

International  
Institute of  
Social Studies

*Erasmus*

**Working Paper**  
**No. 673**

**Perspective of localization of aid during COVID-19**  
**Reflecting on the tensions between the top-down and**  
**bottom-up responses to the health emergency in Haiti**

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March 2021

ISSN 0921-0210

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## Foreword

When the COVID-19 pandemic spread over the world, it became apparent that it exacerbated existing crises and magnified vulnerabilities. In April 2020, we therefore set out with a group of students to follow what happened in 7 countries: The Democratic Republic of Congo (DRC), Haiti, Zimbabwe, Philippines, India, Brazil and Chile.

In all these countries, COVID-19 became part of intersecting and compounded crises. The ongoing research programme at the International Institute of Social Studies (ISS) of [When Disaster meets Conflict](#) is about dealing with intersecting crises, and became the steppingstone for the analysis of the responses to COVID-19. When Disaster meets Conflict – and hence these case studies – has been supported by the Netherlands Organisation for Scientific Research (NWO) (Grant number: 453-14-013); Nederlandse Organisatie voor Wetenschappelijk Onderzoek.

The case-studies have been implemented by students of the countries residing at the ISS on the basis of remote interviews and secondary sources. COVID-19 widely triggered top-down and centralised emergency measures. The research set out to uncover what happens when COVID-19 hits fragile, authoritarian and/ or conflict-affected settings? It focuses on how affected communities perceive of and deal with COVID-19 restrictions, and what initiatives emerge in providing local safety nets.

This working paper reports on the research done in Haiti. The authors found that COVID-19 arrived into a situation where the mistrust of people in the government was already extremely high due to previous and ongoing crises and the top-down approaches of the government to deal with the pandemic was therefore bound to fail.

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## **Abstract**

Since the outbreak in Wuhan, China in December 2019, the COVID-19 has been sweeping across the world causing millions of infections and thousands of deaths (WHO, 2020). It has created a world health emergency. Given the travel and mobility restrictions imposed world-wide to curb the spread of the virus, the pandemic offers an opportunity to discuss the humanitarian aid systems, and specifically, the localization of the agenda.

By using the case of Haiti, this research aims to reflect on the emergent tensions between the different responses to the health crisis given by ‘local actors’: the top-down measures implemented by the government and the bottom-up responses from local leaders, communities and organizations.

The methodology we used was a secondary sources review (academic papers, reports, news articles, social media publications and blogs) that was complemented by three semi-structured interviews conducted with key local actors (a health professional in Les Cayes, a project manager that works in an NGO in Port-au-Prince, and a physician in Port-au-Prince). Most of the information was collected during June and August 2020, with a minor update in January 2021.

With the research we found that the measures implemented by the government, even though following international recommendations and protocols, were not tailored for the Haitian context and therefore, they affected Haitian livelihoods in several ways. Moreover, the existent tension and mistrust of the people on the authorities complicated the implementations of the measures and created negative responses (denial, resistance, sabotage, etc.) among the population. Nevertheless, several bottom-up initiatives emerged directly from the communities to help the people to deal with the health emergency and to cope with the government measures, and they proved to have a significant role in the crisis management.

We conclude that the localization of aid is more necessary than ever, but it needs to be done with a proper problematization of what ‘local actor’ means: it could involve different types of people, leaders, and organizations; and not in all cases the nation-states could be considered the most important one of them.

## **Keywords**

Haiti, COVID-19, localization, humanitarian aid, resistance, disbelief, frugal innovation, disaster response, state-society.

## List of acronyms

BINUH	Bureau Intégré des Nations Unies en Haïti (United Nations Integrated Office in Haiti)
IOM	International Organization for Migration
ISS	International Institute of Social Studies
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population)
MSF	Médecins Sans Frontières (Doctors Without Borders)
NGO	Non-Governmental Organization
OAS	Organization of American States
OCHA	United Nations Office for the Coordination of Humanitarian Affaires
UN	United Nations
WFP	World Food Programme

# Perspective of localization of aid during COVID-19<sup>1</sup>

## Reflecting on the tensions between the top-down and bottom-up responses to the health emergency in Haiti

### 1 Introduction

This research is triggered by outcomes of the five-year research carried out by the ‘When Disaster Meets Conflict’ project team of the *International Institute of Social Studies* (ISS) of *Erasmus University Rotterdam*. Accordingly, disasters are more likely to happen or intensify in conflict-affected areas or post-conflict areas including Haiti (Hilhorst et al., 2020). Besides, it was found out that conflict may increase vulnerability and weaken the community’s capacity to respond to disasters (Hilhorst, 2019). Thus, although many governments took a central role in controlling the spread of the virus by implementing top-down emergency measures, it was predicted that such approaches may ignore or silence local coping mechanisms, social networks, and small-scale formal and informal institutions, particularly in post-conflict or conflict-affected areas. Therefore, this research takes the responses to the COVID-19 pandemic in Haiti as case study and aims at unpacking the tensions between top-down measures taken by the government and local, socially, and culturally appropriate responses, as well as analysing how Haitian communities and individuals respond to the crisis differently from the top-down measures. Over the course of the research, the authors also paid attention to implications of locally-led responses for the localization agenda of humanitarian response.

The current states of affaires regarding the coronavirus pandemic that started at the end of 2019, presents an opportunity to study the localization of aid as the COVID-19 related restrictive measures have challenged the conventional humanitarian aid model. On the one hand, some international actors in the field had to fly back to their own countries, on the other hand, many humanitarian actors had to refrain from going to the territories. This has reduced the physical presence of external humanitarian actors in the field and has left space for local actors to take their own actions and to influence decision-making (Roche et al., 2020). This was indeed the case in Haiti, as we present in the rest of this paper.

As a result of our research, we firstly found out that unlike some areas in the world, most of the restrictive measures taken by the Haitian state are infeasible in Haitian contexts or significantly detrimental to Haitians’ livelihood in many ways. Secondly, due to the pre-existing fractured relation between the state and the population, it was widely seen that people do not believe the

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<sup>1</sup> We would like to express our gratitude to our supervisor Dr Samantha Melis for supporting us in every step of the research process, as well as for providing us with guidance and critical comments. We would like also to thank Dr Dorothea Hilhorst for giving us the opportunity of carrying out this research.

messages delivered by the authorities, or try to resist, circumvent, or sabotage the top-down measures and policies.

Following such situations, community-based organisations, community leaders and volunteers among others developed their own strategies to cope with the crisis and intervened people who do not believe, or are not aware of, the messages coming from the government. These once again demonstrate that local leaders and community-based organisations have had a significant role in helping the communities; it also provides the evidence that crisis management can be improved when local institutions are involved, thus the importance of localizing humanitarian responses.

Moreover, contrary to the blurred understanding of ‘the locals’ in the localization agenda, we found out that ‘the local’ responses involved different types of ‘local’ actors, varying from community leaders, market vendors, students or people who came up with an innovative idea. Also, even though the government (national and local) has often been considered one of the essential actors for a successful localization agenda, this research shows that their top-down measures are not to be tailored for Haitian reality and even more, their crisis management has been hampered because of their lack of legitimacy among the population. Therefore, we argue the necessity of more nuanced contextualizing the meaning of ‘the locals’. This situation has demonstrated that if the final aim of the localization of aid is to address better the population’s need during an emergency, it is crucial to contextualize which are the suitable local actors for that.

The paper is organized as follows. The next chapter presents arguments surrounding the localisation agenda of humanitarian response, as our theoretical framework. Subsequently, the methodology used in the research is presented in Chapter Three (3). Chapter Four (4) provides the contexts of the research, including the political situation to describe the state-society relation, the arrival of COVID-19 in Haiti and the measures and policies taken by the authorities. Chapter Five (5) analyses the impacts of the health crisis as well as the top-down measures on people’s livelihoods. The chapter also focuses on how people reacted to the measures and presents responses such as disbelief, misunderstanding and acts of open resistance. Then, Chapter Six (6) presents strategies and initiatives carried out by different community-based actors to cope with the pandemic as well as to counter with the disbelief in and misunderstanding of the virus.

## 2 Localization of aid

The humanitarian system has long been criticized for being dominated by institutions based in the global north, (re)producing global unequal power relations, and marginalising individuals and institutions of the global south (Baguios, 2019; Barnett, 2011; Baughan and Everill, 2012; Begum et al., 2020; Davey, 2012; Jayawickrama, 2018; Kobanga, 2017; Roepstorff, 2020; Skinner and Lester, 2012; Sueres, 2016). Recent movements for social and racial justice have further (re)shed light on power dynamics and racial inequality in the aid sector. Before moving on to the discussion of localization agenda, this section outlines prevailing structural issues which articulate the urgency to localize aid.

Firstly, the humanitarian aid sphere is arguably dominated by the United Nations (UN) and a few huge international non-governmental organizations (NGOs) whose personnel has generally been occupied by western white people (Ali cited in Cornish, 2019). For instance, about funds, a recent Global Humanitarian Assistance Report (Development Initiative, 2020) reveals that, a half of the traceable international humanitarian fund in 2018 went to the hands of the UN agencies, and NGOs received another 30%. By contrast, the same year, the amount of direct funding to local and national actors including NGOs and governments was only around two% (Development Initiatives, 2020), demonstrating a significant imbalance in terms of funds.

Secondly regarding the demographic profile in the sector, several humanitarian aid organizations have been making efforts and committing to make themselves more racially equal institutions<sup>2</sup> (Barnett, 2020). Nonetheless, it appears that the racial inequality within the institutions persists.

For instance, a ‘two-tier’ employee system – in which the so-called international staffs are mainly hired from the global north for a management position while the so-called national staffs are locally hired as tools for project implementation – is another form of structural power inequality in the humanitarian aid sector (Majumdar, 2020). Based on this distinction, whereas ‘internationals’ are often considered as ‘experts’ with knowledge about disaster governance, ‘nationals’ are not only regarded as mere project assistants, but also excluded from the access to certain information, meeting and decision-making process (Leon-Himmelstine and Pinet, 2020; Majumdar, 2020; Mwambari, 2019), and sometimes ordered to go to high hazardous zone where white people refrain from going, as though they ‘outsource risk to local responders’ (The New Humanitarian, 2019b). This partly comes from the emphasis on knowledge, professionalism, and expertise, which was one of the lessons learnt from the Rwanda Genocide in 1994, where insufficient

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<sup>2</sup> See also Save the Children’s statement on racial injustice (<https://www.savethechildren.org/us/charity-stories/statement-on-racial-injustice>), an interview with the executive director of Oxfam (<https://www.devex.com/news/oxfam-targets-more-diversity-in-leadership-with-new-intersectional-strategy-98651>), a statement by the UN Secretary-General on racism in the workplace (<https://www.un.org/press/en/2020/sgsm20428.doc.htm>).

preparation and experience among aid workers was heavily criticized (Alexander, 2020). However, the excessed stress on professionalism puts people with the knowledge of the local contexts in shadow.

Similarly, international aid agencies often select partners who speak internationally used language such as English, French, and Spanish, or those who have academic or professional experiences in well-known institutions, leaving behind local actors who speak local languages and possess knowledge on the local contexts (Leon-Himmelstine and Pinet, 2020).

Thirdly, due to the noise of the emergencies and the fact that local actors are generally not in a state of coping with the damages, the voice of local institutions are often rendered invisible. Furthermore, this happens particularly often in conflict affected places in which a top-down and internationally led response mechanism is structured immediately after the occurrence, leaving little room for local actors to take the ownership, or even take part in it (The New Humanitarian, 2019a; Hilhorst, et al., 2020).

Research carried out by the ‘When Disaster Meets Conflict’ project team of the ISS also shows that the exclusion of local institutions from the international disaster governance system is upheld with a perception of local institutions as ‘incapable, untransparent and potentially corrupt’ (Melis, 2020: p.5). Likewise, disaster/conflict affected people are also often regarded as ‘vulnerable’ and ‘helpless victims’, as if they were passive objects of aid with little agency (Bakewell, 2000; Rejali, 2020). In fact, the discourses presented by the international community often associates affected people and local contexts with a series of deficits, such as what is missing and what needs to be done (Escobar cited in Ndlovu-Gatsheni, 2012; Hilhorst, 2018; Jones, 2019), legitimising the needs of external intervention. When aid programs are implemented with such discourses, it is difficult to uncover the voices and the perspectives of the affected people.

Lastly but not limited to, another critic regarding the current aid system is that humanitarian response is supply driven rather than demand driven. In other words, aid programs are often designed in line with aid agencies’ or donors’ priorities, based on “the way they (agencies) give meaning to their work and the assumptions they have about the local context and the population they serve” (Hilhorst, 2018: p.2). The headquarters in the north often send a framework or policy to the personnel in the field, leaving little room for the adjustment based on the situation or community priorities (Clayton et al., 2019). This is another reason why “the decision-making and especially the power remains among Westerners” as argued by Degan Ali (cited in Cornish, 2019), executive director of *Adeso*, a Kenyan NGO working to change the way people think about and deliver aid.

The above is just a small and brief list of manifestations of unequal power dynamics in the humanitarian aid sector. As an effort to challenge those persistent inequalities, the framework of localization of aid has been proposed.

Though more nuanced interpretations are crucial for implementation, localisation of aid is generally understood as a ‘process of recognising, respecting and strengthening the leadership by local authorities and the capacity of local civil society in humanitarian action, in order to better address

the needs of affected population to prepare national actors for future humanitarian responses' (Fabre, 2017: p.1). Localisation agenda addresses the power imbalance in the sector by involving local humanitarian responders in the entire programme cycle (Fabre, 2017; Roepstorff, 2020). Local actors are embedded within their own communities and they have better understanding of the historical, cultural, and geopolitical contexts of affected areas. Therefore, they are believed to understand better the needs, to carry greater legitimacy and accountability and to be more trusted by the affected people (Fabre, 2017; HPG and ICVA, 2016; Roepstorff, 2020 The New Humanitarian, 2019a).

The importance of localization in the humanitarian aid sector has long been acknowledged through different international norms and policy commitments<sup>3</sup>. For example, the call for the reform of the humanitarian aid system was emphasized during the first-ever World Humanitarian Summit held in Istanbul in 2016. Moreover, various initiatives were invented and carried out for localizing humanitarian responses with the slogan 'as local as possible, as international as necessary'.

However, the localisation agenda appears to be difficult and unrealistic to implement, and the global unequal power relations persist (HPG and ICVA, 2016; van Voorst, 2017). For instance, the Field Survey and Analysis (Ground Truth Solutions, 2017a, 2017b, 2017c), another initiative to reflect on the experience of disaster affected people, implies that the localisation of aid has yet to be achieved. Accordingly, in response to the question 'Do you know how to make suggestions or complaints to aid providers?', 72% of the respondents in Haiti, 40% in Afghanistan, 51% in Somalia said 'no'. Also, regarding the question 'Do you feel aid providers take your opinion into account when providing aid?'<sup>4</sup>, 89% in Haiti, 48% in Afghanistan and 28% in Somalia answered either 'not at all' or 'not really'. Another outcome to note is that 60% of the Haitian respondents revealed that they felt that they were not treated with respect by aid providers.

Now, the situation regarding the COVID-19 pandemic is both challenging the conventional humanitarian systems and favouring the localisation agenda. Given the travel and access restrictive measures that intend to slow-down the spread of the virus, many field international humanitarian workers fled back to their own countries, and the international organisations were generally forced to work remotely. This situation has pushed local organisations to take leadership in humanitarian actions in ways that have not been possible

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<sup>3</sup> UN Resolution 46/182 stating that 'the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory' (UN General Assembly, 1991); the Principles of Good Humanitarian Donorship 2003 stating that 'governments and local communities are better able to meet their responsibilities and co-ordinate effectively with humanitarian partners' (GHD, 2003), World Disasters Report drafted by the International Federation of Red Cross and Red Crescent Societies (IFRC) in 2015 emphasises the call for a focus on local actors and contexts (IFRC, 2015)

<sup>4</sup> The question in Somalia was formed 'Do you feel your views are considered in decision made about the support you receive?'

previously (Barbelet, et al., 2020). The restrictions due to the pandemic also forced international humanitarian organisations to reflect upon if aid agencies really need to move people in the ways that they have traditionally done<sup>5</sup>.

Therefore, particularly at an earlier stage of the pandemic, many humanitarian actors and researchers had questioned whether COVID-19 would finally bring a systematic transformation of system in the aid sector and lead to a shift towards locally led humanitarian actions (Aly, 2020; Barbelet et al., 2020; Roche et al., 2020). Yet, they mostly ended up reasoning that local actors-centred humanitarian practices would be just temporary, and that the humanitarian system would revert to as it was before COVID-19 (Aly, 2020; Barbelet et al, 2020).

One of the fundamental issues in the localization of the agenda is the ambiguity of the concept of ‘the locals’. While many researchers and aid organizations call for the localization agenda, ‘the locals’ is often seen as a uniform and homogenous category (Hilhorst et al., 2020). Melis and Apthrope (2020) argue that there are three dimensions of the assumption behind ‘the locals’. Accordingly, one is ‘the locals’ as ‘locale’ or closest geographic locations to the affected areas; the second is ‘the local’ as ‘the nationals’ or as binary opposition to ‘the international’; and the third is ‘the locals’ as a means of legitimising external interventions (Melis and Apthrope, 2020). The third dimension is exemplified by the trending ‘capacity building approach’ in which ‘local capacity’ is contrasted as insufficient in need of an intervention (Melis and Apthrope, 2020).

Such ambiguous understanding of ‘the locals’ ignores the multiple spheres around them (Melis and Apthrope, 2020); it overlooks the inter-relation of ‘locals’ and ‘non-locals’ and the complex dynamics of intervention processes (Apthrope and Borton, 2019; Hilhorst and Jansen cited in Roepstorff, 2020); and may exclude certain actors from the localization agenda (Roepstorff, 2020).

Contrary to the homogeneous perception, the conceptualization of ‘the locals’ is complex. For example, should the national or local authorities be included in ‘the locals’? What about an internationally affiliated organisation which has been working near the affected locale, such as faith-based organizations or National Societies of Red Cross and Red Crescent Societies? What about those who have the nationality of the affected country but are working outside the country, such as the diaspora? And the list continues. In that sense, we believe that the concept of ‘the locals’ should be done within the context and understanding its multidimensional character.

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<sup>5</sup> Danny Sriskandarajah in a podcast titled ‘Covid-19 and BLM: A new era for aid?’ and hosted by The New Humanitarian on 21 October 2020 (Sriskandarajah, 2020).

### **3 Methodology**

With the discussion about the necessity of the localization of aid in mind, and the COVID-19 outbreak as background, we proposed a research that aimed to unpack the meaning of ‘the locals’ in Haiti and its implication on the response to the health crisis.

For this study, the method we used to collect the information was a secondary source review that was complemented with interviews with informed actors on the field. The literature review included academic papers, reports, news articles, social media publications and blogs drafted by Haitian institutions as well as the international community. Also, three online semi-structured interviews were conducted in July 2020 with Haitian officials: a health professional in Les Cayes, a project manager that works in an NGO in Port-au-Prince, and a physician in Port-au-Prince.

## 4 Context

Before moving on to the discussion of the localization agenda in Haiti during COVID-19 pandemic, this chapter provides contexts to our research: opening with a brief presentation of the current political unrest; followed by a description of the medical environment and the COVID-19 outbreak; and finally, with a summary of top-down measures implemented by the Haitian government to face the coronavirus.

### 4.1 Mistrust between the authorities and the population

Firstly, Haiti has been politically unstable since a while, and the state-population relation is characterised by mistrust. For instance, the current president Jovenel Moïse who was elected by mere 12% of the population<sup>6</sup> in the election in November 2016, has been a target of protests. Although there has not been a public poll for presidential approval rating which potentially reflect the public opinion, a survey with a sample of 1001 people carried out by a Haitian organisation at the end of 2019 showed that 68% of the respondents think that the president should resign, and 55% do not trust him to lead the country (ANVA, 2019).

Besides, the intensity and the frequency of both peaceful and violent protests have shown the discomfort with the Moïse administration and the government. Only seven months after the oath of office in February 2017, certain people including the opposition group launched a protest to claim that the president had failed to implement the campaign pledges, thus, to demand his resignation. The anger at the political regime expanded in July 2018, following the government's announcement regarding the suspension of the public subsidies on fuel. This measure caused an increase of the gasoline prices by maximum 51%. Since then, protests have become common, leading occasionally to pays lock – economic and political paralysis across the country for several weeks or even for months. The revelation of the Petro Caribe fund related corruption in January 2019 put weight on the anger and created further mistrust in the authorities.

### 4.2 COVID-19 reaches Haiti

Amid such political unrest, the word pandemic reached to Haiti. For this Caribbean country, the COVID-19 situation is even more complex when considering the state of its health system. This has been described as insufficient, fragmented, underfunded and unequipped to deal with an emergency of this magnitude. There are only 900 health institutions to cover the whole population, of which “38% are public institutions, 42% private, and 20% mixed” (Institut Haïtien de l’Enfance, 2014 in Louis-Jean et al., 2020).

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<sup>6</sup> He was elected with 590,927 votes which was 55.6% of the total votes (Haiti Libre, 2017). The voter turnout was 21% (Massiot, 2016).

Given the high number of private institutes, a coordinated response constitutes a challenge for the government, and almost 50% of these institutions are in Port-au-Prince, leaving the rural areas with low or no coverage (Louis-Jean et al., 2020). Also, only 124 Intensive Care Unit (ICU) beds and 64 ventilators were estimated available for the 11 million of Haitians in 2019 (Johnston and Paulemon, 2020), but other studies have lowered those numbers significantly (less than 30 ICU beds) (Cenat, 2020). This reflects the few health resources that the country must handle a virus like this.

On 19 March 2020, the Haitian government confirmed the first two COVID-19 cases. However, some people believe the virus arrived much earlier to the country, but the government delayed the official announcement<sup>7</sup>. The fact that in the Dominican Republic (Haiti's neighbour country) the first case was declared on the 1st of March, and that on the 19th they already had 34 (Ministerio de Salud Pública, 2021) support the claim.

According to the official statistics provided by the *Ministère de la Santé Publique et de la Population* (MSPP, Ministry of Public Health and Population) (2020), the number of daily new cases increased from the outbreak until mid-June, when more than 250 cases per day were reported. After this peak was reached, the number of new cases has decreased to less than 100 on a day (Figure 1 and 2) (MSPP, 2020). By the end of 2020, 42,820 tests were conducted and 10,127 gave a positive result. Regarding deaths, the rate remained at 2.3% of those who are affected, leaving 236 deaths in 2020 (MSPP, 2021)– a relatively low number in comparison to other countries.

Nevertheless, the accuracy of the official numbers remains doubtful. During the first month of the pandemic, the number of new cases oscillated between 1 and 10 per day, which is very low compared to the infection trend presented in other countries around the world; it has been said that during April Haiti could not test people accurately, and it was only since May, when they received tests from abroad, that the accuracy of the testing increased and the number of cases as well<sup>8</sup>.

Even with the improved testing procedures, the official numbers may not be reflecting the reality of coronavirus in Haiti: the limited number of available tests (Louis-Jean et al., 2020), the national laboratory is argued to be overwhelmed, and the many potential infected people refraining from taking tests<sup>9</sup>. To illustrate the magnitude of this situation, it is useful to look at the numbers in the Dominican Republic. Having a similar population size, they had 172,218 confirmed cases and 2,416 deaths by the 31st of December (Ministerio de Salud Pública, 2021), around ten times more than the number of deaths in Haiti.

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<sup>7</sup> Telephonic conversation with a health professional in Les Cayes on 20<sup>th</sup> July 2020

<sup>8</sup> Telephonic conversation with a physician in Port-au-Prince on 4<sup>th</sup> of July 2020.

<sup>9</sup> Telephonic conversation with a physician in Port-au-Prince on 4<sup>th</sup> of July 2020.

### 4.3 Top-down implemented measures

Before the outbreak in Haiti, the MSPP introduced the Preparedness and Responses Plan on the 10 March 2020, and the Prime Minister's Office launched the *Centre d'Informations Permanentes sur le Coronavirus* (Centre of Permanent Information on the Coronavirus) on the 16 March 2020 (OCHA, 2020a). On the following day, the Haitian government suspended all flights except those from the United States and Cuba, and those for commercial affairs; they also closed ports and the border with the Dominican Republic (OCHA, 2020a).

Following the first two COVID-19 confirmed cases on the 19 March 2020, the President immediately declared a one-month state of health emergency and imposed some restrictive measures such as a) introduction of a curfew from 8 pm to 5 am, b) quarantine of all people coming from COVID-19 risk zones, c) interdictions of any gathering of more than 10 people, including street demonstrations and Rara bands<sup>10</sup>, d) limitation of movements as well as personnel in supermarkets, public markets, banks and other public spaces to the strict necessary needs, including the circulation of public transports, and e) closure of schools, religious places, industrial parks, etc (Le Premier Ministre, 2020).

Later, the state of health emergency was extended until the end of July, and from the 11 May the use of face masks became mandatory in all public spaces. Moreover, the Multisectoral Pandemic Management Commission established by the President and Dr Pape<sup>11</sup> has assigned 42 health institutions for the COVID-19 case management by the end of April (Geffrard, 2020; OCHA, 2020c).

Additionally, some efforts were made to raise awareness of the disease and to provide transparency of the government's engagements. Since the outbreak, the MSPP, through its website and social media, has presented the number of cases each day, accompanied by a few sanitary measures that the population is expected to follow, such as wearing of a mask, keeping three steps distance, washing hands, greeting with the elbow or the foot, and avoiding putting hands in eyes, nose, or mouth (figure 3 and 4). These recommendations were disseminated through TV, radio, social media. In some provinces, the local government used vehicles that circulate the streets with speakers with informative messages. Besides, in collaboration with international organizations as well as a Haitian singer and artists, the MSPP promotes sanitary measures through a music video on social media and wall paints at the border with the Dominican Republic (figure 5 and 6).

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<sup>10</sup> Haitian traditional walking music bands.

<sup>11</sup> A physician and founder of a healthcare NGO, GHESKIO

## **5 Problematising the notion of ‘The Locals’ as a binary opposition to ‘The Internationals’**

In response to the propagation of COVID-19, the Haitian government immediately started to implement certain measures, mostly with a restrictive or informative character. Most of these measures were taken by following international recommendations and protocols, therefore they were not always tailored for Haitian context. This section explains how the responses of the government to the outbreak are not responding to the local dynamics. We argue that, even though national state actors are considered key local humanitarian responders in the framework of localisation of aid (OECD, 2017), they are not necessarily addressing more accurately or effectively the crisis and moreover, their lack of legitimacy is creating negative responses among the population.

### **5.1 Unfitting norms and rules in COVID-19 times.**

The measures introduced by the government and applied in many other countries (such as the restriction on movements), like the constraint on the number of people in public spaces or the demands of social distance (important to curb the propagation), are not always taking into account the Haitian context. As a result, negative consequences on people’s livelihoods have been reported. This is partly because of the measures taken by the government, but also due to a lack of adequate top-down measures (such as social protection or relief programs). The outcomes range from those on household consumption and food security affected by the restrictions on movements and economic activities, to those on health care or education systems. This section thus outlines examples of negative effects on people's livelihoods under the current COVID-19 crisis.

One of the most significant consequences is the impact on household consumption. Given the fact that most of the population are involved in the informal economy and their income depends mostly on their daily activities, the restrictions on mobility and gathering largely affect the household’s economy. Most Haitians were struggling to feed themselves and follow the government measures at the same time, especially in the cities where the direct commerce of goods and services is so central to their daily basic survival (Joseph, 2020; Sprague and St. Fort, 2020).

The closure of the border with the Dominican Republic has also put an economic and social burden on the livelihood of people living in the border areas. For them, going back and forth between the two countries is a pivotal daily activity: going to school or hospital, buying food and articles of daily use, selling goods, etc. As people lost their access to the official border points, some of them started crossing the border via un-official points instead and faced a risk of kidnapping or gender-based violence (Sprague and St. Fort, 2020). Indeed, an increase of movements at un-official border points such as

rivers and forests has been observed by the International Organization for Migration (IOM) (2020).

Not only the measures taken by the government affected Haitians consumption, but other elements contributed to this critical situation. On one hand, the household's economy was also affected by the reduction in other of their sources of income: the international remittances. With partial or general lockdowns in several countries around the globe, the economic support given by migrated Haitians as remittances is likely to decrease as well. On the other hand, the COVID-19 pandemic has affected the global economy, which also impacts Haiti mostly through the global supply chain and human resources and transport (OCHA, 2020b). This implies a general increase in the cost of living.

These external factors, combined with the government restrictions, put a lot of pressure at the household level, making the situation critical. According to the World Bank, “a 20 per cent reduction in household consumption could push another million people into poverty and 2.5 million into extreme poverty” (UNEP, 2020), which means that most likely the poverty figures will increase.

Now, the situation is even more acute when considering food security in the country. Haitian food supply depends basically on imports, and it has tended to decrease with all the national and international mobility restrictions (Johnston and Paulemon, 2020). The confinement measures, which impede commerce and other economic activities, are contributing to severe food security issues among the population; moreover, the school's lockdown is affecting approximately 300.000 children that are now missing their school meals. According to World Food Programme (WFP), on 24 April 2020 ‘close to four million Haitians need urgent food assistance, and that at least 1 million of those are suffering from severe hunger’ (cited in Chavez, 2020). Malnutrition among detainees is also severe, resulting from the absence of families visiting the custody to bring food (OCHA, 2020d). According to the Department of Prison Administration, as of 26 June 2020, at least five detainees have died, and hundreds were suffering from anaemia and malnutrition (OCHA, 2020d).

The restrictive measures have also affected children. From September until December 2019, all the schools were unofficially closed because of the national-wide protest against the government. At the end of March 2020, when the students were returning to schools, the government declared the closure of the educational institutions. This has created a severe impact on Haitian education: the students will accomplish almost nine months without constant access to education. As an effort to address this situation, on April 24th, 2020, the *Ministère de l'Éducation Nationale et de la Formation Professionnelle* (MENFP Ministry of national education and vocational training) launched a digital platform to facilitate education and learning resources. However, the initiative is ineffective to respond to the educational necessities of Haiti. Not only because the website does not contain guidelines for all the grades, but also because the strategy is not aligned with the Haitian context: lack of computers or stable internet connection, digital illiteracy of the teachers and the

inconstant or expensive electricity flux in several areas are some of the factors that make this initiative unsuccessful.<sup>12</sup>

With regards to the medical care system, although the Multisectoral Commission assigned 42 health institutions for COVID-19 management, as of the end of June 2020, only 17 institutions were ‘operational’ for treatment (OCHA, 2020d). Moreover, given that the management heavily relies on large health institutions located in big cities, those who live in the countryside and count on their local clinics hesitated to go to such big hospital selected by the Commission<sup>13</sup>. Furthermore, the shortage of budget and health care personnel resulting from the confinement has also caused a collapse of medical systems in general, notably illustrated by a reduction of prenatal, maternal, gynaecologic, and mental care programs (Dorcela and St. Jean, 2020; Obert, 2020).

Last, but not least, despite the order imposed by the government, the lack of articulation, the weak judicial system, and the few alternative plans for the implementation of the measures also caused negative effects. For instance, due to the lack of detailed instructions for the national police regarding the set-up of a curfew, several cases of ill-treatment by the police against persons in breach of the curfew have been reported (Human Right Unit of BINUH cited in OCHA, 2020c). Another case is that although tap-tap<sup>14</sup> drivers were asked to decrease the maximum number of passengers to keep the social distance while riding, the rule not only caused a confrontation between drivers and passengers when some wanted to follow the rules and others that did not, but also did not allow drivers to make a profit (Celiné, 2020b). As a result, the restriction of limited capacity in tap-tap ended up not being implemented<sup>15</sup>.

As this brief presentation of the top-down implemented measures has shown, what the government has imposed to slow-down the spread of the COVID-19 virus has caused several negative effects on people’s lives. Although the Nation State could be considered one of ‘the Local’ actors – according to the national-international binary–, their response to the crisis consisted mainly of copying international unfitting measures. With this reflection, we would like to problematize which local actors could respond more accurately in humanitarian scenarios.

## **5.2 Responses to the top-down measures.**

The implementation of the government’s top-down measures tried to curb the COVID-19 situation but ignored the specificities of the Haitian socio-economic and political context. This disconnection between measures and context was only exasperated by the lack of legitimacy of the government among Haitian people. Therefore, certain communities did not follow the

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<sup>12</sup> Telephonic conversation with an NGO project manager in Port-au-Prince on 9 July 2020.

<sup>13</sup> Telephonic conversation with a physician in Port-au-Prince on 4 July 2020.

<sup>14</sup> Converted Pick-up trucks that are used as private buses.

<sup>15</sup> Telephonic conversation with a physician in Port-au-Prince on 4 July 2020.

protocols or even rejected them openly. This section presents some of the examples of this kind of response from communities and social actors.

### ***Disbelief and misunderstanding***

A particular response was the disbelief in the disease, partly strengthened by the disarticulation between people and the authorities. Following the outbreak, while some people immediately took the disease seriously, other people refused/are refusing to believe the information provided by the authorities and put their trust in rumours instead, simply because the information is coming from the government (Jean-Louis cited in Poter and Dugan, 2020).

Such rumours included, for example, hearsay that the government made up the epidemic to receive money from international aid agencies (Porter and Dugan, 2020) or make a chaotic situation for distracting people's attention from internal political issues<sup>16</sup>; in hospitals, there were to be a risk to get vaccinated without knowing and suddenly die of poisoning (Celiné, 2020a); the COVID-19 was believed to be a political matter, and hospitals were supposedly testing a new vaccine for the coronavirus (Moloney, 2020); people would not die due to a natural disease because God would protect them<sup>17</sup>; the coronavirus would be a disease that only affects '*blan*' (white skin people)<sup>18</sup>.

As a result of the spreading rumours, while showing some symptoms of the COVID-19, people often refrained from going to the hospital or go to see a doctor at the last moment, decreasing the chance to get effective treatment (Baron, 2020; Celiné, 2020a; France 24, 2020).

To provide a detailed example, the disbeliefs in the virus have led some people in Les Cayes, in the Department of South, to associate COVID-19 symptoms with another disease that they called 'ti lafyèv' or 'small fever'. The popular belief is that people with fever and coughing for two or three days are likely to have ti lafyèv, not coronavirus; when one member of the household became sick with Ti lafyèv, it was quickly followed by their relatives and neighbours. However, this disease is not assumed as serious as COVID-19 and it is easily treated with 'te anmè' (bitter tea), therefore going to the hospital is not necessary. The symptoms and contagious levels of ti lafyèv and COVID-19 are practically the same, and according to the health professional we spoke with, it is very likely that many people in Les Cayes have been infected with the coronavirus without knowing. Nevertheless, given the few testing done in the region, it will be impossible to determine if the people were infected with coronavirus or as they believe, it was something else.

In response to such denial and misunderstanding of the epidemic, the government, as well as medical institutions and NGOs, have been making efforts to raise awareness of the situation (as described in Chapter 4). On the one hand, this might have worked, but on the other hand, this created panic

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<sup>16</sup> Telephonic conversation with a health professional in Les Cayes on 20 July 2020.

<sup>17</sup> Telephonic conversation with a health professional in Les Cayes on 20 July 2020.

<sup>18</sup> Telephonic conversation with NGO project manager in Port-au-Prince on 9 July 2020.

and stigma among certain people. The stigma hinders people from accepting the COVID-19 and seeing a doctor, which accelerates the spread of the virus further (Celiné, 2020a). Consequently, the authorities and medical institutions are struggling with the dilemma between measures for those who do not take the virus seriously and that for those who suffer from stigma and panic. Moreover, panic and stigma have led people to hesitate to go to hospitals for a non-COVID-19 related reason.

### ***Open resistance***

Besides, some acts of resistance and circumvention were also reported concerning the mistrust in the authorities and response to the dissatisfaction with the top-down measures.

To begin with, the measures, notably regarding the social distance and the limitation on movements, were not practically implemented as they were not always applicable in the Haitian context. For instance, even though the number of people in public spaces and the circulation of transportation has slightly decreased, economic activities have resumed little by little starting a few days after the deceleration of the state of health emergency<sup>19</sup>, tap-taps were still jammed with people (Porter and Dugan, 2020), and marching and protest in the streets happened less than usual but were observed<sup>20</sup>.

In addition, the discontent with the engagements taken by the authorities were expressed through a form of protests in health institutions in major cities, including Port-au-Prince, Gonaïves, Nippes and Jacmel (OCHA, 2020c). Also, protesting the restrictions posed on commercial activities in public markets, some merchants, mostly women, took the streets and claimed their right to continue their business in markets while ignoring the social distance regulations.

This demonstrates a case in which the measures taken by the government contrasts with people's livelihoods that they depend on, hence it would be difficult for them to follow the measures. Concerning the stigma related to the virus, the national ambulance centre in Gonaïves was vandalized (Dorcela and St. Jean, 2020). The Hospital Bernard Mevs, one of the biggest private hospitals in the capital, received a protest by residents in the area reclaiming the suspension of the plan to open a centre of COVID-19 management (Dorcela and St. Jean, 2020).

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<sup>19</sup> Telephonic conversation with a physician in Port-au-Prince on 4 July 2020.

<sup>20</sup> Telephonic conversation with a physician in Port-au-Prince on 4 July 2020.

## 6 Exploring the dynamics of ‘The Locals’

As opposed to the negative responses illustrated above, some initiatives to cope with the crisis were carried out by some community-based organizations and individuals. This chapter presents various strategies and initiatives carried by different organisations, collectives and individuals to curb the pandemic and cope with the implemented measures. By briefly presenting some of these initiatives, we argue that communities can develop strategies that respond more accurately to the people's needs; that ‘local actor’ could have multiple meanings beyond the national and international binary; and that in the framework of localization of aid, the nation State should not necessary be considered the leader of ‘the locals’.

### 6.1 Own strategies to face the virus

Firstly, it should be noted that several strategies to deal with the virus were observed particularly at an earlier stage of the pandemic. For instance, it was quite common to see women selling products on the streets using a bottle with alcohol to disinfect their products<sup>21</sup>, or the tap-tap drivers’ assistants offering the passengers a bucket with water and a soap bar to wash their hands before coming in the bus (Celiné, 2020b).

Regarding the institutions engaging the COVID-19 cases management, an organization called *Zanmi Lasante* received a great reputation for its medical contribution (St Juste, 2020). The organization not only assisted and provided medical care in hospitals across the country, but also is the only one conducting rapid testing at the borders for returning Haitian migrants (Charles, 2020).

Given the lack of medical institutions and especially in rural areas, people have started to visit ‘makeshift voodoo clinics’ which treat COVID-19 patients through rituals and with herbal remedies (Dorcela and St. Jean, 2020). Even though the effectiveness of their actions in the management of the coronavirus crises cannot be sustained, these local actors constitute a health reference for the people, and in one way or another, they are providing a service that the government is not effectively delivering.

### 6.2 Creativity and frugal innovation

Some frugal innovations to cope with the virus were also observed among local leaders and organizations. For example, in Furcy (a small village in the south of Port-au-Prince), an environmentalist group called *Ekoloji pou Ayiti* had pointed out the lack of accessibility to public sanitary facilities and clean water and established 88 hand-washing stations by reusing water canisters brought by villagers (Ekoloji pou Ayiti, 2020) (figure 7). Besides, the group members

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<sup>21</sup> Telephonic conversation with NGO project manager in Port-au-Prince on 9 July 2020.

stood at stations, demonstrated to hand-washing station users how to make home-made hand sanitizer and explained the importance of the prevention measures, such as wearing a mask, avoiding handshakes and disinfecting shoes and clothes (Grant, 2020). In this matter, a co-founder of Ekoloji pou Ayiti said that ‘given the deep distrust of NGOs in Haiti, it was crucial to make sure the community leaders were part of the project’ (cited in Grant, 2020).

A similar initiative was also conducted by another organization called *DroumLov* founded by a Haitian artist/comedian. DroumLov pointed out that the solution in other countries might not be the solution in Haiti and they built 1.200 hand-washing stations with drum cans<sup>22</sup> (Bourjolly, 2020) (figure 8). This initiative began with an industrial mechanician who came up with the idea of putting a faucet to a drum can (Calixte, 2020). He made one in front of his house and was amazed by the number of people who reacted to it (Calixte, 2020).

Regarding education, two initiatives have taken place in the Ouest department. Located in Croix-des-Bouquets, the private school *Marie Poussepin*, coordinated by Dominican Sisters of Charity of the Presentation, has continued providing education to the students while respecting the lockdown measures. The strategy implemented by the nuns was to encourage home schooling while empowering the parents as co-facilitators of their children’s education. A key component of the strategy was the formation of WhatsApp groups with the parents; on those groups the teachers were given support and feedback to the learning process<sup>23</sup>. According to the director of the school Sister Gloria, this strategy required significant sensibilization work with the parents; many of them were not interested, committed or able to support children's education<sup>24</sup>. Nevertheless, she argued that the geographical proximity between the households and the school was important to reach the parents through the snowball<sup>25</sup>.

The other one is PRODEV Haiti, a Haitian NGO that manages “a network of proven quality schools since 1995” (PRODEV HAITI, 2020), uses the radio as the teaching strategy. Since the 22nd of June, this foundation has organized classes twice a week for grades 3<sup>rd</sup> to 6<sup>th</sup>, covering the communes of Boukan Kare, Mibalè, Ench, Gonayiv and Gwomòn (figure 9)<sup>26</sup>.

### 6.3 Campaign for the dissemination of information

Countering disbelief and misunderstanding, some organizations and individuals took initiatives for spreading the correct information. For example, according to a local newspaper, seven volunteer men in the community of

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<sup>22</sup> Drum can is the material used for metal arts which is one of the Haitian cultural heritage (Produits Typiques d’Haïti. Les potentialités économiques (Ministère du Commerce et de l’Industrie and UNDP, 2010)

<sup>23</sup> Instagram video published on @asolidariahaiti on 26 June 2020.

<sup>24</sup> Instagram video published on @asolidariahaiti on 26 June 2020.

<sup>25</sup> Instagram video published on @asolidariahaiti on 26 June 2020.

<sup>26</sup> Instagram photo published on @prodevhaiti on 18 June2020.

Segen (a village in southeast Haiti) who had received money from an anonymous donor, distributed face masks to market vendors (Haselhoeft, 2020). Even after they used all the money that they had received, they continued to communicate with vendors to explain the protocols that prevent the infection (Haselhoeft, 2020). The leader of this volunteer group said that “I have nothing to give but information” (cited in Haselhoeft, 2020).

Another campaign by an organization called *Jenerasyon Konekte* in Fond-des-Nègres, a commune in the Department of Nippes was reported by *Le Nouvelliste*, a main newspaper. The organization composed of former students and natives of the community pointed out that the inhabitants have not changed their habits regardless of the situation because they do not know the measures by the government (Casimir, 2020). Members of the organization argue that the information regarding the engagements by the authorities does not reach to such communities; as a result, only those who have access to social media are aware of the measures (Casimir, 2020). Given the situation, the organization visited the community to raise awareness of the health emergency. They not only distributed masks but also played the campaign music in streets and communicated with local people (Casimir, 2020).

Moreover, *Doctors Without Borders (MSF)* and *Gheskio*, a leading Haitian healthcare institution, trained volunteers as field officers to go door to door to deliver COVID-19 information leaflets and urge people with symptoms to go to the hospital (Moloney, 2020; Porter and Dugan, 2020). In relation to this, the MSF’s head of mission in Haiti (cited in Moloney, 2020) stressed that the field officers try to listen to people’s fears and worries and to understand where their fear is coming from to clear the myths.

Finally, accompanied with the distribution of soap and masks, a contest for questions about the COVID-19 was organized by the organization called *Inisyative Vijilans Ak Solidarite Sitwayen*. The contest allowed the participants to learn about the disease and preventive measures while having fun<sup>27</sup> (Figure 10).

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<sup>27</sup> Tweet published on @ISitwayen on 10 June 2020

## 7 Conclusion

The COVID-19 pandemic that started in 2019 has affected most of the countries around the world including Haiti. Given the characteristic of the virus and the magnitude of the emergency, the traditional international aid system that could have supported Haiti with the coronavirus crisis management has been very limited. Therefore, a significant proportion of the response to the crisis has been made locally.

Under this scenario, the framework of localization of aid has been analysed. Basically, this framework aims to confront the traditional international humanitarian system, and to address the power inequalities among the responders by enhancing the role and agency of local actors. Now, even though the localisation of aid is assumed to improve the effectiveness, accuracy, and sustainability of the aid, it is necessary to contextualize the meaning of 'the local' actors to achieve that.

As we have shown, even though the government is being 'local' in terms of distance as the locale, its response to the crisis was mainly a copy of international unfitting measures: several orders were imposed regardless of their feasibility and they ignored the specificities of the local context in most of the cases. Furthermore, in the areas where the relation between the state and the population is characterized by mistrust and lack of legitimacy, it is likely that the government fails to deliver the information and the messages that it wants to deliver, causing misunderstanding and disbelief. In that sense, there should be special attention to 'national state' in implementation of localisation agenda.

The situation has also shown how certain local actors are responding differently to help and protect the people. Contrary to some deterministic assumptions of 'local institutions' as 'incapable', it has proven once again that they indeed have the capacity of responding to the crisis in their own ways. By using the resources, they have at hand and without a policy or a framework - which is usually provided by the headquarters in the north in case of a crisis -, they have responded to the crisis with concrete preventive and informative processes. Moreover, some of these actors are acting as a bridge between authorities and local people, and they have filled the gaps between the top-down measures and the local dynamics. This contribution also demonstrates their vital role in the humanitarian response.

With this research we want to problematize the meaning of 'the locals'. It can include a significant variety of individuals and institutions: parents, community leaders, artists, villagers who donated drum cans and water canisters, students, vendors at market, mechanics who came up with a frugal innovation, etc. Additionally, it was found out that different 'locals' indeed interact with each other. Narrow understandings of 'local' might lead to a marginalization of certain people who might have innovative ideas to cope with a crisis. Therefore, it is highly risky to classify an ambiguous idea of local people as one category of 'local', and a proper contextualization of the term is necessary.

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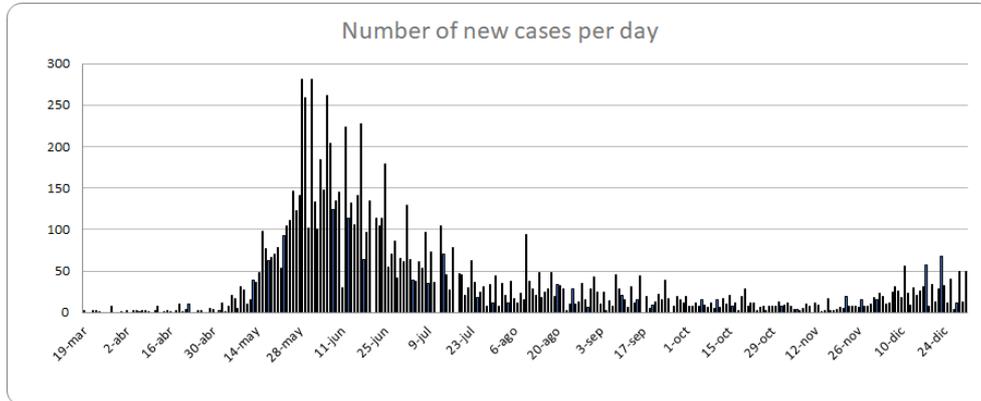
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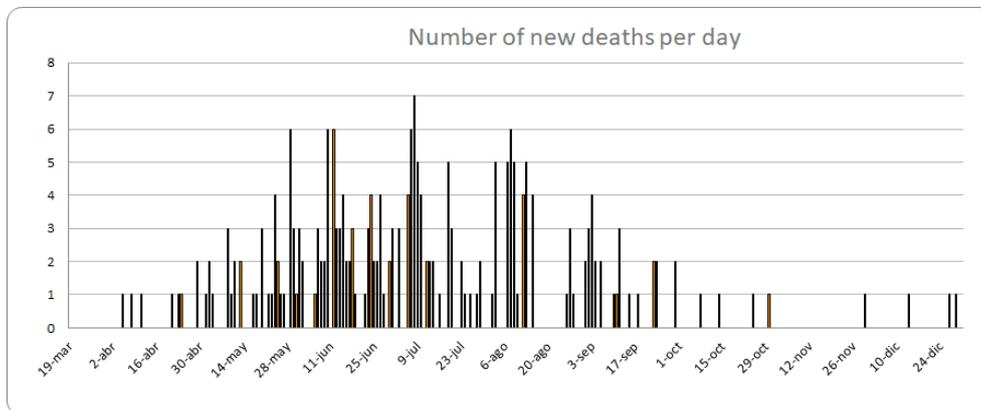
# Appendices

**Figure 1**  
**Transition of the number of COVID-19 new cases and deaths in Haiti**



Source: MSPP, 2020. Own elaboration

**Figure 2**  
**Transition of the number of COVID-19 new cases and deaths in Haiti**



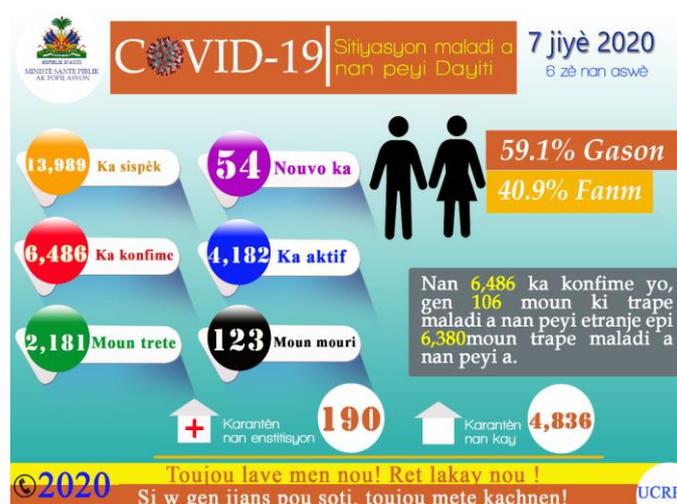
Source: MSPP, 2020. Own elaboration

Figure 3  
Notice by MSPP



Source: Tweet published on @MsspOfficiel on 23 July 2020

Figure 4  
Flyer by MSPP



Source: Tweet published on @MsspOfficiel on 9 July 2020

**Figure 5**  
**COVID-19 prevention campaign song**



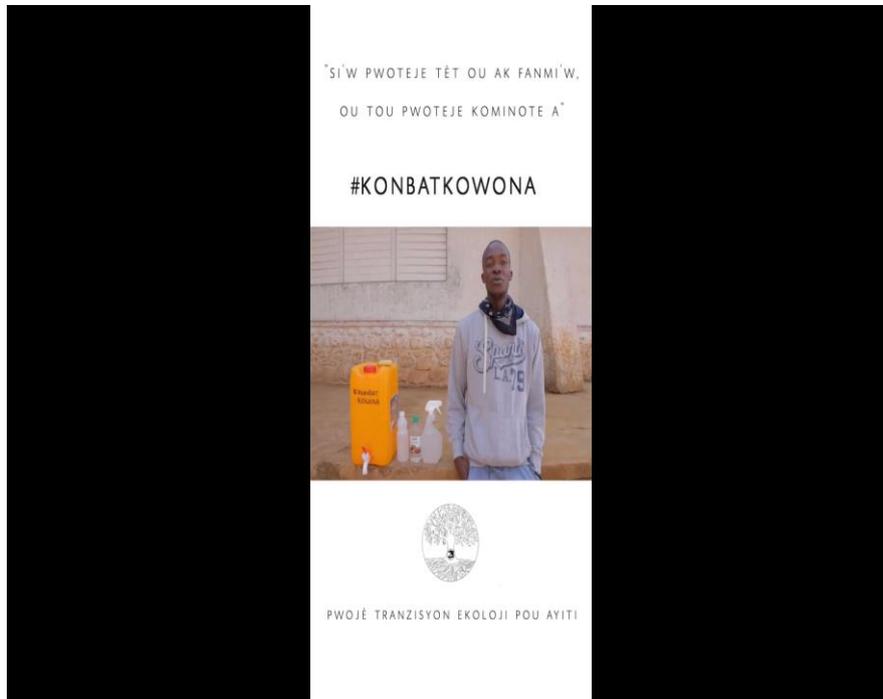
Source: Tweet published on @UNICEFHaiti on 1 July 2020

**Figure 6**  
**Wall paint at the border**



Source: Tweet published on @IOMHaiti on 10 July 2020

**Figure 7**  
**Initiative by Ekoloji Pou Ayiti**



Source: Instagram video published on ekoloji\_pou\_ayiti on 28 March 2020

**Figure 8**  
**Initiative by DroumLov**



Source: Tweeter video published on @QuickTake on 6 July 2020

**Figure 9**  
**Initiative by PRODEV**



Source: Instagram picture published on @anseypouayiti on 18 June 2020

**Figure 10**  
**A girl who won the contest for question about COVID-19**



Source: Tweet published on @ISitwayen on 10 June 2020