

# DONOR FUNDING IN HAITI

Assessing humanitarian needs  
after the 2010 Haiti earthquake

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# INTRODUCTION

Despite a history of violence and high vulnerability to natural disasters, Haiti has never remained at the centre of attention of humanitarian donors for too long. While in particularly critical years official government donors' funding has risen dramatically, the volume of financial resources committed to Haiti has always been relatively modest in comparison with the scale of the humanitarian situation in the country. For many years Haiti has been the poorest country in the Western hemisphere, where an estimated half of the population survive on less than a dollar a day. It is also a country of great political instability and significant economic and social turmoil. Food insecurity is chronic, and Haiti is highly dependent on international aid and the import of goods for its subsistence. Almost 30% of the state budget and 60% of household income are destined for the purchase of food.

Extreme poverty and lack of job opportunities have led to the devastation of forests, increasing the vulnerability of the population and their crops in the face of water-related disasters, such as hurricanes, torrential rain and rising river levels. Furthermore, the weak state of the country's economic infrastructure and its lack of preparedness amplify the impact of small-scale natural disasters on the population and their economic assets. Also worrying are Haiti's low coverage of access to safe and treated water (46%), and hygiene and sanitation (28%). It is not surprising that Haiti is among the Inter-American Development Bank's group five of 'extremely vulnerable' countries. Former governments have paid very little attention to reducing vulnerability and

disaster management and while, at present there is, in theory at least, willingness to address these concerns, advances have been fairly minimal.

Humanitarian assistance has accounted for an average of 20% of total aid received in the past 10 years, with spikes in the years of major disaster, such as the surge of armed violence at the beginning of 2004, the severe floods at the end of that same year or the devastating hurricane season in 2008. However, Haiti has never made it into the list of the top ten recipients of humanitarian assistance for the leading government donors - not until the devastating earthquake that struck the country in the afternoon of 12 January 2010 and which mobilised an extensive international operation, with over 1,000 organisations working alongside the Haitian government to provide humanitarian relief to the more than three million people severely affected by the disaster. The UN appeal, launched after the disaster, is the largest ever flash appeal in history (larger even than that for the Indian Ocean earthquake/tsunami), seeking to raise just under US\$1.5 billion for a 12-month-long humanitarian operation.

This paper examines the ways in which information on the scale and severity of needs was generated and used by the humanitarian community in-country to formulate response and quantify funding needs and by donors to allocate funding in Haiti's 2010 earthquake crisis.

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# MEASURING NEEDS IN RAPID-ONSET EMERGENCIES

Funding according to need lies at the heart of humanitarian response and is a cardinal principle for both donor and implementing agencies,<sup>1</sup> for needs and needs alone should shape the size, priority and type of humanitarian response in the event of a disaster. Having timely and robust evidence on the scale of humanitarian needs is of vital importance in order to ensure an informed decision-making process for all sectors of the humanitarian community. But reconciling the necessity for quality information on the actual needs with the urge for a timely response to those needs can present a conundrum that is difficult to solve, especially in rapid-onset emergencies triggered by events of catastrophic proportions. Different stakeholders also have very different opinions as to what type of information is required and how much evidence is enough. However, it is widely agreed that the absence of a satisfactory measure of humanitarian need or of people affected by crises globally has serious consequences for the type and amount of humanitarian assistance that people ultimately receive.

In an emergency context, the assessment of need is a continuous process that is repeated over a period of time with varying levels of depth and different areas of focus. While initial needs assessments<sup>2</sup> can provide a baseline for the humanitarian situation, ongoing assessments help to ensure that responses remain appropriate and relevant as the situation changes and also provide a measure of the impact of the response. A rapid, brief and general assessment may lead to immediate implementation of response activities, followed by more detailed or sector-specific assessments as time permits.

On an individual organisation level, needs assessments are primarily done to inform the operational planning and implementation of relief activities, and to support the fundraising strategy. When it comes to the global humanitarian response, however, the sum of individual identifications of needs does not necessarily provide a global picture

of the needs in a given crisis. Nor does it signify that all the needs are being equally addressed or that there are no gaps in the response strategy. This myriad of individual assessments and identifications of needs can actually be prejudicial for the purpose of humanitarian coordination and donor funding allocation, for in many instances an excess of information effectively kills decision-making.

The UN system is invested with the mandate for overall coordination of the humanitarian response and is also equipped with mechanisms for assessing humanitarian needs and for managing the information flows in an emergency. The United Nations Consolidated Appeal Process (UN CAP) is the most widely used indicator of needs in a single disaster context and is the tool which many donors use to guide their prioritisation of finite humanitarian funds across the many competing global humanitarian crises.

The appeal process has undergone many improvements targeted at improving its coverage, at providing better data and at making it more inclusive of the wider range of humanitarian stakeholders outside of the UN community. In parallel, the humanitarian reform agenda has boosted the development of new initiatives aimed at enhancing evidence-based decision-making in emergencies.

The Inter-Agency Standing Committee Needs Assessment Task Force has over the past year been developing a number of tools that are expected to facilitate a comparative analysis of needs over time and, possibly, across contexts. Important change is also underway within the global clusters to agree common indicators and thresholds for humanitarian need. An independent roster of needs assessment experts has also recently been created with a view to addressing deficiencies in current common assessment approaches and supporting Humanitarian Country Teams (HCT's) with timely and coordinated multi-sectoral needs assessments in the event of rapid-onset emergencies.

## RAPID INITIAL NEEDS ASSESSMENTS

An initial rapid assessment is designed to map out the emergency situation and the scale of needs in the critical stage immediately after a disaster.

The rapid assessment defines the level and type of assistance required for the affected population and identifies resources and services for immediate emergency measures to save and maintain the lives of affected populations. It can also identify the need for continual monitoring and a specialised assessment.

In the initial phase of an emergency, speed is usually more important than attention to detail. Assessments should aim to take a 'good-enough' approach while addressing basic standards.

<sup>1</sup> Principle 6 of the Principles and Good Practice of Humanitarian Donorship; and The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief.

<sup>2</sup> For a theoretical and practical approach to rapid initial needs assessments, see 'Methodology for Rapid Assessment for Humanitarian Assistance', Work Group on Risk, Emergency and Disaster of the Inter-Agency Standing Committee for the Americas and Caribbean region (REDLAC), 2006.

## HAITI EARTHQUAKE NEEDS ASSESSMENTS: WHAT MEASURE OF NEEDS?

All these recent developments were put to the test in Haiti when a 7.0-magnitude earthquake shook the Caribbean nation on 12 January 2010. The magnitude of the disaster, the location of the epicentre near the capital Port au Prince, which was severely affected, the widespread devastation of infrastructure that hampered the logistical aspect of the humanitarian operation and the toll that the disaster took on the international and national humanitarian community in the country all presented a particularly challenging scenario for an effective humanitarian response. In spite of all the limitations, humanitarian response was swiftly organised and international teams began to arrive within hours of the quake. Different means of mapping the scale of devastation were used in the first few days, and the information started shaping the financial and programming decisions of the main stakeholders. In parallel with individual progress, the UN system activated its standard response mechanisms while preparing to test some of the newest assessment initiatives.

### THE FLASH APPEAL

The flash appeal was launched on 15 January 2010, just three days after the earthquake, and was therefore primarily based on initial estimates and partial data that were used by the UN CAP section in Geneva to write up the initial appeal. The fact that the UN system in post-earthquake Haiti was severely affected and massively overwhelmed, was the reason that the original flash appeal was produced in Geneva instead of in the field.

The appeal used existing information on the humanitarian situation in Haiti and the data from satellite images of the impact of the earthquake, provided by the United Nations Institute for Training and Research's Operational Satellite Applications Programme (UNOSAT), together with rapid consultation with the humanitarian community in-country. The response plan and appeal calculated that three million people were severely affected, in terms of injury and/or loss of access to essential services and goods, such as food, water, health care, shelter, livelihoods, education and other basic needs. The flash appeal initially required US\$575 million for a planning and budgeting horizon of six months.

A United Nations Disaster Assessment and Coordination (UNDAC) team was deployed shortly after the earthquake and began collating information on the impact of the disaster on the humanitarian situation. Contrary to what might have been expected, the UNDAC assessments were not used as the main source of information for the necessary revision of the appeal, which was produced in an unusually short period of time after the original appeal was issued. The decision to undertake such a speedy revision of the appeal has been questioned on the grounds that it did not allow enough time for the HCT to become fully operational or for the different needs assessment initiatives to produce the expected outputs. Undoubtedly the situation of

the UN, itself badly hit by the earthquake, and the logistical and coordination challenges derived in part from a lack of strategic leadership and in part from the governance crisis in the already challenged Haitian system, had potentially damaging effects on the effectiveness of the humanitarian response in these first weeks.

The revised flash appeal was, nevertheless, launched on 18 February and was built upon information gathered from the different clusters, active in Haiti since 2008. The appeal revisited the scale of humanitarian needs and the timeline for the relief operation, and raised the funding sought to US\$1.5 billion, including the original six-month flash appeal amount. The new plan was developed for a 12-month-long humanitarian operation to address the consequences of the disaster: 217,300 dead, 300,600 injured, 97,000 houses destroyed, over 188,000 houses damaged, 1.9 million people made homeless and over 511,000 people internally displaced.

In addition to the identification of the scale of humanitarian needs provided by the clusters, a rapid initial multi-sector assessment was tested in the first three weeks after the earthquake. A vast range of statistical data was gathered and analysed by ACAPS<sup>3</sup> as part of its mandate to support the HCT in countries facing rapid-onset emergencies. Aside from differences in the approach of UN CAP and ACAPS to data gathering, there were clear methodological differences between the first two multi-sector assessments.

### THE IASC INITIAL RAPID NEEDS ASSESSMENT

An unprecedented initial multi-sector rapid identification of needs took place following the earthquake, with the objectives of supporting the HCT in Haiti and comprehensively mapping humanitarian needs in the initial phase of the response. The Rapid Initial Needs Assessment for Haiti (RINAH) was conducted from 25 January to 5 February 2010 on behalf of the Humanitarian Coordinator and was facilitated by the Office for the Coordination of Humanitarian Affairs (OCHA). The management team was composed of ACAPS, Centers for Disease Control and Prevention (CDC) and Information Management and Mine Action Program (iMMAP) staff, and the data collation was actively supported by the Mission des Nations Unies pour la stabilisation en Haiti (the United Nations Stabilization Mission in Haiti, MINUSTAH), the US army, the World Food Programme (WFP), the International Federation of Red Cross and Red Crescent Societies (IFRC), cluster members and the Haitian Civil Protection. RINAH aimed to provide timely information and to improve effectiveness of a needs-based relief intervention in the initial stages of the humanitarian response.

More specifically, RINAH had three main and two secondary objectives: 1) to assess the vulnerability status of the Haitian population affected by the earthquake in the WASH, food

<sup>3</sup> The Assessment Capacities Project (ACAPS) is a two-year project to strengthen global, regional and in-country needs assessment capacities. ACAPS is an initiative by a consortium of three NGOs (HelpAge International, Merlin and the Norwegian Refugee Council), which has been created in support of the IASC Needs Assessment Task Force (NATF). [www.acaps.org](http://www.acaps.org)

security, nutrition, shelter/non-food items, health/HIV/mental health and protection sectors; 2) to provide accurate and comprehensive information about vulnerability, needs, priorities and gaps within 15 days after the earthquake; 3) to provide baseline data for assessment phases three and four; 4) to field-test the initial rapid assessment (IRA) methodology provided by the IASC; and 5) to avoid needs assessment overlapping. However, despite the stated objectives, the potential use of the RINAH outputs was never sufficiently clarified, thus leading to divergent and often conflicting expectations from the humanitarian community.

Although RINAH had not been conceived with the aim of feeding into the revision of the UN appeal, the HCT's expectations were rapidly oriented in that direction, and as a consequence both OCHA and the cluster system expected to receive readily usable data for their contributions to the revised flash appeal of 18 February. The RINAH management team reportedly intended to disassociate the rapid initial needs assessment and the appeal revision processes. However, it appeared only natural for the humanitarian community in Haiti to have connected a rapid multi-cluster identification of needs, based on a methodology agreed upon within the IASC, with the UN flash appeal process, which is the main strategic planning and fundraising tool for the HCT in the event of a rapid-onset emergency.

The first weighted data from RINAH, together with visual representation and figures on the affected population, were made available to the humanitarian community on 12 February, although the final report was not ready until 22 February.<sup>4</sup> The assessment took place at 217 sites in 54 sections communales, including 120 assessment sites in the worst-affected areas. A total of 128 interviewers were organised in 24 different survey teams, and 23 helicopters and 51 vehicles were deployed in the surveyed area. A total of 217 questionnaires were completed, amounting to 651 hours of interviews (with an estimated average of three hours per questionnaire). The cost-effectiveness of deploying such a vast amount of resources has been questioned by independent observers,<sup>5</sup> especially in view of the limited use of the RINAH data in formulating the revised UN appeal and the lack of any alternative forum for the application of its findings.

Unlike the UN flash appeal, RINAH did not measure the scale of needs in terms of the number of affected people and did not attach a price tag to those needs, but rather assessed the deficits in the different sectors of intervention against established standards such as Sphere.<sup>6</sup> Also, while the focus of the appeal rests mainly on assessing the number of affected people and the demographic variation of that population based on field visits and a general appraisal of the situation encountered, the rapid initial needs assessment approach tested by RINAH in Haiti was based on a standardised questionnaire targeting a representative sample of responders and geographical areas. Thus, it may be argued, RINAH appears to be a far more inclusive and geographically representative approach to needs assessments, allowing affected communities to be included in the mapping of humanitarian

needs from the very beginning. However, some have criticised the unclear purpose of RINAH, arguing that the focus of the evaluation could have been interpreted as being aimed at comprehending the post-earthquake impact, assessing the general scale and severity of needs, thus including pre-existing poverty issues, or both. From a comparative perspective on the results of RINAH, it would also appear that it is a much less useful planning and operational tool when compared with the flash appeal, which presents a prioritisation of needs together with a list of projects that address those needs. Similarly, the rapid initial assessment focused only on life-saving sectors, thus limiting its potential use by the cluster system.

The appropriateness of the tool utilised for the data collation and analysis has been widely questioned, and even ACAPS has acknowledged the difficulties in tailoring it to the Haitian context. In addition RINAH faced a number of challenges, including logistical and security restrictions which adversely affected ACAPS capacity to quickly deploy teams across the country; piloting the initiative in such an immensely complex crisis situation; the magnitude of the disaster, which prevented actors on the ground fully supporting RINAH; and the extremely limited timeframe for delivering the information (even assuming that the RINAH and UN appeal processes were to be conducted simultaneously, the speedy revision of the flash appeal made it particularly difficult to produce the full data sets in time for the clusters to adequately process and use them for updating their requirements in the appeal).

The main failure of RINAH, or rather the perception of its failure, seems to derive from a combination of factors that are attributable equally to RINAH's management team and to IASC-NATF. The failure to communicate and agree on the mission, objectives and outputs of the initial rapid assessment led to a dramatic misinterpretation of RINAH's purposes and, subsequently, to major disappointments from some key parts of the humanitarian community in Haiti. Secondly, the IRA methodology, which was developed at the IASC level and agreed by the Inter-Cluster Coordination Group, did not comply with the information requirements of the flash appeal process (which focuses largely on the number of affected people, disaggregated by sector and geographical area). Therefore, even if the UN appeal process and the IRA had been connected, the HCT was bound to be disappointed in its expectations of receiving readily useable data that could be fed into the revision of the scope and funding requirements of the appeal.

Finally, the RINAH team should have supported the analysis and interpretation of the data in a more active way, in order to ensure that the outputs could underpin strategic decisions and would be useful to the HCT and the donor community. Nevertheless, despite its limitations, RINAH offered a reasonably comprehensive picture of the humanitarian situation in the aftermath of the disaster, which could then be used as a baseline against which to measure the impact of the response and to monitor the evolution of the humanitarian situation over time.

<sup>4</sup> Amongst other issues contributing to the delay in the production of the final report were the methodological disagreements between ACAPS and CDC on the issue of the weighting and scaling of population numbers in the surveys. The final methodology utilised in RINAH included statistical weighting, and this has been criticised by the CDC. See: 'CDC summary of initial rapid assessment (IRA) conducted by UN OCHA in Haiti. CDC, Atlanta' 19 February 2010. [http://onerresponse.info/Disasters/Haiti/Coordination/publicdocuments/Summary\\_Report\\_v\\_3\\_5\\_19\\_Feb\\_2010.pdf](http://onerresponse.info/Disasters/Haiti/Coordination/publicdocuments/Summary_Report_v_3_5_19_Feb_2010.pdf).

<sup>5</sup> Groupe URD's Real-Time Evaluation in Haiti calculates the cost of RINAH at US\$3 million, while RINAH's own estimate is in the range of US\$0.8 million. [www.urd.org/IMG/pdf/rapport\\_DASHaiti.pdf](http://www.urd.org/IMG/pdf/rapport_DASHaiti.pdf).

<sup>6</sup> For a comparative analysis of the data from RINAH and the Haiti revised flash appeal, see Annex 1.

# THE USE OF NEEDS ASSESSMENTS IN THE HAITI EARTHQUAKE RESPONSE

The surge of solidarity with the victims of the humanitarian catastrophe in Haiti is comparable only with that witnessed after the 2005 South East Asia earthquake and tsunami. Over US\$2 billion was contributed to the Haiti relief operation in the three months following the disaster and more than US\$3.3 billion has been donated to date (see Figure 1). However, the UN flash appeal remains only 69% funded. Although the percentage of coverage of requirements in the appeal is close to the average for the CAP, it is surprising that the massive international mobilisation of resources for Haiti does not seem to have captured more funding for the UN appeal. Was it the case that the revised appeal requirements, the largest ever for a single natural disaster, were far off the mark, and was it therefore unrealistic that those funding requirements would be met? Was the international solidarity with Haiti more about promises than real action?

In reality, the answer rests with the nature of the appeal process itself rather than with the actual level of funding for the emergency. Total funding for the Haiti earthquake emergency is more than double the updated requirements of the appeal, but more than 70% of the funding has been given to projects not listed in the appeal and thus not guided by the global assessments of needs conducted in the country or subject to the overall coordination of UN OCHA.

## THE DONORS

Funding inside and outside of the appeal varies between donors,<sup>7</sup> with some key donors such as the USA funding as little as 19% of their total humanitarian aid within the appeal, while other emerging donors, such

as Saudi Arabia and Brazil, have channelled as much as 100% of their donations through the UN CAP process. Canada and the European Commission, two of the largest donors for the Haiti earthquake response, distributed approximately equal shares to projects included in the appeal and to other humanitarian activities, while Sweden gave as much as 69% of its humanitarian financing inside the appeal.

### SAUDI ARABIA

The two biggest emerging non-DAC donors to Haiti were Brazil and Saudi Arabia, though the two have very different histories in their donorship to the Caribbean nation. Saudi Arabia is a newcomer in Haiti, but its contribution of US\$50 million, channelled entirely through the Emergency Response Relief Fund for Haiti (ERRF), made it the fourth most generous donor funding the appeal and the seventh most generous in terms of overall funding to the emergency.

### BRAZIL

Brazil is one of Haiti's traditional donors and is the country that contributes the largest contingent within MINUSTAH. Although Brazil prioritises multilateral organisations in its humanitarian financing, it has distributed its humanitarian funding fairly evenly through the different sectors of intervention. In addition to the funding listed in Table 1, Brazil has donated US\$1million to the IFRC and has made a voluntary contribution of US\$600,000 to the UN's International Strategy for Disaster Reduction for its activities in four countries, including Haiti (El Salvador, Palestine and Sudan are the other three).

<sup>7</sup> For details of funding inside and outside of the appeal, see Annex 2.

FIGURE 1: APPEAL FUNDING STATUS AND COVERAGE

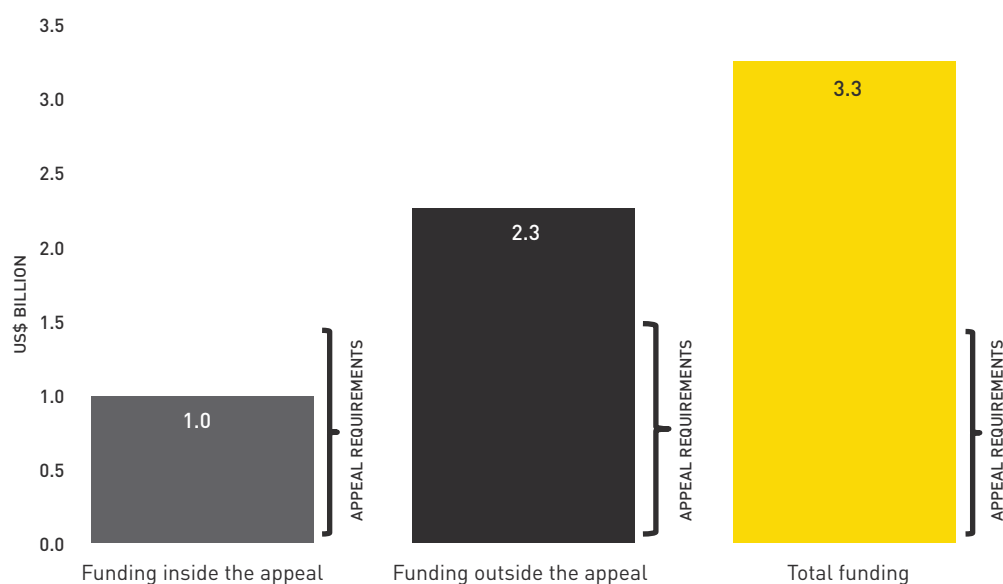


TABLE 1: BRAZIL FUNDING FOR THE HAITI EARTHQUAKE RESPONSE (US\$ m)

Food and Agriculture Organization of the United Nations	Humanitarian assistance for rapid restoration of food production	0.2
International Organization for Migration	Camp management	1.3
Office for the Coordination of Humanitarian Affairs	Humanitarian coordination and advocacy (OCT 2846)	0.5
United Nations Children's Fund	Restoring quality education and ECD services in Haiti	1.0
United Nations Development Programme	Cash for work for early recovery and stabilisation	3.0
United Nations Educational, Scientific and Cultural Organisation	Emergency support to secondary and higher education	0.4
United Nations High Commissioner for Refugees	Awaiting allocation to specific project/sector	0.8
Emergency Response Fund (OCHA)	Allocation to the Emergency Relief Response Fund	7.1
United Nations Population Fund	Humanitarian assistance	0.1
World Food Programme	School feeding	13.2

In terms of using needs assessments, Brazil's traditional approach in Haiti has always been to liaise on a political rather than on a technical level. Management of its humanitarian response is conducted through the Embassy of Brazil in Haiti, which partially accounts for this particularity, as does the fact that Brazil has had a long presence in the country and possesses a good understanding of the situation. Brazil has conducted its own appraisal of the post-earthquake situation and has also coordinated closely with MINUSTAH, the Humanitarian Coordinator's office and the Government of Haiti.

The spirit of South-South cooperation also tends to shape the way that non-DAC donors coordinate their humanitarian response through local national structures, such as the relevant ministries, the Direction of Civil Protection, etc.

#### UNITED STATES

Brazil has collaborated closely with the USA in this and other emergencies that have struck Haiti in the past. The US military has been heavily involved in the Haiti earthquake response, as it was in the relief operation that followed the devastating 2008 hurricane season. The uncontested logistical expertise of the US military in handling large-scale interventions has been highly praised by Brazil and by the Haitian Government, especially in relation to the distribution of relief materials and the management of Port au Prince airport (though the latter has also been widely criticised by some humanitarian organisations, being considered obstructive to the humanitarian response).

The United States has a permanent presence in Haiti with a highly prepared technical team, which ensures an almost unmatched understanding of the humanitarian and political contexts and the response mechanisms in-country. This combined with the USA's capacity to deploy its Disaster Assistance Response Teams (DART) within a matter of hours, ensured that it was extremely quick to react. USAID's Office for Disaster Assistance (OFDA) relied on its regional office and the DART team for its

initial assessment of needs, and this formed the cornerstone of the USA's donor strategy in-country.

However, USAID also participated in consultations at a high political level with the Government of Haiti, the Special Representative of the Secretary General and diplomatic missions of other donor countries, among others, and studied the information shared in those meetings. In parallel, the USAID OFDA technical team attended the daily donors' meetings hosted by OCHA, where needs assessments were shared and specific operational aspects were discussed in order to ensure coordination amongst donors and to avoid duplications.

Nevertheless, as stated previously, US funding for the earthquake response was only minimally channelled through the UN coordinated system, and was dictated largely by the donor's own priorities and mapping of humanitarian needs. This is not a unique trend in US humanitarian action. Before the earthquake there was a dual food aid coordination system, with one part led by the World Food Programme within the ad hoc food cluster, and the other run by USAID for American NGOs and implementing partners.<sup>8</sup> This system of two parallel coordination systems continued to function after 12 January, but the American NGOs were persuaded to take part also in the food aid cluster coordination system. It will be important to keep an eye on the repercussions of this situation.

The USA also supported the multi-cluster Rapid Initial Needs Assessment for Haiti (RINAH) and positively valued the initiative though, like other humanitarian stakeholders, questioned the usefulness of its outcome, which was considered to be too late and too generalised to be useful in supporting donor decision-making in the initial stages of the emergency response.

#### CANADA

Canada was the third most generous donor to Haiti (the second if we only look at donor countries) in terms of both the scale of

<sup>8</sup> Group URD, 'Haiti Real Time Evaluation', March 2010. [www.urd.org/IMG/pdf/rapport\\_DASHaiti.pdf](http://www.urd.org/IMG/pdf/rapport_DASHaiti.pdf)

support for the appeal and total humanitarian funding to the earthquake response, with an almost perfectly balanced distribution of funding inside and outside of the UN CAP (49% and 51% respectively). Unlike the USA (the only individual donor that exceeded Canada's contribution to the emergency), Canada does not include the costs of its military deployment as humanitarian assistance; if these costs had been recorded in the FTS, Canada's overall funding would have been much higher. Similarly, while the large share of USA funding outside the appeal was attributable mainly to the US\$500 million operation of the Department of Defense, Canada's funding outside of the appeal was largely due to its significant contributions to the Red Cross, as well as to administrative procedures that channelled funding directly to NGOs, even if the funds ended up supporting projects included within the UN appeal.

The initial response of the Canadian government came within 24 hours of the earthquake and included a contribution of US\$4.8 million towards the IFRC appeal, a Canadian/Norwegian Red Cross field hospital, the provision of non-food relief supplies from the CIDA stockpile and the deployment of technical experts to enhance UN surge capacity and cluster leadership. Although information was limited at this early stage and no specific needs assessments were conducted, these decisions were based on reports from CIDA humanitarian partners in the field as to the most urgent needs. A whole-of-government assessment team (a Joint Task Force), including representatives from CIDA, the Department of Foreign Affairs and International Trade and the Department

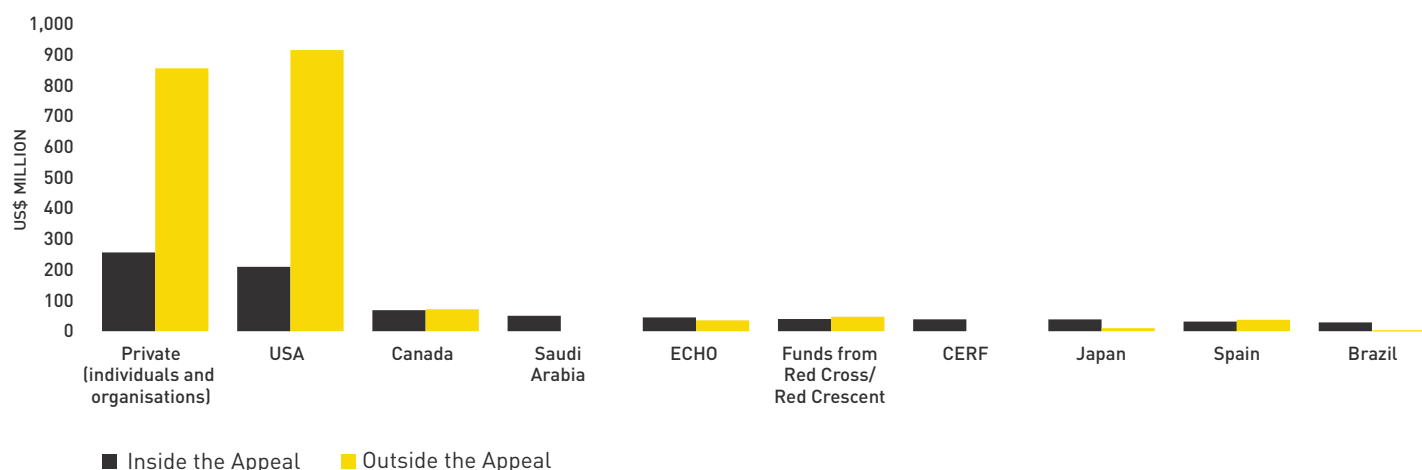
of National Defense, was deployed to Haiti early on 13 January to conduct a rapid needs analysis through consultations with the Haitian Government, the UN and other humanitarian actors. The team reported back to headquarters on 15 January with response options that informed the deployment of Canadian military forces, as well as an assessment of needs to inform future humanitarian funding.

An additional US\$75.6 million was committed a week after the disaster, largely for projects within the UN appeal. Over the following months, CIDA staff actively participated in the donor coordination forum, cluster meetings and the Post Disaster Needs Assessment process led by UNDP. An additional US\$63 million was contributed as part of Canada's support for the revised flash appeal of 18 February with a strong focus on transitional shelter (approximately US\$46 million).

#### SWEDEN

Sweden's approach to needs assessments was very much focused on the UN CAP process and guided by the projects and priorities identified in the appeal. Thus it is not surprising that 69.2% of Sweden's humanitarian aid was channelled through the Haiti earthquake flash appeal. The Swedish International Development Cooperation Agency (Sida) is a strong advocate for holistic, neutral and independent needs assessments that are not linked to the humanitarian delivery system and thus not supply-driven. Multi-cluster rapid needs assessments, such as RINAH, could be the answer to this challenge.

FIGURE 2: TOP 10 DONORS, FUNDING FOR THE HAITI EARTHQUAKE



Source: Development Initiatives, based on UN OCHA FTS data

## **THE EMERGENCY RESPONSE RELIEF FUND FOR HAITI (ERRF)**

The purpose of the ERRF is to meet emergency needs and to fill gaps in humanitarian response in Haiti by providing NGOs and UN agencies with a fast and flexible funding mechanism that allows them to address short-term emergency priorities in vulnerable communities. The objective is to provide initial funding that allows partners to respond immediately to humanitarian crises. According to the fund's own definition of its scope of work, it is not expected to respond to chronic problems that can be best addressed by means of development financing.<sup>9</sup> Among the activities eligible for funding from the ERRF are all the intervention areas under the sector or cluster groups responsible for the humanitarian response to the emergency and included in the flash appeal to assist the victims of the earthquake. The ERRF has to date, received over US\$78 million and has allocated US\$63 million, with project proposals for another US\$11.4 million being currently under review.

The ERRF decision-making process follows the usual structure of other emergency response funds, where all individual proposals submitted to OCHA are studied by a technical committee composed of the Humanitarian Coordinator (HC), the leaders of the relevant clusters and other key NGOs and UN agencies. In this sense, the use of needs assessments in the allocation of resources from the Fund is limited to their use as part of the assessment of the project's appropriateness and connectedness to the overall activities of the relevant cluster.

## **THE CLUSTERS**

The cluster system has played a major role in providing data and evidence on the severity of the humanitarian situation and on the scale of needs in the aftermath of the Haiti earthquake. Despite it being a relatively new development in the country's coordination system, and only fully tested during the severe 2008 hurricane season, member agencies within the clusters have fulfilled their responsibilities to conduct needs assessments, coordinate the flow of information and data on needs, and validate the relevance of supra-cluster identifications of the needs. However, the positions of the different clusters vary greatly when it comes to the usefulness of the multi-sectoral rapid needs assessments conducted in the aftermath of the earthquake.

While some of the clusters already had needs assessment structures in place and were able to rapidly activate them, the HCT as a whole was relying on RINAH for a consolidated picture of the scale and severity of the needs. It is therefore understandable that the delay in the RINAH process, and the fact that the final report was not released until after the revision of the initial flash appeal, led to general frustration and disappointment with the IRA initiative. Nonetheless, the lack of usable data from RINAH for accurate strategic decision-making was successfully compensated for by

means of cluster-level needs assessments, as well as by the information collated by individual cluster member organisations.<sup>10</sup>

## **FOOD AND AGRICULTURE CLUSTERS**

The food and agriculture clusters were the first to initiate cluster-level initial identifications of needs immediately after the earthquake and also cross-sectoral work, focusing on food security, through the National Coordination for Food Security (Coordination Nationale de la Sécurité Alimentaire, CNSA). CNSA and its partner organisations Action Contre La Faim, Oxfam, FEWS NET, FAO, and WFP conducted an Emergency Food Security Assessment from 5 - 12 February with a view to informing the clusters' work, and their input to the revised flash appeal. There is no evidence that either of the clusters has been using RINAH's findings in their planning; however, the nutrition cluster did use RINAH data for advocacy work and prioritisation of nutritional needs.

## **HEALTH AND WATER AND SANITATION CLUSTERS**

In the three days following the earthquake, the World Health Organization (WHO) led a public health risk assessment and intervention to determine immediate priorities, to reinforce hospital staff and to review medical waste management. This initial assessment was followed up throughout January and also helped to review hospital infrastructure, referral systems and organisation of patient's transportation. The health cluster also collaborated closely with the Haitian Ministry of Health to conduct cluster-level needs assessments on different themes following the initial rapid assessment. The WASH cluster participated actively in the process of questionnaire development and data validation for RINAH; however, an overview of the documentation posted by the health and WASH clusters does not suggest that the information and data produced by RINAH has been utilised to any significant degree in their strategic planning.

## **SHELTER AND NON-FOOD ITEMS (NFI) CLUSTER**

Numerous building and damage assessments were conducted by the shelter cluster following the earthquake in order to identify the scale of the destruction and the severity of needs. The assessments utilised different tools, including satellite images provided by UNOPS/UNOSAT and an emergency market mapping and analysis, including some construction materials. The shelter and NFI cluster also made use of reports by the Government of Haiti and other HCT members, in addition to its own identification of needs. The cluster reportedly used data from RINAH and positively valued the assessment's relevance to situation mapping and response planning. Despite acknowledging that any global-level data collated so early in the response operation would necessarily be partial and limited, RINAH appeared to be especially useful as a baseline tool against which the measurement of distribution and aid coverage could be conducted.

<sup>9</sup> For more information on the ERRF for Haiti, please see: <http://ochaonline.un.org/OCHAHome/WhereWeWork/Haiti/DonatingforHaiti/ERRFforHaiti/tabid/6489/language/en-US/Default.aspx>

<sup>10</sup> For an overview of the needs assessment conducted as part of the humanitarian response to the Haiti earthquake see: <http://groups.google.com/group/assessmentshaiti> and also Early Recovery cluster's Survey of surveys at <http://onerresponse.info/Disasters/Haiti/Coordination/Pages/Assessments.aspx>.

## PROTECTION CLUSTER

Individual cluster members conducted specialised assessments of the scale and severity of needs in the areas of camp coordination, camp management and protection prior to the revision of the UN flash appeal. In March, a Joint Security Assessment (JSA) was initiated in response to growing concerns about the protection of internally displaced persons (IDPs) in camps and the consequent implications for human rights and political stability. The JSA was conducted between 14 March and 20 March, with the aim of providing a rapid analysis of the evolving situation and the effectiveness of efforts to assure security, particularly with regard to the prevention of gender-based violence (GBV) and the protection of children.<sup>11</sup> Led by the MINUSTAH Human Rights Section, the JSA conducted multiple visits to seven IDP sites in Port au Prince and Leogane, meeting with IDP representatives, especially women, camp committee members, 'security brigades' established by IDPs and NGOs working in the camps. Sites were chosen so as to provide a representation of large and small, stable and less stable sites.

Donor response to the earthquake and its distribution by sector does not seem to have a direct connection with the varying needs assessment methodologies implemented by the different clusters or their different levels of reliance on RINAH. While nutrition, coordination and education appear to be fairly well funded, other key sectors such as shelter and NFI or food aid, still have many of their needs unmet, despite all the assessment and coordination work carried out by the clusters or their member organisations. Evidently, there are more elements than just information

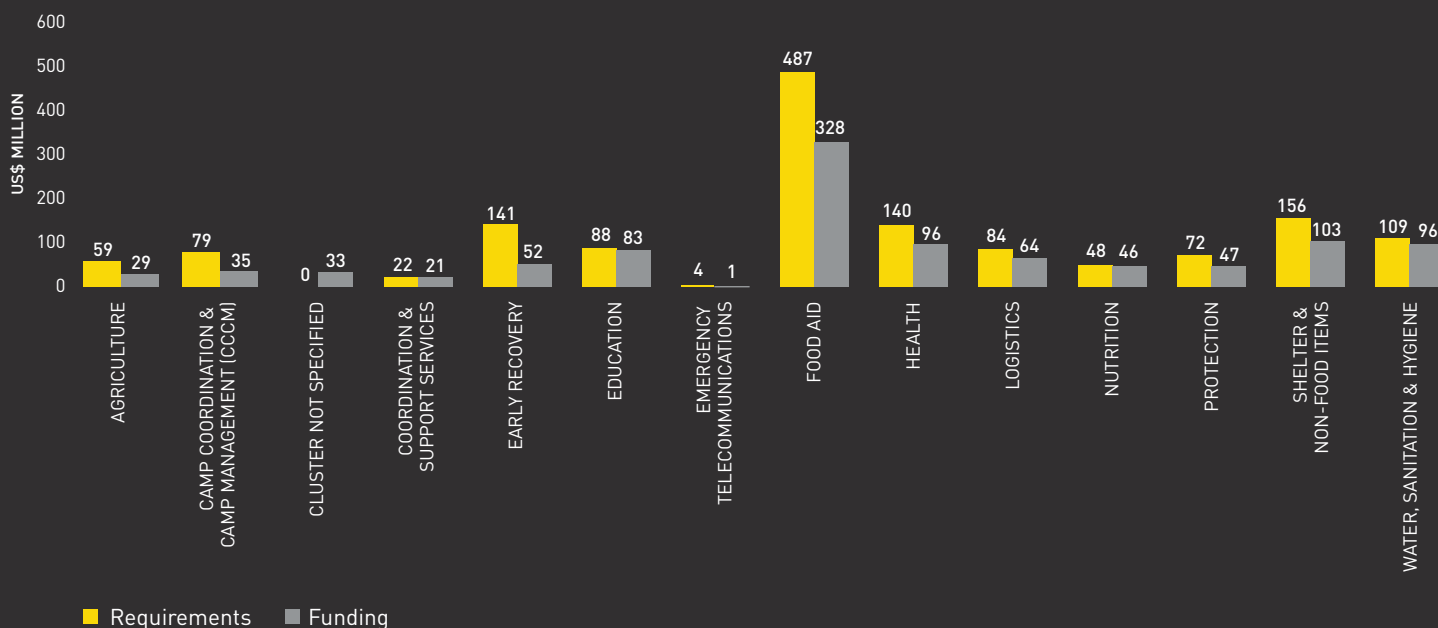
on the scale of needs that influence funding allocation and donor decision-making.

Whereas transitional shelter is a high priority in all humanitarian and reconstruction strategies in Haiti, it is not seeing the progress that might have been expected, given the US\$3.3 billion that has been raised in response to the emergency in the past six months. By the time of the mid-year review of the revised flash appeal (i.e. the end of June), of the total 123,350 planned transitional shelters (T-shelters), 95,754 (78%) were funded but fewer than 2,000 (1.6%) had been completed. Land and coordination issues are hampering the progress of the actual implementation, and the Haitian people will have to be both patient and hopeful if they are to endure the months to come. Organisations need clear guidelines that are supported by local authorities to allow legal construction of T-shelters on land where ownership remains unclear, especially in the critical-need areas in and to the west of Port au Prince.

Therefore, it may be asked whether the lack of progress in the T-shelter strategy is due to the shortfall of funding or whether the lack of a favourable environment for the timely completion of the strategy is slowing down donor financing for these activities. After all, the current UN appeal for Haiti runs until the end of 2010, while the current pace of debris removal and T-shelter construction will not lead to a completion of the plan any sooner than mid-2011. The current level of funding for the shelter sector, therefore, seems to be more than sufficient to cover all activities until the end of the year when, presumably, another appeal will be launched to cover the remaining needs.

<sup>11</sup> For a summary of the protection cluster's Joint Security Assessment, see: <http://oneresponse.info/Disasters/Haiti/Protection/publicdocuments/Forms/DispForm.aspx?ID=103>.

FIGURE 3: REQUIREMENTS AND FUNDING PER CLUSTER FOR THE HAITI EARTHQUAKE APPEAL



Source: Development Initiatives, based on UN OCHA FTS data

## CONCLUSION

The lack of a single consolidated picture of the scale or prioritisation of humanitarian needs in the aftermath of the devastating Haiti earthquake has not been an impediment to a massive humanitarian response operation. Money has flowed into the country from both government and private donors and thousands of organisations, many without any previous experience or knowledge of the Haitian context, have taken part in the response operation. For donors and humanitarian organisations alike, the Haiti earthquake has been a difficult test of their readiness to adequately respond to a major natural disaster occurring in a capital city. The devastation of national institutions in an already weak state, the severe blow received by the international humanitarian community in the country, which lost many of its key people, and the destruction of aid infrastructure, combined with Haiti's longstanding inclusion on the list of forgotten emergencies, did not allow for optimism.

Humanitarian actors in the field seem to agree, however, that this time money is not the problem although operating agencies, such as Médecins Sans Frontières, still speak of a lack of progress in responding to the needs of the Haitian people. Many of the needs in Haiti pre-date the earthquake, but it still seems incomprehensible that the vast majority of the 1.5 million people left homeless after the earthquake have already endured the rainy months and are now facing the arrival of the hurricane season sheltered under plastic sheeting and tents which have an average life-span of six months.

Access to housing following the earthquake is major concern in Haiti.<sup>12</sup> However, the lack of a feasible national policy on the matter of transitional shelter and resettlement is hampering progress in meeting those needs. The Government of Haiti's 'Safer Shelter Strategy' is designed to present people who have lost their homes with housing options and durable solutions. While its guiding principle is to prioritise return to or near the place of origin, and it considers relocation to a new settlement to be the least favourite option, this is not proving feasible for many Port au Prince residents who cannot access their house plots due to the accumulation of debris, or whose former homes were located in congested slums which cannot be reconstructed without violating every existing minimum quality standard. Therefore, relatively few people are returning even to houses assessed as safe, few people in host families are leaving to return to congested cities and many sub-standard settlements continue to exist, posing the risk of a second displacement.<sup>13</sup>

Different means of mapping the scale of devastation were used in the aftermath of the earthquake. An unprecedented initial multi-sector rapid identification of needs took place, with the objectives of supporting the HCT in Haiti and providing timely information

to improve the effectiveness of a needs-based relief intervention. While other cross-sector assessments were also undertaken after the initial emergency response phase,<sup>14</sup> the decision to lead a large-scale multi-sector assessment using the Initial Rapid Assessment Toolbox in the initial stages of such a complex emergency indicates an increasing awareness on the part of the humanitarian community of the need for a consolidated and commonly accepted overview of needs and vulnerabilities of affected populations, from the very beginning of the design and implementation of the humanitarian response. The use of cross-sector rapid assessments, such as RINAH, must be supported and incentivised, but should be much more strongly linked to the different elements of the response, i.e. resource mobilisation, strategic decision-making and response planning.

As has already been learned from the tsunami crisis, abundant funding is no 'silver bullet' in responding to major humanitarian disasters. There is a need for better decision-making adapted to country contexts and grounded on methodologically sound needs assessments that look beyond the fundraising stage of the response and which are able to effectively guide the implementation process for a more effective humanitarian delivery. At the same time, in a highly volatile context such as the Haitian (and, one may argue, any other complex scenario), it is difficult to replace the experience and know-how of humanitarian practitioners on the ground with even the soundest of needs assessment methodologies. Thus, in the current process towards the creation of a common approach to needs assessment at the Inter-Agency Standing Committee level, it is extremely important to avoid falling into the trap of obsession with data and to remember that, without a proper understanding of the situation that comes from experience and communicating with people, an abundance of information and tools will not automatically be reflected in a more effective humanitarian response.

<sup>12</sup> According to a post-disaster survey by the University of Michigan and Small Arms Survey, conducted in Port au Prince between late February and mid-March 2010 with a sample of 2,947 households, 100% of the interviewees considered access to housing to be a major problem, compared with 2.3% who considered it to be a problem before the January earthquake. The full survey report can be found at: <http://groups.google.com/group/assessmentshaiti?pli=1>.

<sup>13</sup> See Haiti Revised Humanitarian Appeal 2010 Mid-Year Review at: <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1889>.

<sup>14</sup> Notoriously, the Harvard-MIT Assessment and Analysis of Haitian HADR data and UNDP's Post Disaster Needs Assessment (PDNA).

# ANNEXES

## ANNEX 1: COMPARATIVE ANALYSIS OF DATA FROM RINAH AND HAITI REVISED APPEAL

	SHELTER AND NON FOOD ITEMS	WASH	HEALTH	FOOD AID AND NUTRITION	PROTECTION
IASC multi-cluster Rapid Initial Needs Assessment for Haiti (RINAH)	<p>Inside Port au Prince (PaP), 80% of sites reported that temporary shelters provided very poor or no protection from the elements.</p> <p>Inside PaP, 52% also reported that temporary shelters provided poor privacy.</p> <p>56% of sites in PaP and 54% outside PaP reported that fewer than 25% of households had sufficient clothing and bedding.</p> <p>In PaP, 53% of sites noted that the amount of fuel was insufficient for cooking.</p>	<p>27% of water sources in camps and 52% in non-camp locations were reported to be unprotected.</p> <p>Access to water was difficult, with 37% of sites in PaP and 46% of sites outside PaP reporting that it took more than 30 minutes to collect the total daily water supply for the household.</p> <p>Access to soap was limited, with 60% to 63% of sites, inside and outside PaP, reporting that less than 25% of households possess soap.</p>	<p>31% of sites in PaP and 38% of sites outside PaP reported an unusual increase in illness after the crisis.</p> <p>The most frequently reported outbreak conditions in PaP were flu (36%), diarrhoea (28%) and malaria (8%).</p> <p>83% and 77% of sites inside and outside PaP respectively reported that less than 25% of the households possessed mosquito nets.</p> <p>Physical access to health facilities was very difficult in 53% of sites outside PaP and 18% within PaP.</p>	<p>87% of sites in PaP and 92% of sites outside PaP reported a reduction in the number of meals consumed per person per day.</p> <p>There has been an increase in food prices, as well as disruptions in food availability and stocks in 86% of sites inside and 91% outside of PaP.</p> <p>Food distributions must be better adapted to the needs of vulnerable people, including the elderly and children.</p> <p>There needs to be an improvement in the nutrition of children.</p> <p>Services to respond to severe malnutrition need to be strengthened. In PaP, 4% of sites reported having a micronutrient supplementation programme.</p>	<p>Protection measures must be put in place in areas reporting cases of gender-based violence and childtrafficking.</p> <p>Reference mechanisms should be clarified for medical, psychological and security personnel so that they can refer cases of violence appropriately.</p> <p>Systems of lighting need to be put in place as quickly as possible in the displaced camps, around latrines and showers.</p> <p>Only 3% of IDP camp sites and 6% of non-camp sites reported adequate lighting of latrines.</p> <p>Elders were considered as the most vulnerable group in 73% of the visited sites in PaP, against 59% in rural areas.</p>
Haiti Flash Appeal - Revised	<p>Around 1.2 – 1.3 million people are estimated to have been affected by the earthquake.</p> <p>100,000 displaced and non-displaced families must receive waterproof cover before 1 May.</p> <p>1,000,000 people must be attended over 12 months.</p> <p>Funds requested: US\$118.5 million</p>	<p>Provide 1,100,000 people in urgent need of WASH facilities with five litres/person/day for safe drinking water, one emergency latrine for 50 people, one emergency bathing facility for 100 people, and one basic hygiene kit for each family.</p> <p>Funds requested: US\$80.6 million</p>	<p>Primary health care and mobile clinics to reduce morbidity and mortality in homeless overcrowded populations with poor sanitation and in affected areas.</p> <p>Ensure proper care of injured and disabled.</p> <p>Ensure provision of basic health services, including for chronic diseases and mental health.</p> <p>Funds requested: US\$134.1 million</p>	<p>Targeted food distributions (specific vulnerable groups, such as school feeding), and food for work for two million beneficiaries.</p> <p>Detection and treatment of severe acute malnutrition; prevention of malnutrition through promotion of breastfeeding and appropriate infant feeding practices, supplementary feeding programmes, Vitamin A supplements, etc. for 1,326,920 children and women.</p> <p>Funding requested: US\$523.9 million</p>	<p>Vulnerable group of three million people.</p> <p>Ensure that protection concerns and the most vulnerable are taken into account in strategies for the distribution of aid.</p> <p>Re-establish critical referral networks for GBV and child protection.</p> <p>Funds requested: US\$61.1 million</p>

**ANNEX 2: FUNDING DETAIL OF TOP DONORS  
INSIDE AND OUTSIDE OF THE APPEAL**

KEY INSIDE THE APPEAL OUTSIDE THE APPEAL

Donor	Funding US\$ m	Uncommitted pledges US\$ m	% of grand total	Description
Donor and channel				
Private (individuals and organisations)	255.2	0.1	27.7	
USA	911.0	-	40.1	USDoD support for humanitarian efforts through transportation of USG personnel and relief commodities; US Geological Survey Disaster Risk Reduction Assessment for Seismic Hazards Affected Areas; search and rescue; coordination and information management; emergency response for food, shelter, protection, WASH and health; economic recovery and market systems; community stabilization, support to the Government of Haiti; medical supplies for Dominican Public Hospitals near the Haiti border crossing.
USA	208.7	-	21.0	
Private (individuals and organisations)	851.8	-	37.5	Private contributions for disaster relief through different channels.
Canada	68.2	-	6.9	
Disasters Emergency Committee (UK)	95.4	-	4.2	Private donations channelled through DEC.
Saudi Arabia	50.0	-	5.0	
Canada	71.0	-	3.1	Deployment of Canadian experts; in-kind goods and transport contribution to IFRC emergency appeal; non-programmatic humanitarian assistance; relief support through different channels including NGOs and Red Cross.
ECHO	44.7	1.2	4.5	
Funds from Red Cross /Red Crescent	46.9	-	2.1	In-kind goods, cash and transport contribution to IFRC emergency appeal.
Funds from Red Cross /Red Crescent	39.6	0.1	4.0	
Spain	37.0	-	1.6	Bilateral in-kind assistance to affected government and immediate WATSAN projects through DINEPA. Bilateral assistance to affected government through 215-member rescue and health teams and provision and distribution of 91 tonnes of in-kind aid. Support for humanitarian efforts through Ministry of Defence intervention. Humanitarian assistance to victims of the earthquake through Spanish Red Cross.
CERF	38.5	-	3.9	
ECHO	35.2	-	1.6	Funds originally committed in 2009 and redirected to earthquake response; relief assistance through different channels.
Japan	38.3	-	3.9	
United Kingdom	23.7	-	1.0	Additional humanitarian aid (unallocated from original commitment of EUR 15.5 m)
Spain	31.3	13.2	3.2	
Germany	20.9	-	0.9	Emergency relief aid through different channels, including NGO and Red Cross; deployment of coordination teams; bilateral assistance to affected government: distribution of baby-food and milk powder.
Brazil	28.5	-	2.9	
Netherlands	20.6	-	0.9	Bilateral assistance to affected government: immediate emergency assistance and support of humanitarian aid operations; cash contribution to the IFRC emergency appeal; support channelled through a cooperative of Dutch aid organisations (Samenwerkende Hulporganisaties).
Sweden	25.5	-	2.6	
France	18.9	252.1	0.8	Bilateral assistance to affected government: in-kind and personnel support. Uncommitted pledges for additional aid through different channels.

Donor	Funding US\$ m	Uncommitted pledges US\$ m	% of grand total	Description
Donor and channel				
Norway	20.7	-	2.1	
Italy	15.2	-	0.7	Bilateral in-kind and operational support assistance to affected government; relief activities for Italian NGOs and IFRC.
Disasters Emergency Committee (UK)	20.1		2.0	
Sweden	11.4	278.9	0.5	Swedish Civil Contingencies Agency relief operations; cash contribution to IFRC emergency appeal; urgent relief through HelpAge International.
France	17.1	-	1.7	
Switzerland	11.0	-	0.5	Bilateral in-kind assistance to affected government; logistics and secondments to WFP; in-kind emergency relief support to the Swiss Red Cross.
Denmark	16.7	-	1.7	
Denmark	10.0	-	0.4	Bilateral assistance to affected government including DRT and medical teams, and in-kind aid. Assistance for transitional shelter through IFRC. Uncommitted pledges for additional support to shelter construction and long-term reconstruction.
United Kingdom	9.6	0.5	1.0	
Japan	9.8	52.4	0.4	Bilateral assistance to affected government including DRT and medical teams, and in-kind aid. Assistance for transitional shelter through IFRC. Uncommitted pledges for additional support to shelter construction and long-term reconstruction.
Australia	8.6	-	0.9	
China	9.4	5.0	0.4	Bilateral in-kind assistance to affected government.
Un-earmarked funds by UN agencies	6.9	-	0.7	
Norway	8.1		0.4	Relief support to different organisations; Secondments to the UN; in-kind; replenishment of emergency stocks.
Germany	6.5	-	0.7	
Australia	4.4	-	0.2	Aid channelled through Caribbean Disaster Emergency Response Agency and Caritas; cash contribution to IFRC emergency appeal.
Italy	6.0	-	0.6	
Finland	3.0	-	0.1	In-kind assistance and secondments to OCHA; relief assistance channelled through Finnish organisations.
Finland	5.2	-	0.5	
Brazil	0.1	10.0	0.0	Local purchase of food by the Brazilian Embassy for school feeding rehabilitation programmes in Haiti; six flights of the Brazilian Air Force carrying personnel, food items, medicines and an emergency portable hospital; search and rescue team.
<b>GRAND TOTAL</b> Inside the emergency appeal	<b>992.9</b>	<b>15.1</b>		
<b>GRAND TOTAL</b> Outside the emergency appeal	<b>2,269.8</b>	<b>1,170.9</b>		



# DONOR FUNDING IN HAITI

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## Assessing humanitarian needs after the 2010 Haiti earthquake

This briefing paper presents the findings from our desk research on the use of multi-sectoral needs assessments in the initial phase of the humanitarian response to the 2010 Haiti earthquake. It is one of two case studies that we conducted (the other being Southern Sudan) in order to examine how evidence on the scale and severity of humanitarian needs is generated and the ways and extent to which this evidence is used by humanitarian agencies and government donors in their decision-making processes.

The conviction that the absence of a satisfactory measure of humanitarian needs – or the people affected by crises globally – holds back progress on global provision of adequate financing to meet those needs underpins the Global Humanitarian Assistance programme's work on the scale of needs.

Global Humanitarian Assistance is a Development Initiative to improve the efficiency, effectiveness and coherence of humanitarian response by further increasing access to reliable, transparent and understandable information on the aid provided to people living in humanitarian crises.



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