



Temporary Housing Planning and Early Implementation in the January 12, 2010 Haiti Earthquake

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Project Objectives and Methods

Primary Research Question:

To what extent does temporary housing support the long-term well-being of Haiti earthquake victims, the re-establishment of social network ties, productive community engagement, and other indicators of social capital and community resilience and sustainability?

- Data collection on four trips totaling six weeks between January and May 2010
 - Direct observation of meetings at which decisions were made
 - Interviews with decision-makers and providers of shelter and housing
 - Discussions with victims
 - Collection of documents related to housing and household recovery
- Preliminary analyses have identified factors that emerged as influential in decision-making processes related to the provision of various forms of post-disaster housing, including emergency shelter and temporary and permanent housing
- Research focus shifted from temporary housing to multiple re-housing activities that are occurring simultaneously but proceeding at different rates



Initial Findings

Factors That Influence Planning for and Implementation of Post-Quake Housing in Haiti

Dimension of the Re-housing Process	Associated Factors
Assessment	<ol style="list-style-type: none">1. Determination of areas/locations in which to work2. Damage assessment/evaluation3. Criteria for selection of beneficiaries4. Determination of types of housing to provide
Logistics	<ol style="list-style-type: none">1. Demolition2. Rubble removal3. Acquisition/availability of land4. Acquisition of materials and supplies
Governance and Coordination	<ol style="list-style-type: none">1. Local politics2. Regional politics3. National politics4. Coordination among housing providers5. Coordination among housing providers and other service providers (e.g., water, sanitation, food, health, education)6. Turnover of relief organization personnel

Conclusions and Implications: Decision-making associated with re-housing has been complex and iterative, involving multiple objectives, scales, and stakeholders. The Haiti experience demonstrates vividly the challenges of recovery from truly catastrophic earthquakes and other disasters, while also showing how disasters interact with and exacerbate preexisting societal vulnerabilities. Donor governments and the international community have yet to recognize the extent to which vulnerabilities like those in Haiti exist around the world. Thus it is perhaps not surprising that aid efforts following this earthquake have been so slow, sporadic, and uncoordinated.



Re-Housing Urban Haiti After the Earthquake: Role of Social Capital

Participating Institutions



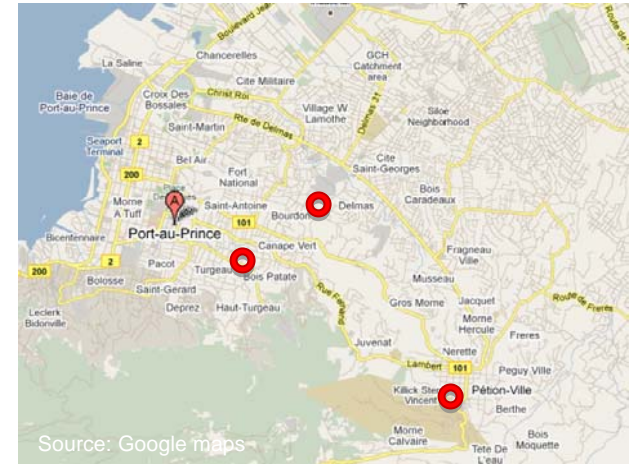
Project Goal

To enhance scientific knowledge concerning the role of social capital in the early recovery process of three socio-economically diverse Port au Prince communities (Pétionville, Delmas, Canapé Vert)

What is social capital?

Two components of social capital:

- ❑ *Structural*: formal and informal civic networks (e.g., community-based organizations, family) that help solve our individual or collective problems
- ❑ *Cognitive*: norms, values, and understandings (e.g., trust) that enable inter-personal collaboration within networks



Data Collection so far

- **38 in-depth interviews** with community leaders, policy makers & international aid agency reps
- **6 focus groups** (3 men & 3 women) with 47 community residents
- **Participant observation** (in local churches, meetings, street protests)

Re-Housing Urban Haiti After the Earthquake: Role of Social Capital

Initial Findings

- ❑ Formal and informal civic networks play dual roles in post-disaster shelter/housing recovery.
- + They provide **enhanced access** to shelter (tents) & related resources (e.g., tarp) to their members.
- ▬ They **accentuate inequalities** among the displaced (e.g., those who live in tents provided vs. *anba prelas*, makeshift tents or structures put together by the displaced), instigating violence in camps with tents.
- ❑ Deep rooted historical mistrust in govt., exacerbated by exclusion of displaced populations from recovery processes, results in their reluctance to fight for change to solve their shelter/housing problems.

Other imp. factors: immediate needs &
apocalyptic belief about the Jan. 12 quake
being the beginning of the end of the world



VS



Project Description/Goals (D. Thomas et al.)

Local Health-related Capacities in the Northern Haiti Response

BACKGROUND:

- Purely top-down approaches to emergency/disaster management are not the most effective; increased recognition of bottom-up, community-based efforts improve the effectiveness of response, mitigation, recovery, and preparedness
- Sustainable recovery planning necessitates building Haitian health system

GOALS:

- 1) Examine local health-related resource availability in the northern region of Haiti
- 2) Determine how these were, or were not, made use of in response efforts
- 3) Record the level of coordination and collaboration among health delivery groups



Initial Findings

- **Well established that pre-disaster vulnerabilities & capacities affect outcomes**
 - Health delivery system prior to the earthquake was not robust
 - Health infrastructure was not & is not generally positioned to do rigorous disaster preparedness given necessity of meeting basic needs
- **Structural influences on local capacities**
 - Haitian government & Ministry of Health organization centralized in Port-au-Prince
 - May be a mismatch between models of administering aid by large international organizations and national & local contexts
- **Challenges & inadvertent consequences**
 - Immediate needs/priorities versus longer-term disaster planning
 - With the external infusion of money, priorities and forces, potential to actually harm the current health system through aid rather than build capacity
- **Indication that some potential for disaster planning exists in at least minimal way**
 - Using alternative models of aid provision that supports sustainable, long-term Haitian solutions for building health sector

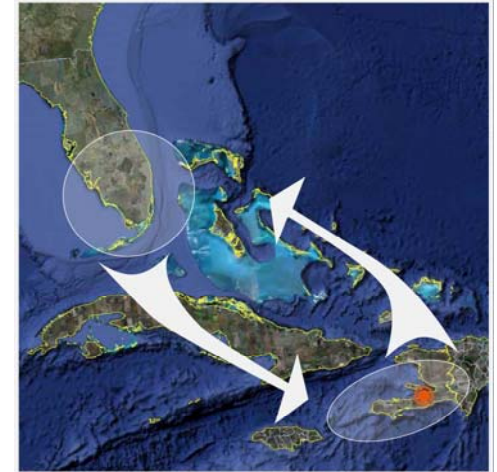


Project Description/Goals (Esnard & Sapat)

Reality

We would be short-sighted if we do not engage in longitudinal research that tracks how formal governance and informal social networks in South Florida impact long-term recovery and reconstruction in Haiti.

- South Florida is home to an estimated 263,000 Haitians
- Remittances from these and other Haitians is a critical lifeline that has kept Haiti afloat and will be vital to the long-term recovery of Haiti.
- South Florida also served as a receiving area for severely injured earthquake survivors, and for school-aged displacees with relatives in this region.



Objectives of Study

- understand the role of Haitian American organizations and other South Florida agencies in relief, recovery and rebuilding efforts;
- document trends and profiles of displacee influx to South Florida;
- collect and analyze policies and plans created in the U.S. in response to potential (or perceived) displacee influx.

Primary Methodology & Data Sources:

- interviews with key members of the Haitian-American diaspora, school districts, non-profit organizations, relief task forces, local government agencies
- documentary analysis

Some Initial Findings . .condensed

A] Displacees: Fewer displacees than expected (surprise); School kid displacees went to more affluent neighborhood schools (surprise); 1st wave were those with urgent medical needs and with means and/or immigration status.

School kids (K-12 as of June 1 2010): Miami-Dade ~1147; Broward ~ 1200; Palm Beach ~ 654

B] Host-Communities: Coordination among “*community organizations*” worked well and needs for displacees for the first six months were adequately managed and met; “*families/friends*” were very eager to help, but overwhelmed/limited by their own lack of resources/jobs/foreclosures/economic situation.

C] TPS/Immigration Issues: Numbers were lower than expected; the Haitian Consulate played a critical role with documentation; some Haitian-American organizations helping TPS applicants received little or no funding despite major efforts; Fraudulent organizations and individuals emerged despite free clinics and assistance.

D] Haitian Diaspora: “*TWO Haitis: HERE and THERE*”; *Complex Web of Haitian-American organizations; Emergent umbrella organizations* formed: the most notable one being the Haitian Diaspora Federation that advocated for diaspora representation on the Interim Commission for the Reconstruction of Haiti.

E] Cross-Cutting Issues: Cultural Issues; Funding/Resources; Coordination/Cooperation/Conflict; Terminology (*Displacees? Refugees? Homeless?*)

F] Some Long-Term Challenges in Haiti (as viewed by the Haitian Diaspora): political uncertainty and elections; housing reconstruction; education + illiteracy; governance and the legal system; lack of urban planning and land allocation; decentralization; health care; basic services for all the people of Haiti .. not just in Port au Prince; conditions for external funding and business investment; dependence on aid and implications for local production and revival of the local economy.



Project Description/Goals (Nigg & Kendra)

This project examines processes of “*mass invacuation*”: that is, the processes of receiving evacuees, providing immediate mass and medical care, and resettling them (even if only temporarily). The Haitian Earthquake of January 12, 2010 provided a unique opportunity to further our knowledge concerning mass “invacuation” processes and planning.

Major objective--To identify and document the earliest processes, programs, and policies (**both** established and emergent) being used to admit/process Haitian refugees and meet their immediate and short-term needs. Approximately, 45,000 US citizens were living in Haiti at the time of the earthquake. US efforts were made to airlift many of these citizens (and their non-US citizen family members) to the US as quickly as possible. The first planeloads of citizens to be repatriated landed in Miami within a day or two after the earthquake.

This study focuses on the initial phase of the Haitian evacuation/invacuation process, from the day after the earthquake (January 13, 2010) through approximately June, 2010.



TYPES OF INVACUEES

US Citizens—native born, naturalized, dual citizenship—and their family members (could be non-US citizens)

About 45,000 in Haiti at the time of the earthquake

“Repatriated Americans”

HHS has Federal lead for repatriation services; Florida Department of Children and Families has lead for refugees

Haitian Orphans—in the process of adoption—given “humanitarian parole” visas by DHS

About 400—newborns to 6 years old

Injured Haitians (requiring medical treatment) and their family members or caretakers

Homeless Haitians with relatives in the US to sponsor them

“Unlinked” Haitians

Initial Findings

1. Organizational challenges in meeting evacuee needs because of uncertain, conflicting, or erroneous information regarding : (1) arrival times and destination of flights, and (2) needs of invacuees.

2.Importance of prior experience and familiarity with other responding organizations

Example: Both HHS and the State of Florida have an office dealing with refugees

Exception: Transportation systems and their hubs

3. Organizations reported the usefulness of the Incident Command System for coordination
4. Organizations reported that the lack of a clear federal lead agency introduced ambiguity.
Our document search suggests there were multiple Federal “leads” during the first week-10 days.
5. The congruence between and familiarity among the Florida and FEMA ESF structures likely assisted in multiorganizational coordination of service provision at the Repatriation Centers
6. Local NGOs reported challenges—economic and legal—in assisting non-citizen Haitians