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# Helping Hands in Haiti: Examining the Sustainable Strategies of *Partners in Health* and *Build Change*

By: Andrew Joseph Neiman, UC Santa Barbara

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## ABSTRACT

Much has been written on the negative aspects of non-governmental organizations (NGOs) in Haiti and elsewhere as organizations have been criticized for squandering donor funds, back room decision making and operations, and for creating a cycle of dependence between developing and developed countries. On the other hand, many NGOs have done good work in their respective nations. This paper examines the projects of two NGOs working in Haiti: *Build Change* and *Partners In Health*. Drawing on observations gathered from travel in Haiti as well as scholarly books and articles, press releases, and other content, I highlight similarities between the strategies taken by these organizations, such as their focus on development and in installing a full system or industry in Haiti, rather than distributing imported commodities. My conclusions provide insight that can be used by potential donors as well as local and international governments. Moreover, other NGOs could benefit from this information in determining ways to improve dysfunctional organizations, other projects and programs, and reverse the problem of dependency on relief aid by underdeveloped countries.

**Keywords:** Haiti; NGOs; Sustainable Development; Disaster Relief; Foreign Aid

## INTRODUCTION

Despite virulent criticism surrounding non-governmental organizations (NGOs) in Haiti, some NGOs in Haiti are making positive, sustainable impacts in their host communities. These organizations apply a progressive strategy that fosters collaboration with Haiti's government and people, employs Haitian contractors and firms, and educates Haitians. This work leads to better outcomes by promoting the creation of sustainable systems in Haiti to ensure long-term progress. This paper looks at the work of Partners in Health (PIH) constructing a 205,000 square foot University Hospital in rural Mirebalais and, that of Build Change to assist homeowners in rebuilding 1,500 earthquake-resistant homes in Haiti. I will draw research from a variety of sources as well as observations. An analysis of

these organizations' work and their impact on Haiti's development will assist other institutions of aid in improving their programs, and will inform donors to make the best decisions when choosing a charity. Specific strategies to be discussed include collaboration with the Haitian Government and the civilians that they are helping. This is a critical component in formulating a Haiti-specific task, which will be defined as the end-goal of a relief project that welcomes the input of the affected Haitians in its planning stages. PIH and Build Change go a step further in adopting attitudes and policies that honor the input of Haitians to determine what needs to be done. This will be defined as a recipient driven approach to aid in the context of this paper.

## BACKGROUND

On January 10<sup>th</sup> 2010, a 7.0 magnitude earthquake rocked Haiti devastating and overwhelming the tiny Caribbean country. Foreign governments and aid institutions, including Non-Governmental Organizations (NGOs) responded to provide relief to the impoverished and suffering. However, it is important to consider that following a catastrophic disaster, certain NGOs focus their energy and their funds on separate phases of recovery. For example, specific organizations respond with short-term emergency relief. This short-term relief may consist of search and rescue or the provision of basic survival needs, including safe drinking water, food, or emergency shelters. This transitions into recovery, where organizations tackle long-term projects such as healthcare, housing, or permanent sanitation facilities. These larger improvements foster reconstruction and should promote the lasting well-being of the target population.

In Haiti, the provision of emergency relief for an extended time period stunted the nation's reconstruction and prevented its economy from achieving autonomy. Evelyn Trouillot described how the prolonged offering of free medical aid by NGOs led "most Haitian nurses and medical staff to leave the system" and "after six months, private hospitals had to close their doors or reduce their staff."<sup>1</sup> This further victimizes Haiti as most institutions will not provide relief in Haiti indefinitely and Haiti's medical infrastructure will be further weakened upon their departure. Debate and discourse surround the many reasons for this slowed reconstruction and development in Haiti.

In his article, "Who Failed on Haiti's Recovery," Romesh Ratnesar addresses some of these arguments a year after the quake. Many are quick to place the blame for the frustrating lack of progress in Haiti's rebuilding on the Haitian government and the NGOs. Those blaming the government often look towards its history of corruption and its lack of "stable, transparent, institutions – like police, courts and banks" that are so "critical to the success of poor nations."<sup>2</sup> However, it is hard to not acknowledge that NGOs have played a role in this conundrum; Ratnesar argues that NGOs have "[spent] funds inefficiently, [...] infantilized the country and usurped responsibilities better left to the Haitian government."<sup>3</sup> In this light it

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<sup>1</sup> Schuller, Mark and Pablo Morales, *Tectonic Shifts Haiti Since the Earthquake* (Sterling, VA: Stylus Publishing, 2014), 106.

<sup>2</sup> Ratnesar, Romesh. "Who Failed on Haiti's Recovery?" *Time*. January 10, 2011. Accessed May 18, 2014.

<sup>3</sup> *Ibid*.

is apparent that each has played a role in the present situation. NGOs have bypassed the central government's approval in the crafting of decisions and goals, and tend to lead money out of the public sector out of fear that the 'corrupt' government will steal aid funds. Interestingly, the billions of dollars pledged by governments around the world did little in regards to Haiti's vulnerable economy. According to Mark Schuller and Pablo Morales in *Tectonic Shifts*, these funds were "preferenced right back to the source," and "only 2.5% of funds went to Haitian firms."<sup>4</sup> In the media frenzy following the quake, sympathetic Americans donated money to the Red Cross and similar organizations. Many of these organizations spent these funds on equipment manufactured and distributed by American companies, which stimulated the American economy at the expense of Haitian sellers. As many of these institutions have "accountability structures oriented toward their foreign donors and not to the Haitian people," they often are unable to provide for the needs of those they are there to help.<sup>5</sup> In *The Big Truck That Went By*, Jonathan Katz described when "President Préval asked the international donors to provide 200,000 new camping tents for the homeless" and "instead, people [received] some kind of plastic-coated canvas tarp."<sup>6</sup> This happened after Lewis Lucke, the US Special Coordinator for Relief and Reconstruction had convinced Préval otherwise.

This is an instance when foreigners made decisions affecting the lives of Haitians in internally displaced persons camps without acknowledging the practicality of their local input. Katz noted, "on the campuses of the US Embassy and at Logbase, aid workers were living in some very nice camping tents."<sup>7</sup> The lack of collaboration between institutions of aid, the Haitian state, and its people is a problematic, reoccurring theme in relief efforts following the quake in Haiti. In many-cases, instances like this can be referred to as a donor-driven approach where a top-down attitude is adopted and donors determine the actions to be taken. In "Building Earthquake Resistant Houses in Haiti," Elisabeth Hausler applies a donor-driven approach to housing as a situation when homes are "built en masse by contractors working for the government or non profit organizations" where the institution's leadership and the wishes of donors surpass local demands<sup>8</sup>. Alternatively, the institutions that this paper considers, Partners in Health and Build Change, have exercised a recipient driven approach to deliver aid that upholds the well-being of Haitians and advances the reconstruction of the country by empowering civilians to adopt skills that lead to long term jobs and ensure the project's sustainability.

## **TRAINING MEDICAL STUDENTS TO DELIVER QUALITY CARE**

In June 2015, I had the opportunity to travel to Haiti and visit the Mirebalais University Hospital, built by Partners in Health (PIH), as a member of a small research team

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<sup>4</sup> Schuller and Morales, *Tectonic Shifts*, 76.

<sup>5</sup> *Ibid.*, 58.

<sup>6</sup> Jonathan Katz, *The Big Truck That Went By: How the World Came to save Haiti and Left behind a Disaster* (New York: Palgrave Macmillan, 2013), 98.

<sup>7</sup> *Ibid.*, 99.

<sup>8</sup> Elisabeth Hausler, "Building Earthquake-Resistant Houses in Haiti: The Homeowner-Driven Model," *Innovations: Technology, Governance, Globalization* 5, no. 4 (2010): 95.

facilitated by the University of California, Santa Barbara's Center for Black Studies Research and Department of Global & International Studies, which held a course titled "Haiti: Local Realities, Global Influences" as a precursor for the trip. A 2-hour drive (in perfect conditions) from the metropolitan center of Port-au-Prince, where much of the country's healthcare infrastructure is concentrated, this Hospital responded to a need for quality medical care and for a training facility for medical professionals. The crucial need for care is evident by the masses of people (some traveling many miles) waiting outside to attain care at the modern facility. As I was shown the newly constructed Center for Excellence in Rehab and Education, I noticed the vivid mosaics adorning the clean white walls. One of the mosaics depicted the nearby Seau D'eau waterfall, a sacred place of healing for the local Haitians. Interestingly, the space introduces medical practices that aren't widely provided in Haiti. A March 26, 2015 press release informs readers how before, "people who acquired a disability were considered a *kokobe*, a Creole derogatory term meaning a broken body [but] because of the [physical transformation patients have undergone at University Hospital](#) [...], the Haitian medical community is beginning to understand the power of rehabilitation."<sup>9</sup> This space is an example of the synergy of local and global influences as PIH uses related local religious imagery while introducing innovative medical technology to Haitians.

Moreover, PIH announced in an online press release by Michelle Morse on October 15, 2013, that 14 fresh and eager doctors had begun residency at the University Hospital in rural Mirebalais, Haiti. According to the release, Haitian doctors were to complete "hands-on training in pediatrics, general surgery, and internal medicine" in a program "designed to follow the Accreditation Council for Graduate Medical Education International's (ACGME-I) standards."<sup>10</sup> The release projected that "the number of physician trainees will double and triple" each fall and that eventually "the programs will expand to include other health professionals [...] as well as more medical specialties."<sup>11</sup> The rehabilitation center is an example of a recent expansion. Press releases are an important component of PIH's transparency and accountability to its beneficiaries and to those in need. This accountability demonstrates the proper allocation of donor funds on projects that are vital towards improving the quality of life of the targeted population. Their website includes news releases to inform anyone with access to a computer of their progress, accomplishments, and their future goals. Significantly, transparency, broad collaboration, and local investment allowed for a sustainable improvement. PIH opened their project to the participation of those in the community ensuring broad cooperation during the processes of constructing the hospital. In addition, spending money by PIH to build a hospital that will be eventually be owned by the government is an example of utilizing donor funds to improve community infrastructure.

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<sup>9</sup> Jonah Feldman, "Haiti: Mosaics to Bring Inspiration, Hope to Rehab Patients," *Partners In Health*, March 25, 2015, <http://www.pih.org/blog/haiti-mosaics-to-bring-inspiration-hope-to-rehab-patients> (accessed October 20, 2015).

<sup>10</sup> Michelle Morse, "Young Haitian Doctors Begin Medical Residencies at University Hospital." *Partners In Health*, October 13, 2013, <http://www.pih.org/blog/young-haitian-doctors-begin-medical-residencies-at-university-hospital> (accessed May 18, 2014).

<sup>11</sup> *Ibid.*

According to Morse, medical care was an obvious need as “one reason for needless sickness and death is the lack of trained professionals to provide health care.”<sup>12</sup> Morse references medical schools lacking Internet access and exit exams while revealing that “a staggering 80 percent of all physicians trained in Haiti leave within five years of graduation to practice abroad.”<sup>13</sup> PIH has been able to combat both of these issues by favoring applicants who expressed interest in staying in Haiti to practice and in encouraging them to do so by investing in their education and in providing them jobs in their new facility at Mirebalais. Stephanie Garry asserts that by “collaborating with Haitian communities and the government to train health care workers, develop new services and improve rundown facilities” that PIH “works to improve the quality of care in the public health system.”<sup>14</sup> This significant investment in infrastructure and in human capital is made possible “through a public-private partnership” where the management of the hospital will gradually transition to the government over the next 10 years.<sup>15</sup> In this context, a public-private means that PIH will build the hospital with the input of the Haitian public sector and provide the funding upfront with the help of donations. Subsequently, PIH gradually shifted the responsibilities for the operation of the hospital to the Haitian government. This collaboration with local entities was noticeable even in the hospital’s planning stages.

Initially, the facility was not intended to be a teaching hospital. In *Haiti After the Earthquake*, PIH co-founder Paul Farmer explains, how they changed the original plan after the earthquake left “the nursing school destroyed and the medical school damaged [and] Alex Larsen, the Health minister asked [them] to make it a major teaching hospital.”<sup>16</sup> Here, PIH collaborates with the public sector in its decision-making process, rather than ignoring them as other organizations have done. This protects the government’s sovereignty and presents its officials as competent to their constituents. Interestingly, PIH involved a variety of individuals in the planning processes to design and construct the facility. The architect along with construction workers from Haiti and abroad “presented the plans [for the facility] to an audience that included local officials, UN workers, the Cuban Vice Minister of Health, and the Haitian medical staff.”<sup>17</sup> PIH formed a partnership with those building the hospital and those who would ultimately run, operate, and teach students within the facility to ensure that everyone envisioned corresponding outcomes that best catered to the project’s beneficiaries’ needs.

According to Garry, PIH is known for its human rights approach to aid, which recognizes Haitians as “systematically deprived of the basic rights that would enable them to rise out of poverty,” and deviates from “the view that there is something inherently wrong with the people being served”<sup>18</sup> Working with the Haitian government ensures that the basic

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<sup>12</sup> “Young Haitian Doctors Begin Medical Residencies at University Hospital.”

<sup>13</sup> *Ibid.*

<sup>14</sup> Stephanie Garry, “University Hospital Shows that Aid Done Right in Haiti Improves Lives,” *Tampa Bay Times*, July 25 2013 <http://www.pih.org/blog/haitis-university-hospital-shows-that-aid-done-right-can-improve-lives> (accessed October 20, 2015).

<sup>15</sup> *Ibid.*

<sup>16</sup> Paul Farmer and Abbey M. Gardner, *Haiti after the Earthquake*, (New York: PublicAffairs, 2011), 185.

<sup>17</sup> *Ibid.*, 186.

<sup>18</sup> “University Hospital Shows that Aid Done Right in Haiti Improves Lives.”

rights of citizens are protected and accessible to all. Garry believes that aid in disaster situations is often shallow in “focusing on modest, short term interventions instead of the long, painstaking work of building systems to ensure rights.”<sup>19</sup> In this instance, Garry’s position ignores the necessity of faster “relief” aid following a disaster, and fixates on methodical reconstruction aid that handles structural issues. Her conception of rights-protecting systems is reflected in Paul Farmer’s goals to “strengthen public health and medical care and medical education all at the same time.”<sup>20</sup> The hospital will train Haitian doctors to administer the care to Haitians. This empowers Haitians by providing a medical education and a career to many and positing them as capable of running and operating the hospital. These significant solutions provide more to Haiti than foreign doctors in NGO-run makeshift clinics. After all, a well-supplied hospital with skilled Haitian medical professionals can provide high quality care for decades while these foreign doctors and clinics will leave Haiti when the money dries up.

## **BUILD CHANGE THROUGH EARTHQUAKE RESISTANT HOMES**

The destruction of Benisette Pierre Louis’s home in the January 2010 earthquake forced her family to take shelter in a cramped and unsanitary tent in an internally displaced person (IDP) camp. Without the vital income she had once earned from a beauty salon run out of her home, she lacked the means to rebuild safely. Her family’s life changed when Build Change, a small NGO that educates Haitians to rebuild earthquake resistant homes, facilitated the rebuilding of her home by helping her to attain a loan from Cordaid, a larger NGO that works with smaller partners in blossoming communities in fragile countries, to fund the project. According to Build Change’s website, “After adding columns, a plinth beam and footing to the foundation, breaking down walls and adding new ones, and reinforcing doors and windows, the structure met standards for earthquake-resistance.”<sup>21</sup> Benisette explained in her own testimony, “Cordaid enabled us to reinforce the house, [and] if it wasn’t for Build Change, I think that I would have used poor construction techniques to rebuild the house.”<sup>22</sup> Importantly, Build Change not only moves families back into their homes, but they efficiently retrofit them to weather future disasters.

Build Change uses strategies, similar those of PIH in its implementation of aid, through a multi-dimensional formula that guarantees enduring success. This formula prioritizes the development of Haiti’s human resources, emphasizes collaboration with recipients of aid, and focuses on sustainability. In this fashion, Build Change has advised 4,282 homeowners in building or in supervising construction of, 500 safe homes in Haiti. They have also facilitated proper trainings for 2,517 builders and 142 newly trained engineers.

In “Building Earthquake-Resistant Houses in Haiti,” Build Change’s founder and CEO, Elizabeth Hausler explains, “empowering homeowners, builders, construction

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<sup>19</sup> Ibid.

<sup>20</sup> Farmer and Gardner, *Haiti after the Quake*, 162.

<sup>21</sup> “Benisette,” *Build Change*, <http://www.buildchange.org/stories/benisette/> (accessed October 20, 2015).

<sup>22</sup> Ibid.

professionals, and local governments to drive change is a more cost effective and lasting solution than building houses for people.”<sup>23</sup> This is seen in Build Change’s use of a ‘homeowner-driven approach’ where “the owners choose the floor plan and building materials that fit their lifestyle and budget.”<sup>24</sup> This practical implementation of a recipient driven approach leads to greater homeowner satisfaction with the resulting homes, as Haitians feel more comfortable and safe in these houses. This contrasts from ‘donor-driven approaches’ where Haitians “had little, if any, role in the design and construction,” which led to houses with “architectural features that were not appropriate for the climate or the culture.”<sup>25</sup> For example, houses are constructed with low ceilings that cause interiors to be so hot in the tropical summer heat that they are rendered uninhabitable. However, Hausler affirms that rather than pay construction costs, Build Change assists homeowners through the process of attaining suitable funding and/ or loans from other institutions or NGOs. Their priority is to educate Haitians in safe construction and basic engineering to make earthquake resistant housing accessible. In other words, they avoid spreading their funds too thin by focusing on a sphere of actions in which they specialize.

Lacking a capacity for safe construction techniques, Haitians are vulnerable to tragedy when buildings fall. Recognizing this as an urgent need, Build Change seeks to develop this capacity to make proper construction feasible. For instance, Build Change “[builds] the capacity of building materials producers to produce better quality materials,” including harder concrete blocks.<sup>26</sup> The importance of tougher concrete is illustrated by Katz when he describes the collapsing of the school, La Promesse whose owner had “instructed his building crew to use low-quality concrete made of sand blasted from hillsides,” which was “mixed [...] with extra water to stretch the material.”<sup>27</sup> While these shoddy construction practices would be condemned by strict building codes, they are widespread in Haiti and precipitate thousands of avoidable deaths and injuries yearly. Build Change aims to address these problems through partnership with the Haitian Ministry for Public Works to “create simple building codes and guidelines, training seminars and inspection systems that work in areas with little infrastructure, budget, time, and personnel.”<sup>28</sup> By assisting the Haitian government, they uphold the government’s legitimacy in policing building practices in Haiti to ensure a lasting impact after Build Change has moved on. Next, they acknowledge that Haitian builders must be trained to abide by these building codes.

Improving Haiti’s human capital is a critical theme in *Building a Better Haiti by Investing in Haitians* where Catherine Lainé claims that “to avoid making the same mistakes that led to widespread building collapse [,] the labor pool of engineers, architects, foremen, masons and other construction professionals need training in proper seismic design and building techniques.”<sup>29</sup> Catherine Lainé served as Communications Director at the recently

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<sup>23</sup> Hausler, "Building Earthquake-Resistant Houses in Haiti," 92.

<sup>24</sup> Ibid., 95.

<sup>25</sup> Ibid., 95.

<sup>26</sup> Ibid., 112.

<sup>27</sup> Katz. *The Big Truck That Went By*, 6.

<sup>28</sup> Hausler. "Building Earthquake-Resistant Houses in Haiti," 109.

<sup>29</sup> Catherine Lainé, "Building a Better Haiti by Investing in Haitians," *Innovations: Technology, Governance, Globalization* 5, no. 4 (2010): 41.

disbanded Appropriate Infrastructure Development Group (AIDG) a small NGO that had provided loans to entrepreneurs and small businesses in Haiti. After the earthquake, AIDG provided loans to builders and engineers to rebuild. Hausler mirrored Lainé's dedication to investing in Haitians by "using local professionals to train local builders [...] to develop local capacity, and to ensure that only locally sustainable materials, skills, and tools are used."<sup>30</sup> Teaching Haitians to use tools or materials easily available to them on the island is most effective as they may continue building without depending on other countries. Conjointly, in hiring local instructors for these classes, Build Change injects money into the Haitian economy by paying Haitians for work where other organizations would usually hire foreigners. Training locals in proper construction and engineering also provides them with an economically viable skillset that may lead to a career and a better quality of life. Build Change and PIH each effectively provides a beneficial education to Haitians that empower them to provide an essential service to greater society. This fosters a sustainable autonomy within the country. Through building codes, reliable materials, and instruction in proper construction techniques, Build Change presents the necessary tools to cultivate a peace of mind for families while inside their homes.

## DISCUSSION

Previously, I have examined the strategies taken by Build Change and PIH to develop significant projects in Haiti. Moving forward, I will examine the characteristics of these organizations and compare them to assert the advantages of prioritizing local cooperation, human resource development, and sustainability. Much more information is available on PIH due to its size. PIH employs roughly 5,000 workers in Haiti and its leadership ensures transparency and accountability through frequent press releases, books, articles, education, interviews, and cooperation with watchdog NGOs like Charity Navigator whose website includes a profile of the organization. On the contrary, Build Change is a relatively small organization with a small budget and relatively few press releases to stay in touch with donors (besides their annual report). Catherine Lainé describes how these small budgets leave workers in organizations like Build Change, "scrambling for cash because the bulk of relief money is locked in large aid agency coffers, [and] trying to move engineers and masons in barely operational vehicles when a fleet of brand new SUVs sits idle on the MINUSTAH (the UN stabilization Mission in Haiti) logistics base."<sup>31</sup> Additionally, PIH has existed since its founding in 1987 while Build Change began in 2004. This difference has given PIH a head start in attaining funding. Hence, it is unfair to judge the two in terms of accountability, as PIH has the funding to pay workers to write these press releases, run a more sophisticated website, and to better advertise its impacts in general.

Moreover, a distinctive gap exists between the ages of the two organizations along with the longevity of their relationships with Haiti prior to the earthquake. Because Build

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<sup>30</sup> Hausler. "Building Earthquake-Resistant Houses in Haiti," 112.

<sup>31</sup> Lainé, "Building a Better Haiti by Investing in Haitians," 41.

Change is newer than PIH and began its work in Haiti after the earthquake in 2010, the organization has not had the same opportunities to form relationships with Haitian beneficiaries. Thus, it would be reasonable to argue that Build Change's move to Haiti was opportunistic, especially as it originally had been training engineers in Indonesia. Lacking these contacts, much of Build Change's work has been concentrated in Port-au-Prince, neglecting struggling people living outside of the city. This is a major point of criticism toward Build Change's work. Despite all this, it is remarkable that Hausler was able to establish relationships "with the Ministry of Public Works, Transportation, and Communications to improve the guidelines for repairing damaged houses."<sup>32</sup> Through these contacts, Build Change was able to provide effective aid that was custom-tailored to the needs of Haitians, even though they lacked a presence in Haiti before the quake.

In contrast, Partners in Health was founded in 1987 and has had a longstanding relationship with Haiti prior to the earthquake. PIH has been a presence in Haiti, "providing comprehensive, community-based healthcare in Haiti for over twenty years," according to a roundtable discussion in Charity Navigator.<sup>33</sup> PIH's lasting presence manifests in its realization of a project in Mirebalais, which is off the beaten path from most non-profit work. These people could have easily been overlooked by other efforts to provide health care and to develop infrastructure. Furthermore, PIH had already established contacts in Haiti with the Ministry of Health. Nevertheless, one can critique pieces of PIH's project. One questionable action would be the use of American architects and builders to construct of the hospital. Paul Farmer noted that a college classmate working as an architect, and a builder from Boston living in Haiti were accessible at the time to oversee the hospital's construction. In using American contractors, PIH missed an opportunity to invest money in Haitian contractors and firms and to inject money into the local economy. Each organization has performed actions that should have been done differently to more broadly distribute aid and to better utilize Haitian firms and contractors. This would have ultimately better accomplished the prescribed tasks of both NGOs.

Regardless, each organization practices a mostly recipient-driven approach to aid, as leaders in Haiti hold them accountable. Similar to Build Change's support of homeowners to choose their home design, PIH's collaboration with the Haitian Ministry of Health lead towards the construction of a facility that fit the needs of Haitians who would seek care there. In offering some authority over the execution of these projects to their Haitian beneficiaries, these organizations' actions are sustainable. Haitians have the regional and cultural knowledge vital in delivering the broadest impact within their communities. Conjointly, Jonathan Glennie, a researcher on international development believes that "aid spent well can itself contribute to reduced aid dependence, particularly when it supports efforts to mobilize

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<sup>32</sup> Hausler. "Building Earthquake-Resistant Houses in Haiti," 11q.

<sup>33</sup> Charity Navigator, "Haiti Earthquake 1 Year Later: Roundtable Discussion." January 2011. <http://www.charitynavigator.org/index.cfm?bay=content.view&cpid=1189#.U5fWwF64kII> (accessed May 20, 2014).

domestic resources.”<sup>34</sup> Glennie continues that NGOs must “shift away from being aid agencies and towards being true development agencies.”<sup>35</sup>

Because PIH and Build Change take more development-focused roles in Haiti, they uphold the autonomy of the country and its people by encouraging Haitians to drive the direction of their projects and goals. The Haitian government may direct NGOs to these roles. According to Glennie, Uganda has already been doing this to reduce its own aid dependence by “[designing] a set of goals for its donors to achieve on issues including agriculture, trade, tax evasion and incentives [and so on].”<sup>36</sup> Haiti already has agencies like the Ministry of Planning and External Cooperation that “[have] the right to recognize or deny an NGO’s legal status.”<sup>37</sup> These agencies should be more aggressive when NGOs refuse to respect Haiti’s own development objectives and watchdog organizations must shed light on the damage done by non-compliant organizations. Still, donors can play an important role in pressuring organizations to adopt projects meaningful to Haitians. Jonathan Katz urges donors to “dig deeper to find organizations with long experiences in the affected region [...] that will help ensure they understand what is needed” as well as having “the goal of building local institutions that operate independently of foreign control.”<sup>38</sup> Donors hold the ability to choose where to invest their money and by allocating funds to these types of organizations, they are helping to foster Haiti’s development, rather than simply handing out water bottles and food rations produced in the United States. Assuredly, holding organizations accountable to Haiti’s government and communities benefitting from relief efforts will advance the well being of Haitians and lead to more suitable and sustainable outcomes.

## CONCLUSION

An organization looking to realize impactful projects and programs in Haiti would greatly benefit from cooperation. Partners in Health and Build Change have each applied recipient driven models that spur development and improve lives. These models underscore the inclusion of Haitians in both their planning and execution processes as valuable sources for local knowledge. They also highlight the importance in engaging local talent by investing in Haitians and educating them to ensure sustainability to build Haiti’s capacity for additional growth. It is possible to lift Haitians out of poverty through these methods. Since the repercussions of disasters like the 2010 earthquake are augmented by social inequality and poverty, this could lessen the number of avoidable casualties resulting from future disasters. Practiced by Build Change and Partners in Health with measurable success in Haiti, these models should serve as examples for other organizations looking to make a constructive difference in Haiti.

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<sup>34</sup> Jonathan Glennie, “A Fresh Narrative on Aid Dependence,” *The Guardian*, September 13, 2011, <http://www.theguardian.com/global-development/poverty-matters/2011/sep/13/fresh-narrative-on-aid-dependence> (accessed May 20, 2014)

<sup>35</sup> *Ibid.*

<sup>36</sup> *Ibid.*

<sup>37</sup> Mark Schuller, “Invasion or Infusion? Understanding the Role of NGOs in Contemporary Haiti,” *The Journal of Haitian Studies* 13, no. 2 (2007): 98.

<sup>38</sup> Katz, *The Big Truck That Went By*, 278.

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