectiveness and timeliness of resulting programme outputs in the response, with many agencies expressing their inability to meet the real needs on the ground and adequately programme for transition, exit and recovery.

Understanding coordination capacity and its dynamics within post-disaster Haiti has uncovered a significant level of strategic weakness and a general lack of leadership. This environment added to the challenges experienced within programming in the form of direction, scope and scale. The lack of strategic capacity within the agency itself is not compensated at the coordination level seeing a strategic void develop, which resulted in a lack of ideas and options particularly for exit, transition and recovery programming, at the stages of the response where they are most essential.

As has been uncovered through this research, the humanitarian operational framework had a significant impact on response actor's ability to programme effectively and the involvement of local partners to encourage adaptive resilience for recovery and allow for essential transition and exit mechanisms to be developed. This evidence and analysis has contributed towards completing Objective 3.

9.1.4 Objective 4

Objective 4 sought to determine the link between post-disaster resilience and the level of potential recovery experienced at the individual/household level. To determine this link the key components of post-disaster adaptive resilience were determined, as presented in Objective 1 examples of how emergency programmes can support each of these key components of post-disaster adaptive resilience were extracted from the data produced by the case study. Also the common barriers to recovery were determined through data produced within the community discussion forum, the semi-structured interviews and the online questionnaire. The link between the promotion of adaptive resilience and recovery was made by assessing each of the common barriers to recovery in relation to the key components of adaptive resilience, understanding the programmatic activity involved, which proved it had the ability to break the barriers to recovery.

The common barriers to recovery for the affected individuals/HHs identified within this case study included:

- **The lack of adequate shelter provision**
    - There was a fundamental need for shelter options that went beyond tented camps.
    - Shelter provision that could offer semi- permanent or permanent solutions, i.e. house repair, host family support, rental support, new construction.
    - The lack of shelter saw individuals/HHs unable to return to their place of origin, seeing that affected individuals/HHs were unable to return to a state of functionality.
- **The lack of sustainable basic services, i.e. water and sanitation**
    - The main provisions of water and sanitation were accessible only in or around camps, seeing this provision linked to shelter strategy.

- Reliance on temporary, unsecured water and sanitation services saw individuals/HHs over time struggling to find adequate resources to lead a day to day productive life.
- There was a significant need to foster more sustainable service options, within camps, but also within host communities, affected and un-affected neighbourhoods, either through the private sector or through the repair and development of state resources.

- **Limited or no livelihood opportunities**
  - There were some livelihood options made available within the response through Cash For Work and some reconstruction programmes. However, the amount and timescale of these options was not adequate in dealing with the volume of need. Seeing individuals/HHs not being able to establish any form of income, increasing their dependency on external resources.
  - Support to and development of private sector business and local market development was needed to aid the local economy, which could have generated livelihoods.
- **Limited or no access to cash, loans or grants**
  - For disaster affected individuals/HHs there was limited cash available with some receiving cash from associated diaspora, others through cash programmes initiated by international agencies. However, loans and grants were virtually impossible to access.
  - This situation again saw individuals/HHs solely relying on unsustainable external resources, increasing their level of dependency.
  - The productive use of cash transfers, increase in livelihood provision, which is intrinsic for access to sustainable sources of cash, support to local bank institutions, the development and use of mobile money and the opening up of UN and other bidding processes to local private sector, were all options needed to provision adequate access to financial support that could support domestic and livelihood activities.

These common barriers presented through the research are intrinsically linked to the key components of resilience. For example, if economic opportunities (a component of adaptive resilience) were supported through the generation of jobs and business creation (a

programmatic intervention), then the lack of livelihood opportunities (a common barrier to recovery) would no longer be an issue, resulting in improved recovery. Similarly, if access to sustainable basic services (a component of adaptive resilience) was provisioned through the development of local capacity and infrastructure (a programmatic intervention), then the lack of basic services (a common barrier to recovery) would not hinder day to day functioning, therefore, improving potential recovery.

As noted within this research recovery is difficult to achieve in the aftermath of a disaster without external assistance (refer to Chapter 2 and 4). If recovery is to be achieved it has been shown through the data analysis that adaptive resilience of the affected population needs to be supported and proactively developed. The research has demonstrated that when a society who has a weak level of resilience endures a disaster, the impact can be substantial. The current humanitarian approach has the ability to ensure survival within an affected population in the aftermath of a disaster. However, as the literature and this research's case study has highlighted, this approach generates poor recovery and can often leave an affected nation vulnerable, with a weak level of resilience. This in turn leads to that society experiencing a continual cycle of disaster. If that same society with its former weak level of resilience is supported by the humanitarian sector, by raising its potential adaptive resilience, then that humanitarian approach has the ability to ensure survival, as well as recovery. This will consequently, raise the level of resilience experienced within that affected society, ultimately breaking the cycle of disaster (refer to section 7.3).

The link between the key components of post-disaster adaptive resilience and the common barriers to recovery has been determined. This presents the idea that adaptive resilience has the ability to stimulate recovery. An output that enables Objective 4 to be met.

9.1.5 Objective 5

This research has been able to meet Objective 5 - to comprehend possible resilience building initiatives within emergency response operations, by assessing the data produced within the case study, as well as the literature, that detailed different types of interventions achieved through different emergency contexts. The basic approach to supporting adaptive resilience of individuals/HHs within emergency response operations has been described. Also detailed are the appropriate interventions that support the development of individual/HH adaptive resilience within different emergency contexts, i.e. rapid onset

(natural disaster/conflict), slow onset (natural disaster), long-term humanitarian programming (natural disaster/conflict), as well as, within urban and rural environments and at different scales, i.e. large and small (refer to Table 8.1, pg. 259).

It has been demonstrated that to ensure recovery and allow for a more resilient society to evolve, to break the cycle of disaster, adaptive resilience needs to be and can be supported and developed within humanitarian operations (refer to Chapter 8). Interventions that have been highlighted to have the ability to support the development of adaptive resilience are:

For Shelter

- Neighbourhood interventions:
    - Host family support
    - Neighbourhood rehabilitation- IDP and Non- IDP
    - Rental support
    - Household cash grants- HES (Household Economic Security) (i.e. a rapid response cash grants process).
- Participatory approaches:
    - PASSA (Participatory Approach for Safe Shelter Awareness)
    - Skills training community members

For basic services

- A business model approach:
    - Rehabilitating local service capacity
    - Create funds to support entrepreneurs
- Demand-led approach:
    - Zero cost options
- Participatory approach:
    - HH latrine construction
- A neighbourhood approach (fitting WASH services alongside shelter options)
- Invest in infrastructure

For access to livelihoods and financial resources

- Job creation/livelihood stabilisation - support entrepreneurs, support local markets and local service infrastructure, acquire local labour for any infrastructure projects.
- Skills training
- Offering as an agency or encouraging and supporting local capacities to improve access to loans, grants and cash.

These interventions are further expanded in Chapter 10 - Recommendations.

These interventions have the ability to proactively develop one or more of the 6 components of adaptive resilience (i.e. access to assets, access to basic services, economic opportunity, access to legal and financial services, strong social and political networks and risk perception). Neighbourhood interventions, allow an emergency response to decentralise the shelter strategy away from camps, which would see the development of access to assets by individuals/HHs, as well as supporting and strengthening essential social and political networks. The utilisation and capacity building of the private sector, for the sustainable, immediate and long-term provision of basic services, like water and sanitation, enables services to be re-established quickly. This will allow individuals/HHs to increase their access to sustainable basic services. Engaging with local capacity and private sector entities also, increases livelihood opportunities. Offering as an agency or encouraging and supporting local capacities, to improve access to loans, grants and cash, can stimulate livelihood options, as well as remedy potentially devastating debt. Demand-led interventions, that take into account real relief and recovery needs, instils a level of risk perception and develops ownership by the individual/HH. This will ultimately, increase the adaptive resilience of affected communities within a post-disaster environment and enable them to better manage their own recovery.

Once concluding a selection of interventions that have the ability to support the development of adaptive resilience to stimulate recovery, the research looked to clarify the use of such interventions within different emergency contexts, as each context offers unique characteristics that will allow certain interventions to be capitalised on, but also will see some interventions inappropriate for the context. This approach allowed a level of generalisability of the outcomes of the research. Table 8.1 (refer to pg. 258) notes the

different emergency interventions that have been highlighted through this case study, detailing which emergency context the intervention could be used in. Also referenced, are examples of these interventions within other previous emergency responses.

The research has highlighted that this approach is about a mindset to response programming. The approach enables agencies to take the context into account and have strategies and resources ready, to capatilise on local resources and respond appropriately, as each context will offer different opportunities and challenges. Agencies need to better equip themselves to be able to capatilise on the opportunities and work with the challenges, to increase the effectiveness of emergency response.

Through the assessment of the case study conducted as a part of this research, as well as assessing previous emergency responses globally, the research has been able to comprehend possible resilience building initiatives, that can be used to support the development of adaptive resilience of individuals/HHs, within emergency response operations. This outcome has enabled the requirements for Objective 5 to be met.

9.1.6 Objective 6

This research has been able to meet Objective 6 - To comprehend how resilience building initiatives can be supported within the humanitarian operational framework, by investigating the supportive elements within agency capacity, needed to enable detailed emergency interventions, highlighted in Objective 5, to support adaptive resilience. These include: assessments, data management, planning, capacity and expertise. The research presented the outputs for each of these elements in the form of suggested activities that could improve the capacity of an agency, to support adaptive resilience in an emergency. Following the investigation of agency capacity, several fundamental components of the humanitarian framework were further investigated, these included: coordination and planning, and finance and donor strategy. These components were evaluated to highlight what would be needed to mainstream this resilience approach as a culture within the humanitarian sector.

9.1.6.1 Agency Capacity

Outputs suggested to improve an agency's capacity to effectively undertake interventions that can support adaptive resilience include:

Assessments

The case study highlighted the lack of adequate assessments and use of assessments within emergency response to plan programmes effectively (refer to sub-section 5.5.1). This has shown to consequently, hinder effective relief and recovery programming substantially and should be seen as a weak link. Improving existing assessments and investing in new assessments holds the key for significant programmatic improvements, key assessments include:

- **Rapid assessments**
    - Shelter sector rapid assessment
    - WASH rapid assessment
    - Rapid context and resilience assessment
- **A comprehensive baseline survey**
- **Monitoring and Evaluation**

Each assessment is detailed further in sub-section 10.3.1.

The integration and standardised use of these assessments will improve: contextual knowledge in the early stage of the response, which will increase strategy for programme planning; the early development of longer-term planning and the comprehension of the impacts of programme choices on recovery; the effectiveness of relief activities, whilst simultaneously stimulating recovery, as local capacity will be highlighted; stakeholder coordination, as assessments will reveal the context early for all active partners; the early and regular initiation of M+E, which will enable more responsive programming that can gauge and build on adaptive resilience of affected communities; which will help to build DRR strategies in early; and it will enable impact to be measured, which will allow for performance reviews and best practice to evolve.

Data management and Planning

The analysis of current practice (refer to sub-section 5.5.4) revealed there is a need for a data management system that has the capacity to effectively communicate learning and feedback information into programmes. A system, that will allow programme planning to be more strategic. With high staff rotation, feedback mechanisms and effective hand-overs are weak. This has resulted in a loss of institutional memory and a lack of continuity within programmes, missing the feed in of crucial information and capacity to recognise

opportunities and build on them. Methods that could improve data management and planning include:

- **A centralised method of reporting and planning**
- **A contingency database**

Each data management and planning method is detailed further in sub-section 10.3.2.

Improving data management and planning methods within agencies will result in, more integrated and context appropriate programming, due to the development of an accessible knowledge base, that will support faster, more effective decision-making and a more succinct way of operating. It will provide technical and strategic knowledge required to meet changing needs and develop internal operational preparedness. Integrating these improved methods will offer the foundations for operationalising programmes that can support the development of adaptive resilience.

Capacity and Expertise

The case study highlighted that many agencies deeming any form of 'recovery' activity as outside their mandate. However, as noted, recovery begins from day one, and needs to be conceptualised and strategically accounted for in response programming. Therefore, this sees few agencies with recovery expertise at a very fundamental stage of the recovery process (refer to sub-section 5.5.4). This situation often results in weak knowledge on early strategic options, delaying and potentially hindering transitional mechanisms and sustainable programme options.

Including 'recovery' expertise into the immediate response could develop the required capacity to produce the knowledge needed, to initiate programmes that support adaptive resilience to stimulate effective recovery early (refer to sub-section 8.5.3).

9.1.6.2 Humanitarian Framework

Improvements to the humanitarian framework necessary to support the programming of adaptive resilience in emergencies, include:

Coordination and Planning

Operational barriers, to effectively stimulating recovery, within coordination and planning, were highlighted within the case study (refer to section 6.3). These key operational barriers included: weak strategic capacity and planning, weak capacity and involvement of government, no policy environment at the start, weak context analysis, separation of cluster groups which weakened strategic potential, weak or no exit planning. To improve coordination, it has been posed that the strategic advisory capacity within the cluster system needs to be developed.

Strategic capacity needs to be drastically improved, if response operations are to utilise existing opportunities, undertake effective holistic relief activity, support adaptive capacity and allow for the development of transition and exit options. This could be possible through the optimisation of the Strategic Advisory Group (SAG) at an inter-cluster level to offer the capacity to evaluate and prioritise activity for both relief and recovery. SAG, under this capacity could offer a longer-term vision, disseminating strategic ideas to donors, the government and response agencies. This new capacity could offer much needed operational strategic guidance. Clusters could use this authority to help scale up operations, as many involved agencies have weak capacity and foresight.

Utilising and developing the capacity of SAG could create new capacity for: **s**trategic thinking, that can bring foresight and reduce the incidence of weakly planned programmes; the dissemination of information and ideas to government, donors, agencies and the private sector over the whole period of the response; the stimulation of a policy environment to guide an operational framework from the start; effective communication channels to exist with affected communities, feeding in information, as well as gaining contextual insight and programmatic feedback; and develop coordinating capacity, that reduces gaps and overlaps, and enables more holistic, integrated and context specific programming. This improved capacity will offer a conducive environment to support the development of programmes that aim to build the adaptive resilience of individuals/HHs.

Finance and Donor Strategy

Analysis of finance and donor strategy in section 6.2 highlighted some key operational barriers that affected programmatic ability to adequately develop individual/HH adaptive resilience. These operational barriers have been demonstrated to hinder the potential

mainstreaming of a resilience building approach. These key operational barriers were: lack of donor coherence, the separation of funding streams, top-heavy decision-making, short proposal timeframes, funding caps, donors push for quantity over quality, visibility' over 'feasibility', programmes chosen on financial imperative not on need, lack of accountability, and local private sector unable to access funds.

To improve the current financial system, two options have been posed:

- **Option 1: A new centralised funding system** to increase coherence and improve strategy (refer to Figure 8.6, pg. 276 and sub-section 10.4.1). The development of more centralised funding systems, where donors can place their donations into an un-specified central pot, so not to support individual projects, but contribute to an overall strategic approach. This system will allow for better information management, coordination and effective programming. Developing a more consolidated funding process, where funding decisions can be better controlled strategically, by a system operating at ground level. Rather, than a system that is controlled by donor agendas and pre-requisites. A process that will allow for better strategic placement of funds in a timely manner, that comes with more appropriate performance expectations.

- **Option 2: Improve the current system**
    - Flexible funding
    - Extension of funding period
    - Develop informed donor pre-requisites
    - Direct financing to local stakeholders

(refer to Figure 8.7, pg. 275)

Considering a re-evaluation of current financial mechanisms holds the potential to drastically increase strategy and leadership, which is fundamental, if emergency response programming is to develop in its effectiveness and ability to integrate emergency programming that supports the development of adaptive resilience in the humanitarian sphere.

The extensive evaluation of agency capacity and the humanitarian framework has highlighted, some key solutions to improve the humanitarian operational framework, in

order to support the development of adaptive resilience in emergencies. This has ensured Objective 6 has been met.

The conclusion of all 6 objectives has enabled this research to examine the research question in-depth. Concluding that resilience building within post-disaster environments has the ability to increase potential recovery of disaster-affected populations and that it is feasible to build individual/HH resilience through emergency response operations.

9.2 Key Findings of the Research

This thesis has determined that resilience building within post-disaster environments has the ability to increase potential recovery of disaster-affected populations and that it is feasible to build individual/HH resilience through emergency response operations. This has been achieved by the following:

Firstly, clarifying the concept of post-disaster resilience, which sees adaptive capacity of an individual/HH as its fundamental attribute. Understanding adaptive capacity as 'the ability or capability of a system to modify or change its characteristics or behaviour to cope better with actual or anticipated stresses' (Brookes 2003). The research has supported Cutter's (2008) theory of adaptive resilience, which further breaks down this concept, stating that the level of resilience experienced by an individual/HH before a disaster event is intrinsic to the absorptive capacity that they will express post-event. This absorptive capacity will determine the impact felt. The level of resilience expressed in a post-disaster environment has a direct effect on the level of achievable recovery of that individual/HH. It has been presented that initial levels of resilience can be improved early on and this is deemed adaptive resilience (refer to Chapter 4).

Further assessing the concept of resilience in the humanitarian sphere, saw the need to break down and understand the 'modality' that humanitarian response can support and develop adaptive resilience at the individual/HH level. The research was able to pinpointing 6 key components of adaptive resilience: access to assets, access to basic services, economic opportunities, access to legal and financial services, i.e. loans, grants, strong social and political networks, and risk perception (refer to section 7.2).

Secondly, the research has analysed a post-disaster intervention that saw a significant recovery deficit, this case study was the 2010 Haiti earthquake. The research was able to break down the main barriers to recovery experienced by affected individuals/HHs, which were: the lack of adequate shelter provision, the lack of sustainable basic services, limited or no livelihood opportunities, and limited or no access to cash or loans. This allowed a practical understanding of recovery at the individual/HH level to be defined. The key components of adaptive resilience and the common barriers to recovery were then assessed to establish the relationship between them. It has been demonstrated that to ensure recovery in a post-disaster event and allow for a more resilient society to evolve, it is fundamental that adaptive resilience is supported and developed within emergency response programming (refer to Chapter 7).

Thirdly, the impact the humanitarian operation in Haiti had on adaptive resilience was established. Offering a focused analysis of programming within the Shelter and WASH sectors, as well as the humanitarian framework that encompassed it. The research pinpointed critical areas within the Shelter and WASH response. These included the lack of strategic vision and limited consideration for developing transition mechanisms, which resulted in the dismissal of crucial decentralisation and community engagement strategies. An outcome that was directly linked to the lack of contextual knowledge generated through baselines, rapid needs or context assessments. Assessments that are essential in order to gauge real need within the affected population, potential individual/HH adaptive resilience and local capacity. Information that would have supported effective programme planning needed to build adaptive resilience (refer to Chapter 5).

Coordination capacity and its dynamics within post-disaster Haiti were also assessed within the research, a significant level of strategic weakness and a general lack of leadership was uncovered. This incidence added to the challenges experienced within programming in the form of direction, scope and scale. The lack of strategic capacity within the agency itself was not compensated at the coordination level seeing a strategic void develop, which resulted in a lack of ideas and options particularly for exit, transition and recovery programming at the stages of the response where they are most essential (refer to section 6.3).

The finance and donor strategies undertaken in Haiti did not allow adequate levels of support within the response period to encourage national involvement or sufficient economic development. Key issues were highlighted that significantly impacted the effectiveness and timeliness of resulting programme outputs in the response. Thus, contributing to agencies' inability to meet the real needs on the ground, support the development of individual/HH adaptive resilience and adequately support programmes for transition and exit (refer to section 6.2).

Not recognising and investing in options that could have supported adaptive resilience to ensure viable recovery options, saw a lack of transition and exit strategies made available. Which ultimately, contributed to the development of a protracted relief situation. This case study supports the many previous incidences within humanitarian response of inadequate recovery due to the approach of emergency response programming, as seen through the literature (refer to Chapter 2).

Fourthly, the research was able to stipulate specific programmatic and operational interventions that will enable an agency to carry out programmes that are have the ability to support the development of adaptive resilience within their emergency response programmes (refer to sections 8.3 and 8.5). These suggested interventions were evaluated for their potential use in different emergency contexts, i.e. rapid onset (natural disaster/conflict), slow onset (natural disaster), long-term humanitarian programming (natural disaster/conflict), as well as, within urban and rural environments and at different scales, i.e. large and small (refer to section 8.4). System improvements within the humanitarian coordination mechanism and the financial and donor system have also been suggested. These suggested improvements are crucial to enable agencies to undertake an approach, that will proactively support the development of adaptive resilience (refer to sub-sections 8.6.1 and 8.6.2).

Through the in-depth analysis of this post-disaster case study in the 2010 Haiti earthquake, this research has shown that developing resilience in the post-disaster environment is possible and an approach that has the ability to improve strategy within humanitarian operations. This is an approach that will allow programming to improve the provision of essential services, substantially increase transitional and exit options and proactively stimulate resilience and consequentially, a rapid recovery.

This strategic approach to emergency response programming offers the coherence needed between relief, recovery and development. Determining that a resilience approach could be the 'missing link' or resolution to the perceived operational 'gap' between relief, recovery and development. Pursuing a resilience approach could be the start of a much needed cultural change within the humanitarian sector that will shape operations for a more strategic and successful future.

9.3 Contribution to Knowledge

Knowledge can be seen as a justified true belief (Knight and Turnbull 2008); a belief in itself is not enough, it has to be justified. Through the interpretation and analysis of existing literature and collected and analysed data, the findings of this research assert such beliefs through methodological, empirical, theoretical and industrial contributions to knowledge. This thesis has been able to make 6 contributions to knowledge; these will be briefly described in the following sub-section theoretical, empirical, methodological and practical contributions.

9.3.1 Theoretical Contribution

- The thesis presents a clarified conceptualisation of post-disaster resilience, highlighting key components of adaptive resilience at the individual/HH level.
- The research has demonstrated the relationship and resulting value of resilience building in the post-disaster environment in the stimulation of individual/HH recovery.
- The thesis presents the innovative theory that a resilience building approach in humanitarian operations is the 'missing link' or perceived operational 'gap' between relief, recovery and development. The key to the development of coherence between humanitarianism and development.

9.3.2 Empirical Contribution

- The research has provided original, previously uncollected data on individual/HH resilience in the post-disaster context.

9.3.3 Methodological Contributions

- A new methodology was trialled through this research. This method was the Sociogram, which was used to gather data on post-disaster resilience at the individual/HH level.

9.3.4 Practical Contribution

- The thesis has been able to pinpoint and develop key areas, emergency response operations, can build resilience at the individual/HH level. These areas include:
  - Programmatic: specific sectoral focus on Shelter and WASH, presenting strategic programmatic ideas that have the ability to build and/or encourage resilience.
  - Supportive: detailing elements, such as assessments, data and planning, and capacity and expertise, needed to support programmatic interventions.
  - Institutional: detailing elements necessary to allow mainstreaming of an approach, such as resilience building. These include: donor and financial mechanisms, and coordination.

All practical contributions are detailed further in Chapter 10 - Recommendations.

9.4 Limitations

The main limitation within the research was the limited sample size of the respondents representing the affected population, due to the complex and volatile nature of the post-disaster environment at the time of data collection. This led to the revision of the number of community discussion forums that could be safely undertaken. It also saw that the representative communities were ones that were directly associated with particular INGOs, reducing the ability of the sample to be representative.

The use of a singular case study design also limits the ability to generalise findings to the humanitarian sector and would need further case studies in different post-disaster interventions and within a variety of contexts to be developed to offer comparative data and more conclusive evidence. However, this research was exploratory, i.e. theory generating, and this unique case study offers the ability to draw on key messages produced within this research to be applied to the humanitarian sector and further explored within programming and policy.

10. Recommendations

Developing resilience in the post-disaster environment has been shown to be possible and has the ability to improve strategy within humanitarian operations, to allow programming to improve the provision of essential services, to substantially increase transitional and exit options and to proactively stimulate rapid recovery. It is an approach that will support and encourage adaptive resilience of disaster affected individuals/HHs within a response to ensure recovery is not hindered and increase resilience for the future. Overall, it is an approach that can create the much-needed cohesion between relief, recovery and development and stimulate a cycle of increased resilience and preparedness globally.

10.1 Programmatic Resilience Building Interventions- Shelter

This section lays out in detail the types of programmatic interventions within the Shelter and WASH sectors that have the ability to build post-disaster resilience. Looking also at the supportive elements needed to enable these interventions to be effectively implemented in the early stages of the response. This section also lays out key areas at the institutional level that are needed to mainstream this approach as a culture within the humanitarian sector.

Shelter specific resilience building interventions are described below, these are operational approaches that could be undertaken by agencies within their emergency response model to support and develop individual/HH level post-disaster resilience.

10.1.1 A Decentralised Shelter Strategy

- **Host family support**

  In a crisis, many individuals/HHs rely on their friends and family for immediate support, allowing affected communities to tap into known resources and ensures social connections to stay strong, which is an essential component in raising initial levels of resilience. However, if no provision is offered to encourage and support this, then new guests can become an immense burden, often forcing IDPs to have to rely on international support, i.e. IDP/refugee camps. Supporting host families to better provide for new guests is a key approach to decentralising the burden on IDP/refugee camps. This can be done in a number of ways:

  - **Cash transfers or vouchers for host families:** supporting host families to maintain the extra people through cash transfers or vouchers can allow host families to lessen the burden by giving them the option to support their

situation through the purchase of food, water, essential NFIs, building extra facilities, like a shower or improving their property, i.e. roofing. (brochures and technical support should be provided). A programme that will allow longer-term support to IDPs, offering the time needed to pursue their own recovery strategies. Cash transfers and vouchers also allow an injection of cash into the local economy stimulating service provision and livelihoods, rather than just overwhelming local resources, which can be a source of conflict.

- **Service provision for host families and communities:** providing NFI items, such as HH water treatment, along with improvements in community water supply and sanitation infrastructure, can significantly help the burden of resource consumption that comes with an influx of new people needing help, increasing the potential for longer-term support for IDPs.

- **Neighbourhood rehabilitation**

  Instead of the immediate push to develop camps, consideration of localised support should be initiated to identify whether IDPs can be supported close to their existing neighbourhoods or, if in IDP camps, to deploy a rapid return policy.

  - **An Integrated Neighbourhood Approach** should be considered, which looks at shelter rehabilitation and reconstruction, the installation or improvement in WASH facilities, and livelihood provision from day one. To achieve this, a proactive approach to evaluate neighbourhoods within and surrounding affected areas through initial assessments should be carried out. The process of cross-referencing for land entitlement can be used, where ownership of land is cross-referenced with neighbours in a community to establish original housing plots, quickening the pace of reconstruction and faster return, further promoting a better level of resilience and recovery. Furthermore, the cross-referenced land map could also be used to attempt to legalise ownership.
  - **Rapid return to neighbourhoods**: if IDPs are already accommodated within camps, there is a need to proactively seek strategies for a rapid return to neighbourhoods from camps (though only in non-conflict contexts). The camp registration process could be utilised to indicate where IDPs originally came from, this information could then be used by agencies to deploy early

rehabilitation efforts in priority areas to push for a faster return, reducing dependency on the camp.

- **Non-IDP neighbourhood support**

  Other neighbourhood strategies, such as provisioning underserviced neighbourhoods close to camps, with basic services, such as water, sanitation and health. Services that should be created and run where possible through available local capacities, i.e. community level (i.e. create a HH business), private sector or through state provision. Setting up these services will provide alternative options for residence and other affected people ensuring they stay away from the camps. Again decentralising the common approach of camps, allowing for more sustainable housing options to be created from the start of a response.

- **Rental support**

  Rental support programmes could also be used to assist in the accommodation of displaced persons, either as an immediate approach or as a strategy to close camps. Rental support provides families with help locating and funding a rental property and provides further finance to support them for 1 year. After the 1 year rental support finishes, families are in a better position to be able to negotiate to stay in the same rental property with their own means, paying rent in another property or by moving in with family or friends. This strategy stimulates the private sector and homeowners to rehabilitate housing stock, provides new forms of income and allows for faster recovery. IDPs are also housed rapidly, ensuring dependency on unsustainable camps doesn't occur. An additional consideration is that this approach also enables rehabilitation of existing settlements rather than utilising unrealistic relocation projects that can result in dire negative consequences in many disaster recovery situations.

- **Participatory approaches**

  Strong community participation from the beginning allowing HHs to become informed decision-makers, develop ownership, manage expectations and makes the most of people's skills and strengths. This approach allows for more sustainable, transferable service options that can develop local business, develop cost-recovery mechanisms, offer scalability, and provide longer-term services. These include:

  - **Demand-led approaches:** this approach proactively seeks immediate consultation with communities within the planning process in order to ensure interventions are demand driven and not supply driven. Thus, selecting

programmes that are appropriate, that can tap into local capacity and develop ownership.

- **PASSA (Participatory Approach for Safer Shelter Awareness):** the use of PASSA informs individuals, HHs and community understanding of vulnerability related to the built environment, and leads to the identification and promotion of locally appropriate measures to achieve safer shelter and settlement. This approach helps develop risk perception, stimulating individuals, HHs and communities to proactively improve their resilience, which also provides a good DRR strategy.
- **Skills training:** the training of community members in areas, such as safe construction methods to undertake repair and reconstruction of their homes. This approach will allow HHs to regain previous assets rapidly and increasing the level of protection. The new skills can also offer new livelihood opportunities, again increasing resilience.

➢ **Household cash grants**

HES (Household Economic Security) is a rapid response cash grants process. Helping HHs pay off existing loans (In Haiti there was a revolving community loan system (SOL) prior to the earthquake, and due to the loss of capital in the earthquake, many loans were left unpaid).

➢ **Utilise local products and services**

Utilising and investing in local resources stimulates the local economy and supports livelihood options, offering much needed income in a crisis.

- **Buying construction materials locally:** understanding the local market and existing capacity can reap huge benefits, using tools such as Oxfam's Emergency Market Mapping and Analysis toolkit (EMMA), which is a guidance manual to assist front-line staff to do rapid assessments of market systems in the first few weeks of a crisis. Its purpose is to improve early response planning so that resources are used effectively and ensure that opportunities are not missed, bolstering future recovery in the local economy.
- **Utilising local capacity** from contractors to individual masons: gaining contextual information on what local construction capacity exists will offer a huge resource to provisioning rehabilitation and (re)construction capabilities at the local level. This will allow rapid asset recovery and livelihood stimulation, essential for developing post-disaster resilience.

10.1.2 Improved operations using a decentralised shelter strategy

Proactively undertaking a decentralised approach localises interventions by either supporting affected communities in their place of habitation, rehabilitating place of original habitation for a rapid return and/or supporting host families. This moves programmes away from the default camp model. Depending on scale of displaced persons and the operating environment, this approach can be integrated to varying degrees. The approach offers alternative strategies for shelter that builds post-disaster resilience by allowing relationships in the community to stay strong, the opportunity to develop sustainable services, build asset ownership, as well as the creation of livelihoods. Installing strategy that will stimulate a rapid recovery and build DRR and preparedness thinking into local communities, strengthening resilience for the future.

10.2 Programmatic Resilience Building Interventions- WASH

WASH specific resilience building interventions are described below, these are operational approaches that could be undertaken by agencies within their emergency response model to support and develop individual/HH level post-disaster resilience.

10.2.1 A Holistic WASH Strategy

- **A business model approach**

  A business approach seeks to help reinstate previous, and foster new, service provision (i.e. water kiosks, public latrines and health services etc.), which will help develop local markets and strengthen local services. The approach also offers opportunities for sustainable transition and exit strategies that will allow a rapid recovery and increase basic service provision that will raise post-disaster resilience.

  - **Rehabilitating local water vendors:** to undertake this activity, it is necessary to first assess pre-existing service provision and then the currently existing capacity for water supply needs to be understood. This sort of information could be gleaned from a WASH rapid needs assessment. If there is local capacity, locate this capacity in the areas of operation. Assess capacity needs and offer support where necessary. This support could be in the form of rehabilitation of a reservoir or delivery points, capital or subsidy for the purchase of chlorination products, water supply containers/bags etc. if capacity exists, a small level of support could significantly scale up capacity to deliver a water supply locally and sustainably.

- **Create funds that support entrepreneurs:** making available business grants and loans will enable a much needed injection of cash to stimulate the private sector to rebuild or start new business. Grants could be won through entrepreneurial competitions. Loans will require micro-finance institutions to make available and manage the repayment of loans, support could be given to the re-establishment of such institutions, financial provision for loan dissemination and facilitating access to loans by potential users.
- **Cash and voucher systems:** providing cash or vouchers to affected households to stimulate the purchase of water, creating the demand for the services to be supplied.

➢ **Demand-led approach**

This approach aims to build strong community participation from the beginning, allowing HHs to become informed decision-makers, develop ownership, manage expectations and make the most of people's skills and strengths. This approach will allow for more sustainable, transferable service options, options that can develop local business, bringing a cost-recovery mechanism that will naturally scale up, and provide longer-term services and livelihoods.

- **HouseHold latrine construction:** this can take place in a camp or neighbourhood setting, where the community are consulted to understand their sanitary needs, gauging skills available. If sufficient skill capacity exists, HHs are to be given tools and materials, or in applicable situations, a voucher system (to stimulate the local market), along with technical advice, if necessary, to construct their own HH latrines. Quality of construction will be checked and HHs supported. This intervention allows for significantly more latrines to be constructed in a short time, HHs develop ownership for latrine maintenance, which moves responsibility away from the agency, and it offers skills training in construction and maintenance methods HHs can use to sustain latrines in the future.
- **'Zero cost' options:** which sees communities participating in their own decision-making about how to achieve their WASH needs with agencies supplying guidance, tools and a potential voucher system. This participation method will help inform the community of the options available and let them decide how they can achieve these goals. The community will then develop

ownership of the programme and expectations will be managed. An approach that will guide a realistic, demand-led intervention.

- **Neighbourhood rehabilitation**

  Neighbourhood rehabilitation allows the WASH intervention to become decentralised, looking at servicing neighbourhoods of origin to ensure a rapid return, host families to sustain support to IDPs and non-IDP neighbourhoods to take pressure off camps and to reduce potential conflict. This approach could include:

  - **Undertaking a vulnerability assessment:** an assessment that aims to understand the context in relation to WASH needs, highlighting vulnerability, the level of current resilience and potential adaptive capacity. It will allow strategic development of appropriate options for sustainable interventions, e.g. rehabilitation or scale up of available sources, privately owned sources and kiosks.
  - **Neighbourhoods of origin**: it is essential to integrate shelter and WASH strategy in order for services to be provided and neighbourhoods to be adequately rehabilitated for a rapid return (where possible). Water supply provision should aim to be sustainable. However, emergency and/or semi-permanent or transitional WASH infrastructure could be employed in the early stage of the response to give time for more sustainable options to be established. Sanitation should be HH built and owned where possible, again using temporary provision (e.g. public latrines) until more sustainable options can be established. This approach needs to be implemented early to ensure that a decentralised strategy away from camp provision is established and a rapid return strategy is made possible.
  - **Non-IDP neighbourhood support**: in neighbourhoods that have not been directly affected by the disaster, but that have little or no water services or sanitation may need support to enable IDPs to potentially accommodate themselves there, discourage non-IDPs from trying to capitilise on camp resources and discourage potential conflict between IDPs and non-IDP communities.
  - **Host family support:** as it has been noted, affected people often seek help and support from family and friends after a disaster occurs, allowing a substantial alternative to camp provision. To ensure this strategy is sustainable in the short to medium term, host families need to be supported. For WASH provision at

the HH level, the construction of HH toilets and showers could be supported, HH water treatment, e.g. lifesaver cubes, candle filters, aquatabs/PUR, NFI, e.g. sanitary products. At the community level the implementation of neighbourhood water supply services will be crucial in lessening the burden.

- **Invest in infrastructure**

  Deciding to invest in infrastructure early on will give the 'transitional options' needed and bequeath useful WASH infrastructure that will build resilience. Infrastructure option could include:

  - The repair and development of water supply networks to supply in the response and for the long-term.
  - Large scale treatment infrastructure: The repair or construction of water and wastewater treatment plants.
  - Small scale waste management infrastructure: composting, biogas, on-site wastewater treatment, i.e. use of lime or treatment ponds. Some of these options can produce saleable goods, e.g. methane for cooking and heat, compost, fertilizer and other agricultural products, creating viable business options, as well as providing longer-term waste management infrastructure.

Improved operations using a holistic WASH strategy

Undertaking a more holistic WASH strategy from day one of a response can produce a programmatic approach that is demand-led, ensuring the real needs are understood and options are developed that adequately meet them, building ownership and sustainability of service provision. A business approach allows local markets to be stimulated, supply chains to be improved and provides options for the private sector to recover. This allows the development of livelihoods and sustainable service options that can not only help the initial response, but also provide transition and exit strategies, as well as building in infrastructure for the future. It also helps in increasing HH's adaptive capacity by providing sustainable services, supporting neighbourhood options, keeping social connections strong and providing livelihoods, raising the level of resilience that supports a rapid recovery and future disaster resilience.

10.3 Supportive Framework for Building Resilience

Elements that support programming have been assessed and recommendations made to ensure effective programmes are developed to support and encourage resilience. The

following sub-sections will detail supportive elements, such as assessments, data and planning, and capacity and expertise.

10.3.1 Improving Assessments

- **Rapid assessments**

  Post-disaster operations are often planned on the back of weak or no contextual information gathered to plan appropriate and effective interventions. A knowledge base that is crucial if needs are to be truly understood and met, and transitional and exit plans are to be conceptualised and realised. There is potential to glean some of this information within sectoral rapid assessments, examples include:

  - **Shelter sector rapid assessment:** neighbourhoods within and surrounding affected area could be appraised and basic information on local skills and resources could be gleaned. Basic information on host family dynamics and locations should be gathered. Within the IDP registration process, neighbourhood, or place of origin, could be established to strategise rapid return.
  - **WASH rapid assessment:** information on how affected population accessed water and sanitation before the disaster should be gauged. Along with existing resources and capacity, this will highlight strategic option to build up national resources and provide essential transition and exit mechanisms.
  - **Rapid context and resilience assessment:** this would be a new type of assessment that may require additional human resources, which could be created in the form of a 'recovery team' that would be deployed within an emergency response team. This new capacity would be dedicated to gleaning contextual information from local stakeholders and assessing community level resilience; information that will allow the development of medium to long term strategy to be developed. With the new capacity also able to assess the progression of the response, interventions can be initiated in a more timely and effective manner, developing recovery strategy and capacity from day one.
  - **Baseline**

    Response operations that have poor assessments at the start of the response have little or no baseline information for the impact of programmes to measure against and so fail to effectively implement Monitoring and Evaluation (M+E). Without this, there is little valid feedback on the effectiveness of different types of intervention. Ensuring this will see progressive learning within the humanitarian

sector on the most effective and appropriate response operations, thus, improving quality and standards. This type of comprehensive baseline survey could be undertaken by a hired external private company, that has the expertise and capacity for such a rapid, full-scale survey. It would be a worthwhile investment because is could layout priority areas quickly and ensure all stakeholders are coordinating off the same page.

- **Monitoring and Evaluation**

  Enabling proactive M+E from an early stage of the response allows programme impact and appropriateness to be evaluated, and modified if necessary, in a timely fashion. This enables programmes to meet changing needs in volatile and uncertain environments. This approach to programming will see adaptive capacity is understood and built up in an appropriate way to increase the rate of recovery. There are several areas that will make the implementation of M+E easier and more accessible in response programming, these include:

  - The development of a user-friendly, concise reporting system where data, opinions and strategic plans can be regularly fed in, ensuring the continuity of strategic development throughout the entirety of the response. This will particularly help with issues of staff turnover.
  - The education and training of staff in M+E methods and the instilment of the importance of its integration.
  - Install its use in policy and programmatic reporting requirements.

Improved Operations - Assessments

The lack of adequate assessments hinders effective relief and recovery programming immensely and should be seen as a weak link. Improving existing assessments and investing in new assessments holds the key for:

- Improved contextual knowledge in the early stage of the response, which will increase strategy for programme planning.
- The early development of longer-term planning and the comprehension of the impacts of programme choices on recovery.
- Increasing the effectiveness of relief activities, whilst simultaneously stimulating recovery.
- Ensuring all stakeholders are working coherently.

- Supporting handovers when new staff takeover (making sure knowledge and experience is not lost).
- Building in of DRR strategies early.
- The early and regular initiation of M+E that will enable more responsive programming that can gauge and build on adaptive resilience of affected communities.
- Measuring impact, which will allow for performance reviews and best practice to evolve.

10.3.2 Data management and Planning

- **A centralised reporting system**

  There is a need for a system that has the capacity to effectively communicate learning and feedback information into programmes, allowing programme planning to be more strategic. With high staff rotation, feedback mechanisms and hand-overs are weak, resulting in a lack of continuity within programmes, and missing the feed in of crucial information and, thus, the capacity to recognise opportunities and build on them.

- **A centralised method of reporting and planning** within an agency could also offer a more succinct and coherent way to operate. Setting up a user-friendly information system that allows all stakeholders to routinely and concisely feed all assessment and performance information into it, will begin to build a base of knowledge. Also, making it mandatory to tap into the database when developing new programmes, would ensure more well-informed decision-making that would then allow more integrated and context appropriate programming. Specific key information can be gleaned from this system to feed into the Cluster database to help trace activity and feed in context information.

- **Contingency database**

  Setting up contingency plans that will account for the many possible scenarios that could be faced in a disaster response as a tool to be accessed by field staff could provide the knowledge base needed to support faster, more effective decision-making. This would enable programmes to more rapidly respond to changing needs and exploit all opportunities by providing the technical and strategic knowledge necessary to support programme changes. This approach can also help inform field

staff of resilience building approaches that can be initiated in the early stages. To do this, an agency would need to invest in the write up of potential risks and scenarios that could be faced in different disaster cases and how to respond and manage them. However, such a system should leave scope for innovative thinking and not necessarily be prescriptive. Essentially, the database would be envisioned as a tool to strengthen the operational system and to be able to counter any areas of weakness in the capacity or expertise of transitioning field staff, whilst also allowing the stimulation of innovation and the proactive capture of opportunities.

Improved Operations - Data management and planning

Building capacity for data management and planning within an agency's operations will ensure:

- More integrated and context appropriate programming
- An accessible knowledge base
- Support faster, more effective decision-making
- Provide a more succinct way of operating
- Provide technical and strategic knowledge required to meet changing needs
- Streamline DRR approaches into programming
- Ensure long-term programmes can be carried through until their entirety
- Develop internal operational preparedness
- Support smoother handovers

10.3.3 Capacity and Expertise

- **Recovery expertise**

  Currently, within many organisations, there is a lack of recovery expertise to assess the context, survey results and develop recovery programming. It has been noted that emergency specialists don't make good recovery analysts, as each mindset is very different. This results in weak knowledge on early strategic options, delaying, and potentially hindering, transitional mechanisms and sustainable programme options.

  There is a need to conceptualise the reality of the long-term and create a programme approach that looks ahead. This could be achieved through the development of recovery capacity, creating a 'recovery specialist' role that would be deployed from the very start of the response. This specialist or recovery team could become the

capacity and knowledge needed to initiate effective early recovery. The recovery specialist or team could:

- Undertake a rapid context assessment, tapping into local knowledge to understand the political and social environment, the level of resilience in the community, the skills available and local resources. Feeding this information into the development of relief programmes.
- As the response progresses, the recovery specialist can continually overview and assess the context, recognising opportunities for building in resilience and other timely recovery initiatives.
- The specialist will bring the recovery expertise so lacking in a response and strategise from the start to ensure strong transitional planning, exit strategies and longer-term planning if necessary.

Improved Operations - Capacity and Expertise

Increasing operational capacity within agencies to cater for recovery will improve programming by:

- Enabling a rapid context assessment and resilience assessment to be carried out.
- Developing transitional mechanisms and exit planning.
- Providing much needed recovery expertise and longer-term strategy.
- Enabling programmes to meet recovery programme implementation needs.
- Allowing the development and implementation of demand-led approaches.
- Developing sustainable, transferable service options.
- Developing potential business models to provide sustainable services building local livelihoods.
- Potentially initiating the deployment of a small 'recovery team' to increase capacity at critical times.
- Enabling impact and recovery assessments to be undertaken.

10.4 Institutional Framework for Building Resilience

To allow resilience building programming to be undertaken, there is a need for strategic changes at the programmatic level and at the institutional level. Innovations need to be found within the funding framework and within coordination capacity. Many structural and operational areas need to be evaluated and re-designed if a resilience approach is to be fully able to show its potential in emergency response operations.

10.4.1 Donors and Financial Mechanisms

- **Flexible funding**

  Current donor architecture sees funding streams for 'relief' and 'recovery' orientated activities separated, with streams made up of very different sets of benchmarks and heavy structuring. Response operations struggle to find financial support to undertake more strategic and context specific programming, and, thus, there is a dire need for more flexible funding that will allow response programmes to meet the real needs of an affected population in a timely manner. To achieve this, donors and financial institutions need to re-evaluate their funding architecture to develop more coherence between separated funding streams. DFID have begun this process, recognising that their split funding model, i.e. relief, recovery, reconstruction has caused a false dichotomy between these activities. Past and current response activity advocates for this need and donors are becoming more aware of this.

- **Reducing the influence of donor's agendas**

  Many respondents from the international community noted significant programmatic issues that stemmed from the operative nature of the donor. It is clear that response and recovery operations are heavily dependent on the donor and, consequently, the strategic impact of programs carried out on the ground.

  Further to this, and as a consequence of the top-heavy decision-making, leadership on the ground is weakened. This current funding architecture sees decision-making that is top heavy, with the development of response programmes based on donor perception and/or agenda and not enough on the reality and need on the ground. Donors have a strong influence on response programme direction. However, they often do not have the mandate or sufficient capacity to offer leadership. This creates a dynamic where decision making authority is not in the hands of those who are in leadership positions within a response creating a power vacuum, making it difficult for effective leadership to exist.

  - To change this funding, mechanisms need to be drastically changed. Decision making needs to be at a strategic level on the ground and with funds to support that dynamic. This is where the SAG (Strategic Advisory Group) could be developed to manage funding and programmatic direction in a response to get the most effective output for the finance made available.

- **Rethink spending caps**

  Relief funding may often have short-term spending caps - in the range of 6 months up to 1 year. This often leads to misguided decision-making that focuses on rapid spending strategies and not looking at how to meet the real needs of the affected population with the most effective programming. Also, long-sighted programming can't be planned for. This needs to be changed from within the donors/financial institutions operational framework, which should be supported through the humanitarian sector by advocacy and education on the cost-benefits of holistic, medium to long-term programming.

- **Donor pre-requisites**

  Donors often push for quantity, with a focus on numbers achieved and less focus on strategy. Again donor education is needed, which could be done through the development of cost-benefit and cost-effectiveness arguments on longer-sighted strategy that promotes early recovery, ease of transition/exit and DRR. Presenting these arguments to the donor system, as well as coordinating with institutions and anyone who is involved in programme planning.

- **Direct financing to local stakeholders**

  If transition mechanisms are to exist and sustainable service options are to develop after a disaster, the local private sector need to be involved in response and recovery activities. In order for the local private sector to re-establish themselves, access to the streams of finance that flow into an emergency need to be made more available. This can be optimised through:

  - **Opening up bidding processes to allow local companies to apply:** facilitation needs to be offered by the funding institution or implementation agency to support local companies to become aware of what is available and how to undertake the process.
  - When considering opening up bidding processes, there also needs to be a discussion on **criteria for application**, as, at present, the current options available only accept applications from 'formalised' companies. In many countries the majority of the local private sector are 'unformalised', which means such companies are often marginalised.

- **Change the financing mechanism**

  Funds flow into an emergency through a variety of routes, i.e. the CAP, Flash appeals, CERF, ERF, private funds etc., which then flow through a variety of

financial disbursement partners and implementation partners, all parties of which have their own agendas. The current incoherence of the expansive array of donors that support the plethora of implementation agencies operating in a response lays the foundations for a confused and ineffectual approach, making coordination and strategy development extremely difficult. To allow more coherence, effective strategy and leadership, a new way of financing implementation agencies and institutions should be established. This could be done through:

- The development of more central funding systems, where donors can place their donations into a central pot, so as not to support any one individual project, but contribute to an overall strategic approach. Such systems would open up the opportunity to provide the timely release of financial resources and allow for coordinated efforts.
- The new system could build on systems like the CAP (Consolidated Appeals process), where the Cluster SAG would become the central data manager for context information, coordinating partners and providing strategic thinking to devise priority actions. A collective document could also be produced for a flash appeal, with the SAG sending this information out to agencies along with a call for proposals for funding. Thus, improving coordination and strategic planning. Agencies would then propose programmes for funding to SAG, who would assess on the basis of appropriateness and the agencies capacity to fulfil, sending them to centralised funding systems. This will strengthen the development and dissemination of the CHAP (Common Humanitarian Action Plan).

This system will allow for better information management, coordination and effective programming. Thus, developing a more consolidated funding process, where funding decisions can be better controlled strategically by a system operating at ground level, rather than a system that is controlled by donor agendas and pre-requisites (refer to sub-section 8.6.1).

Improved Operations- Donors and financing

Improvements in financial provision have the ability to stimulate the uptake of new response strategies that proactively promote resilience and rapid recovery and, in many cases, would prove a lot more cost-effective. More flexible funding will allow

implementation partners to respond to the real needs of an affected population in a timely manner, essential in a volatile environment faceted with unknowns. Considering a re-evaluation of current financial mechanisms holds the potential to drastically increasing strategy and leadership, which currently is some of the key challenges faced by the humanitarian sector today.

10.4.2 Cluster Coordination

- **Strategy**

  Getting the plethora of agencies, government and private sector working coherently is often a huge feat; a large element of this is the weak strategy that is provided throughout the response. Strategic capacity needs to be drastically improved if response operations are to utilise existing opportunities, undertake effective holistic relief activity, allow for transition and exit, whilst stimulating recovery and raising resilience. This is possible through optimising the use of the SAG at an inter-cluster level to offer the capacity to evaluate and prioritise activity for both relief and recovery. SAG, under this capacity, could offer a longer-term vision, disseminating strategic ideas to donors, the government and response agencies, offering much needed operational strategic guidance. Clusters can use authority to help scale up operations, as many involved agencies have weak capacity and foresight to plan ahead and think outside of the box. To develop this capacity:

  - Each Cluster group could provide 1 or 2 experts to create a 'think tank' mechanism/SAG at the inter-cluster level to ensure holistic, integrated and timely strategic planning.
  - The mandate and processes of the inter-cluster level SAG could be developed and monitored at the Global Cluster level. This will increase the important function of the Global Cluster, which in turn could produce a function of authority. This could then be utilised to potentially mandate more synchronised activities within the operating frameworks of agencies, i.e. the processes of assessment and reporting within agencies could be coordinated, with the Global Cluster producing effective assessment and reporting tools that encourage the consistent implementation of context, risk, DRR, impact, M+E and recovery assessments. Synchronising activities will enable more informed, coherent programming that is able to feed information into a central database accessible for comparison and review by all.

- HR capacity will need to be sort to support new activities.

- **Rapid context assessment**

  The new capacity within the inter-Cluster SAG could also form the function of initiating a rapid need and context assessment (through its capacity or through hiring of an external company) covering all sectors, with sector specific information going to each Cluster group. This would make up for weak initial assessments and ensure strategic planning from the start that all stakeholders could utilise and begin to build coherent operations.

- **Data management and dissemination**

  Using the SAG's 'think tank' set up has the potential to rapidly process information coming in and, thus, provide the strategic capacity to devise priority actions from the start, which, with long-term vision, allows for transition and exit strategies, and effective recovery. These strategic ideas can be sold to the donors and disseminated to the government, the agencies and the private sector. This function of the SAG ensures:

  - Government is kept updated with agency activities, opening up communication and cooperation to allow capacity building within the government and the development of an early policy environment, which will cultivate a conducive operating environment where major issues, such as land rights, can be approached and remediated quickly. Increasing government involvement from the start will also provide opportunities for effective transfer mechanisms.
  - A central database, where agencies report on programme progress and feed in any contextual data (through a user-friendly information management system that can be accessed by all). This will allow SAG to overview progression of the response, recognising issues and gaps, and to then have the capacity to resolve them in a timely fashion.
  - Regular communication of new information and priority action to all implementing agencies through a regularly updated and highly managed portal, weekly email updates and texting service.
  - Regular communication with affected communities allowing them to receive updates and guidance, but that also opens up a channel of communication to contribute updated context information, to advise of changes in their needs and to feedback on the progress of programmes being undertaken.

Improved Operations - Coordination

Utilising and developing the capacity of SAG would create new capacity for:

- The undertaking of timely context assessments to inform more effective programme decision-making.
- Strategic thinking that can bring foresight and reduce the incidence of weakly planned programmes.
- The dissemination of information and ideas to government, donors, agencies and the private sector over the whole period of the response.
- The stimulation of a policy environment to guide an operational framework from the start.
- Effective communication channels to exist with affected communities, feeding in information, as well as gaining contextual insight and programmatic feedback.
- The building in of resilience and DRR approaches.
- Coordinating capacity, that reduces gaps and overlaps, and enables more holistic, integrated and context specific programming.
- Engaging effectively with government, build capacity, develop an effective policy environment early and ensure more sustainable handover mechanisms.
- Generating private sector involvement.
- Building a central database where agencies report on programme progress allowing an overview of progression of the response; enabling rapid recognition of issues and gaps, offering capacity to rectify them in a timely manner.

11. Recommendations for Further Research

Further research should be undertaken to develop a broader and more comprehensive evidence base that will be able to develop a more generalisable theory and practice for the humanitarian sector in regard to the use of a resilience approach to stimulate recovery in emergency response operations.

11.1 Post-Disaster Resilience in Different Contexts

Undertaking replica case studies in different contexts, i.e. other natural disasters, conflict-related disasters, urban v's rural contexts, as well as different scales of disaster and levels of displacement, will begin to build the necessary evidence base to validate and generalise the potential of a resilience approach within humanitarian operations, as well as developing more critical and context specific interventions.

11.2 Methodological Development of the Sociogram

The use of Sociograms to further develop and verify the concept of post-disaster resilience should be investigated. A large sample of affected communities should be surveyed using the Sociogram methodology. This should be done in a variety of post-disaster contexts.

11.3 Assessment of Funding Architecture

Understanding the evolution of the humanitarian and development funding mechanisms is key to comprehending where many programmatic issues, highlighted within this research, come from, i.e. lack of donor coherence, the separation of funding streams, top-heavy decision-making, short proposal timeframes, funding caps, donors push for quantity over quality, visibility' over 'feasibility', programmes chosen on financial imperative not on need, lack of accountability, and local private sector unable to access funds. There is a need to look at why funding architecture, that is known to be flawed, has persisted for so long. This knowledge will drive an understanding to how this system in practice could be improved.

11.4 Perception- How to Change the Mindset and Mainstream a Resilience Approach

An investigation is needed into the theory of change, particularly in reference to the current humanitarian culture and mindset within the operational framework and within programming. This investigation is needed in order to begin to breakdown what are the critical factors that could mainstream a resilience approach holistically into the humanitarian sector.

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Appendix

Appendix 1a. Informed Consent Form

Consent for the Participation in an Interview for the Purpose of Research

I volunteer to participate in a research project conducted by the Principle Investigator Katrice Grace King, BSc, MSc from Loughborough University. I understand that the project is designed to gather information that will contribute to doctoral level research that is accountable to the Loughborough University.

1. **My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty.**
2. **I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.**
3. **Participation involves being interviewed by a researcher from Loughborough University. The interview will last approximately 30-45 minutes. Notes will be written during the interview and a transcript produced.**
4. **I understand that the researcher will not identify me by name in any reports and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies, which protect the anonymity of individuals and institutions.**
5. **Faculty and administrators from my campus will neither be present at the interview nor have access to raw notes. This precaution will prevent my individual comments from having any negative repercussions.**

6. **I understand that this research study has been reviewed and approved by the Ethics Committee for Studies Involving Human Subjects at Loughborough University.**
7. **I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.**
8. **I have been given a copy of this consent form.**

_____ My Signature

_____ My Printed Name

_____ Date

Signature of the Investigator

For further information, please contact:

Katrice Grace King

k.king2@lboro.ac.uk

(+509) 46436459

Appendix 1b. Semi-structured Interview Coding Outline

Interview Coding
Interviewee:
Organisation:
Role:

<u>Barriers and Opportunities for the sustainable transition from relief to recovery</u>

Internal Operations:

		Barrier	Opportunity
Mandates and policies			
Donor set up			
Staffing/ professionalism			
Assessments			
Programme implementation			
Recovery triggers			
Exit strategies			

External:

		Negative	Positive
Operating environment			
Cluster			
UN			
INGOs			
LNGOs			
Private sector			
Government			

Resilience:

		Hindered recovery	Supported recovery
Access to assets, services before disaster			
Access to assets, service in			

post-disaster environment			
Coping strategies			
Social engineering			
Cholera			

Time-frame of operations in Haiti

	Assessment and planning	**Programmes**	**Conceptualisation of recovery strategies**
Week 1-4			
Month 2-3			
Months 3-6			
Months 7-12			
Months 13-18			
Months 18- 22			

Appendix 1c. Online Questionnaire (English version)

Stimulating Early Recovery in Emergency Response Programming

Thank you for your participation.
Your efforts will contribute to critical operational research within the humanitarian sector; proactively building into the development of a more effective humanitarian sector.
Your responses will remain anonymous and confidential.
Results of this research will be made available to you if you wish to leave your email address at the end of the questionnaire.
The questionnaire will take 10 minutes, please fill in as many questions as you can and remember to press' SUBMIT' at the end of the form!

What organisation do you work for?

- ☐ International NGO
- ☐ Local NGO
- ☐ UN Agency
- ☐ Private sector
- ☐ Government of Haiti Ministry
- ☐ Donor
- ☐ International Governmental affiliate (i.e. DFID, USAID)
- ☐ Independent Consultant
- ☐ Other: _____

Name of organisation (if desired)

_____

How long has your organisation been operational in Haiti?

_____

For the first 6 months after the earthquake what work was your organisation involved in?

- ☐ Search and rescue
- ☐ T-Shelters
- ☐ Permanent housing
- ☐ WASH
- ☐ Food/nutrition
- ☐ Health
- ☐ Livelihoods
- ☐ Security
- ☐ Education
- ☐ Other: _____

From months 6-12 after the earthquake what work was your organisation involved in?

- ☐ Programme focus stayed the same
- ☐ All programmes had ended
- ☐ Change in programme scope
- ☐ T-Shelters
- ☐ Permanent housing
- ☐ WASH
- ☐ Food/Nutrition
- ☐ Health
- ☐ Livelihoods
- ☐ Security
- ☐ Education
- ☐ Cholera Response
- ☐ Hurricane season preparation
- ☐ Other: _____

From year 1-2 after the earthquake what work has your organisation been involved in?

- ☐ Programme focus has stayed the same
- ☐ Change in programme scope
- ☐ All programmes had ended
- ☐ T-Shelters
- ☐ Permanent Housing
- ☐ WASH
- ☐ Food/Nutrition
- ☐ Health
- ☐ Livelihoods
- ☐ Security
- ☐ Education
- ☐ Cholera Response
- ☐ Hurricane season preparation
- ☐ Other: _____

Who were your primary beneficiaries?
who were the people or institution(s) your organisation were aiming to support?

- ☐ Internally Displaced People
- ☐ Local communities
- ☐ Host families
- ☐ Institutions, i.e. schools, hospitals etc
- ☐ Other: _____

Any specific programmes you would like to detail and/or the strategic direction your organisation took?

What have been your sources of funding?

- ☐ Private donor(s)
- ☐ Internally generated funds
- ☐ UN funds
- ☐ Government funds
- ☐ Other:

How do you believe these funding sources have shaped the operations your organisation has undertaken in Haiti?
Did these funding sources have manageable pre-requisits? Were programme proposals developed around available funding? Were there spending time-frames?

What type of Assessments were carried out, and when were they initiated after the earthquake, to support the development and direction of programming?
Please specify your time of arrival. The timeline begins from the first day after the earthquake.

	Weeks 1-4	Months 2-6	Months 7-12	Year 1-2	Don't undertake
Time of arrival	O	O	O	O	O
Rapid needs assessment	O	O	O	O	O
Risk assessment	O	O	O	O	O
Contextual analysis	O	O	O	O	O
Recovery assessment	O	O	O	O	O
Monitoring and evaluation	O	O	O	O	O
Community participatory assessment	O	O	O	O	O
Impact assessment	O	O	O	O	O
Disaster Risk and Management assessment	O	O	O	O	O
Internal programme audit	O	O	O	O	O
other	O	O	O	O	O

If indicated 'Other' please elaborate here

Do you believe the assessments implemented by your organisation were adequate in subject, scale and timing?
Did the scale and complexity of this response have an affect on when and how assessments were implemented? Was enough information produced at critical times to develop effective programmes?

How much Community Participation was made available and achieved when carrying out your programmes?

	1	2	3	4	5	
No Participation	○	○	○	○	○	Full Participation

What were the reasons behind this level of Participation?
Type of assessments? participatory approach? social interventions? training/workshops? cash-for-work? information feed-back and communication systems?

How effective were different stakeholders in this post-disaster environment?

	Very ineffective	Ineffective	Neither	Effective	Highly effective
Government of Haiti	○	○	○	○	○
Local government	○	○	○	○	○
INGOs	○	○	○	○	○
LNGOs	○	○	○	○	○
UN-OCHA	○	○	○	○	○
MINUSTAH	○	○	○	○	○
Clusters	○	○	○	○	○
Community committees/ groups	○	○	○	○	○
Private sector	○	○	○	○	○

Add any comments here

Rank the level of which these programme elements below are considered and implemented within your organisations relief programmes
Consider the degree of importance given to each element when developing programmes and whether in reality they are implemented

	Not undertaken	Inadequately implemented	Considered	Fully integrated
Cost-recovery	O	O	O	O
Results from needs assessments	O	O	O	O
Community participation	O	O	O	O
Context analysis	O	O	O	O
Sustainability	O	O	O	O
Disaster Risk Reduction	O	O	O	O
Meeting Donor time-frame and pre-requisits, even when not appropriate for the context	O	O	O	O
Exit strategies in place at the start of the programme	O	O	O	O
Transitional mechanisms for recovery programming	O	O	O	O

What prompted the need for your organisation to start implementing recovery programmes?
What elements of the response and/or internal operational set up triggered the transition in programming?

- ☐ Time-frame
- ☐ Money
- ☐ Donor requisites
- ☐ Community dynamics
- ☐ Numbers achieved
- ☐ Assessment results
- ☐ Consensus within the sector
- ☐ Other: _____

When did recovery get started?
When was recovery conceptualised and planned for within your organisation? When were recovery programmes implemented?

	From the start of all interventions	Week 1-4	Months 2-6	Months 7-12	Year 1-2
Time of arrival	O	O	O	O	O
Conceptualisation of Recovery	O	O	O	O	O
Implementation of recovery programming	O	O	O	O	O

Do you believe recovery initiatives were timely? if not, when should they have started?

_____

What do you believe could have hindered recovery and the transition to recovery programming?

- ☐ Land issues
- ☐ Government
- ☐ Lack of policy environment

- [ ] Coordination
- [ ] Cholera outbreak
- [ ] Mandate restrictions
- [ ] Donor requisites
- [ ] Lack of baseline data/assessments
- [ ] Lack of expertise
- [ ] Lack of human resources
- [ ] Lack of available financial resources
- [ ] Lack of community participation
- [ ] Other:

if indicated 'other' please elaborate here

Were there opportunities to improve the recovery process?

- [ ] Yes
- [ ] No

If you answered 'yes' please detail your thoughts

What is your professional specialism?

How long have you personally worked in the humanitarian sector?

Thank you very much for your participation, If you would like to receive the results from this study please leave you email address here

Submit

Online Questionnaire (French version)

Encourageant les stratégies de relèvement précoce dans la programmation d'interventions d'urgence

Merci de votre participation.
Vos efforts contribueront à la recherche opérationnelle importante dans le secteur humanitaire; menant proactivement au développement d'un secteur humanitaire plus efficace.
Toutes réponses garderont l'anonymat et confidentielles.
Si vous voudriez recevoir les résultats de cette recherche, priez d'insérer votre courriel avant de soumettre le questionnaire.
Le questionnaire prend 10 minutes à compléter. Priez de répondre a autant de questions possible. N'oubliez pas de toucher "SUBMIT/SOUMETTRE" en bas de page!

Pour quelle organisation travaillez-vous?

- ☐ ONG Internationale
- ☐ ONG locale
- ☐ Agence de l'ONU
- ☐ Gouvernement d'Haïti
- ☐ Affilié à un gouvernement internationale (DFID, USAID etc.)
- ☐ Consultant indépendant
- ☐ Other: _____

Combien de temps a votre organisation été opérationnelle en Haïti?

_____

Nom d'organisation (si désiré)

_____

Dans les 6 mois qui ont suivi le tremblement de terre, quel genre d'activité a votre organisation realisé?

- ☐ Recherche et secours
- ☐ Abri transitoire
- ☐ Logement permanent
- ☐ Nourriture/nutrition
- ☐ Santé
- ☐ Moyens de subsistence
- ☐ Sécurité
- ☐ Éducation
- ☐ Other: _____

De 6 à 12 mois après le tremblement de terre quel genre d'activité a votre organisation realisé?

- ☐ Genre d'activité a resté le même
- ☐ Tous les programmes ont fini
- ☐ Genre d'activité a changé
- ☐ Abri transitoire
- ☐ Logement permanent
- ☐ Nourriture/nutrition
- ☐ Santé
- ☐ Moyens de subsistence
- ☐ SécuritGenre d'activité a resté
- ☐ Éducation
- ☐ Réponse au choléra
- ☐ Préparation pour la saison ouragon
- ☐ Other: _____

De 1à 2 ans après le tremblement de terre, quel genre d'activié a votre organisation a realisé?

- ☐ Genre d'activité a resté le même
- ☐ Tous les programmes ont fini
- ☐ Genre d'activité a changé
- ☐ Abri transitoire
- ☐ Logement permanent
- ☐ Nourriture/nutrition
- ☐ Santé
- ☐ Moyens de subsistence
- ☐ Sécurité
- ☐ Éducation
- ☐ Réponse au choléra
- ☐ Préparation pour la saison ouragon
- ☐ Other: _____

Est-ce qu'il y a des programmes spécifiques et/ou une orientation stratégique qui votre organisation a pris que vous voudriez détailler?

Qui étaient vos bénéficiaires primaires?

- ☐ Les personnes déplacées à l'intérieur
- ☐ la communauté locale
- ☐ Famille d'accueil
- ☐ Institutions, i.e. les écoles, les hôpitaux
- ☐ Other: _____

Quelles sont vos sources de financement?

- ☐ Les donateurs privés
- ☐ Fonds internel
- ☐ Fonds provenant de l'ONU
- ☐ Les fonds gouvernementaux

Est-ce que vous pourriez detailler comment, quant à vous, ces sources de financement a influencé les programmes de votre organisation en Haïti?
(Est-ce que ces fonds avaient des préalables? Est-ce que les propositions de programme ont été développé autour des fonds disponible? Est-ce qu'il y avait un calendrier pour les dépenses?)

Quel type d'évaluations ont été réalisées, et quand, après le tremblement de terre, pour soutenir le développement et l'orientation de la programmation?
(s'il vous plaît indiquer le moment que votre organisastion est arrivée en Haïti, le calendrier commence à partir du premier jour après le tremblement de terre)

	Semaines 1-4	Mois 2-6	Mois 7-12	Ans 1-2	Pas entrepris
Moment de l'arrivée	O	O	O	O	O
Évaluation rapide des besoins	O	O	O	O	O
L'évaluation des risques	O	O	O	O	O
L'analyse contextuelle	O	O	O	O	O
Evaluation de récupération	O	O	O	O	O
Suivi et évaluation	O	O	O	O	O
Evaluation de communauté participative	O	O	O	O	O
Evaluation d'impact	O	O	O	O	O
Evaluation des risques et gestion de catastrophes	O	O	O	O	O
Vérification du programme interne	O	O	O	O	O
Autre	O	O	O	O	O

Si vous avez marqué 'Autre', s'il vous plaît elaborez ici

Croyez-vous que les évaluations mises en œuvre par votre organisation étaient appropriées par rapport au thème, ampleur et temps?

	1	2	3	4	5	
Inadéquat	○	○	○	○	○	Adéquat

Si vous avez marqué 'Inadéquat', s'il vous plaît elaborez ici

Dans quelle mesure avait-il la participation communautaire lors de la réalisation de vos programmes?

	1	2	3	4	5	
Aucune participation	○	○	○	○	○	Participation pleine et entière

Quelles étaient les raisons pour ce niveau de participation?
(Genre d'évaluations? Les approches participatives? Interventions sociales? Formation / ateliers? Information de feed-back et des systèmes de communication?)

Dans quelle mesure étaient les parties prenants suivants efficaces dans cet environnement post-catastrophe?

	Très inefficace	Inefficace	Aucun des deux	Efficace	Très efficace
Gouvernement d'Haïti	○	○	○	○	○
Le gouvernement local	○	○	○	○	○
ONG internationales	○	○	○	○	○
ONG locales	○	○	○	○	○
UN-OCHA	○	○	○	○	○
MINUSTAH	○	○	○	○	○
Clusters	○	○	○	○	○
Des comités communautaires / groupes	○	○	○	○	○
Le secteur privé	○	○	○	○	○

Ajoutez vos commentaires ici

A quel niveau sont les éléments suivants considérés et mis en œuvre lors des programmes de secours de votre organisation.
(considérez le degré d'importance accordé à chaque élément lors de l'élaboration des programmes et si en réalité c'est mis en œuvre)

	N'est pas considéré	Faible niveau d'exécution	Considéré	Niveau élevé de mise en œuvre	Pleinement intégrée
Recouvrement des coûts	○	○	○	○	○
Résultats des évaluations des besoins	○	○	○	○	○
Participation communautaire	○	○	○	○	○
Analyse du contexte	○	○	○	○	○
Durabilité	○	○	○	○	○
Réduction des risques de catastrophes	○	○	○	○	○
Réaliser les délais et pré-requis donateurs même lorsqu'ils ne sont pas appropriés pour le contexte	○	○	○	○	○
Stratégie de sortie en place au début du programme	○	○	○	○	○
Mécanismes de transition pour la programmation de la récupération	○	○	○	○	○

Pourquoi a votre organisation commencé à mettre en œuvre des programmes de récupération?
(quels sont les éléments de la réponse et / ou opérations internes qui ont déclenché la programmation de transition?)

- ☐ Calendrier
- ☐ Argent
- ☐ Prélables donateurs
- ☐ La dynamique communautaire
- ☐ Numéros atteint
- ☐ Les résultats d'évaluation
- ☐ Consensus au sein du secteur
- ☐ Other: _____

Si vous voudriez élaborer votre réponse, s'il vous plaît commenter ici

Quels sont les éléments qui ont entravé la récupération et la transition vers la programmation de la recupération?

- [ ] Les questions foncières
- [ ] Gouvernement
- [ ] Absence d'un environnement politique
- [ ] Coordination
- [ ] Le choléra
- [ ] Restriction des mandats
- [ ] Manque de base de données en ligne / évaluations
- [ ] Manque d'expertise
- [ ] Manque de ressources humaines
- [ ] Manque de ressources financières disponibles
- [ ] Manque de participation de la communauté
- [ ] Other:

Si vous avez marqué 'Autre', s'il vous plaît élaborer ici

Est-ce qu'il y avait des possibilités d'améliorer le processus de récupération?

- [ ] Oui
- [ ] Non

Si vous avez répondu 'Oui', s'il vous plaît détaillez vos opinions ici

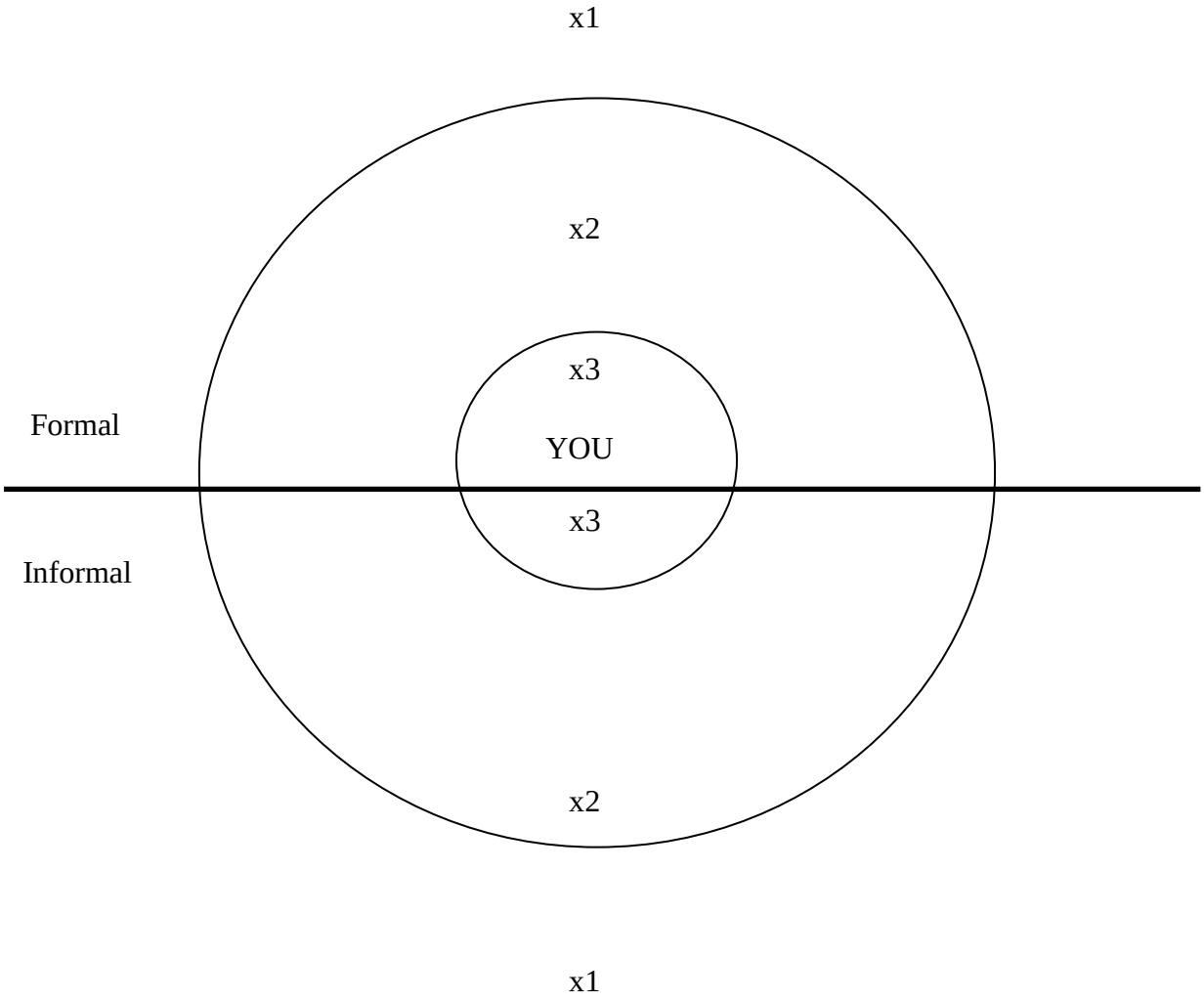
Quelle est votre spécialité professionnelle?

Combien de temps avez-vous personnellement travaillé dans le secteur humanitaire?

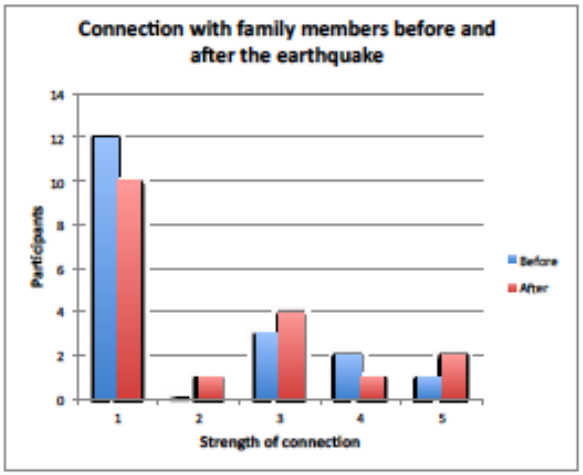
Merci beaucoup pour votre participation, si vous souhaitez recevoir les résultats de cette étude s'il vous plaît inserez votre email ici

Submit

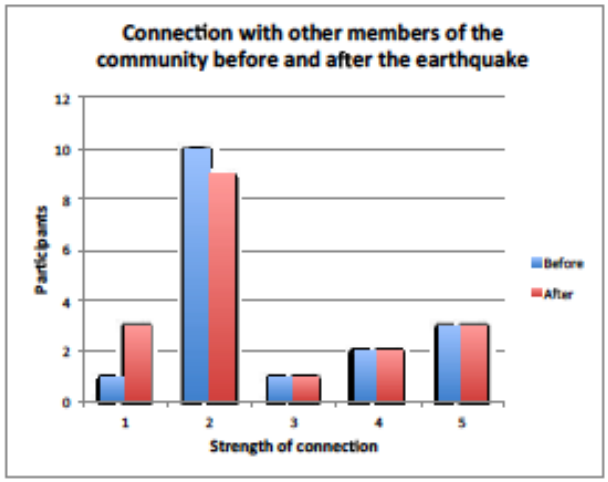
Appendix 1d. Bosher's (2004) Sociogram Tool



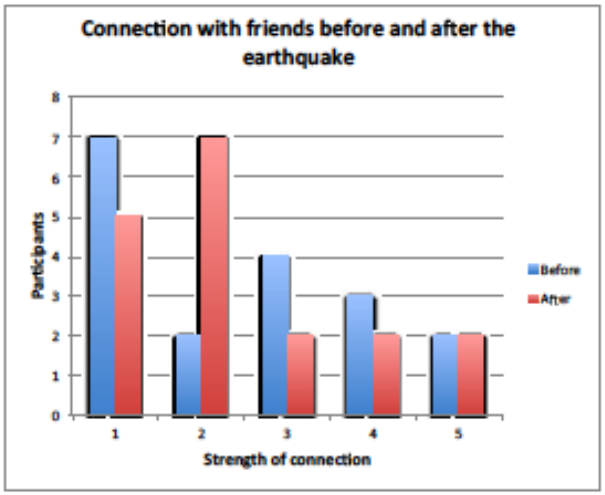
Appendix 1e. Sociogram Results <u>Strength of Social Connections and Access to Services and Livelihoods Before and After the Earthquake</u>



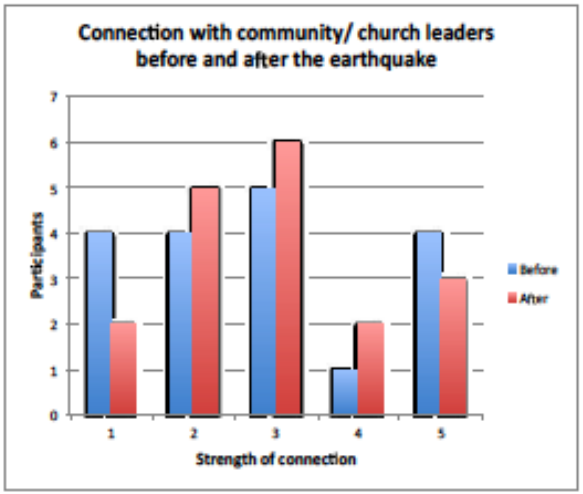
Connection with family members was strong before and after the earthquake



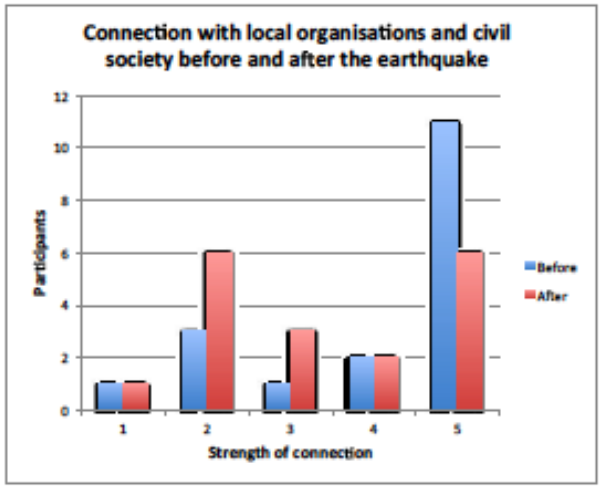
Connection with other members of the community was good, not as strong as family, but connection improved after the earthquake.



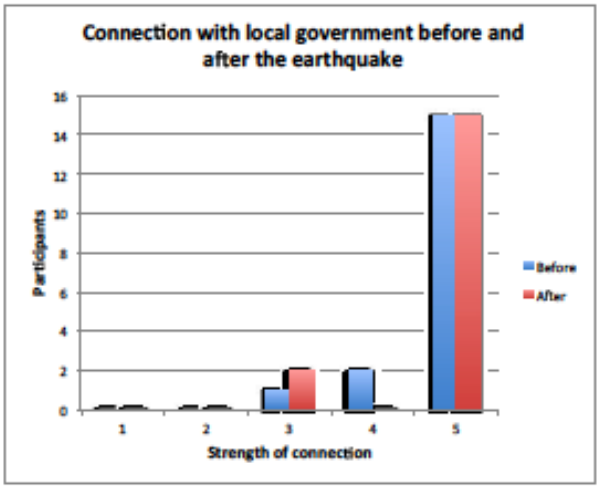
Connection with friends was strong before and after the earthquake, but connection seems to have weakened after the disaster.



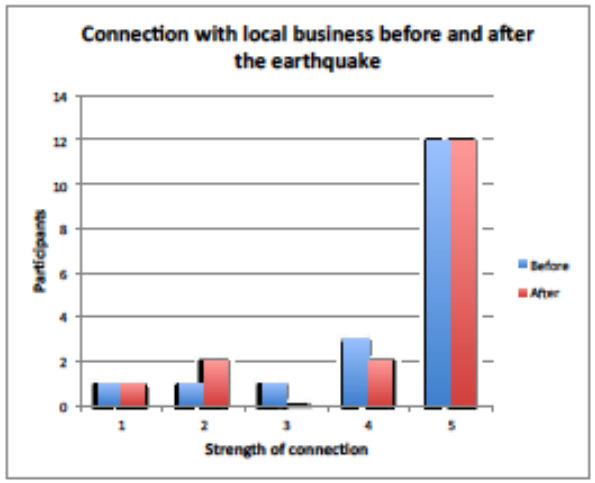
Connection with community/ church leaders seems to vary from individual to individual, but has marginally weakened after the earthquake.



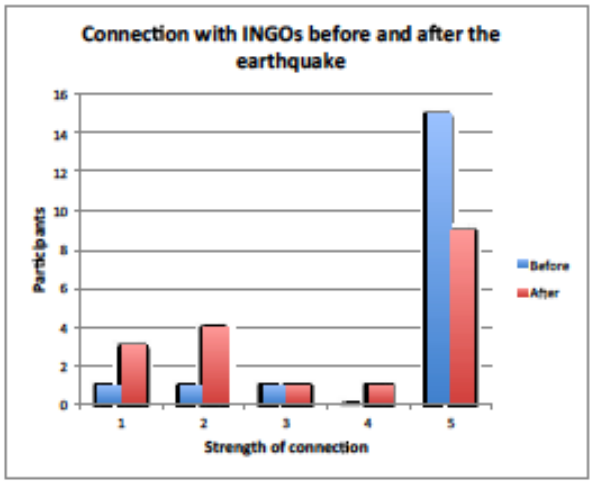
Connection with local organisations and civil society was fairly weak before the earthquake and got stronger after the earthquake.



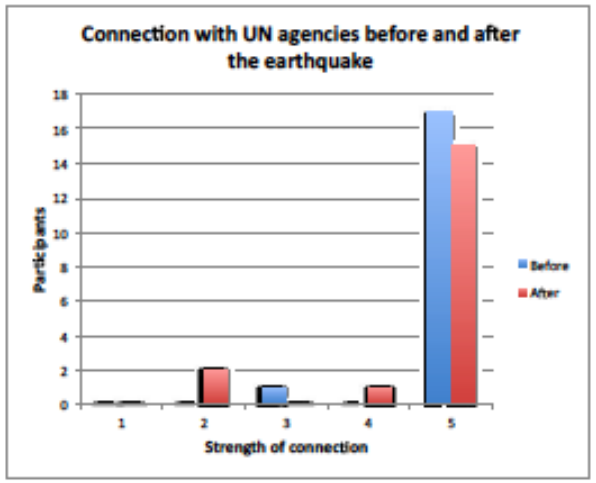
Connection with local government was weak before and after the earthquake.



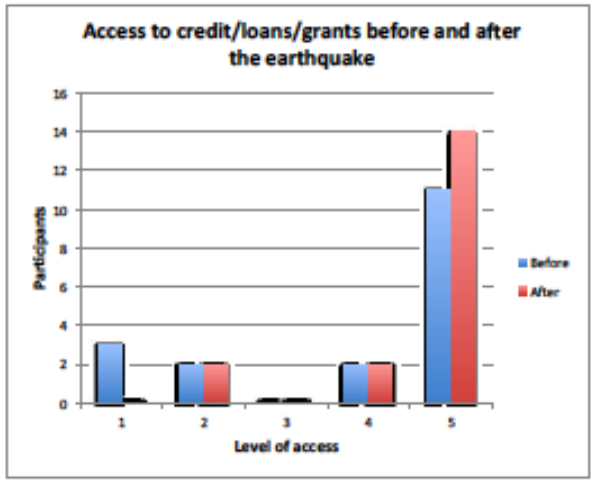
Connection with local businesses was weak before and after the earthquake.



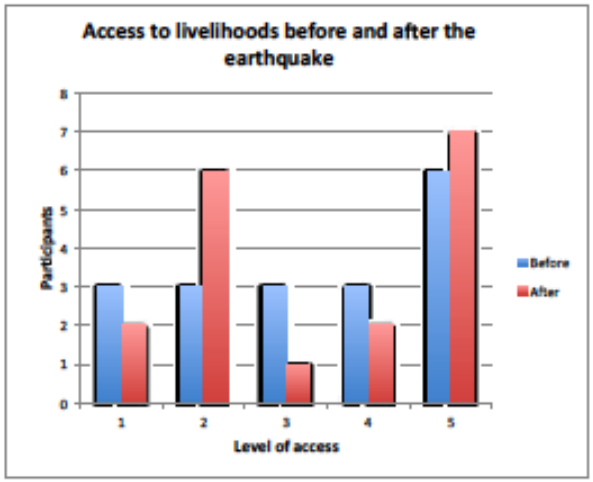
Connection with INGOs was weak before the earthquake and got stronger after the earthquake.



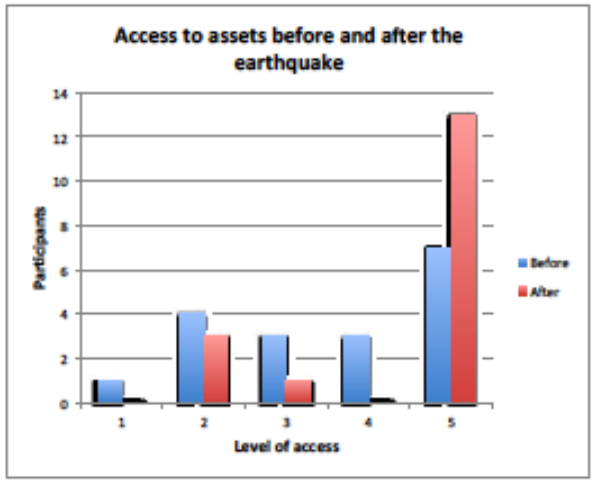
Connection with UN agencies was weak before and after the earthquake, with a little more interaction after the earthquake.



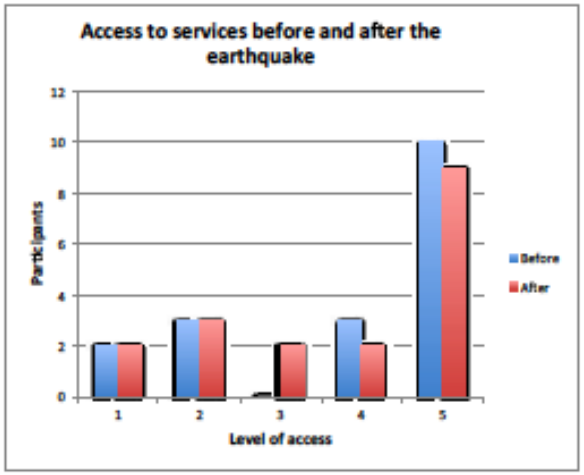
Access to credit/loans/grants was fairly weak before the earthquake, access decreased after the earthquake.



A majority had some access to livelihoods prior to the earthquake, after some gained access and others lost access to livelihoods.

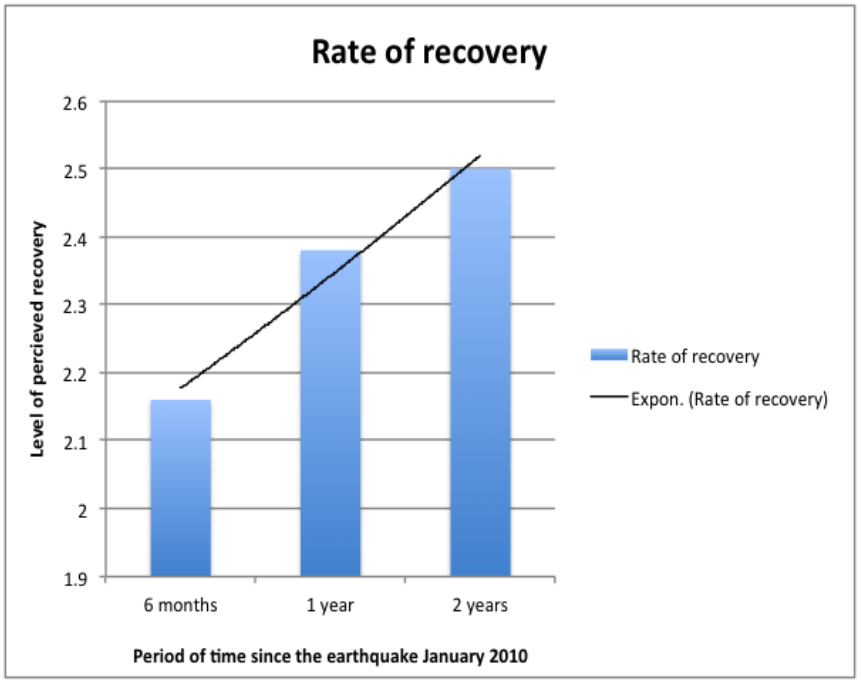


Access to assets varied within the community before the earthquake. With many losing all assets after the earthquake.



Access to services was fairly poor prior to the earthquake with service levels being met to similar standards after the earthquake.

Rate of Perceived Recovery



Key:

1 = No recovery, i.e. still no access to basics like permanent shelter and water sources.
2 = Some changes, but struggling to find basic provisions, i.e. food, water, and shelter.
3 = A lot of changes in living standard since the earthquake, but life has not returned to the standard of living before the earthquake.
4 = A lot of changes in living standard since the earthquake, situation is comfortable, but not the same standard of living prior to the earthquake.
5 = Fully recovered, I am living a life that is equivalent or beyond the standard before the earthquake.

On average the perceived rate of recovery over the 2 years since the earthquake has increased, with the rate slowing down from year 1 to year 2. Even with the increase in the perceived rate of recovery over 2 years the majority of the participants believe there has been some changes over the time, but they are still struggling to find basic provisions, such as food, water and shelter.

Breaking down these results to the individual shows that 28% believe the level of their recovery has not changed at all over the 2 year period, 39% believe it has increased (with several giving a 4 for the level of recovery), 5% believe their level of recovery has decreased, with 11% saying the rate increased at year 1 and since has decreased and 5% showed the level dropped for them at the year 1 mark, but since has increased.

Overall there has been a low rate of recovery, with varying rates amongst individuals. This incident can be attributed to different individual social connections and access to livelihoods.

Community Discussion Forum Report
Delmas 19 Community 1

Agency: The British Red Cross
Date: 10/04/2012

Introduction
The focus group activity was held on Tuesday April 10, 2012. Eighteen members of the community took part (8 males and 10 females). There was a mixture of age groups from 18- 70.

Katrice King and Jean Baptiste took the lead of this activity, and Corentin Markentoch supported the session by helping the community complete the activity and by transcribing discussion points. The session lasted for 1h 45 minutes.

1. Strength of connection and access to the following before/after the earthquake

When the focus group started it was not easy for the participant to understand the diagram, Jean Baptiste, Katrice and myself explained the exercises to the community and after a period of time the community understood how to complete the activity. The result was good and Katrice took all the activity sheets in the end for analysis.

Discussion Points

- During the first months of the earthquake, most people of Delmas 19 community said they were able to rely on their family who lived outside of the affected area or overseas, as well as INGOs. It was noted that there was very strong ties of solidarity within the community.
- Family that participants had in the city were all experiencing the same level of loss and so couldn't help.
- Some participants found support from family in the US who send them money.
- The government didn't help this community at all. It could be noted the feeling of complete abandonment by the government.
- They also explain that everything they had prior to the earthquake was lost, like their houses, even their ID's.
- Most of them explain that from the beginning they received basic resources from INGOs or family members, but now they received nothing, even though their situation is still the same as at the time of the earthquake.

Summary from Sociogram activity (refer to the separate results sheet)

For most of the participants family connections were strong before and after the earthquake, also with friends, but this decreased after the disaster. Connections with other community members increased after the event, along with local NGOs, civil society and INGOs. There has been weak connection with local government before and after the earthquake.

Access to livelihoods was very varied prior to the earthquake, after many lost their livelihoods and some gained new ones. Access to credit/loans/grants has always been low with the situation worsening after the disaster. Many lost assets in the earthquake and have not regained them since. Service provision, i.e. supply of water, sanitation, health services, was low prior to the disaster and remains low 2 years after.

2. Rate of Recovery

The exercise was easy to understand.

Discussion points

- After 6 months most people said that they were able to access basic resources, such as water, foods, hygiene kits and money, but their position stayed the same; things didn't change much up until the first anniversary.
- After the first anniversary of the earthquake they were still able to get access to basics resources, but not at the same service level, they were obliged to get things through their family and try to help each other in the community. They explained their situation and rate of recovery did not change.
- Now many people commented that they still struggle because the rate of recovery has slowed down. BRC made them believe that they were going to realize specific project like the implementation of toilets, restoration and clean up of the canal and so on, but these activities are taking to much time and they are getting impatient. Now they don't want the focus to be on just supplying basic needs now, they want to look at long-term projects and are waiting for the realisation of the main goals set by BRC.

Summary from exercise (refer to the separate results sheet)

On average the perceived rate of recovery over the 2 years since the earthquake has increased, with the rate slowing down from year 1 to year 2. Even with the increase in the perceived rate of recovery over 2 years the majority of the participants believe there has been some changes over the time, but they are still struggling to find basic provisions, such as food, water and shelter.

Breaking down these results to the individual shows that 28% believe the level of their recovery has not changed at all over the 2 year period, 39% believe it has increased (with several giving a 4 for the level of recovery, refer to the results sheet), 5% believe their level of recovery has decreased, with 11% saying the rate increased at year 1 and since has decreased since and 5% showed the level dropped for them at the year 1 mark, but since has increased.

Overall there has been a low rate of recovery, with varying rates amongst individuals. This incident can be attributed to different individual social connections and access to livelihoods.

3. What assistance was provided and how?

Discussion points

- The type of assistance provided was sanitation, livelihoods (cash grant) and basic needs, such as food, NFI and shelter from BRC only.
- For example BRC gave money for people to leave the market place and to find some other housing. They organized to give money to people, but many people were unable to get access to this money creating a lot of frustration.
- Many of them explain that they were only receiving some of the assistance needed by the community, because the kind of assistance being given was decided by the provider and what they expected and needed to receive they didn't.
- They were not involved in any discussions or decision-making when food and NFI was given, but were involved in discussions concerning the cash grant programme. But the distribution of the cash was bad, many couldn't access the money and some only received one payment of the two that were scheduled.

4. Communication

Discussion Points

- All assistance they received was from NGOs explaining that the communication with the assistance providers was good because they were experiencing their situation and could really understand their case.
- The participants explained that they received information through social mobilizers and other BRC representatives. But not enough information was available to answer all their questions.

5. Over the last 2 years were your needs met at the time you needed them?

- For the last 2 years, they think that only the basic needs were satisfy. They explain they are still living in the same way they were a few months after the earthquake.
- The participants also commented that things are worst because many of them lost their houses and still have not regained one and rain is a huge problem. Many also they lost their livelihoods and so still can't get back on their feet.

6. Plan for the future: what are your next steps?

- For the future they just dream to see the realization of BRCs objectives.
- They would like to get access to money for setting up business's and also access to other activity that can help them for the future.
- They are waiting for job opportunities and access to knowledge through skills training that could help them for the long term.
- They are still waiting for BRC to concretize its promises.

Appendix 2. Semi-structured Interview Respondents

	Organisation	Stakeholder	Role	Date of Interview
1	GOAL	INGO	Management	09/2011
2	British Red Cross	INGO	Management	09/2011
3	MSF-Belgium	INGO	WASH	09/2011
4	British Red Cross	INGO	Shelter	09/2011
5	British Red Cross	INGO	Shelter	09/2011
6	Action Against Hunger	INGO	WASH	10/2011
7	Haven	INGO	Management	10/2011
8	Concern Worldwide	INGO	WASH	10/2011
9	British Red Cross	INGO	Management	10/2011
10	Centre for Affordable Water and Sanitation	INGO	Management	10/2011
11	Concern Worldwide	INGO	Management	12/2011
12	Oxfam Intermon	INGO	WASH	01/2012
13	GOAL	INGO	Management	02/2012
14	Pure water for the World	INGO	Management	02/2012
15	Private Sector- mobile money/ agricultural enterprise	Private sector	Private sector	02/2012
16	SOIL	INGO	Management	02/2012
17	All Hands International	INGO	Management	02/2012
18	UNICEF	UN	Emergency Specialist	02/2012
19	IFRC	INGO	WASH	02/2012
20	CHF	INGO	Management	02/2012
21	GOAL	INGO	Management	03/2012
22	GOAL	INGO	Monitoring and Evaluation	03/2012

23	MSF-Belgium	INGO	WASH	03/2012
24	COOPI	INGO	Management	03/2012
25	Haiti Out Reach	LNGO	WASH	03/2012
26	UNDP	UN	Recovery Specialist	03/2012
27	IRD (International Relief and Development)	INGO	Management	03/2012
28	CRWRC	INGO	Management	03/2012
29	USAID	Donor	Management	03/2012
30	InterSOS/ UN-HABITAT	UN	Shelter	03/2012
31	IFRC	INGO	WASH	03/2012
32	UNICEF	UN	Early recovery specialist	03/2012
33	IOM	UN	Shelter	03/2012
34	Mercy Corps	INGO	WASH	03/2012
35	Construction company	Private sector	Private sector	04/2012
36	Government (DINEPA)	Government	Management	05/2012
37	ECHO	Donor	WASH	05/2012

Appendix 3. List of Papers and Contributions

Peer reviewed Papers

King, K. G., Bosher, L. S., M. Kayaga and Buttle, M. (2014) *Stimulating Resilience for Recovery: Building Adaptive Resilience in Emergency WASH Response in Haiti, the Philippines and Lebanon*. 37th WEDC International Conference on Sustainable Water and Sanitation services for All in a Fast Changing World. 15-19th September, Hanoi, Vietnam.

King. K. G., Bosher. L. S and Kayaga. S. (2013) *Resilience in the Humanitarian Sphere: Stimulating Resilience for Recovery.* 36th WEDC International Conference on Delivering Water, Sanitation and Hygiene Services in Uncertain Environments. 1-5th July, Egerton University, Nakuru, Kenya.

King. K. G., Bosher. L. S and Kayaga. S. (2011) *Sustainable Recovery: Creating Haitian Resilience.* 35th WEDC International Conference on The Future of Water, Sanitation and Hygiene: Innovation, Adaption and Engagement in a Changing World. 6-8th July, Loughborough University, Loughborough, UK.

Contributions

King, K. G. (2012) Laying the Foundations of Recovery in Emergency Response Programming. Priority for Action 1.4 - Prevent and respond to water-related risks and crises. 6th World Water Forum. 12-17th March, Marseille, France.

Haiti Case Study. DESURBS- ‘Designing Safer Urban Spaces’. European Commission.