



GEORGETOWN UNIVERSITY

**HAITIAN DIASPORA ASSOCIATIONS AND
THEIR INVESTMENTS IN BASIC
SOCIAL SERVICES IN HAITI**

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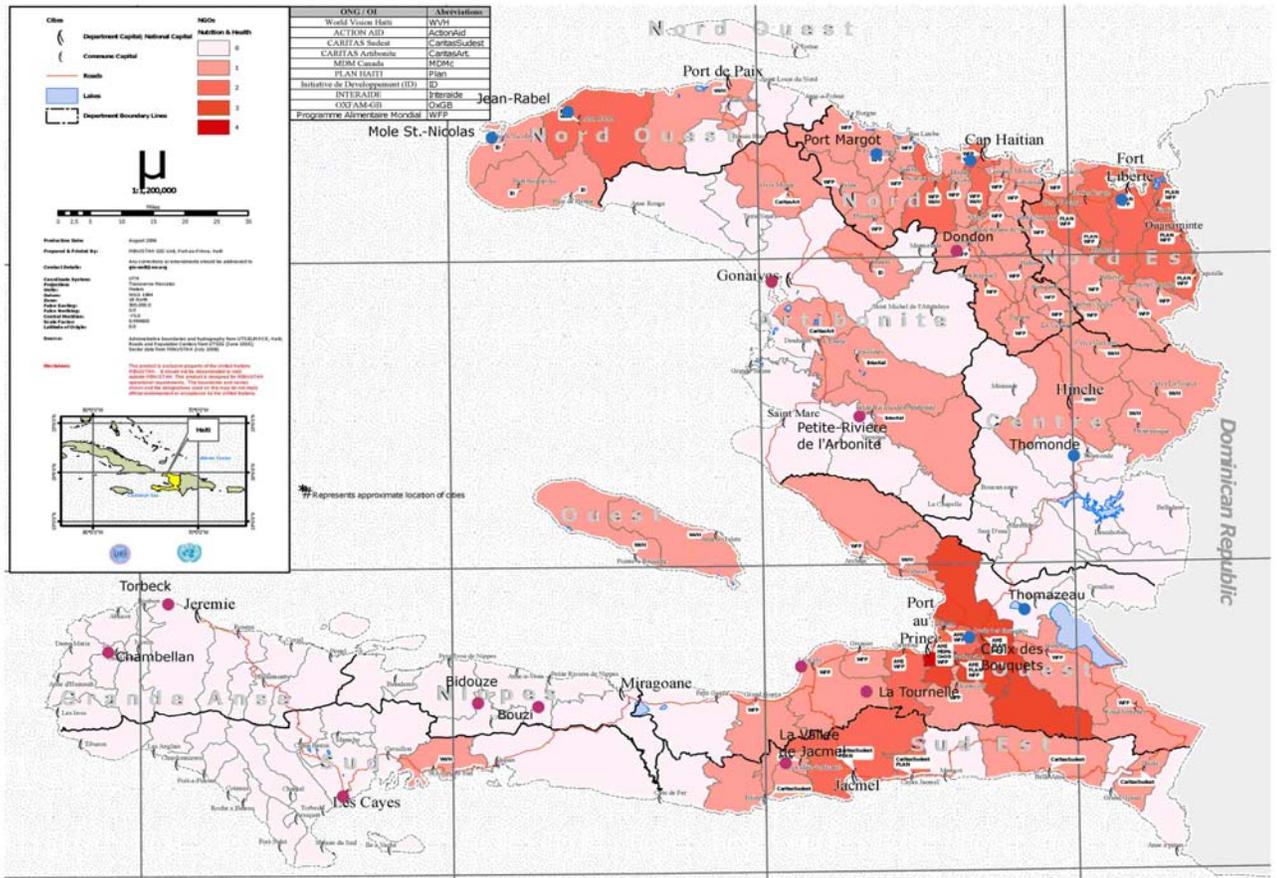


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PREFACE

This report has been prepared to provide the Inter-American Development Bank with a policy analysis of the relationships established by Haitian organizations in the diaspora with their country of origin. It considers the actions of Haitian organizations and associations in four locations outside of Haiti and how they have addressed serious gaps in Haitian health care delivery and education. The intention is to shed light on how Haitian migrants and those still in the country are contributing to development processes which have implications for international policies and practices. The decision to focus on health and education reflects a particular interest in how private groups have attempted to fulfill functions that the state has seriously neglected. This analysis is intended to inform future donor decisions related to their support for health and education initiatives in Haiti.

I. CONCEPTS

1.1. Remittances

The present report is situated among the growing number of studies on migrant diasporas and their remittance practices. Academics, economic policy centers, and the major financial institutions--the Inter-American Development Bank prominent among them--have assembled substantial data on remittance transfer amounts, mechanisms and costs. In the main, remittances are defined as the transfer of money or goods, sent by the migrants and received by individuals

who, generally, are family members of these migrants.¹ The senders are motivated by objectives beginning with the wish to meet basic family needs including health and education, and hopes that the funds can be invested productively to generate continuing income. Often, as well, migrants invest in their own eventual return by building homes and other infrastructure and establishing small businesses from afar.

The context in which remittances are received matters in terms of livelihood maintenance and development potential: Low income rural recipients, urban entrepreneurs, female heads of households can be expected to use remittances in markedly different ways. Migrant remittances are recognized as having powerful influences on livelihoods in countries across the globe. By all accounts, remittances reduce poverty levels among recipients in developing countries. They have the potential to be, as Carlo Dade maintains, “transformative,” allowing recipients to improve their social and economic status in a sustainable manner.² Although migrants frequently invest in small enterprises and income generating projects, their investments are not usually motivated by profit making incentives. For this reason, in politically fragile environments or disrupted economies where normal business investment is rare, migrant origin funding may still be available to buttress incipient productive efforts. Financial transfers are only one facet of the deep and intense webs of exchange between diasporas and their communities of origin. In addition to money and goods, there are exchanges of ideas, culture, business transactions, ideology and political practice. Migrants’ spending in countries of origin is not limited to the remittances they may transfer, but includes, as well, their travel, purchases, and communications.³

While the impacts of remittances on development is much debated and certainly vary from country to country, there is a general consensus that family remittances have contributed favorably to conditions that foster development, namely health care, improved nutrition and education. Migrants frequently come together in their host countries to assume responsibilities aimed at improving conditions in their communities of origin and contributing to basic public sector social services—over and above funds transferred directly to families.

1.2. “Collective” remittances

¹ The IDB MIF request for project proposals (2005) on remittances set the context as follows: “workers’ earnings sent back to family members in countries of origin have for several generations been an important means of support for family members remaining at home Remittances have become a major financial and development topic throughout the region.” 84694.pdf.

² http://www.focal.ca/pdf/Diaspora_meeting_report.pdf

³ Ibid. Manuel Orozco has written extensively on this topic and has documented how funds are transferred by these indirect means. See Orozco 2006 and his other articles and papers about “nostalgia” transfers.

Such support for social services in their countries of origin is often referred to as “collective remittances,” although the term does not seem to this author to be a particularly good fit. The term is applied because the migrants who support initiatives in their countries of origin, do so with the intention of having a collective impact, and are themselves organized for collective action. Yet, their actions cannot be understood simply as extensions of family remittances. In practice, the migrants who send funds that have collective impacts are sending them in addition to, and sometimes in the absence of, family remittances, and/or to places where they may have no family members to support. They are “remitting” in a similar fashion and using a similar logic to that used by the humanitarian and development actors who deliver foreign assistance globally.

Like other donors, migrants send support to geographic locations where there are needs to be filled. The primary difference lies in the fact that the migrants are lending support to the particular nation or region from which they originate and because of their special attachment to that nation or region. International assistance is globally delivered and responds to foreign policy criteria. The fact that aid is globally delivered often means that it is more readily withdrawn or reduced in one location in favor of another needy destination depending on foreign policy and other priorities. Migrants’ assistance, contributions and investments, in contrast, are not easily transferable from one to another location. Another factor differentiating the migrant organizations from the donor supported aid agencies that contribute to communities and public services is that the former are almost always comprised of volunteers. If they receive public funding, it is destined for the project itself, not for the migrant donors who organize the project and offer their own services.

As donor organizations commit foreign assistance resources for institutional strengthening and income generation efforts in the poorest and most fragile countries, they are beginning to take greater note of the multiple, usually small, but often effective migrant associations dedicated to addressing unmet needs. Insofar as migrant led initiatives build and/or maintain social infrastructure, provide training and services, and donate their own expertise, their contributions are highly relevant to international development efforts. Moreover, migrant diaspora associations can be found operating in countries where governments are barely functional and donors are minimally involved or absent. It is worth examining the extent to which migrant commitments to public service improvement produce

- (a) sustainable improvements in these services and/or leads to*
- (b) improved public performance in these services.*

In Haiti, as elsewhere, diaspora associations and their initiatives are only occasionally brought into the planning and implementation of donor assistance projects. Yet, many of the initiatives undertaken by these associations over the years have been at least modestly effective in contributing to systemic

improvements in health and education in the target areas. Under present conditions, only a few are likely to be sustainable over the long term. How future activities in Haiti may be more successfully designed and supported is a key question to be addressed in this report.

1.3. Migrant diasporas and their organizations

Migrants and especially migrant diaspora actions drive remittance patterns. Among those who study migration, there is a growing interest in how diaspora groups define their identities and loyalties. It is evident that members of diasporas retain cultural legacies, languages, political loyalties and other forms of identity with their country of origin, while also adapting and identifying to varying degrees with the host country. People who have not lived in their countries of origin but recognize their linkages to it and to co-nationals in other countries can be considered part of diasporas.⁴ On the other hand, people who live outside of their countries for limited periods of time and do not necessarily consider themselves to be linked to the co-nationals in the places they are living are not part of diasporas, although lifestyles may be transnational. Diasporas are not defined by the status or length of time their members have spent in a host country as much as by their commitment and action. Although national identities tend to weaken over time and across generations,⁵ some diaspora groups count second and third generation host-country born among their members.

Diaspora contributors are frequently grouped together in groups called home town associations (HTAs), targeted to benefit particular communities with which the HTA members identify. HTAs are one among many channels migrants have been using to improve conditions and services in their countries of origin. Professional groups, student groups, religious organizations and individuals have been supporting country of origin needs ranging from micro finance to technology, hospital and school construction to adult education and professional training. They have volunteered time, expertise and money and have delivered direct services. Typical diaspora projects may support sports facilities and churches, send school supplies and medicines, provide psycho social counseling for the traumatized and create art spaces for local talent. Individuals of means, on their own, frequently fund infrastructure and support activities that have a collective impact and a target population that is more national than local.

Home town associations, Haitian professional associations and church based organizations have been important vehicles both for maintaining Haitian identity in the new country and affirming loyalties to their country of origin. They also promote mutual assistance and support newcomers' economic, social and professional integration.⁶ The Haitian identity is especially strong, and is

⁴ Van Hear, 2002 and 2003; Kent and Von Hippel, 2005; Gunaratna, 2003; and Allen, 1999.

⁵ The concept of "diaspora" as expressed here is drawn in large part from Orozco, 2004. See also G. Kent 2005, Newland, 2004, Al-Ali et. al, 2000.

⁶ Pierre-Louis, 2006, Chapter 2.

reflected in the continuing commitment to support families as well as communities both in host country and country of origin. To be sure, the ability to support both family members and communities requires a higher income level than that of the average Haitian migrant. The level of diaspora investment in improving the quality of life of their former compatriots has been nothing short of astonishing, given their situation. Newly arrived individuals and families usually live precariously and still have relatives to support in Haiti. A relatively small number of the Haitians abroad are wealthy--mostly thanks to the professional skills they brought to their host countries, but sometimes thanks to the classic upward mobility of hardworking immigrants.⁷ Longer standing residents with educational qualifications and talent who have frequently advanced sufficiently to earn surplus income in the host countries are uncommonly willing to contribute.

Haitians have concentrated in a few regions where most of the organizations have been formed. Among the largest are metropolitan New York, South Florida, Boston, and Montreal where interviews for this report were conducted. The separate waves of Haitian migration to these cities over more than half a century have produced multiple groups and affiliations within and among diaspora concentrations but the groups are not typically closely tied to one another. In the US there is no general umbrella association that either imposes itself on how individual projects are formulated or that acts as an intermediary with the Haitian or US government. The US government has supported the diaspora verbally, it has formed few if any serious partnerships. Officials remain open to, and are proposing, new initiatives.⁸ In contrast, the Canadian government, as will be described, has established more systematic criteria for support to diaspora based activities.

Diaspora groups are distinguished and distinguish themselves by class, educational level and political loyalties. Although political leaders from the multiple parties in Haiti have begun recently to court diaspora support and resources, the Haitian state has tended to see the diaspora as part of the political opposition. Over the years, particularly after 1995, it has devoted rhetoric to the desirability of uniting Haitians overseas, but has done little to facilitate diaspora contributions to Haiti. Haiti had the first diaspora "ministry" in the Americas but, as will be discussed below, it has done little. Relations between government and

⁷ The wealthy Haitians, a minority, correspond by and large to the groups that have been in the country for more than twenty years, and arrived with professional credentials. A few wealthy landholders, successful business people and professionals arrived during the second Aristide presidency. Accounts of the four communities covered in this report present very similar profiles correlating greater wealth and standing with older immigrants, and economically fragile situations among the majority, especially newer arrivals, e.g. Francois Pierre-Louis 2006; Ronel Ceran, Noriac Dathis 2002; Regine Ostine Jackson 2004; Brookings Institution 2005; Thompson Fontaine, David Bulbulia 2007; International Crisis Group 2007. Haitian income and educational levels are well below the national average, of American blacks, other black immigrants.

⁸ Groups like NOAH, Medishare, AHME and (the much smaller) FATEM have established partnerships with the international organizations and international financial institutions.

diaspora as a whole have been and, to a large extent appear still to remain, characterized by disappointment and often distrust.

II. METHODOLOGY

2.1. Team composition

In order to conduct the research, the Georgetown University Institute for the Study of International Migration ISIM, assembled a multinational and interdisciplinary team of researchers. A senior researcher familiar with Haitian diaspora networks was selected for each of the three countries studied (the U.S., Canada, and Haiti), and a local research assistant was selected to liaise with groups in each city. Researchers included members of the Haitian diaspora community, Haitian citizens and non-Haitians with extensive experience of scholarship and engagement with the diaspora communities and in Haiti. They had been active through their respective affiliations past and present with the Inter American Foundation, the Trinity University Haiti Program, FONKOZE, the Canadian Foundation for the Americas FOCAL, and the Florida Association for Volunteer Action in the Caribbean, FAVACA, the Association of Haitian-Canadian Engineers and the Haitian Consulate in Montreal. The principal investigator was assisted by research assistants based at Georgetown University. Researchers based in Haiti brought previous experience analyzing diaspora-community relations. Different parts of the research team focused on Haitian diaspora communities in Montreal, New York, the Miami area, Boston, and selected locations in Haiti.

2.2. Overall research design

In designing this project, the researchers recognized that socio-economic realities in Haiti have been strongly affected by years of political conflict and highly dysfunctional government. They were also aware that the organizations in question would be distrustful of questions from outsiders regarding their activities. In such a context, posing appropriate questions raised somewhat contradictory challenges: The questions must show sensitivity to the particularities of the local contexts while, at the same time, produce information that is sufficiently rigorous and systematic.

The team adopted a research design that blended survey questionnaires with in-depth, open-ended interviews with key individuals. These individuals included members of the diaspora, officials from the host country, national and international actors engaged in development work that involved or affected the diaspora undertakings, and community members and officials in Haiti on whose behalf the efforts were initiated. Throughout the project, the principle investigator and assistants assembled books, articles and relevant documents that would provide analysis and a broader context to the interviews.

At the outset, the team recognized the importance of securing significant buy-in from important figures in the Haitian Diaspora community, and sought to enlist their assistance in identifying groups for inclusion in the study. In November, a successful roll-out meeting was held to introduce the project to diaspora leaders in Washington DC. The major advantage built into the project, however, was the experience of the research team and its long term and continuing engagement both with the diaspora and with Haiti itself. These researchers had access to Information gleaned from lists and surveys of diaspora groups previously used in their Haiti-related work. The data they were able to bring to the project was essential for identifying organizations to visit, the leaders of these organizations and the basic objectives of the associations

In the first phase, selected interviews were conducted in Montreal and New York, as a sort of pilot. The researchers deployed a standardized questionnaire intended to bring readily comparable survey data and obtain basic information about a large number of organizations. The questionnaires were distributed directly to previously identified diaspora groups via mail and email, as well as through in-person interviews in which the interviewer completed the survey form alongside the informant.

During the piloting phase, the research team ascertained that the survey tool was not yielding as much data as hoped. There were several reasons, later analyzed and discussed: First, when interview questions were sent by mail or email, they were not completed. Second, researchers found that many organizations were reticent to complete the questionnaire regardless of whether the latter were sent or presented in person. In some cases informants reported suspicion as to the true purpose of the research, while in others, respondents asserted they did not have the information readily available. This occurred even in cases when the person conducting the interviews was known to the informant. Third, there was major resistance as soon as questions about financial topics emerged. Some of the interviews were simply terminated at this point. There was also reluctance to discuss details about diaspora group members. Fourth, although omitting the troubling questions helped, the informants typically insisted on speaking about their projects on their own terms, and then drawing the interview to a close before the questionnaire had been completed.

The majority of the interviews took place in a second phase. During this phase, no questionnaires were sent although some interviews took place by telephone rather than in person. For most of the interviews, including those by telephone, two members of the research team were present and began with an explanation of the purposes of the project. Interviews took place in December 2007 in Montreal, January 2008 in New York, March 2008 in South Florida, June 2008 in Boston, with additional interviews scheduled periodically, based on availability. In the second phase, the questionnaires served as the basis for in-depth, open ended interviews with association leaders. Interviewers attempted to cover the contents of the questionnaire but not necessarily to follow the order of questions.

At the outset of the conversation, they explained to informants that the IDB took the efforts of the diaspora seriously and therefore wanted to learn about what diaspora groups were doing. Respondents were invited to speak about their organization and its goals in the terms and in the order they chose. They were questioned about specific operations, obstacles along the way and how they perceived their achievements against the needs their projects were intended to meet. The research team adapted by later reporting on the interviews in a format that followed the thematic areas contained in the questionnaire. (The questionnaire is in Appendix 1)

Reticence and suspicion towards formal questionnaires is common among populations that have been exposed to violence and political instability. In this instance, most of the informants were open to—and indeed enthusiastically welcomed—the in depth interviewing style that invited their comments and explanations. But there were some exceptions. For reasons still not readily apparent, the diaspora groups in Montreal proved more reticent to agree to interviews than those elsewhere. Moreover, both in Montreal and in Boston, the major umbrella organizations and/or their organizational members were the least receptive to interviews.

The third phase drew upon the findings of the first two, to consider the scope and mechanisms of the impact that diaspora organizations have, from the perspective of beneficiary communities. In this phase, two researchers visited a selection of field sites in Haiti where diaspora groups were working. This allowed the team to draw two sorts of comparisons: to compare the perceptions of the diaspora groups with those of beneficiary communities, and to consider the impact of diaspora organizations in the overall context of service provision in Haiti (including population needs and government and international NGO projects). These site visits were carried out in August and September of 2008.

2.3. Case Selection

In light of the overall purpose of assessing the impact and sustainability of Diaspora groups' social service delivery programs, the team did not select participant groups based on a random sampling, but instead selected organizations that seemed to capture the breadth of activities undertaken by diaspora groups. The interviews were designed to generate in-depth knowledge on the operations of a diverse a set of diaspora actors all of whom shared a commitment to bring benefits to Haiti in the fields of health and education. As already noted, Haitians able to contribute their time and personal resources to the activities described here were more economically affluent than Haitian migrants overall. They were not necessarily wealthy, but had incomes adequate to comfortably support themselves and their families. The team interviewed organizations that were wholly diaspora funded and operated, as well as some that had outside support and non-Haitian participants. In the latter instances, the

inclusion criteria limited the study to organizations where the major actors were of Haitian origin and the operations were Haiti-specific.

Selections were made to ensure diversity with regard to geography of operations in Haiti, organizational size, age and background of members, and the origins of the organization. The organizations included in the study—hometown associations, professional groups and faith based organizations—work in nearly every region of Haiti, in both rural and urban areas; they include both small and large organizations. The study yielded interesting conclusions regarding the generational breakdown of diaspora engagement, which will be discussed in detail below.

Case selection for the third phase – visits to project sites in Haiti – was conducted with the same attention to diversity, balancing rural and urban projects, health and education, community based activities and the provision of services by diaspora-based professionals and religious leaders. Visiting all diaspora-supported projects was logistically unfeasible. While the host country research focused on *how* diaspora groups seek to impact their home communities, the Haiti field work focused on *whether* there is an impact and how community members participated—or did not participate—in programmed activities. The sites selected were those where it seemed reasonable to expect that the activities underway would have an important impact in the community which could be observed.⁹

III. HAITI

3.1. Relevant history

Haitian political history since independence is a litany of corrupt, abusive and autocratic rule. At the same time, the population of Haiti has a proven capacity for grass roots organization and defense of their rights in the face of government and military repression. The twenty nine year rule of the Duvalier family, Francois Duvalier 1957-1971 and his son Jean Claude 1971-1986, epitomized the authoritarian and avaricious tendencies of past dictatorships. During these years, the rulers outlawed political parties, jailed or murdered political rivals and tolerated no dissent from any branch of society—political, intellectual, economic or professional. Although Jean Claude was more open than his father to education for the poor, his regime was no more politically open and he enacted economic measures that seriously disadvantaged the poor rural population. In the educated classes, those who could went into exile or were forced to do so. The first major wave of Haitian migration is a product of the Duvalier regimes. They are often referred to as the “Boeing people” because they had sufficient

⁹ The Haiti study, prepared by Dathis Noriac and David Nicolas, “Les Organisations de la diaspora en Haiti et les actions de développement Dans le domaine de l’éducation et la santé” is attached as Appendix 5.

means to arrive by air, as opposed to the poorer people who followed in boats.¹⁰ Migration from Haiti continued from the 1970s through the 1990s, in flight from poverty as well as repression, both of which were rooted in poor governance.

The regime was overthrown in 1986 by organized popular opposition throughout the country, combined with pressures from the United States, and other governments. Until 1990, however, Haiti's military vied for power in successive coups, and neither political nor economic conditions significantly improved. The 1990 election of Jean Bertrand Aristide, a popular and populist priest closely associated with the opposition movement as President brought hope to Haitians inside and outside of the country. That hope proved short lived because Aristide was overthrown in September 1991, less than a year from his election. Haitian migration then further accelerated, especially but not exclusively among the poor.

Upon the ouster of Aristide in 1991, the international community withdrew assistance and imposed an embargo on Haiti. Although these had the desired effect, i.e. the ouster of the military rulers and the return of Aristide in 1994, the protracted punishment that followed exacerbated the already poor economic situation. The military rulers that replaced Aristide suppressed popular organizations and political opposition in much the fashion as the previous military rulers. Prior to this period (and still today), host countries classified Haitians as economic migrants and largely discounted political motives that may or may not have caused them to leave the country. Exceptionally, and briefly during the years between the two Aristide administrations, fleeing Haitians seeking political asylum in the US had a greater chance of being granted refugee status.

Aristide's restoration as president in 1994 led to a period of elation and hope. Migration, which had been made difficult by US interdiction and return policies, further slowed for a while as Haitians saw a potentially brighter future. However, the regime disappointed the Haitian population, including a number of Aristide's previous supporters. The country did not prosper and, by the late 1990s, political tension, criminality and corruption were rampant. The blame for economic failures is variously cast on Aristide's policies and ambitions or on international intolerance for his populist leadership. The United States government that had brought Aristide back to Haiti in 1994 to complete his presidential term turned against him when he began his second term in 2001, as did the Canadian and French governments. By 2003, the country was beset by growing political violence. The international financial institutions, Inter American Development Bank, World Bank and International Monetary fund withheld aid, development funding and loans. Investment, never strong, shrank to near zero. Again, popular protests and US pressure brought about Aristide's ouster in 2004. A brief interim government followed during which there was rampant crime and corruption. Finally, in 2006, Haitians participated in legitimate elections that brought Rene Préval to the Presidency. The years of instability and political rivalries left Haiti

¹⁰ The first "boat" person landed in Miami in 1963, escaping the Duvalier regime. He was denied asylum, returned and killed in Haiti. The movement of "boat people" is a phenomenon of the 1970s and 1980s.

plagued by greater insecurity, corruption, distrust, suspicion and poverty than ever and the President is facing formidable challenges.

3.2. Poverty and Migration

Haiti has a population of just under nine million people. It is the least developed country in Latin America: the World Bank has estimated that over half its population is below the national poverty line and living in extreme poverty¹¹ and income distribution is highly unequal. The economy has stagnated for decades, with only the briefest of spurts, resulting in widespread unemployment and even more pervasive under-employment. Poor governance, weak institutions and injustice have been the hallmarks of Haitian political culture at least since the 1950s. Extreme environmental degradation has transformed parts of the once verdant country into a virtually unlivable wasteland. A trade embargo worsened the situation in the 1990s, and between 1991 and 1994 GDP fell by about 20 percent, while inflation climbed from 12 to 51 percent. Again between 2000 and 2004, political factors undermined the feeble economic recovery underway.¹² Since 2007 some Haitian indicators have begun to show slight improvements.

Migration has long been an important political and economic survival strategy. Internal rural – urban migration has transformed both cities and countryside. The capital, Port au Prince absorbs some 75,000 migrants every year.¹³ Reportedly, close to a quarter of officially recognized Haitians live outside of the country.¹⁴ Significantly for the future of the country, by 2000 figures, 82 percent of those with tertiary education had left the country.¹⁵ The remittances sent to Haiti by migrants of all social classes have been fundamental to family survival across the country. Haiti is estimated to be the world's most remittance-dependent country as measured by remittances' share of household income and of GDP.¹⁶ The remittances are essential to the livelihoods of Haitians throughout the country; as the lead of one Haitian newspaper put it in March 2008, "when the diaspora coughs, Haiti has a fever."¹⁷ The same article went on to express dismay that diaspora remittances were declining due to high prices and lower rates of

¹¹ The World Bank. Haiti Country Brief. October 2007. Accessed 1 September 2008. See also Republic of Haiti, 2007 para. 23.

¹² The World Bank June 2006, paras. 27-32.

¹³ The World Bank. Social Resilience and State Fragility in Haiti: A Country Social Analysis. Report No. 36069-HT. 27 April 2006.

¹⁴ International Crisis Group. "Peacebuilding in Haiti: Including Haitians from Abroad. Latin America/Caribbean Report Number 24. 14 December 2007

¹⁵ The World Bank. "Haiti" in *Migration and Remittances Factbook 2008*. Washington, DC, 2008. In addition, Manuel Orozco (2006) reports 88 percent of the skilled emigrants left the country because they were not able to find work opportunities in Haiti.

¹⁶ The World Bank, 2006, para 10. In addition, World Bank, 2008 cites \$1,184 billion in remittances for 2007. The International Crisis Group, 2007 cites 1.65 billion in remittances to Haiti, or 35 percent of GDP. Haiti's report on Growth and Poverty Reduction calculate remittances at 19 percent of total income (Republic of Haiti 2007, para. 24)

¹⁷ "Quand la Diaspora tousse, Haiti a la fièvre, » *Haiti en Marche*, vol XXII, No. 8 12 March 2009. 5.

immigration in the US. As is occurring in much of the world, remittances to Haiti appear to be declining in the wake of the late 2008 economic crisis.

Even if the influx of money and goods were to increase, which is unlikely, that alone will not be sufficient to drive development. Without doubt, the migration of so many of the skilled and educated in Haiti's population has taken a heavy toll on human capital, and deprived the country of needed expertise in every realm. Contributing to better prepared human capital is of the highest priority, and this is the widely shared goal of many of the diaspora organizations.

3.3. The state and social services

At present, the country has minimal capacity to serve its population, much less to produce the intellectual, management and professional skills it needs. Even before the large waves of out-migration described below, the Haitian state raised little revenue and delivered few services to its citizens. As confirmed by the World Bank:

Haiti has never had a tradition of governance that seeks to provide services to the population or create an environment conducive to sustainable growth. Instead, a small elite has supported a predatory state' that has made only negligible investments in human resources and basic infrastructure.¹⁸

The current Haitian state may now have the will to improve, but it lacks the institutional capacity and human capital to deliver basic services. Funding is still channeled primarily through international NGOs. In 2002, over 77 percent of the 133 municipalities in the country were found to lack basic services.¹⁹

3.4. Education

Figures from the Haitian Ministry of Education and Professional Training for 2006 report a 43 percent illiteracy rate in the population over 13 years of age. Pre school enrollment is 67 percent and secondary school enrollment is only 22 percent.²⁰ The Haitian government estimates that some 500,000 children have no access to basic education.²¹

¹⁸ The World Bank. Social Resilience and State Fragility in Haiti: A Country Social Analysis. Report No. 36069-HT. 27 April 2006. In fact, whether or not the state has had a tradition of providing social services, Haitians in leadership positions today attest to having acquired good primary education in public schools prior to the Duvalier regime. The flight of Haiti's teachers and would-be teachers was all important.

¹⁹ Republic of Haiti. Growth and Poverty Reduction Strategy Paper (2008-2010): Making a Qualitative Leap Forward. November 2007. Para.27.

²⁰ MENFP, 2007 and Laurence Wolff, *Education in Haiti, the Way Forward*. PREAL-Inter American Dialogue, September 2008, 3-4/

²¹ Republic of Haiti 2007, para.39

The educational system in Haiti is a highly exclusionary one that contributes to the perpetuation and reinforcement of inequalities through limited access to schools, particularly in rural areas and differences in the qualities of schools...²²

Rural areas are by far the least well served. Past policies aimed at reducing dependence on subsistence agriculture caused a sharp decline in the rural economy from the 1960s on. Large numbers of small farmers and most of the educated people left rural areas to migrate first to cities and then, frequently, left the country. In any number of rural communities today, neither public nor private schools can be found, and there are only scattered church-run educational facilities with ill-prepared teachers²³ and few materials. There is a far greater demand among qualified students for secondary education than the state or private sector can meet, given the limited number of secondary schools in operation. Thus for practical purposes, quality education remains unavailable to poor—and particularly to poor rural—families. More than 50 percent of Haitian children are enrolled in non-state schools, which are mostly religious and mostly in urban areas. Indeed, according to the Haitian government, 80 percent of all schools are privately operated and without government subsidies²⁴ and the system overall depends on private funding to operate. The private funding for both secular and religious schools comes from over 100 non-government organizations and diaspora groups,²⁵ working separately and without coordination.²⁶

Boys in school outnumber girls in all grades, and increasingly at higher levels. Children of wealthier families overwhelmingly attend private schools where better teaching quality is maintained but, even here, infrastructure and modern equipment are seriously lacking.²⁷ A large number of the students in private schools are from families with modest incomes who depend entirely on remittances to pay school fees, uniforms and supplies.

At this writing, education is less available than ever due to the immediate effects of the storms of September 2008. Public schools could not open as scheduled in October due to severe damage affecting nearly 800 of them, and nearly all

²² Republic of Haiti. 2007. para.38

²³ 79 percent of the teachers have had formal training. MENFP, Wolff p. 5. The World Bank reports the most critical problem facing the education system to be the lack of well-prepared teachers. Nationally, fewer than 500 new teachers are certified each year, versus an estimated need of over 2,500 teachers annually to achieve the EFA goal by 2015. Nearly 25 percent of primary school teachers have never attended secondary school and only 15 percent are considered qualified."

²⁴ Wolff, p.5.

²⁵ The Haitian government designation of NGOs in its estimation apparently includes diaspora organizations.

²⁶ Republic of Haiti 2007 para.109.

²⁷ World Bank April 2006 para. 3.24

schools were transformed into shelters for those who lost homes, many of whom have not returned at this time.²⁸

3.5 Health Care

Health care, similarly, has lagged in Haiti and particularly in rural Haiti. The situation has been severely exacerbated by the continuing migration of physicians since the 1960s and, later of nurses, as well as by poor water and generally inadequate sanitation. Health indicators on infectious diseases are high although there have been modest inroads on the much prioritized HIV/AIDS epidemic, and tuberculosis treatment is more available. Infant mortality (57 per 1,000 births) is the highest in Latin America.²⁹ Nearly all state run facilities are located in urban areas. In these there are shortages of trained staff, essential medications and equipment. Public hospitals and clinics are present in all regions of the country but some are all but empty; the better ones are able to render services year round, but generally lack oversight and quality control. In rural areas and urban slums, private non government projects rather than the state facilities deliver limited primary health care, including reproductive health, HIV/AIDS screening and so on.³⁰ The private efforts in question, again, represent a mixed bag of religious missions, health oriented international organizations and NGOs and Haitian diaspora associations.

The Haitian government, foreign donors, developmental and humanitarian organizations and Haitian migrants are fully in agreement on the need to improve public institutions and the delivery of basic services. While there are many providers of such services, nearly all are small, under-resourced and uneven in quality and coverage. However, the opportunities for raising standards are more promising now than at any time since the first election of President Aristide in 1990. With a legitimately elected President, Rene Préval, in office and promising to bring reform, Haiti may have turned a corner on an especially dismal decade. By most accounts, the political situation is slowly improving inside of Haiti. President Préval has reached out to the diaspora. It is not nearly enough but the greater openness and somewhat reduced levels of violence seem to have re-energized segments of the Haitian communities overseas. On the negative side, sources on the ground have been reporting renewed criminal activity, and the September storms have further eroded public security.

IV. HAITIAN MIGRANT COMMUNITIES

Haitian migrants are in North America, Europe and the Caribbean, the major destinations being United States, Canada, the Dominican Republic, French Caribbean Islands, France and the Bahamas. There are wealthy and poor

²⁸ Reported in *Haiti en Marche*, Vol VVII, No 37, October 8, 2008

²⁹ Republic of Haiti 2007, para.114.

³⁰ World Bank April 2006, para. 3.26.

Haitians in all these countries, most of whom nonetheless send remittances home and support Haiti in a number of ways.³¹ The major concentration of home town, faith based and professional associations are found in Canada (Montreal) and the United States (New York, Florida, Boston).³²

4.1. Waves of entry

This report is based on interviews in four North American communities: the New York area, the Miami area and Boston, and Montreal. They are hosts to the largest concentrations of Haitian migrants, although there are sizeable Haitian communities elsewhere.³³ Each community has distinct characteristics due in large part to the time period and circumstances in which the migrants settled there and the ways they were incorporated by the host communities.

The combined groups of Haitian political activists, businessmen and professionals who left Haiti during the 1960s and early 70s were political exiles. A large portion of this group went to New York and Quebec, and some to France and Francophone Africa. To the extent they were politically active, their goal was to weaken and bring about the fall of the Duvalier regime. The associations studied in this report were almost all established during or shortly after the 1990s, several years after Haitians had settled. The reasons for the lapse are likely a mixture of difficulties of integration which all newcomers share; fear of reprisals by the Duvalier regime against the beneficiaries of aid from the outside; and belated acceptance of the fact that the return to Haiti was unlikely, hence the desire to send support from outside. After that regime did fall in 1986, migrants came to the US and Canada with more diverse motives, and spread to other cities, especially in south Florida. Since then the organized Haitian diaspora has devoted advocacy, resources and support for Haitian migrant communities as well as for projects intended to improve the quality of life and services in Haiti itself.

4.2 New York

The Haitian community in New York City and its surrounding areas took form during the Duvalier years, and consisted of prominent Haitian intellectuals and professionals. The first migrants were political exiles, closely following events in Haiti and intending eventually to return to play leading roles in their country's post Duvalier development. In the meantime, they viewed New York as a favorable location because it was cosmopolitan and offered ample opportunities for

³¹ Orozco March, 2006.

³² The Haitian organized presence, reportedly, is considerably weaker in France than in the US or Canada. The French government has announced a small program for diaspora professionals and business people to go to Haiti to build Haitian capacities, and some productive projects involving the diaspora. Macollvie Jean-François, "The French dis-connection : Haitians struggle to make their mark in Paris," *Haitian Times*, Brooklyn, NY June 8, 2004.

³³ For example, Baltimore/Washington DC, Atlanta, Chicago, St Louis; also in France, Dominican Republic and the Bahamas.

employment—language notwithstanding.³⁴ Although home to a large black multi-class population and far more open to blacks than the US South, New York was not a sympathetic environment in its racial practices toward Haitians. According to Haitian scholar François Pierre-Louis, the early arrivals perceived themselves as an educated upper class French speaking group, and found it difficult to accept Americans' failure to acknowledge them as ethnically separate from US blacks. Many of the prominent Haitians in exile who had been largely preoccupied with Haitian politics, he notes, returned to Haiti when the Duvaliers fell.

Haitians in New York still affirm their separate identity as a community, but racial attitudes have evolved and the composition of the community has changed. There are presently about 400,000 Haitians in the New York area.³⁵ Today's New York-based Haitian professionals—doctors, educators, social workers, engineers, civil servants, clergy, etc.—were once the backbone of the middle and upper-middle class in Haiti. An estimated third of black doctors in New York State are Haitians and there are around 1,100 Haitian doctors in the New York Metropolitan area alone.³⁶ Doctors, along with intellectuals, are among the professionals accorded greatest prestige among Haitians.

By the time the Duvaliers fell, in 1986, a new and larger wave of Haitians had arrived in New York and elsewhere. On the whole, those settling in New York during and after the 1980s were more socially and educationally diverse than their predecessors from the 1960s and 1970s. Moreover, they were on less oriented to influencing Haitian politics than to finding economic success in their new homes and helping families inside and outside of Haiti. Many who arrived without resources or credentials started businesses or found employment that made it possible to achieve middle class standards of living. They, as well as the old elite groups who arrived in the 1960s and 1970s have established and are participating in Haitian migrant organizations. These associations are located where the Haitian population is concentrated, primarily in Brooklyn and Queens, and to a smaller extent in Northern New Jersey.

Among the associations, the hometown associations are by far the most numerous. Although frequently the same hometown associations have chapters located in multiple cities in Canada and the US, the HTAs in each city typically operate independently and in a different manner. The professional organizations

³⁴ Information in this section is largely drawn from the Francois Pierre-Louis, Jr. book, *Haitians in New York*, 2006

³⁵ According to sociologists Flore Zéphir in his book *The Haitian Americans*, 2004, pg. 46, this is the most accurate figure. However, the estimates range from an extremely conservative estimate of 125,159 Haitian-born residing in New York City (from the 2007 American Communities Survey) to 840,800, which was reported in a 2000 NOAH Survey (taken from footnote 26 of ICG paper).

³⁶Footnote 27 of the ICG paper, cited from Crisis Group Interview, Gary Pierre-Pierre, *The Haitian Times*, New York, 23 September 2007. See also Pierre-Louis 2006, 101.

are by definition more elitist and more national in character.³⁷ While there are numerous church-based projects operating in Haiti with funding from observant Haitian migrants, interviews and other sources show the latter to be more disposed to respond to appeals from co-religionists than to take initiatives of their own.

The New York community characterizes itself as more socially stratified than other US communities where Haitians have concentrated, and this factor has affected how the various associations do—and do not—interact. In one example, the interview team met with directors of two relatively small HTA health projects working in proximity and/or with similar objectives to those of a much larger and better endowed organization of Haitian physicians. The smaller groups, struggling for resources and access, were not inclined to explore possible collaboration or support; nor had they considered seeking information which would have been helpful to their own efforts. The reason given was that they believed they would be treated disdainfully if they sought collaboration. (This may not have been the case, but physician members of the major organizations of Haitian doctors in New York, Washington and Florida described small health support projects typical of hometown associations as usually ineffective.)

The interview team found there to be very little interaction between or among HTAs, professional groups and religious associations in New York. Almost without exception, the project leaders interviewed in New York were disinclined to work with other Haitian diaspora organizations, even if they were otherwise friendly. While the pattern was especially pronounced in New York, the general phenomenon is common to all locations. Class rigidities are only one reason; political divisions are another. Probably the major reason is that the hometown association projects are created by closely related individuals who wish to make their own mark and do not seek partnerships with other similarly inclined individuals.

One attempt to bring the New York based HTAs into an umbrella group was the establishment of the Fédération des Associations Haïtiennes à L'Étranger FAHRE in 1995, incorporated in 1999. FAHRE obtained non-profit status (501c3) in 2003. At the outset there were 45 organizational members, for the most part HTAs. The founders were optimistic that joining forces would bring funding and enhance the effectiveness of the small separate organizational members. To the disappointment of its founders, the 45 organizations had been reduced to 33 by 2004. Part of the reason had to do with events in Haiti itself. Both the Aristide regime itself, and his ouster in 2004, divided member organizations politically. As instability inside Haiti grew, it became difficult and dangerous to work in or even to visit the country. At the time the interviews were being conducted in New York

³⁷ The two most prominent national professional associations are The National Organization for the Advancement of Haitians, NOAH and the Association of Haitian Doctors Abroad, MHE. NOAH was founded in 1991, which mobilizes support for Haitian health, education and other services; and is presently supporting the Haitian government to expand tourism. Domestically, it lobbies on behalf of Haitians in the U.S. AMHE is discussed in this text.

in early 2008, FAHRE still had 33 official members of which, however, only 15 were active. The members today are divided over whether to collaborate with the present Haitian government and, if so, in what form.

Briefly in 2004, USAID funded FAHRE, to gather information about the organizations in the Haitian diaspora and suggested that FAHRE come back with a collective proposal. The proposed plan of action was never completed.³⁸ USAID has not renewed its contact with FAHRE or any other umbrella group, although it has been seeking avenues of collaboration with diaspora groups for projects of mutual interest. At around the same time the Inter American Foundation, similarly, encouraged FAHRE to form partnerships because the Foundation could not fund the small projects that FAHRE members put forward. After much discussion over several months about a project in education and technology, it became clear that finding a partner for and managing a large scale project was not a viable option for FAHRE or its members.³⁹

4.2.1 Review of NY Collective Associations

A brief review of the HTAs and other organizations in New York offers illustrations of the obstacles facing well intentioned Haitians working, on the whole separately, disengaged from government programs, and with minimum funding. Of the twelve interviews conducted in New York, nine were with hometown associations. Some examples are:

4.2.2 Hometown Associations in NY

The newest of the HTAs, the Rural Haiti Project, founded in 2006, was initiated by a group of younger people who for two years have been bringing a program of educational activities primarily for children once a year to the Croix des Bougets area from which they originated. The project encourages art and artisan activity. There are few other organizations in New York working in the areas of health and education whose membership is almost exclusively young. The oldest New York organization interviewed, CORCAH, was founded in 1969, incorporated with a 501c3 in 1986, and initiated an ambitious program of projects in education, health and infrastructure. It is presently lacking resources or prospects of government facilitation, without support from community members, and with little prospect for completing projects previous initiated.

The remaining HTAs, established between 1995 and 2000 have operated on a small scale and depended on funding from family and friends for the projects they undertake. Only two had obtained a 501c3 non profit status at the time of the interview, although all now describe themselves as in the process of obtaining this status, having recognized its importance.

³⁸ Interview Marie Carolle Tertulien, Cordinator FAHRE, January 21

³⁹ Interview Carlo Dade, former IAF official for Haiti projects. October 9, 2008

Most of the HTAs (Rural Haiti Project, CEDECOPRA, Bouzi Bidouze, Torbeck, CODESSCA, had only one project ongoing, e.g. construction of a clinic, hospital, or school). Small scale projects have been initiated with less than \$5,000, to which sometimes the diaspora member leading the project added the value of donated land. They operate on yearly budgets of under \$10,000. CEDECOPRA, more successfully, has launched a functioning clinic with a nine member staff. The diaspora support group sends donated medical equipment. Its budget is over \$80,000 and it struggles to meet costs. One project in Chambellaine, without large amounts of diaspora funding, maintained a school project which partially supported itself from the sale of goats and pigs that the diaspora group also initiated and supported.

By and large, the reported projects came about as a result of perceived needs on the part of the diaspora members who visited the communities. In the context of work related to the major project, the HTAs also tried to respond to specific requests from the target communities. Community participation was reported as mixed; and none of the reported initiatives was community led. Two of the projects, Torbeck and Chambellaine, had initially agreed to build a hospital and school at the request of the Haitian government. In the first, all promises of government participation and follow-up were lost when the government changed; in the second, the government did follow through by hiring and paying for teachers.

A fairly well resourced HTA, Fondation Gaskov seeking to address multiple community needs has funded a scholarship program that benefits about 120 pupils, supports sports activities and runs a yearly medical “fair” in a community near Les Cayes. Medical “fairs” are common among Haitian groups. They consist of the arrival of a group of medical professionals and others, bringing medicine and delivering services to a particular community over the course of a few days.

4.2.3 Faith-based and Professional Associations in NY

HTAs are often motivated by religious convictions for otherwise secular health and educational initiatives. In the field of education church schools have historically been a mainstay of Haiti’s educational resources. In New York, the research team interviewed a multi member religious federation of church affiliated groups. The individual parishes in the New York-Brooklyn-Queens area had been active for decades. They consolidated as Multicultural Family Nexus in to collectively support projects in Haiti. Their primary activity has been to support church schools, which the assembled board members acknowledged to be of poor quality. By uniting in a single association and applying for non-profit status, the group hopes to expand activities and to raise funding.

A different kind organization with religious affiliations was the Association of Alumni of the Immaculate Conception College. It supports a secondary school in Gonaives that had been one of Haiti’s most prestigious educational institutions,

once serving the elite. The association, based in New York, now educates and gives scholarships primarily to students deemed to have intellectual promise, and supports a clinic that serves both the school and the community. The school owes its continued operation to the fund-raising dedication of its alumni and to Catholic Church support from Canada. At this writing, however, school facilities have been badly damaged by the storms of September 2008 which struck Gonaives with special brutality.

The largest professional organization among Haitians, the Association des Medecins Haitiens à l'Etranger, AMHE. It was founded in New York in 1972 and by the following year had established chapters in Baltimore, Saint Louis and Chicago. Other chapters followed in the 1980s. The AMHE works in collaboration with the Ministry of Health. Its activities include raising medical standards in the major hospitals, training Haitian physicians, and mounting (fairly successful) campaigns to reduce HIV/AIDS and Malaria. The government of Haiti has given the AMHE a customs franchise that allows it to ship medical supplies to the country duty free. (Customs duties are a continuing problem for other organizations, and it is not clear whether they are unable to negotiate similar arrangements or prefer not to do so.) AMHE has funding from medical and non-medical sources inside and outside of the Haitian community. Its level of funding and activities probably surpass that of all the other associations combined. Nevertheless, the leaders of the AMHE cite difficulties in maintaining their current levels of activity, enlisting sustained support from younger Haitians, taking on such major national level challenges as HIV/AIDS and malaria, and managing the personal financial burdens that accompany their volunteer efforts on behalf of Haiti.

4.3. Collective Associations in South Florida

A large influx of Haitians began in Florida at the end of the decade of the 1970 and continued through the following decades. A estimated 350,000 to 400,000 Haitians live in the south Florida area.⁴⁰ The Haitians have brought various skills but the majority arrived with little education and few or no resources. The Haitian “boat people” as they were called during the 1980s and 1990s,⁴¹ were not well received in Miami, not by whites, blacks or the large Cuban population. Haitians were associated with HIV/AIDS and crime, furthermore, had difficulties in English—but with time they have come to be admired for their hard work and self-improvement efforts. A smaller but influential influx of more affluent and better educated Haitians also moved to Florida during and after the 1980s, largely as a secondary migration from northeastern cities and Canada. The more clement weather proved an important draw. Educated Haitians left Haiti during and following the Aristide years as they had before. Haitians make up 4.2 percent

⁴⁰ Information provided by FAVACA. September 2008.

⁴¹ One hears the term “boat people” less often because the number of boats and the number of arriving Haitians has been much reduced by stronger interdiction enforcement. For Haitians, the term is and has been pejorative.

of the population of Miami-Dade County, which now has the largest concentration in the US. The second largest concentration of Haitians is King's County (Brooklyn) and the third largest is in Broward County, immediately to the North of Miami-Dade.⁴²

About a third of Haitian households in Miami-Dade are below the poverty rate, which is higher than the average for any of the other ethnic groups in Florida, while only 7 percent is in the top income group.⁴³ The entrants from 1995 to 2000 are poorer than those who came before, indicating that the negative trends—poverty, educational levels, employment—have improved with longer time spent in the US.⁴⁴ Not surprisingly, Haitians who have attended school and have acquired citizenship do better economically. The Haitians interviewed for this project were, in the main, people who had come to Florida after having spent time in more northern cities or having attended universities in the US and, therefore, were educated and familiar with “doing business” in the US. Nearly all lived in the wealthier areas of Coral Gables and North Miami or in Broward County and Palm Beach County.

The profile of Haitian organizations is similar in southern Florida and New York. There is a preponderance of hometown associations, but also religious-based associations and professional organizations. As in New York, the professional organizations are comprised of better educated and wealthier members than either of the other two categories. Some of the professional organizations are branches of national organizations that are also found New York, Miami and other Haitian centers, e.g. the AHME, NOAH. Two successful projects in the interview sample operated in Florida but were founded in New York (Help and Medishare). Given the level of poverty in the Haitian community, religious and professional associations in Florida are likely to be as active in local support efforts as in support to projects in Haiti, or more so.

The research team was especially impressed by the reported activities of the Haitian American Nurses Association HANA because of its multiple layers of service: to the Florida community of Haitians, to community efforts in Dade County generally (e.g. with women's groups, Black Nurses Association, etc), to Haitians in Haiti and Haitian migrants in the Dominican Republic. The nurses were significantly less economically secure than most diaspora association members interviewed. The association lacks resources and the nurses often must spend their meager salaries to do the work they have agreed to do. Yet, they carry out their own missions in Haiti and the Dominican Republic; they travel on missions organized by the AMHE, NOAH and other physician groups, and

⁴² From Brookings Institution Metropolitan Policy Program, *The Haitian Community in Miami-Dade, A Growing Middle Class Supplement*, 2005, Based on census figures from 2000. The population is now larger.

⁴³ Brookings, 2005.

⁴⁴ Ibid.

assist in training of the School of Nursing in Leogane, Haiti. Most fund raising takes place at an annual gala, put together entirely by volunteers. The association has received minimal financial support from outside sources, although the leaders have applied for funding. Since the HANA has no designated telephone, fax or fixed address, the task of soliciting funds is especially problematic.

4.3.1. Projects that promote professional capacity in Haiti

The Haiti field review of projects which formed part of this project noted that while diaspora groups were investing serious resources in their projects and achieving desired results, very few had promoted community-based organizations that were empowered to take decisions or engage in planning. Therefore it is worth looking at two of the projects, one based primarily in Miami and the other operating from Miami and New York, which have successfully delegated responsibility to Haiti-based management and staff, operate on a permanent basis and work in close collaboration with the government,

MEDISHARE is not strictly speaking a Haitian diaspora organization. It was founded in 1993 by two non-Haitians who are still its directors and major funders.⁴⁵ Since its founding, the work of the organization has been primarily devoted to health and health related issues, has been rooted in Haiti, has worked with largely Haitian staff (ninety percent of new Medishare hires are Haitian or Haitian Americans), has trained Haitian medical personnel and has been committed to collaborating with government ministries.

The Haiti Project that trains Haitian doctors began in 1999 with funding from the Soros Foundation and, when that funding ran out in 2001, also passed to Medishare. In the first phase Haitian doctors from Cap Haitien were brought to the University of Miami where they were taught medical practices and the concepts of community medicine by Haitian American doctors. Presently there are 23 doctors completing their three year residency in Cap Haitien. A sufficient number of medical personnel in Cap Haitien have been trained to use modern technologies and practices,⁴⁶ and are able to train others in place. This program is in jeopardy presently due to low funding, although USAID has given funding for a component of the work with HIV/AIDS in the North of Haiti.

Medishare brings students from the University of Miami School of Family Medicine by enlisting their skills for health “fairs” which they conduct yearly—primarily in communes in the Central Department. They deliver various services to vulnerable people in other towns and cities. The program trains students from the School of Family Medicine by enlisting their skills for these services and for mounting health “fairs” on a yearly basis,

⁴⁵ The interview was conducted with the Florida Director Michel Dodard and his assistant Gabrielle Denis, March 4.

⁴⁶ The Cap Haitien project was initially funded by the Soros Foundation.

The major facility under the auspices of MEDISHARE is an integrated health care system to serve the poor rural area of Thomonde and nearby communes in the Central Department of Haiti. It was founded in 1994 as a modest health facility for the town, but has grown to encompass health, education and income generation. The Thomonde activities are overseen from Miami by two Haitian Americans, a physician at the University of Miami Medical School and a project assistant. Thomonde was selected because the Mayor wanted such a project and the town itself, although poor, was not conflictive. The project supports a community health facility with an administrative staff of 12 people. The director is a Haitian American who now lives in Thomonde. Medical students with different specializations from the University of Miami, George Washington, the University of Florida and Emory come for brief periods of time. The full time staff includes four full time doctors (three Haitian and one American), an agronomist, accountant and nutritionist from the local area.

In addition to the health services, the Thomonde project has a nutritional component that cultivates and manufactures a highly nutritious product called Akamil. This product is potentially saleable on a wider scale and could partially sustain the overall project. Since the production of akamil incorporates locally grown produce, it has the potential of contributing to local development. The project has now been embraced by the Haitian Ministry of Health, which recruits the staff doctors and has refurbished its own health services in the Central Department.⁴⁷ Its nutritional project is done in partnership with the Ministry of Agriculture. Although the practice of sending yearly missions of medical personnel to Haiti is common to several of the health oriented HTAs and some professional medical groups, the Thomonde program is different in that these missions integrate themselves into a preexisting year-round operation, thereby complementing the Haitian doctors rather than replacing them. Expenses for the educational component and operations in the Central Department come to approximately \$580,000 per year, of which Medishare pays approximately \$337,000 per year.

The Haitian Education Leadership Program HELP, like Medishare, was founded by non-Haitians in 1997, but its board and staff are largely comprised of Haitians and it maintains a permanent base of operations in Port- au-Prince.⁴⁸ HELP provides scholarships and housing for talented Haitian students who cannot afford to continue their education. The organization has been given legal status in Haiti through the Ministry of Social Affairs. The total staff in all location is about 100 employees. The office in Port au Prince has a full time staff of three, plus a number of part time consultants. The staff should be larger.

⁴⁷ Project Medishare Final Report, January 2007-December 2007.

⁴⁸ The interview was conducted with Board member and Director of the Florida Program Yves Colon. March 3.

High-performing students across the country are identified and selected to receive scholarships for study in Haiti's best universities, e.g. the State University in Port-au-Prince or Quisqueya in Port-au-Prince and Les Cayes. However, since secondary schools are overwhelmingly private, levels of quality and teaching staff competence vary considerably. Students graduating at the top of their secondary school classes from poor quality schools are rarely ready to take on university level work without coaching, which is made available. Once in the program, university tuition, housing and school materials are underwritten, and the Haiti-based staff monitors their academic progress. In 2008, there are 78 students in residence. According to the Florida Director, the HELP scholarship students who have graduated universities are all employed in their respective professions.

The annual budget of \$350,000 per year is raised through private events to which mainly diaspora Haitians contribute. In addition, there are contributions from donors, e.g. USAID, FAVACA (see below) and arrangements with art galleries to sell Haitian art. The Returned Peace Corps Association also has donated funds it raised by selling Haitian artisan work. Help has received support from the US Embassy in Haiti and donations from a Haitian-owned cell phone company. Directors are considering asking graduates to repay part of the funds invested in their education once they are employed.

4.3.2. Comparison of HTA Associations in NY and Florida

The hometown associations like the professional associations often have chapters in different cities, but the interview team found little evidence of ongoing cooperation in the case of HTAs. Groups located in Florida planned their activities with little or no reference to what may or may not have been ongoing in New York (or Montreal or Boston) chapters. In a couple of cases, the informants referred to the New York chapters as practically moribund. One explained that he and other younger people had taken leadership from the New York hometown association because the program, under older and more conservative direction, was stagnating for lack of funding and imagination.⁴⁹ Another reported that he had insisted on a serious organizational structure in the Florida chapter, which the New York chapter had not seen as necessary.⁵⁰ A number of the persons interviewed in Florida thought their greater proximity to Haiti had led to more frequent contact and greater awareness of the opportunities for cooperation with Haiti than would be found in New York or other northern locations. On the other hand, the New York and Boston groups have joined together in the formation of a Haiti Resource Group following HTA workshops in March 2008 (described below). The micro finance group FONKOZE has been encouraging this initiative. The purpose of the newly formed Resource Group is, precisely, to encourage better coordination and partnerships.⁵¹

⁴⁹ Interview ODEP March 6, 2007

⁵⁰ Interview ADFL, March 3, 2007

⁵¹ Information from Katleen Felix, Fonkoze, October 13, 2008.

It is important to note that the project interviews were limited to groups that are engaged in health care services and education, and did not cover groups that support productive activities, religious activities, sports, etc. While interview data is insufficient to verify observed differences in the two Haitian population centers; the interviews did reveal some interesting variants. These, in summary, are:

- Most of the associations in Florida were established after 2000, whereas most of the New York associations were established in the 1990s.
- Almost all the Florida associations obtained 501c3 status in the US soon after being established, and many are registered as well in Haiti. In New York, the organizations usually registered their projects in Haiti, but went for years without seeking formal non-profit status. Over the past year or so they have been seeking to obtain this status.
- The leadership in Florida associations is younger on the whole, often comprised of people who came to the country as children.
- While in Florida, as in New York, ongoing collaboration among Haitian groups is more the exception than the rule, examples of mutual support and of groups that combine resources seem to be more frequent in Florida.
- While in Florida as in New York, fund-raising for HTA projects takes place primarily within the Haitian community, it appears there is a greater interest in actively seeking funding and collaboration from outside sources, including local and national government, foundations, private sources and broadly based professional organizations.

There is no unifying umbrella organization for the HTAs in Florida. A Haitian American Professional Coalition, HAPC, brings together representatives of nine separate Haitian associations in the area: educators, physicians, social workers, economic and public affairs, chamber of commerce, law enforcement, nurses, engineers and scientists, and lawyers. Each group has on average 300 nominal members. The representatives meet monthly while a five person Board of Directors meets at least weekly. Most of the groups are concerned with domestic issues and, outside of the health and educational professionals, have few projects in Haiti. One project in the planning stage, however, would combine diaspora professionals in health and communications technologies for a training program at the School of Medicine in Port-au-Prince. There is interest in expanding the coalition beyond Florida but this would depend on outside funding. Present funding is limited to the personal contributions of members.

A non-diaspora group, the Florida Association for Volunteer Action in the Caribbean and the Americas FAVACA, has provided assistance to Haiti-based projects which involve diaspora contributions, works with and facilitates the implementation of ongoing diaspora projects, and has brought diaspora leaders together at times. FAVACA is funded by the state of Florida and has operated for nearly three decades with a staff and volunteers of Americans and people of Central America and the Caribbean origin, i.e. the region where so many of

Florida's current residents originated. Besides sponsoring volunteers throughout the region, FAVACA contributes funding to HTA and professional association projects (e.g. partially financing the shipment of medical equipment to Haiti). It also offers the associations advice in designing and implementing development projects, fund raising skills, and management skills. Projects in Haiti have been and remain a major priority. Currently, FAVACA is seeking funding for a new program, Haiti Volunteers in Education Corps, which would draw on college educated Haitian-Americans to expand educational opportunities in Haiti outside of the major cities. FAVACA had given modest grants to the projects being undertaken by four of the organizations included in the interview sample.⁵²

4.4. Boston

Haitians in Boston number between 50,000-100,000.⁵³ It is considered the third largest Haitian community in the US, and its organizations have been influential. The community is especially concentrated in and around the Dorchester neighborhood.⁵⁴ In much the same pattern as in New York and Montreal, the Haitian refugees from the 1960s and 1970s brought skills and resources. Boston was, and remains, an especially attractive destination for health professionals. Likewise the Haitians who have arrived since the 1980s—over 40 percent of the total—are of working class origin, with the newest arrivals showing still lower levels of education and skills.

The hometown associations in Boston share characteristics with those in New York and Florida. They were established by Haitians of some means, but not among the Haitian elite. As in other locations, the associations result in large part from the determination and dedication of one or very few individuals. Several of the founders have donated personal resources as well as family land for the construction and operation of educational, health and other facilities.

An umbrella organization, the American-Haitian Foundation AHFED brings together several organizations in the Boston area, but membership activities apparently have been declining somewhat. A new HTA umbrella organization is in the making in June 2008, called Massachusetts Coalition of Haitian Hometown Associations, MACHHA with a younger membership and a commitment to promoting capacity building, sustainable development and grassroots participation in Haiti. MACHHA's intention is to form a coalition that collaborates in Haiti-focused work rather than a simple umbrella entity with individual HTA members.

⁵² Information from Rebecca Reichert, FAVACA staff member. Because Reichert is a FAVACA staff member as well as a member of the research team, she included FAVACA-funded projects among the interviews.

⁵³ The New York based National Center of the Haitian Apostolate affirms that the Archdiocese of Boston is home to more than 100,000 Haitians www.SNAA.ORG 2008, while the 2000 Census figures report fewer than 50,000 in Massachusetts overall.

⁵⁴ Jackson 2004.

The associations interviewed are recently established, after 2000 but, as in New York (somewhat less in Florida), membership has been declining in recent years. The reasons relate to the political insecurity in Haiti, the rising cost of living in the United States, and a lack of engagement among the younger generation. The Boston associations interviewed have promoted committees and local entities in Haiti, with which they work and to whom they try to respond. Two of the organizations are worth noting because they broke from the typical patterns of the Haitian HTAs and reached out to unconventional funding sources.

4.4.1. Collective Associations that Develop Partnerships

The Foundation for the Technological and Economic Advancement of Mirebalais, FATEM⁵⁵ is only two years old, with a young and technologically savvy, albeit small, staff. The organization wants to build on and complement work already underway at the local level in the area around Mirebalais, on the Central Plateau. Its agenda, therefore is much driven by community organizations that promote education, capacity building, and social services, especially those with a gender focus. In addition to sending school supplies, paying for tuition, helping to achieve computer literacy, and supporting sports as requested by the communities, FATEM, on its own initiative is undertaking to rebuild the city's public library. FATEM vets the project requests it receives on grounds of economic viability and sustainability by the community.

Along with the usual organizational gala which brings together the Haitian community, FATEM has received some funding from Rotary International and, through Rotary International, a small sum from the Haitian Ministry of Planning for the library. The most unique of its affiliations is with the World Bank, which has created its own community development project, called PRODEP. PRODEP seeks community selected projects to support, using international NGOs to prepare and build capacities for management and oversight in the communities. With a \$38 million fund from the Bank's IDA, the project is presently working in 57 municipalities and will be expanding. One of the requirements is that beneficiary organizations contribute at least 10 percent of the cost. In the case of Mirebalais, it is the diaspora organization, FATEM that is furnishing the community input.⁵⁶ For FATEM managers, this arrangement coincides with their own community based objectives and allows them to fund projects at a lower cost.

Another innovative project is Edem, whose founder encompasses support to education and economic investment. Discouraged by the response of his original "home town" to a proposal for building a school, the project was brought to a picturesque island Ile la Vache, where he had invested in a resort hotel. Ile la Vache had no school. Now built, the school is expanding and EDEM is exploring

⁵⁵ Interview March 12 2008, (phone) with Jacky Poteau; www.fatem.org

⁵⁶ Interview with PRODEP project manager, Gary Charlier, World Bank January 30 2008.

health related services. Departing from the usual fund raising among family and friends, EDEM has been raising funds primarily through its web site. Reportedly, the organization has received responses from Haitian Americans and non Haitians residing in different cities which, in turned, are matched by employer and colleagues in his own enterprise. The actual management of the contributions is done by the National Heritage Family Foundation, which takes a small percent of the total, but spares the organization administrative tasks and guarantees transparency.

4.5. Montreal

The population of Haitians in Canada is similar in its demographic composition to that of New York, having been established at roughly the same time. The array of organizations is also similar. The relationship of the Haitian community to the Canadian government and, more relevant, to the Provincial government of Quebec, is significantly different. The government has taken measures to make Haitian diaspora projects more effective.

The arrival in Canada of Haitians fleeing the Duvalier regime⁵⁷ coincided with the end of that country's across the board discrimination against non-European/non-white migration. Until about 1960 there were fewer than 400 Haitians in the country, but by 1976 there were over 14,000, and the number doubled by 1992.⁵⁸ The end of racial bias in Canadian immigration policy and the influx of Haitians roughly coincided, as well, with what has been called the "quiet revolution" in Quebec—when political power shifted from conservative anglophones to more liberal francophones and the new political leaders wanted to strengthen the francophone base in the province. They particularly needed French speaking professionals to bring about the social transformation they sought at the time. Newly arrived Haitians were, on the whole, well educated and brought a variety of professional skills. These factors mitigated the still strong racial prejudice in the province, at least to the point of ensuring that the Haitians would have access to gainful employment in their professional fields. By 1969, the number of Haitian professionals living in Quebec—primarily in Montreal—had grown so much that physicians there were said to outnumber those in Haiti itself. Haitian exiles undoubtedly raised the quality and availability of health care and education in Quebec province.⁵⁹

Canada did not experience the kind of large and spontaneous influx of Haitians that came to the United States. They were arriving in large numbers after 1975, but largely in an orderly, legal, family reunification mode.⁶⁰ In Canadian

⁵⁷ Canada accepted approximately 1000 refugees during the Duvalier years.

⁵⁸ Daniel Gay, "Haitians" in *Encyclopedia of Canada's Peoples*, <http://www.Multiculturalcanada.ca/Encyclopedia/A-Zh1>

⁵⁹ Samuel Pierre, *Ces Quebecois venus de Haiti-Contribution de la Communaute Haitienne a l'Education de Quebec Moderne*. www.polymtl.ca/pub. See chapters on health and education.

⁶⁰ Migrants to Canada fall into three principal categories: economic, family reunification and refugees.

immigration law, 45 percent of the newcomers may enter the country through family reunification programs. Haitians already in residence in Canada since the 1960s sponsored numerous relatives who, in turn, sponsored additional relatives. One result of this pattern is that the original entrants and their relatives have formed the basis of a fairly stratified society into which poorer newcomers are not readily integrated. Newcomers do continue to arrive. Although immigration law is a federal responsibility, Quebec province negotiated a separate provision in 1991 allowing it to select additional immigrants in the interest of expanding its francophone population, and this has facilitated Haitian entries.

Because the Haitians overwhelmingly have settled in Quebec, and concentrated in Montreal, the community is perceived to number more than it actually does. As of 2006 there were 102,000⁶¹ citizens of Haitian origin in Canada, an increase of 20,000 since 2001, with 91,435 residing in Quebec⁶². It is the second largest Caribbean origin population in Canada, but only half the size of the Jamaican population and, in Quebec City, smaller than the Colombian population. (Overall French and Chinese account for the largest number of immigrants in Quebec.)

There are only a few active Haitian associations outside of Quebec. Within Montreal there are close to 132 organizations and associations, professional—doctors, teachers, engineers, nurses; and diaspora—or home town associations.⁶³ As in New York and Boston, and for the same reasons, Haitian refugees rarely established projects in Haiti during the Duvalier years. In Montreal, as elsewhere, the professional associations tend to be better financed, longer lasting, and with stronger membership roles.⁶⁴ For the most part, the professional organizations in Canada are affiliated with or mirror those in the United States.

4.5.1. Canadian Government Support to Diaspora Groups

After the fall of the Duvalier regime, the Canadian government in Quebec as well as the national authorities in Ottawa, were supportive of diaspora efforts to initiate development projects in their country of origin. An important characteristic of Canada's approach that differentiates it from other countries is the government policy in favor of systematically supporting international development projects that its own citizens—in this instance the Haitians—are willing to back with their own money.⁶⁵ This has been the case on both the federal and the provincial levels, and accounts for the fact that diaspora organizations in Canada are more likely than those anywhere else to seek and receive government support. Within the province of Quebec Haiti is the number one priority of the Direction de l'Aide Internationale (DAI), the division of the province's Ministry of International

⁶¹ Statistics Canada. 2006 Census Data sorted by Ethnic Origin.

⁶² Statistics Canada. 2006 Census Data sorted by Ethnic Origin for Quebec.

⁶³ The number of presently active organizations is probably about half that number.

⁶⁴ Information prepared by Carlo Dade

⁶⁵ Interview Carlo Dade, Director of FOCAL. July 2008.

Relations that mirrors the Canadian development agency. DAI's budget pales in comparison to that of the Canadian International Development Agency CIDA yet it has given over CAN\$4 million in aid for 60 projects.⁶⁶ DAI has supported Haitian diaspora organizations through ROCHAD (see below).

CIDA's mandate to promote projects with Canadian organizations, the perception in Ottawa of the political importance of the Haitian community, and a general interest in supporting visible minorities, all pushed CIDA to make special efforts on behalf of new Haitian diaspora organizations. CIDA created a special diaspora fund to help them and began sponsoring projects in 1987. The support was part of a larger effort to solicit proposals from Canadian NGOs to do work in Haiti after the fall of Duvalier. In response to its call for proposals, CIDA received a number of proposal requests from new, small and informal groups that did not appear to CIDA to be capable of managing direct funding from the Canadian government.

The same year, 1987, CIDA assisted the Haitian diaspora groups to form a federation, the Group of Canadian-Haitian Development Organisations (le Regroupement des Organismes Canado-Haïtiens pour le Développement - ROCAHD) and then placed this new federation inside the offices of an existing federation of Quebec NGOs, the Québec Association of International Cooperation Organizations (L'Association Québécoise des Organismes de Coopération Internationale - AQOCI), with which CIDA had a long term partnership. CIDA funded ROCAHD through AQOCI for a matching grants program to small-scale development projects in Haiti that would be undertaken by ROCAHD member organizations. AQOCI oversaw administration, reporting and governance while ROCAHD and its members built up their skills in these areas. It was, in effect, an apprenticeship that allowed ROCAHD to gain credibility and confidence and to attract member organizations. ROCAHD was set on its own in 1994⁶⁷ as a stand-alone organization that receives funding directly from CIDA and the DAI.

ROCAHD operates as a federation of Haitian organizations which vets member projects and submits the most viable among these to CIDA for funding. It now has 45 fee-paying member organizations consisting of 35 Haitian home town and professional associations, and 10 Quebecois associations that work with Haitians or on behalf of Haiti. Membership criteria in ROCAHD include one year legal status, an acceptable financial report and recommendations from other members. The salaried secretariat staff consists of only three people, two in Montreal and one in Haiti. The Haitian employee works out of the offices of OXFAM in Port au Prince. An Administrative Council of volunteers meets each month and takes all major decisions. A Project Committee reviews all submissions and checks the credentials of the submitting organization.

⁶⁶http://www.mri.gouv.qc.ca/fr/rerelations_quebec/ameriques/amerique_du_sud/haiti/rerelations.asp

⁶⁷ ROCAHD, 1999.

It is instructive to review the evolution of ROCAHD because it represents a replicable model of formal government institutional collaboration with Haitian diaspora organizations for support to Haitian development. Through ROCAHD, CIDA has established criteria and ground rules for establishing projects, the effectiveness of which are of interest to other possible donors.⁶⁸ Vetted projects must meet established criteria on gender inclusion, environmental impact, viability and sustainability at the estimated cost. ROCAHD approves funds on a three-year cycle. All projects are systematically monitored by the staff member in Haiti, housed in OXFAM, and Montreal-based Council members visit once a year. The funded projects are nearly always in the realm of economic development, with only a few in education or health. ROCAHD projects have not included partnerships with the Haitian government thus far, apparently because of a low level of trust in ROCAHD for the government. ROCAHD member organizations can and do initiate health and educational projects and liaise with government on their own however.⁶⁹

The assistance of a sponsoring organization and government money are clearly advantageous for those ROCAHD members whose projects are approved. However this arrangement is becoming ever more difficult to maintain as government funding for ROCAHD itself has been diminishing. Initially in 1994 CIDA offered it an exceptionally generous nine to one matching funding formula, but reduced the ratio sharply over the years; ROCAHD presently raises 32.5 percent of its own budget. The total budget from 2001-06 was approximately CAN\$2.3 million, of which about \$778,000 came from the Canadian government. The government, through ROCAHD has been urging the diaspora associations to consolidate their multiple small projects, on grounds that development efforts would be more effectively served by larger scale efforts. The Canadian-Haitian associations by and large resist such logic and continue to put forward numerous small initiatives for separate consideration.⁷⁰ If pressure to consolidate persists, member organizations of ROCAHD may well cease to see advantages in belonging. Most are hometown associations whose goal is to secure frequent, if small, benefits for their own communities. This issue emerges in similar forms among Haitian diaspora communities as well.

In Haiti, ROCAHD maintains a national presence, which is beneficial in balancing the primarily local focus of the majority of diaspora groups—including ROCAHD members. However, the number of active ROCAHD affiliated groups in Haiti has fallen from about one hundred to around 20, reportedly because they believe the ROCAHD methodology discourages their efforts.⁷¹

⁶⁸ The research team was unable to interview the HTA initiators of projects funded by ROCAHD because ROCAHD would not share information as to their coordinates. The reasons were not made clear.

⁶⁹ Interviews with ROCAHD, February 22 and July 2008.

⁷⁰ Interview with ROCAHD, July 2008.

⁷¹ Noriac Dathis and David Nicolas, "Les Organisations de la diaspora en Haiti et les actions de développement Dans le domaine de l'éducation et la santé, » prepared for this project, October 2008. p.11

A Canadian Diaspora Fund established in 2005 stipulates that Haitian groups seeking CIDA funding for small projects should affiliate with an experienced NGO already engaged in work in Haiti. Several NGOs have agreed to affiliate with HTAs or professional groups although few projects have, as yet, materialized. As with ROCAHD, this arrangement is meant to ensure that the projects put forward meet government criteria, as well as their own criteria for viability, sustainability and so on. When this is achieved, the NGOs will develop the project proposals in a format acceptable to CIDA and submit them. The actual projects are executed by the Haitian groups, which report to the NGO. Because the Canadian based NGOs are ultimately responsible for the success of the project, they invest in capacity building and training to help the Haitian origin groups formulate and execute their projects more effectively. Canadian NGOs have also agreed to assume administrative and management tasks on request in some cases. In backing the diaspora initiated projects, the NGOs are assuming a risk, because they would be held responsible should the projects turn out to be badly executed. The researchers were not told of any problems of this kind.

4.5.2. Funding from Non Governmental Sources

Funding for Haitian initiatives from Haitians in Canada, however, does not depend solely or even primarily on the government. The Haitian community—especially in Montreal—is well integrated and well connected and has been fairly successful obtaining support from private sector organizations, religious, humanitarian, corporate and professional.

One of the organizations whose support thus far has come from non-government sources is a home town association based in a Baptist church, L'Oratoire, has been supporting a school and cooperative in the town of Dianneville for more than 25 years. The school, at first, offered primary education to only 50 students. Later, however, the church efforts received significant support from the Union of Baptist Churches of Canada. The Union has 35 to 40 church members, and L'Oratoire used to be its only member church with a black congregation. Since the 1980s, the school has been rebuilt and expanded and currently serves 350 students. The church pays for tuition, uniforms, materials and a meal. The yearly budget of the school is approximately \$30,000, of which the Union of Baptist Churches has paid around half, and has now agreed to match church donations three to one.

The projects were located in the small town of Dianneville, because it is the home of the original Pastor-- although not the community of origin of most of the members. The project therefore is a sort of hybrid between home town association and religious charity. Both L'Oratoire Church and the Union of Baptist churches are committed to continuing support. The project overall would seem to be a success, albeit limited to a single community. This is not entirely

the case. The problems of the Oasis school in Dianneville illustrate problems in diaspora run schools across the Island:

First, the school was established alongside a cooperative, and the latter was supposed to earn enough profit to help support the former. This has not yet happened although the cooperative has been reasonably productive. Second, demand for education in the area is always ahead of what the school can deliver. It is a constant struggle to recruit and maintain an adequate teaching staff. In this school, as in nearly all the schools that diaspora members have built, teachers have secondary education at best and are not trained educators. Third, it proved unexpectedly difficult to obtain legal status for the school in Haiti. Although the school was built on land leased from the government, the Pastor had to insist repeatedly to obtain formal papers from the government for the school. The school was legally recognized finally in 2007 and is now within the Haitian government system. Fourth, with growing amounts of financial resources going from Canada to Haiti to fund the school, the Canadian government required increasing documentation related to the taxation implications of L'Oratoire's non-church charitable engagements. Both to ease the administrative burden on project managers and to make it easier to expand its activities, the managers have decided to turn the management over to another federation that works with the Haitian community, Crudem Foundation.⁷² Crudem is expected to open doors to Canadian government funding through the Diaspora Fund. Fifth, church commitment notwithstanding, there is a clear age divide in the congregation, with the younger people showing themselves to be decidedly less interested than their parents in supporting the Dianneville projects.⁷³

Another Montreal based project that has not sought support from ROCAHD is an HTA Carrfour d'Entreaide et des Retrouvalles du Cap Haitien, CENTRECH. CENTRECH has 178 members in the US and Europe as well as Canada. Among the HTAs interviewed in Canada and elsewhere, CENTRECH is one of the largest and most varied in its activities. It was established in 2001, but has grown quickly. The association is recognized by the Quebec Ministry of International Relations which has directly supported some of its projects. It has partnered administratively in Cap Haitien with the College de Notre Dame and works with the Justinian Hospital in that city for its health related initiatives. CENTRECH is committed to capacity building and professional development in health fields and sends scholarly and technical material as well as equipment to the hospital and school. Administratively, CENTRECH, like Dianneville, has contracted the services of The Crudem Foundation to administer the project cycle and gain possible access to the Diaspora Fund. Ongoing projects include technology

⁷² Crudem Foundation is an NGO with strong religious affiliations, preferred by some Haitian associations who find its criteria easier to accept than ROCAHD. Crudem Foundation has a number of its own projects in Haiti and in other parts of the world. They are evidently well managed and involve partnerships with local organizations that include capacity building and training. Several of these are in the area of health and education. This is one of the features that draws diaspora groups engaged in health and educational projects to Crudem Foundation.

⁷³ Information for this section from interviews on May 9 and May 12, 2008

courses; training and technical assistance to ophthalmology, cataract surgery, and diabetes treatment; and, a potentially lucrative enterprise, bicycle modification and repair.

Each of the 13 CENTRECH Board members is responsible for specific sectors of work, and for overseeing the projects the organization approves in that sector. Members pay \$100 per year, but most of their funding comes from the Quebec government, corporate, NGO and foundation sources. The Board meets monthly to take decisions and decides collectively on the projects to be supported.

V. Summary of Findings

5.1. General information

See Appendix I. Table of organizations

Appendix II. Map of project sites described in the report

5.2. The organizations

The Haitian diaspora in the United States and Canada contribute resources, skills, and on the ground services on behalf of health and educational facilities in Haiti. The organizations through which they make their contributions are vastly different in size, scope of effort, capacity to make an impact and relationships to beneficiaries.

5.2.1. Hometown Associations

Hometown associations are the predominant form of organization among Haitian and other migrants intending to engage in “collective remittances.” The hometown associations reviewed here, with few exceptions, struggle to make a difference and to sustain their efforts. The leaders in these associations are variously motivated. They speak of wanting to “give back” to the place of origin. They want to be remembered in the communities they left. Some of them were once the most prominent families in their communities. A large number of the projects, especially those involving school constructions, are located on land donated by a diaspora member. The former residents have visited their communities and seen the needs first hand. Informants several times described visits to their hometowns during which they encountered an accident or seriously-ill person, but no medical facility. They asked themselves, “Where would I go if I were taken ill here?” Perhaps for this reason medical service projects are especially prominent among HTA endeavors.

5.2.2. Professional Organizations

This report has been based on interviews with doctors, nurses, engineers, educators, business entrepreneurs and politicians. In the places where Haitians are concentrated, professionals are likely to belong to Haitian professional organizations. Unlike the hometown associations, most of the professional

organizations were formed primarily to support members domestically, that is to defend and advocate on behalf of their status and rights in the US or Canada. Nevertheless, these associations can be expected to mobilize for service to Haiti either in response to a specific request or a crisis, or on an ongoing basis.

The “all-purpose” Haitian professional association is The National Organization for the Advancement of Haitians NOAH, whose members were interviewed in Miami and Washington DC. NOAH is an organization of Haitian professionals of all walks of life - lawyers, accountants, financial managers, businessmen, engineers, and health-related professionals—who are organized both for domestic, i.e. US-specific objectives, and for undertakings in Haiti. In Haiti, they mobilize medical students from several universities for an annual medical mission. The students are sent with doctors to remote or otherwise difficult areas. NOAH members who are not doctors also engage in other activities such as tourist promotion. The AMHE, in contrast to NOAH, is comprised solely of Haitian origin doctors. It too divides its efforts between domestic concerns and initiatives in Haiti.

5.2.3. Religious/Faith Based groups.

Haitians are generally serious about their religious affiliations and, whether Catholic or Protestant, are prepared to answer pleas from the pulpit for assistance to Haiti. Churches are among the oldest institutions to which Haitian migrants belong. Church-based contributions have been extremely important for schools, churches and funds and volunteers in instances of disaster. It is difficult to categorize the religious-based associations in terms of their work in Haiti. They may be motivated by religious conviction to undertake an entirely secular health or educational project. One leader of a hometown association described how he had intended to offer his tithe to a church in the hometown he had left as a child but, after visiting there, he decided instead to fund a literacy program and build a school. A well-equipped and well attended school now is operating in one of Haiti’s poorest communities of Jean Rabel thanks to a donation of land and resources, and the commitment of a religious family now living in Florida. The funding for the school comes in part from proceeds of their daughter’s gospel concerts. The school is a Christian school but open to students of other faiths. The school follows the government curriculum. Another religiously affiliated diaspora-funded school in the same region is struggling against odds to find funds to complete the construction. The children attend school in a makeshift facility and depend wholly on the Florida based group for all uniforms and all supplies. Other church-funded schools (as noted they constitute a large portion of schools in Haiti) count on diaspora funding. They may or may not follow a government curriculum. They more often than not lack appropriate teachers and equipment to cover more than basic learning—a factor common to schools throughout the country.

5.3. Organizational members

The associations described in these pages multiplied during the 1990s and early years of the current century. Founders and members were often Haitian migrants who had considered returning after the fall of the Duvaliers in the 1980s or when Aristide came to power, but instead stayed, and were joined by more migrants. The Haitian identity increasingly came to be affirmed through membership in Haitian organizations. Later, according to interviewees, as political instability and violence in Haiti increased, direct ties and frequent visits were seriously impeded. (In Haiti, diaspora visitors were among the frequent targets for kidnappers). Activities declined, community attachments deteriorated. In interviews, young Haitian-Americans reported that most members of their generation felt less tied to their Haitian origins. (They also reported recently growing interest which they themselves shared.) Declining membership is now an issue of concern across the board, for nearly all the associations. But, some of the newer associations are recruiting younger members who are as enthusiastic as their parents' generation, yet more technologically adept and innovative.

For associations to obtain non-profit status it is essential to show evidence of boards of directors and membership involvement. Among the hometown associations interviewed the researchers found very different levels of participation. In Canada's Centrech, in Florida's Haitian American Professional Coalition HAPC, and the Association for Development of Fort Liberté ADFL, the boards meet frequently and take a hands-on approach. In other agencies the organizational founders are its leaders; both members and boards are family and friends who ratify decisions and raise funds. In most instances, dues are relatively small—ranging from \$25 to few hundred dollars a year—but members do not necessarily pay them. In the HTAs a great deal hangs on the commitment of a few leaders or a single individual. By definition, the professional organizations have more elaborate organizational and communication structures than do the HTAs. This does not mean the members in the latter are more systematically engaged in Haiti-specific work, however. Regardless of how leaders and members interact, what is striking is their willingness to devote a great deal of time and spend their own money to keep projects going.

Haitian diaspora agencies that provide direct services need to count on wide participation. In particular those promoting improved health care delivery in Haiti mobilize members and non-members alike to go to Haiti and treat patients. Some members of the AHME, NOAH, Medishare, Fondation Gaskov Clergé, the Haitian American Nurses Association and others organize yearly missions, or more, at serious personal cost.

5.4. Links with other organizations

“Fragmentation is innate to Haitians,” commented one of the interviewees whose organization, Haitian Resource Development Foundation, was among the few that engaged in occasional collaboration with other Haitian entities. While new

groups being formed by younger Haitians insist they want to collaborate more with each other and with their Haitian counterparts, the pattern is still one of separate initiatives. The umbrella organizations cited in these pages: New York's FAHRE, the Boston-based American Haitian Federation, the well organized Montreal ROCAHD cannot and do not claim to have fomented systematic inter-agency consultation, much less collaboration, among their member organizations. The HAPC brings professionals together but has yet to orchestrate joint projects among them. It does, however, engage its member organizations for missions to relieve the situation of Haitians in the bateys of the Dominican Republic. At best, members of different organizations participate in each other's missions, as NOAH members who go on medical missions with AHME, and individual HANA members supporting HTAs in health fairs. Within the Haitian diaspora, solidarity is manifested through attendance at and donations to the multiple "gala" events, picnics and art shows through which the various entities obtain a significant portion of their funds.

The research team did encounter a few examples of working relations between Haitian diaspora and non-Haitian organizations, mainly in South Florida. The nurses association, HANA, as noted, works with the Black nurses Association of Miami. The leaders of professional associations usually wear several "hats," and are likely to be engaged in capacity building work for Haitian ministries. The head of the Haitian Resource Development Foundation, for example, works with development projects and plays an important role in the medical projects of NOAH. Among the most engaged of the organizations are the groups that incorporate Haitians as well as non Haitians in work devoted to delivering services in Haiti. University-based Haitians have engaged academic and administrative resources of their own and other universities for efforts on behalf of Haiti. For example, there is a University Institute for Research based at the University of Miami through which the skills of non-Haitian professionals and technical experts in the US and Brazil have been made available to Haitians through workshops and short courses in Haiti.

6.5. Organizational Activities

Fundraising is a major focus. The fundraising may take place informally through telephone calls, or by means of formal fundraising operations and appeals. The majority of organizations have web sites with entry points for making donations. By and large fundraising is confined to the Haitian community or, alternatively, to the professional sector in which an activity is being supported. For example, the CEDECOPRA (NY) doctors and nurses who have created a medical clinic in Petite Riviere de L'Artibonite, can count on their non-Haitian colleagues in Brooklyn's Maimonodes Hospital for both monetary and in-kind contributions.

Galas are important social functions, serving both to raise funds and to showcase the work of the association. The new leadership of the Florida branch of the Organization for the Development of Port Margot considered the 2007 Gala a

relative success although hardly any money was left over after expenses. The attendance was good, hence, the visibility was high. For 2008, they anticipated cutting expenses and raising entry fees, thereby, it is hoped, making the event more profitable. For HANA, the annual gala is practically the sole source of support, since the majority of nurse members can ill-afford to pay serious dues. The 2007 gala raised some \$35,000.

6.6. Diaspora links with Haiti

This question has three parts with different answers: (a) Links with the formal authorities of the Haitian government and (b) links with Haitian communities (c) The view from Haiti of the diaspora-Haiti links, as elaborated above.

6.6.1. Links with the formal authorities of the Haitian Government

To varying degrees, diaspora projects depend on good relations with local government officials, and such relations are generally in place. Local governments, however, have little or no budget, and their ability to support projects is extremely limited. With very few exceptions, the hometown associations eschew close contacts with the Haitian government at the national level, sometimes avoiding registration in Haiti because of the difficulties and reported unpleasantness of the process; at other times spending excessive amounts of time obtaining legal papers for their schools, clinics and the like. During the first months of René Préval's presidency, as the security situation gradually improved and the President enacted reforms, people began visiting for the first time in years. At the present writing, however, economic and security indicators are again declining, with predictable effects on diaspora attitudes.

The HTAs are performing functions on a local scale that would normally be performed by national and local officials. Their willingness to do so is admirable, but the results may be problematic. As the New York based social analyst Francois Pierre-Louis has written:

In a country like Haiti where the state is weak, the hometown associations, if they are organized and financed, can implement certain projects more effectively than the government bureaucracy. However, while they may come with good intentions to implement sound projects for the population, they can also undermine the authority of the state by competing with one another and creating duplicate project.⁷⁴

Even when state or local authorities want to coordinate development in the region with diaspora groups, he notes, the latter do not usually inform the ministries of their activities. He continues:

Another looming obstacle to a positive relationship between the state and hometown association in Haiti comes from the fact that there is a tendency

⁷⁴ Pierre-Louis, 2006, p. 74.

for their leaders to replace the state in areas where they don't have any expertise.⁷⁵

In reality, the author concludes, diaspora organizations can complement but cannot replace the state, even in their own original communities, because their resources and their structures will always limit them.

In contrast with the majority of the HTAs, the major professional organizations, Medishare, AMHE, HELP, the University Institute for Research, and HANA work closely with government authorities, nationally and locally as appropriate. To varying degrees these agencies engage in training as well as service delivery and count institutional strengthening in the fields of health and education among their objectives.

The government does not ignore the potential benefit of diaspora support to Haitian society. What is lacking is a mechanism to bring diaspora groups into a more productive relationship with Haitian institutions and civil society overall. In 1994 President Bertrand Aristide created a new cabinet post, commonly called the Ministry for Haitians Living Abroad (MHAVE), or the "Tenth Department," and charged it with facilitating diaspora investments, contributions and visits, and improving relations with diaspora organizations. At best, interviewees credited the Ministry staff with demonstrating good will and helping diaspora member to find their ways through Haiti's bureaucracy. At worst, they continued to accuse the Ministry of corruption and ill-will. Some diaspora groups blamed the Ministry staff when the goods they shipped to Haiti had been lost or simply never delivered. (Note, the larger organizations requested and acquired government franchises for shipping medical, educational and other goods, and affirmed that these were usually delivered.) Under the Préval administration, by most accounts, the MHAVE officials are less corrupt and less politicized than they were in the past, and are making greater efforts to improve relations.⁷⁶ There is scarcely any budget for the purpose, however, which very much limits what is possible to do and contributes to Haitians skepticism about the benefits of establishing close working relations.

6.6.2. Links with Haitian communities

Diaspora-community relations are subject to tensions. Haitian groups in all cities expressed mixed feelings about their Haiti-based counterparts, i.e, compassion for their needs but caution regarding their capacities to manage money and projects. The medical missions favored by physicians and other health workers entail only periodic visits to render services in a particular place during a specified period of time. Most of the ongoing projects described in these pages rely on trusted family members or associates to manage expenses and salaries,

⁷⁵ Ibid. p. 75.

⁷⁶ See Tatiana Wah, *Haiti's Development Through Expatriate Reconnection: Conditions and Challenges*, 97-98.

thereby minimizing opportunities for corruption. These practices are duly noted and widely resented, whether or not they are justifiable.

An important distinction among the projects explored for this effort is their respective organizational impacts in Haiti. The majority, as describe, intervene regularly to bring some beneficial service to Haiti, whether in the form of new infrastructure, the mobilization of a medical “fair” or the organization of training sessions. These require only one or more contracted partners (or family members) to manage the construction or the events when they occur. Projects that involve services and staff year-round, clearly need to organize field-based organizations.

6.6.3. The view from Haiti of the diaspora-Haiti links

The HTA projects score high on investment and evidence of commitment, and a number of them have introduced services in remote locations where state and international NGO presence is practically non-existent. Without doubt, the Haitians who have taken advantage of health and educational services brought to them by the diaspora appreciate the health fairs, the medical missions, the supplies, technologies, scholarship support and learning experiences they would not otherwise have had. Yet, the researchers heard frequent complaints that in some communities, residents were not eager to contribute their labor or to otherwise facilitate school and hospital building and were apparently indifferent to what was being done for them. While it is unfair to generalize on the basis of anecdotal evidence, the interviewers noted a contrast in attitudes between those places where community leaders were drawn into the planning process for the project being undertaken and involved in its management, as opposed to those where projects were brought fully formed to communities, and where no funds reached them directly. In other words, the diaspora contributions that are seen as patronizing are unlikely to elicit the active cooperation of community members. The Haiti based researchers call attention to communication gaps between diaspora organization and the communities being served. They report that once the project managers in New York, Florida or elsewhere establish the organizational base for their project in Haiti, they rarely share information, financial or otherwise, with those charged to make the projects work. Still more serious, diaspora managers have little familiarity with what is and what is not available inside Haiti, and miss opportunities to make use of local resources. (See below for further comments)

7. Sustainability

In the view of the research team, diaspora support for Haiti in the fields of education and health will continue, but many of the specific projects now underway will not prove to be sustainable. The major factors affecting sustainability are

1. *Declining membership in older HTAs:* There is a generational divide in organizational membership. Virtually all the HTA leaders and many of the leaders of the professional groups acknowledged that their own sons and daughters contributed little or not at all to their efforts. On the other hand, in a few cases, leadership in an HTA had passed from older to younger people, and the latter were energized; e.g. as membership declined in the HTAs for Fort Liberté and Port Margot in Montreal and New York, it was growing in South Florida.
2. *Funding:* HTA leadership typically seeks to fund ongoing projects and, if funding remains, to undertake other initiatives in the same community. Plans abound and are reported on the websites—sometimes giving the impression that they are actually underway). In the case of projects that have relied almost exclusively on support by and from Haitian sources, funding is always lower than what is required in the short term, and expansion is out of the question. It is more than likely that the projects in question will, in fact be completed, but other projects will not follow unless the HTAs identify broader funding sources and reinforce their active membership. Donors have identified diaspora groups as development actors but it has proved extremely difficult to find sufficient common purpose between the development oriented donors and the HTAs for the former to fund the latter. In Canada, the government has taken important steps to concretely back the diaspora groups, but there too, the resistance of the groups in question to turning their small community projects in to larger-scale development projects remains a problem for both sides. The organizations that have gone beyond their own community and tapped into non-Haitian funding sources are struggling but generally able to expand their activities. (Church funding for Immaculate Conception School in Gonaives and the schools at Dianneville and Jean Rabel; Medishare and HELP funding from mainstream foundations; university backing for the medical missions and the University Institute for Research have allowed these and other projects to serve more people and multiply activities.
3. *Sustainable maintenance:* The typical answer to the question about staffing a clinic under construction was that the HTA hoped the government would send Cuban doctors. Meanwhile the diaspora group would regularly send donated medicines and equipment. The typical answer to questions about how diaspora built schools were being staffed was that teachers hired were neither professional nor well-paid but served loyally. Meanwhile, the diaspora group would regularly send school supplies, pay for uniforms and occasionally upgrade technology.
4. *Lack of local resources:* There is widespread belief in the diaspora that doctors, nurses, school supplies and even school uniforms must come from outside. This is not strictly true, and a few informants did note their disagreement with diaspora practices that marginalized Haitian doctors and did not encourage local innovation. School supplies exist and can be purchased in Haiti. That said, the government to date, has not been able

to keep up with the demand for doctors, nurses and teachers. Although researchers were told that a growing number of Haitian professionals have been returning to Haiti after retirement with plans to fill these gaps through personal service, their admirable intentions will not suffice. Local resources are significantly scarcer at this writing due to the catastrophic storms of September 2008.

8. Counterpart organizations in Haiti

As noted above, if services are to be provided on an ongoing basis, they must be managed from the service site, even if the funds are provided from outside. Several HTAs report having established organizations on the ground with year-round responsibilities the work activities underway. These organizations may consist of local administrative councils of up to 24 members. More often, however, the projects are run by a few administrators or solely a director. The project team visited a selection of these organizations in Haiti, and found them to be, on the whole, weak. Their weakness derives from their lack of decision making power and/or budgetary discretion and lack of clarity as to what they are supposed to do. For example, one of the smaller HTAs used to award scholarships for secondary school and now no longer has the resources to do so. The community-based organization created to manage the scholarships, in effect, no longer has an ongoing function. The medical “fairs” continue to take place, and depend on the diaspora group.

The two major exceptions, already described in these pages, are MEDISHARE and HELP, both of which are operate with operational staff on location. The FATEM liaison with PRODEP, as well, is an exception due to the community involvement at the outset of this project. Project presence on the ground is important not only for the local ownership it imparts. To the extent that diaspora projects are woven into existing institutions, the institutions themselves may acquire resources and construct relations with foreign partners. This has occurred with the projects that mobilize university students and faculty for medical projects and other forms of learning.

The disappointment on the part of diaspora groups with their Haitian partners is due to many factors in addition to these vertical relationships. There is little leadership at the present time in Haitian communities, and discouragingly, least among young people; response time and commitments from local partners are almost always slower than anticipated; weak physical infrastructure impedes performance weak administrative structures impede adequate accounting for costs and expenditures, and so on. Before Haitian partners can be effective in the desired partnerships, they require training and on-the-job experience.

9. Donors and donor engagement

As noted there are expanding circles of donors.

1. The first line is the Haitian community itself, starting with the project creators and membership and reaching out to other Haitians in the region through galas, picnics and similar events.
2. A second line of donors are Haitians and non-Haitians who have some kind of personal relationship with the project leaders (e.g. professional colleagues) and contribute primarily for that reason.
3. There are institutional donors who contribute in-kind, e.g. hospitals whose managers agree to send discarded equipment, pharmaceutical companies willing to send medications, universities that send scholarly materials, computers and books and so on. Problems arise in sending such in-kind materials. Unless the organization has a franchise agreement with the government of Haiti, the objects are apt to be lost, stolen or simply held in storehouses without notification. The majority of Haitian organizations apparently do not have franchises and, instead, hand-carry goods and/or send through remittance companies.
4. Churches and universities are important funders: the former for religiously based HTAs and small projects, e.g. Dianneville, Immaculate Conception College, Brave International in Jean Rabel; the latter acting as partners in educational and medical projects that recruit university students and professors.
5. Diaspora groups do not appear often to revert to private or public foundations for support. A few have done so, as for example Medishare which is largely funded through the Green Family Foundation and has received support from the Soros Foundation. Canadian NGOs have supported Haitian diaspora projects through funding, training and administrative support.
6. Both the World Bank and the Inter American Development Bank have participated with Haitian diaspora organizations in workshops and projects of mutual interest. This report has noted the PRODEP project of the World Bank which partnered with Boston-based FATEM. Its purpose is to fund viable projects proposed by community members, in the course of which the latter learn about project formulation, management and monitoring. The World Bank funding, added to the funds that FATEM itself has raised for the community of Mirebalais.
7. Official government funding has come from local sources: FAVACA, funded by the State of Florida has given small amounts of funding to a number of organizations in South Florida, and the Province of Quebec in Canada has given significant funding to a wide range of Haitian organizations in Canada. The Immaculate Conception College noted funding from entities of the Canadian and Japanese governments and the Vatican. The Canadian government's engagement with Canada based organizations through ROCAHD is elaborated in these pages.
8. The US government has shown interest in working with diaspora organizations but has done so thus far on a small scale. One of the most ambitious efforts took place in 1991-92 when the Inter American Foundation made a serious effort to collaborate with Florida-based

9. USAID has had less engagement with Haitian organizations than with other migrant groups, e.g. Salvadorans. USAID helps defray some of the expenses of medical missions undertaken by NOAH and AMHE, and these groups would like to see a stronger commitment to sharing the financial burden. A USAID effort executed through the Pan American Development Foundation PADF to enlist diaspora funding to improve school construction standards attracted very few participants. In recent years USAID has sought alliances with private sector partners and has established a few cooperative relations with Haitian groups in this framework. If successful, the model of private public partnerships will encourage Haitian groups to approach USAID with projects in which these groups are investing their own funds and, in selected instances, USAID would match the funding.⁷⁸

In 2009, USAID will launch a Haitian Diaspora Investment Challenge Facility, with an initial \$1000,000 for grants for which groups will compete. They will be required to invest an amount equal to at least double the amount of the request. This project is clearly oriented primarily for productive and business opportunities rather than social service provision, and would be out of the reach of the small HTAs now operating in these areas unless they form major partnerships with other agencies.⁷⁹

Prior to Preval's presidency, governmental and non-governmental donors alike avoided channeling social service funding through the Haitian government. A reading of statements and funding proposals put forward by donor governments and international agencies shows a greater willingness to work with the Haitian state and to invest in institutional capacity building. For example, the World Bank,

⁷⁷ Ceran and Dathis, June 1992.

⁷⁸ See USAID.gov/Our_work/global_partnerships.gda/remittances. Interview with Thomas Debass, USIAD, August 12 2008

⁷⁹ www.usaid.gov/press/release/2008/pr080924.html

regional banks and the governments of Canada, the US, and France have backed loans and grants to enable the Ministry of Education to improve its performance. But, for the time being, most donor supported projects in health and education remain rooted at the local level, featuring pilot projects that are never nationalized, community development initiatives that are not multiplied, training programs that affect only a few. It is fair to say, the donors behave in

VII. Conclusions and Recommendations

7.1. Overall Conclusions

Collectively, diaspora association's investment in Haitian social services outstrips donor contributions to these services. The investments have brought life saving health programs, education—hence opportunities—to hundreds of thousands of people who would otherwise not have them, and have trained professionals inside the country in 21st century skills. That said, diaspora investment has not changed the fact that Haiti still ranks well below any other Latin America country in social service delivery. The fact that so many would-be leaders and contributors to Haitian progress are outside of the country is, in itself, a major obstacle to sustainable improvement.

The report makes the point earlier that diaspora efforts are similar to those of donors in aiming to respond to needs. However, as has been amply shown in these pages, the aim more often is to respond to a particular need in a particular place than to strengthen systemic responses. In other words, while many hometown associations build schools and often pay for books, supplies, uniforms, and free daily meals in that school, fewer associations display interest in underwriting teacher training or adult literacy programs. While several diaspora associations bring health benefits of various kinds to their places of origin, fewer engage in upgrading the technological capabilities of national health sector personnel on the ground. From a developmental perspective, it can be said that these are individualistic approaches which do not constitute effective development practice. But, the development expertise brought by international donors has established a poor track record thus far. There is little to show for the millions of dollars thus far invested in Haitian “development.” From the perspective of the diaspora groups the goals are to serve a given community, to deliver needed services and to make a personal mark, but not necessarily to implement text-book definitions of development.

Diaspora projects would undoubtedly be more effective if groups with similar objectives combined forces. There is little to indicate that this will happen in the very near future; but in the medium term the younger leaders now emerging in some of the groups, and interviewed for this report, are likely to adopt more open and collaborative approaches and to seek partners more broadly. There are efforts on the part of diaspora supporters in the World Bank and Inter American Development Bank, FONKOZE, FAVACA, the (Haitian) Economic and Social

Assistance Fund (FAES), the Inter American Foundation, and NGOs in the US and Canada to mentor the smaller HTAs and enhance skills many of their present leaders lack. Few of the people who established HTAs were trained in needs assessment, fundraising strategies, designing project proposals, planning, accessing information and identifying potential sources of support. The researchers attended one workshop that brought the above noted organizations together with a large and diverse assembly of over 200 Haitian HTAs leaders expressly for this purpose.⁸⁰ The workshops were organized to help HTA broaden their awareness of a wider array of potential intervention strategies, and to link HTAs with each other and with potential donors—who were well represented. The workshops seem to have had the desired results, as some of the HTAs have continued to meet and there is a wide demand for repeat workshops in 2009.⁸¹

Projects initiated in the context of HTAs and professional associations have few immediate impacts beyond the local areas where they have been launched. The near absence of multiplier effects for the projects launched in Haiti, however, is by no means limited to diaspora- initiated undertakings. The practice of initiating small projects limited to particular places is common practice, as well, among international non government organizations and the donors that support them. Nation-wide systemic programs have been impeded, in large part, by political crises and instability that have undermined donor confidence in public sector investment (1992-1994; 1995-2004). Moreover, even when donors have stated the intention to move through government channels, the serious weakness in Haiti's institutional capacities and the extremely limited presence of government in social services has made doing so difficult. Haitian government institutions have little absorptive capacity at the present time. This situation is something of a self-fulfilling prophesy in that the less donors invest in public institutions, the less able the latter will be to absorb and effectively use donor funds. So donors large and small continue to initiate projects at the local level and to postpone larger scale structural support.

Looking at the longer term, however, every person who is able to attend school managed by a distant diaspora group or is cured of a debilitating illness by a once-a-year health mission will be in a better position to contribute to the future of the country. The presence of schools and clinics mean that thousands of families who might otherwise migrate from rural areas to gain these services can remain in their communities and, perhaps, improve their living standards. The government, as it is able to expand its services, will have a basis on which to

⁸⁰ Two workshops were held sequentially in Miami and New York on March 1,2 2008, sponsored by FONKOZE and supported by IFAD and the IDB (Project ATN/ME 10053). NOVA University (Florida) and Long Island University (New York) hosted the events. FAVACA supported the Florida session. In addition to diaspora participants, featured speakers came from donor governments, the Inter-American and World Banks, the Inter American Foundation, and FAES. Manuel Orozco of the Inter American Dialogue moderated the sessions.

⁸¹ Information excerpted from the FONKOZE report to the IDB and provided to the author.

build, and potential partners with which to collaborate. This is already the case, particularly in the field of health.

This is not the place to offer strategic advice for international donors on liaising with the Haitian government, although designing workable and mutually productive partnership arrangements is crucial if the country is, at last, to move forward. The purpose rather is to suggest ways that diaspora initiatives can and should be brought into the planning, execution and outreach mechanisms.

7.2. Specific Recommendations

7.2.1. Diaspora Groups

The Haitian state lacks both the tradition and, especially, the resources to provide adequate services to the Haitian population at this point. Therefore, it is inevitable that health and education will depend predominantly on the private domain for some time to come. Privatized services are not a good option for Haitians living on survival budgets. Until and unless the state can assume its responsibilities in these areas, the diaspora will have a vital role to play for the foreseeable future. The extraordinary efforts exerted from the diaspora and the successes experienced in many diaspora projects clearly cannot, alone, overcome the lack of serious development policy and practice that fail to reinforce state responsiveness and capacity. That small scale diaspora-funded projects are usually unsustainable is not surprising, given that the problems of social service delivery in Haiti are systemic and inter-connected. While it is unreasonable to expect disconnected diaspora groups, each wishing to fill particular needs its members observe, to correct the nation wide educational and health deficits, there are some steps that may be taken to raise effectiveness and sustainability. This report has called attention to associations that seem to be moving in a positive direction on some or most of the points below.

1. Diaspora leaders should work to overcome the still widely persistent aversion to contacts with government officials. While recognizing weaknesses and bureaucratic hurdles, they should try to identify competent local officials with sincere interests in improvements in their communities, and within the ministries of Health and Education. Benefits of collaboration will be mutual.
2. Make every effort from the outset to engage the communities where projects are located. Regular communications and information sharing with local groups are important. Community ownership is essential.
3. Recognizing the importance of building infrastructure (e.g. school buildings, health clinics), it is equally important to plan for the staffing and maintenance of these facilities. Otherwise, well intentioned and expensive efforts may be largely wasted.
4. Support for training educators and health professionals has a stronger multiplier effect than building structures, and would make it easier to find

- prepared teachers for the schools and medical personnel for the clinics already in existence.
5. Likewise, in the case of school support, tuition scholarships need to encompass part or all costs of uniforms and supplies and meals. This is already common practice in diaspora groups and its continuation should be encouraged.
 6. While diaspora-donated materiel and equipment (particularly medical equipment) may be more likely than donor-delivered equipment to be used by the targeted recipients, donated technology from all sources needs support for back-up systems and training for maintenance. Small diaspora associations cannot cover these needs, but diaspora-public partnerships or diaspora-donor partnerships perhaps could do so.
 7. Health fairs (the periodic visits of health care providers to designated communities) are undeniably beneficial to populations in dire need of medical attention, but raise obvious problems, which are surmountable: (a) the health professionals who arrive should make stronger efforts to incorporate doctors and other medical personnel living in Haiti and, at the same time, contribute to their learning process; (b) arrangements for follow-up medical care once the mission departs requires more attention than currently seems to be in place.
 8. Outreach and alliances are an obvious plus, and the boards of HTAs should dedicate greater efforts to establishing contacts with NGOs and private foundations with proven track records. This suggests, likewise more attention from the associations to mastering the technical skills of project design, fund raising, and planning.
 9. Within the diaspora, the umbrella groups are not realizing their full potential. They should be more pro-active in disseminating information, especially about potentially available resources and training, and in promoting multi-agency projects. To be sure, the umbrella groups need more effective tools and membership support to do so.

7.2.2. Donor organizations and agencies

Diaspora groups of all kinds seek outside support and donors are interested in involving the diaspora in development efforts. In Canada, the partially CIDA-funded ROCAHD, the Provincial government of Quebec and non-Haitian NGOs directly support some diaspora projects and/or mentor organizations in needed skills. The system, though still active, is being cut back. In the United States, there have been only sporadic attempts to reach consensus on projects and these have produced very limited results. Donors channel funding overwhelmingly through NGOs, including many faith based groups, for community projects similar to those underwritten by groups in the diaspora, but donors rarely channel funds through diaspora groups. USAID defrays partial costs for the medical missions of NOAH and AMHE, and there are funding opportunities through PEPFAR (HIV/AIDS); FAVACA supports local south Florida projects. In only a few cases do donors, e.g. the World Bank and—

unsuccessfully—the Inter American Foundation, acknowledge HTAs as part of Haitian community structures for purposes of funding their efforts.

1. Public and private donors that are willing to fund community groups inside of Haiti should reconsider restrictive funding limited groups inside Haiti. They should take into consideration the presence of groups physically outside Haiti from the target communities or sectors in question who are using their own funds to promote community organizations and services, have developed mutually respectful and collaborative relationships with their counterparts, and involve the counterparts in project design, management.
2. When USAID, other government donors, and financial institutions channel project funds through local or international NGOs, the assumption is that these project implementers have a right to salary support as well as project expenses. This is not the assumption when donors support diaspora organized projects. The latter are overwhelming unpaid volunteers. That diaspora members are willing to volunteer time and personal funds is obviously positive, but it seriously constrains what they are able to do. Donors should give some consideration to offering wider forms of support, at the very least overhead, fund-raising, shipping, travel, etc. to important diaspora-led initiatives. Salary compensation may be appropriate in instances of sustained service.
3. Another constraint on effective diaspora action is lack of adequate training in project management, design, implementation and fund raising among the smaller groups. The Canadian government has directly and indirectly supported such training, and US agencies could do likewise. There is widespread diaspora interest in these opportunities.
4. Members of the diaspora widely complained about the difficulty of (1) finding secure ways to send in-kind goods to Haiti and (2) transferring funds for the wages to be paid for Haitian workers. More often than not, they end up having to hand-deliver both materiel and funds—an inconvenient and expensive alternative. A few donors and NGOs with ongoing programs in Haiti are facilitating these transfers, but could do considerably more.
5. Donors need to understand that diaspora groups, especially HTAs, are unlikely to adopt and fund priority projects other than their own. There have been several vain attempts to “sell” the diaspora on “good” development projects. In fact, it has to work in the reverse manner, with diasporas defining the projects and donors either funding or matching those deemed worthy, and working to improve the project design. This, more or less, is what Canadian officials have tried to do. Donors should put high priority on the establishment of effective consultation mechanisms with beneficiary populations.
6. Thus far, efforts to encourage the HTAs and other groups to consolidate or even to merge efforts in particular instances have not been successful. However, as a new generation assumes leadership, attitudes may be

changing. Given the right incentives, the motivation to collaborate may grow.

7. Donors and potential investors in Haitian development should regularly consult the diaspora groups already working in Haiti. Diaspora groups should be made part of needs-assessment undertakings, such as those conducted by UNDP, CECI, and the Haitian organization FAES. Their knowledge would help to more accurately define where services are most lacking, where they are present but in need of expansion and support and where there are viable programs in place.
8. Donors should fund the government of Haiti to map and, to the extent possible, to assess existing private sector service delivery projects, including those of diaspora groups, NGOs, churches, donors, etc..

7.2.3. The Government of Haiti

This is an important moment to take steps that will have the effect of reversing years of unfamiliarity and distrust between government and diaspora. The government should make a serious effort, on many fronts, to redefine and improve its relations with Haitians living abroad. Undeniably, much of the distrust on all sides is rooted in political rivalries and opposition politics--as well as in inclusion/exclusion tendencies that correspond to factors of social and economic class, and race. There are, and always have been, strong political rivalries among diaspora leaders and government. However, if the former are supporting needed services and interacting respectfully with government officials, the government should respond accordingly. The Ministry of Haitians Living Abroad (MHAVE) is making stronger efforts to reach out to diaspora group but lacking budgetary support, the organization is not taken seriously.

1. To advocate a larger budget for the MHAVE is perhaps difficult in the face of the multiple and urgent expenses facing the impoverished Haitian government. Nevertheless, the government should be proactive in seeking direct or indirect sources of funding for this ministry. Diaspora engagement already results in significant contributions to Haiti's well being. To the extent that investment in the MHAVE may improve relations between government and diaspora, investments will accrue to the country's material advantage.
2. In addition to the MHAVE, the Ministries of Health and Education need to reach out still more to those diaspora groups that are providing the services which the government cannot at this time provide. There are multiple ways these government ministries could work to improve the quality and consistency of diaspora-supported education, and to take advantage of training opportunities offered by medical and public health experts. One important step would be to survey the diaspora-funded services underway and assess their needs. To be sure, doing so will be difficult, especially at the present time, in the chaos of multiple donations

- ranging from one time hurricane relief donations to ongoing institutional support programs.
3. There appears to be an absence of clear criteria for registering and legalizing diaspora organizations and the facilities they construct. The procedures should be regularized and made completely transparent. Upon proper registration, diaspora groups sending health and educational material should be accorded government franchises that exempt them from customs duties.
 4. Local government authorities are able to facilitate or impede private-sector health and education efforts. Central government ministries could do more to push local authorities to be collaborative and protective of diaspora efforts, e.g. in opposing corruption and enhancing security.

Post Script:

The work for this report was completed before the brutal storms of September and October 2008 destroyed so much of the infrastructure and productive capacity of Haiti. It was completed, as well, before the dimensions of the present economic crisis were known. Clearly these phenomena will affect the conclusions of the study, but we cannot know how or how much until a later time.

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APPENDIX ONE

Collective Remittances in Haiti – Questionnaire

I. General Information

1.1 Name of organization:
1.2 Respondent's name:
1.3 Position in organization:
1.4 Date of interview:

II. Organizational Data

Date of creation:
2.2 Date of legal establishment:
2.3 Does the organization have its own statutes?
2.4 Does the organization have a executive/management committee? Yes ___ No ___
If yes: How many members: Total ___ Men ___ Women ___
2.5 Type of organization:
a) Hometown: Specify department and locality:
b) Professional: Medical ___ Educational ___ Other ___
c) Religious: Catholic ___ Protestant ___ Evangelical ___ other ___
d) Other. Specify:
2.6 Why was the organization created?
2.7 Did the organization receive assistance in its creation? Yes ___ No ___
If yes, where did the assistance come from:
a) local government b) church c) local NGO's d) other: specify:
2.8 What type of assistance?
a) financial US\$ _____ b) organizational c) other: specify

III. Membership

3.1 Original number of members: Total ___ Men ___ Women ___
3.2 Current number of members: Total ___ Men ___ Women ___
3.3 Age group of members (%): Under 20 ___ 21-40 ___ 41-60---- Over 60 ___
3.4 Is membership rising or declining or stable?
3.5 Member Profile: Estimated Average Incomes
a) US\$0-19,999 ___ b) 20,000-49,999 ___ c) 50,000-79,000 ___ d) 80,000 and above ___
3.6 Migrant status of Membership:

a) 1st generation(%) _____ b) 2 nd Generation (%) _____ c) Other _____
3.7 Date of migration of Membership:
a) 1970's (%) _____ b) 1980's (%) _____ c) 1990's (%) _____ d) Since 2000 (%) _____ e) Other _____
3.8 How often does your group or organization usually meet?
a) weekly _____ b) monthly _____ c) bi-monthly _____ d) yearly _____ e) ad-hoc _____
3.9 Membership Dues: Yes _____ No _____
Monthly _____ Annually _____ Amount US\$ _____
3.10. How does the organization communicates with its members?
a) newsletter _____ b) email/list server _____ c) Website _____ d) Other: Specify: _____

IV. Linkage with other organizations - (outside Haiti)

4.1 Is your organization linked with other Haitian Diaspora organization or network? Yes _____ No _____
If yes:
4.2 Is this a formal or informal relationship? Please explain:
4.3 Does the Network have a name?
4.4 In what type of activities do you work together? a) fundraising _____ b) social events _____ c) information sharing _____ d) Other: please specify: _____
4.5 How frequent do you work together? a) monthly _____ b) every six months _____ c) annually _____ d) other: specify _____
4.6 When was the last joint event and what was it?
4.7 Is your organization linked with <i>other</i> ethnic group-based organization or network? Yes _____ No _____
4.8 If yes:
4.9 Is this a formal or informal relationship? Please explain:
4.10 Does the Network have a name?
4.11 In what type of activities do you work together? a) fundraising _____ b) social events _____ c) information sharing _____ d) Other: please specify: _____
4.12 How frequent do you work together? a) monthly _____ b) every six months _____ c) annually _____ d) other: specify _____
4.13 When was the last joint event and what was it?

V. Organizational Activities

5.1 In 2006-7 what activities did you organize? a) fundraisers _____ b) social events _____ c) information _____ d) other: specify _____
5.1 Date of last fundraiser activity:
5.2 Number of participants:
5.2 How much was raised?: US\$
5.3 Date of last social event:

5.4 Number of participants:
5.5. Topic of event:
5.5 Date of last information event :
5.6 Number of participants:
5.7 Topic of event:

5.8 Please fill the following table:

Year	Funds raised US\$	Funds received from other sources US\$	Funds sent to Haiti US\$
First year of operation			
2006			
2007			

VI. Diaspora Links with Haiti

6.1 What are your criteria for selecting your partner organization in Haiti? Are there gender and/or environmental considerations?
6.2 Is this part of an institutional policy or based on demand?
6.3 Do you usually make one time contributions to projects or maintain links on a continuing basis?
6.4. Describe discussion process with beneficiary organization in Haiti to identify priority areas.
6.5 How is the budget finalized?

6.7 Project info [table]: Please fill this table providing information from the existing project portfolio.

	Year approved	Organization Name	Location	Sector and activity	US\$	How is support delivered?	# beneficiaries
1	2007	<i>Frères Unitaires</i>	<i>Port-au-Prince</i>	<i>Education; Construction of Primary School</i>	<i>10,000</i>	<i>CASH</i>	<i>250</i>
2							
3							
4							
5							
6							
7							
8							

9							
10							

6.8 Please provide the following information for the projects identified above

Project Name	Technical input in design	Follow-up & Supervision arrangements (during execution)	Follow-up & Supervision arrangements (post-execution)
<i>Education; Construction of Primary School</i>	<i>Yes- architect hired US\$2,000</i>	<i>Members of organization visit site US\$trip + per diem (type+cost)</i>	<i>Members of organization visit site US\$trip + per diem (type+cost)</i>

VII. Sustainability/ follow-up

7.1 Please fill in the following table:

Project Name	Amount Recurrent Costs	% financed by your organization	% financed by beneficiaries	% financed by other sources
<i>Education; Construction of Primary School</i>				

<p>7.2 How do you conceive issues of sustainability out of your experience?</p>
<p>7.3 Have any of your projects failed in to disuse because lack of maintenance/ non-sustainable?</p>

VIII. Characteristics of counterpart organizations in Haiti

8.1 Please provide information for each counterpart organization

Organization (see table X)	Type	Legal Status	Own bank account	Size (# of members)	% Women in executive committees	# of funding sources	% of funding from your organization
<i>1</i>							

2							
3							
4							
5							
6							
7							
8							
9							
10							

Organization Type:

Community Based Organization: CBO
 Local Non-governmental organization: LNGO
 International Non-governmental organization: INGO
 Religious Organization: RO
 Peasant group: PG
 Other: OT

IX. Donors and other support

9.1 Has your organization ever received support from a development agency (bilateral or multilateral or NGO) in implementing a project/activity? Yes _____ No_____
9.2 If yes: Fill in the following table:

Year	Agency	Project/Activity	Type of Support	Amount
2007	CIDA	Education; Construction of Primary School	Financial	US\$10,000

9.3 From your experience, are these type of partnerships effective? Yes___ No___
Please explain:
9.4 How can these be improved?

9.5 Has your organization ever received support from a government agency (national or local) in implementing a project/activity? Yes _____ No_____
If yes: Fill in the following table:

Year	Agency	Project/Activity	Type of Support	Amount
2007	Ministry of Education	Education; Construction of Primary School	Financial	US\$5,000

9.6 From your experience, are these type of partnerships effective? Yes ___ No ___
Please explain:

9.7 How can these be improved?

9.8 What are the major obstacles faced when implementing your activities? What could be improved?

APPENDIX TWO

Project Participant Biographies

Carlo Dade

Carlo Dade is Executive Director of the Canadian Foundation for the Americas (FOCAL) where he also directs research programs in Diasporas and Remittances, Corporate Social Responsibility, and Canadian engagement in Haiti. Prior to joining FOCAL he was representative for the Dominican Republic and Haiti at the Inter-American Foundation, a U.S. government aid agency where he managed a grassroots development and business-NGO project portfolio. Mr. Dade was a founding member of the Enterprise Research Institute and Foundation for Latin America, a Washington D.C.-based private sector development and corporate social responsibility think tank. Mr. Dade worked for five years in the Latin American and Caribbean Region Technical Department of the World Bank. Mr. Dade holds a BA in International Affairs from the University of Virginia with a minor in Middle Eastern Studies and was a MA candidate at the Center for Contemporary Arab Studies at Georgetown University and attended Yarmouk University.

Noriac Dathis

Noriac Dathis is a resident of both Houston, Texas and Port-au-Prince, Haiti, where he is an agro-economist. His formal academic training was in France. Mr. Dathis has had a varied career working in academia and government. He has been a professor at the Université d'Haiti and a consultant for a number of organizations, including the Inter American Foundation, the World Bank, and the Government of Haiti.

Patricia Weiss Fagen

Dr. Fagen is a Senior Associate at the Institute for the Study of International Migration. She has worked on ISIM's projects related to post-conflict reintegration and reconstruction. She joined the United Nations High Commissioner for Refugees in 1988, and served in Washington DC as External Relations officer and from 1991-1993 as the Chief of Mission in El Salvador. During 1995-96 she was on loan to the UN Research Institute for Social Development, as senior associate of the War Torn Societies Project, and from 1996-98 she worked in the Economic Development Institute of the World Bank. Throughout this period, she specialized in research and operational projects related to post-conflict reintegration and reconstruction. From 1998-99, she worked in the Inter American Development Bank. She has also worked for the Refugee Policy Group, the Inter American Commission for Human Rights, and the Center for International Policy. She served for six years on the Board of Directors and Executive Committee of Amnesty International, USA. Dr. Fagen has a Ph.D. from Stanford University, and has published a number of works related to Latin American history, human rights law and policy, political asylum and refugee issues, and post-conflict reconstruction.

Katleen Felix

Ms Felix joined Fonkoze in 2007 as a Project Manager of the Remittance Enhancement Project. She is in charge of procurement of new technologies, relations with Haitian

Diaspora, training and capacity building of Haitian Hometown Associations, developing financial literacy for new immigrants, and project reporting. Prior to joining Fonkoze, she worked as a Senior Financial Consultant at CGI, a leading world-wide IT and business process services provider. She has over ten years of experience in corporate financial management, 15 years in leadership and volunteer roles in not-for-profit organizations and pro-bono financial consultation for Small and Medium Enterprises (SME) in Canada and the USA. Ms Felix holds a bachelor and master degree in Finance & International business from HEC Montreal, the business school of the University of Montreal. She speaks French, English, Creole, Portuguese and basic Spanish.

Dr. Robert Maguire

Dr. Maguire is the Director of Programs in International Affairs at Trinity University. He also holds an appointment as an Assistant Professor in International Studies in the College of Arts and Sciences. For 2008-2009 he has a fellowship with the United States Institute for Peace. Prior to joining Trinity, he worked in the Inter-American Foundation, the Department of State, and the Peace Corps. From 1994 - 2001, he served as the Coordinator of the Georgetown University Haiti Program. In December 2001, he was awarded a grant from the Rockefeller Foundation to continue his policy-related work on Haiti at Trinity, work that included the contributions made by Haiti and the Haitian Diaspora in the United States. Since 1990, Dr. Maguire has served as the Chair of Haiti Advanced Area Studies at the Department of State's Foreign Service Institute. Dr. Maguire earned a Ph.D. in Geography from McGill University, an MA in Latin American Studies from the University of Florida, and a BA in Secondary Education/Social Studies from Trenton State College, now the College of New Jersey.

Katelin Maher

Katelin Maher is currently pursuing a joint degree in Public Policy and Foreign Service at Georgetown University's Graduate School, where she is concentrating in International Development. She has worked at the Department of Labor's Office of Forced Labor, Child Labor and Human Trafficking, as an intern in the Latin American and Caribbean Division where she focused on child labor issues in Haiti. Prior to moving to Washington, DC, she was a Peace Corps Volunteer in Benin, and a consultant for the International Labor Organization in Switzerland. She holds a BS from Cornell University.

David Nicolas

David Nicolas, resident of Port-au-Prince, Haiti, is an agro-engineer with over 26 years of experience in agronomy, analyzing agricultural systems, and teaching. He received his training in both Haiti and France. He holds a degree in agronomy from the Faculté d'Agronomie et de Médecine Vétérinaire in Haiti, and a degree in tropical agronomy from the Ecole Supérieure d'Agronomie Tropicale in France. Mr. Nicolas has participated in seminars in Haiti, Nicaragua, France, Switzerland, Mexico and the United States.

Jerome LeBleu

Jerome LeBleu recently completed a Master of Arts in Law and Diplomacy from Tufts University, where he was awarded the Frigón Family Prize in the Tufts University Social Entrepreneurship Business Plan Competition. While completing his degree, he had an internship at the United Nations Office for Sport for Development and Peace (UNOSDP), as a desk officer for Francophone countries. Prior to enrolling at the Fletcher School, Mr. LeBleu worked in the Dominican Republic for two years as a consultant for the International Organization for Migration, where he was responsible for project development. He also worked at Trinity College's Program in International Affairs as the Coordinator of Caribbean Programs. Mr. LeBleu is fluent in English, French and Spanish. He holds a BA in Spanish and International Relations from Tufts University.

Rebecca Reichert

With more than ten years professional experience in international development, Ms. Reichert has designed and implemented organization strengthening and participatory civil society programs throughout Latin American and the Caribbean. Currently, she is the Director of Development for FAVACA where she drafts proposals and budgets to provide technical assistance to civil society organizations and government institutions in the Caribbean and Central America. Prior to joining FAVACA, Ms. Reichert worked for the International Foundation for Election Systems as a Program Officer. She has been a consultant for many international development organizations, such as Management Systems International and the Organization for the American States. Ms. Reichert has a MA in International Affairs from the Elliot School at the George Washington University. She holds a BA from Knox College in Economics and International Relations.

APPENDIX THREE

List of Persons Interviewed

New York:

June 29, 2007. Antoine Medard, Association des Dondonnais a L'Etranger

January 18, 2008. Gina Cheron, Consortium for Haitian Empowerment

January 18, 2008: James-Herve Sabain, Robin Boucard, Cyncia Sabain, Oka Tai-Lee. Rural Haiti Project.

January 19, 2008: Raymond Belgrade. Bouzi Bidouze.

January 18, 2008: Orlando Aupont, Joseph Dandicat, Milot Telisma, Jean G. Petion, Joseph Nedy Pierre, Jesus Danico. Multicultural Family Nexus.

January 21, 2008: Marie Carolle Tertulien. Federation des Association Haitiennes a l'Etrangere (FAHRE)

January 21, 2008: Pierre Fleuridor, Association Regionale Torebeck.

January 18, 2008: Dr. Carol Prinston-Benoit and Flore Shiela MOrailles, Center of Community Development for Petite Riviere de l'Artibonite (CEDECOPRA).

January 19, 2008: Dr. Antoine Coq, Dr. Pierre Marcien and Carl Baronee. Asscoation des Anciens du College Immaculee Conception des Gonaives (AACIC).

January 19, 2008. Dr. Eric Jerome. Association des Medecins Haitiens a l'Etranger.

January 19, Vanel Beuns, Committee for Relief and Cooperation for Advancement of Haiti, CORCAH,

January 21, 2008. Jean-Claude Baptiste, CODESSCA.

January 21, 2008. Clergé Herzen. Fondation Gaskov-Clerge Herzen.

January 21, 2008. Marie-Louise St. Fleur. Association Solidarite Chambellanaise.

Florida:

March 2, 2008: Ginette and Bernard Diederich,

March 2, 2008: Louis Herna Marcelin. Interuniversity Institute for Research

March 3, 2008: Dr. Werner LeBlanc and Dr. Aldy Castor
(Haitian Resource Development Foundation and Haitians Physicians Abroad)

March 3, 2008: Johnson Voigt. Association pour le Developpement de Fort
Liberté et ses environs.

March 3, 2008: Yves Colon and Melissa Moonves. Haitian Education
Leadership Program.

March 4, 2008: Dr. Jean-Claude Fanfan. Independent contributor

March 4, 2008: Rudy Moise, NOAH

March 4, 2008: Dr. Michel Dodard and Gabriele Denise. Project Medishare and
Haiti Project

March 4, 2008: Marlene Cesar, Haitian American Nurses Association

March 5, 2008: Axelle and Anais Latortue, Haitian-American Students.

March 5, 2008: Magaly Prezeau, Sevigne Castor and Dr. Yves Jodesty. Haitian
American Professional Coalition.

March 6, 2008: Jumel Pluviose, Organization for the Development of Port
Margot.

March 6, 2008: Cleomie Lambert and Medicoeur Melus. International Coalition
of Family Education Project.

March 6, 2008: Bernadette and Vazquez Jean-Jacques. Brave International.

March 7, Gerard Philippeaux, Miami Dade County Commissioner, District 3.

March 12, 2008: Justin Manuel, Haitian American Scholarship Fund.

Boston:

December 27, 2007. Dr. Eustache Jean Louis. Center for Community, Health,
Education and Research.

May 22, 2008. Claire Pierre. Cambridge Health Alliance.

May 12, 2008. Jacky Poteau. Foundation for the Technical and Economic Advancement of Mirebalais.

June 10, 2008. Patrick Lucien. Edem Foundation.

June 10, 2008. Pastor Verdieu Laroche. North Haiti Mission.

June 14, 2008. Geneus, Chairman of the Committee for the Support of the Children of Boquet.

June 15, 2008. Lesly Rene. Haitian Organization for the Advancement of Petit Goave.

Montreal/Ottawa Canada:

December 1, 2007. Joseph Maurice Chavannes. Vision Citadelle

November 9, 2007. Rosemary Eustache, Haiti Consulate, Montreal.

November 10, Vivian Barbot, Deputy, Bloc Quebecois

November 10, 2007. Samuel Pierre, Association des Ingenieurs Haitiano-Canadien.

December 5, 2007 Guy St. Jean, Nadege St. Jean, Fondation Romilus St Jean

December 6, 2007. Natalie Robert, Vernet Felix, Crudem Foundation

April 11, 2008. Pierre-Louis Mercier. Centrech

May 5, 2008. Pastor Emmanuel Pierre, Dianneville project

May 9, 2008. David Elie, L'Oratoire Church, Montreal

February 22, 2008. Erik Faustin, ROCAHD

July 21, 2008 Erik Faustin and Denise Roy ROCAHD

September 27-28. Betsy Wall, Foundation for International Development Assistance

October 15, 2008. Jean Moisset, Honorary Counsel of Haiti to Quebec

October 16, 2008. Anouk St-Arnaud , Haiti-Dominican Republic Div. Canadian International Development Agency.

Washington, DC Interviews:

February 1, 2007. Dr. Emmanuel Francois, Association des Medecins Haitiens a l'Etranger

January 30, 2008. Gary Charlier, World Bank.

February 13, 2008. Jenny Petrow, Inter-American Fund.

March 23, 2008. Becky Kinsey. USAID employee, former Peace Corps Haiti Volunteer.

March 26, 2008. Corrie Drummond. Pan-American Development Foundation (email correspondence).

March 25, 2008. Daniel J. O'Neil. Pan-American Development Foundation (email correspondence).

May 23, 2008. Andrew Natsios. Former Administrator of USAID.

August 12, 2008. Thomas Debass. USAID.

APPENDIX FOUR
List Of Organizations Surveyed

	Organization Name	Location	Location in Haiti	Type.
1	Rural Haiti Project	New York	Croix le Bouget	HTA
2	Bouzi Bodouze	New York	Bouzi, Bidouze	HTA
3	Multicultural Family Nexus	New York	various: headquarters in PAP	Religious
4	Federation des Associations Haitiennes a l'Etranger (FAHRE)	New York	Various	umbrella
5	Association Regionale Torbeck	New York	Torbeck	HTA
6	Center of Community Development for Petite Riviere de L'Artibonite (CEDECOPRA)	New York	Davenouce	HTA
7	Association des Anciens du College Immaculee Conception des Gonaives (AACIC)	New York	Gonaives	HTA
8	CODESSCA	New York	PAP, Mathurin, Anse- a-Veau	HTA
9	Fondation Gaskov	New York	Les Cayes	HTA
10	Association des Medecins Haitiens a l'Etranger	New York	major cities	Professional
11	Haitian Resouce Development Foundation	Florida	Various incl. Cap Haitien	Professional

12	Association pour le Developpement de Fort Liberte et ses environs (ADFL)	Florida	Fort Liberte	HTA
13	Haitian Education Leadership Program (HELP)	Florida	Various, office in PAP	Education
14	NOAH	Florida	Various	Professional
15	Medishare	Florida	Thumonde	Professional
16	Haiti Project	Florida	Cap Haitien	Professional
17	Haitian American Nurses Association (HANA)	Florida	Croix de Bouquets	Professional
18	Haitian American Professional Coalition (HAPC)	Florida	Various	Professional
19	Organization for the development of Port Margot (ODEP)	Florida	Port Margot	HTA
20	International Coalition of Family education (ICOFE)	Florida	Moles-st. Nicolas	Religious
21	Brave International Project	Florida	Jean-Rabel	HTA/Church collection
22	ROCAHD	Montreal	Various	Umbrella
23	Vision Citadelle	Montreal	Various	Religious
24	Fondation Crudem	Montreal	various	Humanitarian organization
25	Fondation Romilius St.-Jean	Montreal	Various	HTA

26	Carrefour d'entraide et des retrouvailles du Cap Haitien (CENTRECH)	Montreal	Cap Haitien	HTA
27	FATEM: Foundation for the Technical and Economic Advancement of Mirebalais	Boston	Mirebalais	HTA
28	Inter-University Institute for Research	Florida	various	Professional

APPENDIX 5

Les Organisations de la Diaspora en Haïti et les Actions de Développement dans le Domaine de l'Éducation et la Santé.

**Octobre 2008
Dathis Noriac
David Nicolas**

1. Introduction

- 1.1- Contexte
- 1.2.- Objectifs de l'étude
- 1.3 Démarche méthodologique
- 1.4 Contenu de l'étude
- 1.5 Résultats attendus

2- La diaspora haïtienne : histoire, composition et importance

- 2.1.- Présentation des organisations visités
- 2.2 .- Structuration et fonctionnement des organisations correspondantes en Haïti
- 2.3.- Catégorisation des organisations identifiées sur le terrain

3.- Objectifs avoués et budget des organisations sur le terrain

- 4. les activités de santé
- 4.1.- Infrastructure de Santé et services fournis
- 5.- Au niveau de l'éducation

6.- Les contraintes rencontrées dans la plupart des organisations évoluant en Haïti

7- Résultats

8- Impacts de l'aide

9- Conclusions

10- Recommandations

1. Introduction

1.1- Contexte

La solidarité intra familiale constitue l'une des caractéristiques de la société haïtienne. Elle y est établie traditionnellement comme une norme. En effet, des jeunes particulièrement les aînés abandonnent prématurément leurs études et se font embaucher en vue de supporter le reste de la famille en difficulté. Dans d'autres cas d'autres membres de la famille, parents et/ou enfants, émigrent à l'étranger avec entre autres comme objectif d'aider leurs proches parents. A ce niveau, cette solidarité familiale se manifeste par un flux de transfert monétaire d'une importance considérable pour l'économie haïtienne, la deuxième source de devise du pays depuis quelques années.

La mauvaise gouvernance instituée depuis la proclamation de l'indépendance haïtienne et les crises politiques successives qui en résultent ont abouti à l'émergence d'un état fragile en Haïti. Cette faiblesse de l'état haïtien s'identifie entre autres par son incapacité à répondre à toutes ses responsabilités à l'égard de la population. Les services de base comme la santé, l'éducation, l'eau, l'électricité etc sont défectueux et d'accès précaire. La pratique de solidarité à l'échelle familiale s'élargit aussi au niveau collectif particulièrement dans les relations communautaires. En effet depuis quelques années, des membres de la diaspora haïtienne, seuls ou avec l'aide d'autres institutions, supportent des projets particulièrement dans les secteurs de la santé et l'éducation.

L'implication des groupes de la diaspora haïtienne dans le support au développement de services de base en Haïti suscite l'intérêt de plusieurs institutions dont la Banque interaméricaine de développement. Cette dernière, dans la quête de compréhension des options de développement en Haïti, a conçu et mis en exécution le projet de recherche relatif à la remise collective de fonds et la provision de service social en Haïti, particulièrement les supports fournis par des groupes de la diaspora haïtienne aux Etats-Unis et au Canada à des activités de santé et d'éducation.

1. 2.- Objectifs de l'étude

Depuis quelques années, les haïtiens vivant à l'extérieur, en plus de leur soutien à leur famille, à travers des groupes d'églises, des groupes d'origine, des associations professionnelles et même des individus, supportent, seuls ou avec l'aide de certaines institutions, des projets relatifs aux soins de santé et à l'éducation en Haïti. Ces activités prennent de plus en plus d'importance particulièrement au niveau des communautés haïtiennes aux Etats-Unis et au Canada.

Ainsi la recherche systématique entreprise sur les supports de la diaspora haïtienne aux secteurs de la santé et de l'éducation, dont cette étude est une composante,

devra permettre de construire une ligne d'action et de recommandations opérationnelles sur les remises collectives de fonds et la provision de service social en Haïti.

Tenant compte de ces considérations, l'étude sollicitée vise à :

Dégager les perspectives de relations du gouvernement haïtien avec les activités de support de la diaspora dans les domaines de la santé et l'éducation ainsi que les améliorations à apporter en vue d'une plus grande efficacité de l'aide

Evaluer l'impact du support de la diaspora dans les domaines de la santé et l'éducation au niveau des communautés bénéficiaires sous étude en relation avec les résultats de l'étude US et Canada

Identifier les grandes institutions non-diaspora de support au niveau de la santé et l'éducation dans les localités où sont localisés les projets étudiés.

1.3 Démarche méthodologique

Les projets supportés par les membres de la diaspora haïtienne en matière de santé et d'éducation en Haïti peuvent être de nature diverse : la construction de bâtiments scolaires ou sanitaires, l'octroi de bourses scolaires ou l'envoi de médicaments, l'organisation de séminaire et / ou de clinique mobile, le paiement des maîtres ou de personnel hospitalier etc. Les projets à enquêter seront choisis, à partir d'une liste constituée au cours de l'étude menée aux Etats Unis et au Canada, en fonction de cette diversité de sorte qu'un éventail de cas soient pris en compte.

Ainsi Il sera effectué des entretiens avec des responsables du gouvernement haïtien au niveau national et local en vue d'appréhender leur niveau d'implication dans ces activités, leur appréciation : par rapport à la politique sectorielle du gouvernement ; par rapport aux institutions locales de promotion et par rapport aux communautés bénéficiaires. Il sera également mis en évidence avec les autorités les perspectives de relations ainsi que les voies d'une meilleure organisation de ces activités.

Au niveau des institutions bénéficiaires, sera entreprise la collecte des informations relatives aux activités réalisées et aux résultats des contributions apportées par la diaspora notamment l'amélioration de la qualité de l'environnement médical et scolaire, les résultats sanitaires et scolaires, le renforcement de la structure institutionnelle des prestataires de services, les relations de ces institutions avec les institutions publics responsables de ces secteurs et celles avec d'autres institutions de la zone travaillant dans ces secteurs, le niveau de satisfaction des responsables, enfin leur perception de ces contributions par rapport à la responsabilité de l'état quant aux perspectives de développement dans ces secteurs.

Il sera également réalisé des entretiens semi-dirigés avec les membres de chaque communauté bénéficiaire retenue en assemblée. Les entretiens porteront sur leur

connaissance de l'aide elle-même, les services reçus ainsi que les effets économiques subséquents, la promotion d'un certain bien-être au niveau communautaire, les changements d'habitudes, leur appréciation de l'aide et des services reçus et finalement leurs souhaits. Cette approche sera utilisée dans le but d'obtenir des informations assez fiables sur l'impact des projets sur les bénéficiaires.

De plus il sera procédé à la mise en évidence des problèmes rencontrés au niveau de la plupart des institutions étatiques tels que : douane, ministères, mairies dans le déroulement de ces genres d'activités.

Par ailleurs, seront identifiées au niveau des communautés bénéficiaires des projets étudiés des institutions importantes non diaspora d'interventions en matière de santé et d'éducation. Seront collectées les informations relatives à leurs activités elles-mêmes, leur perception des supports de la diaspora dans les domaines connexes aux leurs et les perspectives de collaboration.

1.4 Contenu de l'étude

L'étude comportera deux (2) parties: une partie descriptive où sont synthétisés les objectifs qui ont été fixés, les activités entreprises et les services qui ont été offerts, le cadre des relations inter institutionnelles ainsi que les ressources qui ont été allouées. La seconde partie, plus analytique dans laquelle seront mis en évidence les réalisations, l'impact des actions entreprises par les prestataires de services bénéficiaires des supports de la diaspora sur les communautés en tenant compte de la situation globale de santé et d'éducation dans le pays et de la situation des familles concernées par les projets, et enfin les perspectives de développement et de coopération institutionnelle.

1.5 Résultats attendus

Les résultats attendus peuvent être résumés ainsi:

Une identification des grands contributeurs non diaspora en matière de santé et d'éducation dans les communautés et une meilleure connaissance des projets supportés par les membres de la diaspora haïtienne par rapport au contexte national de provision de services dans ces secteurs.

Une appréciation des résultats obtenus par les projets supportés par la diaspora haïtienne particulièrement les impacts de ces projets dans les communautés bénéficiaires.

Une meilleure connaissance des contraintes rencontrées dans ces projets particulièrement au niveau de l'acheminement de l'aide.

Une vue des relations du gouvernement avec les activités de support de la diaspora dans les domaines de la santé et l'éducation, sa perception des impacts et du futur de ces activités.

Des recommandations en vue de l'amélioration de cette activité

2- La diaspora haïtienne : histoire, composition et importance

Les premiers déplacements des haïtiens ont débuté entre 1915 et 1920 dans les plantations de canne à sucre en République Dominicaine sous la base de contrat annuel d'embauchage entre le Gouvernements haïtien et dominicain. Vers les années 30, des milliers de ressortissants haïtiens essentiellement des paysans ont migré à Cuba dans les plantations de canne à sucre.

Au cours de la deuxième moitié du 20^e siècle , la dégradation de la vie politique et les crises économique récurrentes qui s'en sont suivies en Haïti ont constitué la sphère de lance des différentes vagues de déplacement de la population haïtienne à l'étranger. Jusqu'en 1950, le nombre d'haïtiens vivant aux Etats-Unis se chiffrait à 500.

Vers les décennies 60 et 70, des haïtien fuyant la violence politique du régime de Duvalier ont laissé d'une façon remarquée le pays. Ces haïtiens constitués en grande majorité d'intellectuels ont migré en Afrique, en Amérique du nord particulièrement aux Etats-Unis et au Canada , en Europe et dans les Antilles. D'une population de 7000 aux Etas Unis au début des années 70 et d'un effectif infirme au Canada au début des années 60, le nombre de migrants haïtiens a augmenté significativement au cours de la décennie 70. La population haïtienne au Canada en 1976 se chiffrait à environ 14000 tandis que celle vivant aux Etats-Unis à la fin des années 70 avoisinait déjà quelques centaines de milliers. Les mesures d'immigration prises par le Canada et les Etats Unis facilitant la régulation des statuts pour des étudiants et des proches des familles résidentes ont facilité l'augmentation des effectifs dans ces deux pays.

L'aggravation de la situation politique et économique au cours des années 80 va amplifier le mouvement migratoire. Le phénomène des Boat People pendant les années 1970 et 1980 a permis à des milliers d' haïtiens de rejoindre les cotes de la Floride et les Bahamas. Les migrants de cette vague regroupaient les citoyens issus des zones rurales et suburbaines.

D'après un rapport de World Migration en 2006, on estime à environ 2.000.000 le nombre d'haïtiens vivant à l'étranger dont plus de 1 Million aux Etats-Unis, 100.000 au Canada , 600.000 en République Dominicaine et 300.000 en Europe et les Antilles.

La diaspora haïtienne à l'étranger regroupe des travailleurs, des étudiants et des professionnels , médecins ,ingénieurs, enseignants , avocats, écrivains, musiciens et artistes etc dont plusieurs se sont illustrés par leur talent dans les pays d'accueil et dans le monde. L'intégration et la performance des professionnels haïtiens à l'extérieur leur permettent de développer des relations d'influence qu'ils ont en différentes occasions mises au profit du pays particulièrement dans les périodes de turbulences politiques, de crises économiques et de désastres naturels . De plus, bénéficiant des avancées des pays

hôtes, ils ont pu acquérir des connaissances et des savoirs faire. En ce sens ils constituent un réservoir qui peut être mis à contribution au développement du pays.

Les contributions de la diaspora haïtienne en Haiti touchent des domaines divers comme le développement . En effet, leur participation est remarquée dans la santé, l'éducation, l'infrastructure, l'énergie , le culturel etc.

Par ailleurs , les haïtiens de la diaspora participent à l'amélioration du bien être de leurs proches et au développement du pays à travers les transferts d'argents, biens alimentaires etc. Selon la BID, les transferts d'argents de la diaspora haïtienne en Haïti se chiffrent à 1.07 Milliards de \$ en 2005, 1.65 Milliards \$ en 2006 et 1.83 Milliards en 2007. Des fonds transférés en 2006, 1.17 Milliards soit 71 % venaient des Etats-Unis, 230 Millions soit 14 % du Canada suivi de la France avec 8%. Environ 500.000 familles en Haïti recevraient de l'argent venant de leurs proches dans la diaspora.

2.1.- Présentation des organisations visitées

Les organisations de la diaspora enquêtées à partir de leurs structures existant en Haïti sont au nombre de 8 et sont réparties de la manière suivante 6 aux Etat-Unis et 2 au Canada.

Créées entre 1993 et 2007, ces organisations avaient pris naissance soient à partir d'une personnes ou d'un groupe de personnes désirant apporter sa contribution à sa communauté , soit à partir de l'initiative de certains étrangers ayant travaillé pendant une période de leur vie dans le pays et qui cherche à poursuivre leur appui aux pays ou à l'initiative d'un ensemble d'organisations de la diaspora et d'ONG cherchant à fournir une aide plus efficace que celle habituellement apportée par des organisations isolées ne cherchant qu'à satisfaire certains besoins ponctuels au niveau de leurs communautés respectives.

Toutes les organisations de la diaspora concernées par cette étude disposent de statuts juridiques et sont enregistrées dans les pays dans lesquels elles évoluent.

A l'exception du ROCAHD qui est un regroupement d'ONG et d'organisations de la diaspora qui disposent d'un membership élevé, les autres organisations sont essentiellement constituées d'un conseil d'administration compris entre 7 et 11 membres

Les objectifs identifiés sont relativement variables. La plupart d'entre elles cherchent à répondre à certains besoins ponctuels à l'échelle d'une commune tandis que d'autres cherchent à développer une solidarité avec des catégories défavorisées de la population ou appuyer des actions de développement à partir de thématiques diverses comme la santé, l'éducation, l'agriculture et l'environnement

2.2.- Catégorisation des organisations identifiées sur le terrain

Sur les 8 organisations enquêtées, 3 seulement ont mis en place des organisations en Haïti.. Il s'agit de ODEP, ADFL et CEDECOPRA. Pour les 5 autres Institutions enquêtées, 4 possèdent un directeur de projet et le cinquième un administrateur. Sur la base de l'existence ou non de structure organisationnelle, de la présence ou non de directeurs de projet nous avons regroupé les organisations visitées en 3 catégories

Initiatives individuelles sans structure organisationnelle et à moyens relativement faibles

Dans cette catégorie, il y a lieu de considérer 2 Institutions : le CECODEPRA et Rural Haiti Project

CEDECOPRA

C'est une institution créée à l'initiative d'un médecin originaire de la Petite Rivière de l'Artibonite .Ce dernier, décidant d'aider sa communauté, a fait un investissement important dans le domaine de la santé aux environs de Petite Rivière de l'Artibonite. Il s'agit du Centre Médical Philomène Prinston. Selon les personnes enquêtées, le CEDECOPRA est formé à partir de ce centre et d'une organisation de quartier dénommée Tet Ansanm.

Au cours de nos enquêtes nous n'avons pas retrouvé aucune structure organisationnelle Supportant l'initiative de ce fondateur .Bien qu'il s'agit d'une œuvre à caractère communautaire, le centre est placé sur la responsabilité d'un administrateur

RURAL HAITI PROJECT

Comme le CEDECOPRA, il s'agit d'une avocate et d'un autre cadre évoluant aux Etat-Unis qui met en place une activité d'éducation dans le domaine de l'artisanat en faveur des enfants en milieu rural. Dans cette perspective elle est parti prenante de la construction d'une école primaire financée par le Ministère de l'Education Nationale . D'autres activités comme des séances de consultation ophtalmologiques sont également réalisées une fois l'an.

Comme dans le cas du CEDECOPRA, il n'existe pas un budget régulier . Cependant contrairement à ce dernier qui travaille toute l'année, la durée annuelle des activités de Rural Haiti Project est estimée à 30 jours par an .

Organisation de la diaspora ayant une structure correspondante en Haïti

ODEP

C'est une organisation de la diaspora régulièrement enregistrée aux Etats-Unis et formée de personnes originaires de Port-Margot. Elle dispose d'un Conseil d'administration de 11 membres. Ces derniers se réunissent de manière conjoncturelle.

Actuellement, l'ODEP cherche à augmenter son membership dans les sections communales de cette ville. Cependant, cette organisation haïtienne n'a pas de fonds propres puisqu'elle ne fait pas de cotisations et n'organise aucun événement social. Dans ces conditions l'ODEP, Haïti dépend entièrement de son mentor en diaspora qui semble de son côté ne disposer pas d'une grande capacité de mobilisation de ressources. C'est pourquoi, il investit dans des activités ponctuelles

De sa formation en 1998 à nos jours les réalisations sont relativement faibles. Aussi, convient-il de citer : la construction d'un pont au niveau du centre ville, la fourniture de bourses d'études et la clôture du cimetière dont les travaux ne sont pas encore achevés

ODEP envisage l'organisation de consultation et de traitement chirurgical avec la participation des médecins de la diaspora et ceux de la commune Port-Margot

ADFE

Comme ODEP, L'ADFE (Association pour le Développement de Fort-Liberté et de ses Environs.) est une organisation haïtienne créée sous demande de son mentor ADFL. Elle est régulièrement enregistrée à la mairie de Fort-Liberté. Elle dispose d'un statut et un total de 24 membres.

ADFL a réalisé des travaux de recherches sur la ville de Fort-Liberté. Elle travaille dans la signalisation des rues de la ville et le numérotage des maisons. A travers ADFL, ADFE fournit des équipements médicaux à l'hôpital Saint Joseph, organise des foires médicales avec le concours de médecins venant des Etats-Unis, de la République Dominicaine et de Port-au-Prince. Dans le passé, la fourniture de bourses d'études à des élèves a été également parmi les activités supportées par cette organisation.

Comme les autres Institutions déjà signalées, ADFE ne dispose pas de fonds propres, organise rarement de réunions et fonctionne totalement sous la dépendance de son mentor.

CENTRECH

Comme ADFE et ODEP, le CENTRECH d'Haïti a été créé à la demande du CENTRECH du Canada, une Institution formée par d'anciens élèves des établissements de la ville du Cap- Haïtien et particulièrement du Collège Notre Dame.

Le CENTRECH d'Haïti dispose d'un conseil d'administration de 5 membres mais cette Institution ne définit aucun objectif stratégique réel et n'organise des réunions qu'en cas besoin.

Pour la réalisation des activités du CENTRECH en Haïti, l'institution de tutelle place au sein de ce dernier un directeur. Les contacts entre le CENTRECH de la diaspora et celui d'Haïti se font par l'intermédiaire de ce dernier.

Le CENTRECH de la diaspora finance la création de bibliothèque dans les établissements scolaires, certains équipements destinés à l'hôpital Justinien comme : chaise roulante. De plus, il finance un programme contre la diabète dans les villes du Cap-Haïtien , de Limbé , met en place un centre de cardiologie qui dessert tout le Nord, un centre de documentation muni de matériel audio-visuel comme support à l'enseignement .

Par ailleurs, le CENTRECH accorde une très grande importance à la formation professionnelle. Actuellement le CENTRECH Haïti gère un centre de montage de bicyclette, un centre d'assemblage et de réparation d'ordinateurs et fournit son appui à l'Ecole des Infirmières du Cap –Haïtien

Organisation ne disposant pas d'organisations correspondantes en Haïti et possédant un directeur de projet

Medishare

C'est une organisation formée par 2 américains. Actuellement, il dispose d'un conseil d'administration composé de 12 membres dont 4 cadres haïtiens. En Haïti Medishare est représenté par un directeur de projet qui est un médecin spécialisé en santé communautaire.

Medishare travaille à Thomonde dans le Plateau Central. Il exécute un projet de santé et un projet intégré dénommé village millénaire. qui comporte en plus du volet de la santé communautaire les volets suivants :Agriculture, Education et environnement

A la demande du Ministère de la Santé Publique , ce dernier assure la coordination des actions en santé communautaire dans tout le Plateau Central et travaille également en partenariat avec le Ministère de l'Agriculture. Ce partenariat lui permet de bénéficier des services des cadres du Ministère et d'augmenter son efficacité sur le terrain

HELP

Créée en 1997 par un américain ayant travaillé en Haïti et côtoyé certaines catégories défavorisées de la société américaine, HELP s'est véritablement structurée en 2003. Il est une ONG qui a son siège aux Etats-Unis. Il dispose d'un conseil d'administration de 5 membres dont 3 haïtiens américains.

Help possède un bureau à Port-au-Prince et recrute des jeunes sur la base de l'excellence et de la faiblesse des moyens. Actuellement, Help sponsorise un centaine de jeunes. Cette sponsorship constitue un accompagnement qui aide ces jeunes à intégrer ou/et à se maintenir l'Université. Il comprend la fourniture des ouvrages scolaires, des frais de scolarité, le matériel pédagogique nécessaire ainsi que des allocations diverses notamment pour le transport, l'entretien et le logement des étudiants.

Help reçoit un financement régulier de l'ambassade américaine avec laquelle il entretient des relations de partenariat. Il participe également dans le cadre de ce partenariat avec l'ambassade américaine à un projet d'élaboration d'un guide universitaire avec Yélé Ayit/ COMCEL

ROCAHD

Créée en 1986, le ROCAHD est une fédération d'organisations comprenant des organisations de base de la diaspora et de certaines ONG qui avaient l'habitude de fonctionner en Haïti.

L'objectif du ROCAHD est d'appuyer les activités de développement en Haïti sur une base nationale. En ce sens, un effort important a été réalisé car les groupes de base de la diaspora ont toujours tendance à financer des activités dans des zones où ils sont originaires.

Au moment de sa création, le ROCAHD accueillait une centaine d'organisations de la diaspora évoluant au Canada. Actuellement, il n'en reste qu'une vingtaine car la majeure partie de ces organisations avaient été découragées et abandonné le regroupement à cause de son approche.

Ce regroupement est financé par l'ACDI. En Haïti, il joue le rôle de bailleurs de fonds et finance des organisations comme Tet Kole et d'ONG comme Veterimed, Institut Karl Lévêque

3.-- Objectifs avoués et budget des organisations sur le terrain

La majeure partie des objectifs formulés concerne des actions correspondant à des problèmes immédiats confrontés dans les villes d'où les membres des organisations concernées de la diaspora sont originaires. Cela tient au fait que le migrant reste pendant

un certain temps soudé à sa ville natale. Les organisations qu'ils mettent en place ont été créées sur la base du territoire.

Sur les 8 organisations enquêtées les objectifs avoués par cinq d'entre elles se rapportent soit à une commune, soit à un département géographique quelconque.

Les 3 autres organisations ont des objectifs relativement plus larges. Ces institutions ont mis en place des activités ayant un caractère plus permanent et orienté dans le sens de l'amélioration des conditions de vie de leurs clientèles.

Cependant, il a été constaté que ce sont des institutions mixtes d'haïtiens et d'étrangers qui ont développé des relations de partenariat avec des institutions étrangères et nationales qui arrivent à fixer de tels objectifs.

Par rapport au budget des organisations, on peut signaler qu'il existe certaines organisations qui fonctionnent sans cet outil de gestion. Ces organisations concernées peuvent avoir une activité et l'argent pour sa réalisation est transféré progressivement à travers un notable ou un directeur de projet. Ce sont surtout les organisations qui ont des activités permanentes qui disposent d'un budget prévisionnel. Si l'on se réfère aux dépenses annuellement réalisées, on peut affirmer que le budget des organisations varie de 25.000 dollars à 1.800.000 dollars

Budget de certaines organisations

Organisations	Budget en US \$
Rural Haiti Project	25.000
CEDECOPRA	86.000
Help	500.000
Medishare	1,000.00
ROCAHD	1.800.000

Les fonds proviennent de sources diverses : cotisation des membres, levée de fonds à partir d'événements sociaux, financement par des institutions nationales et internationales, dons de personnes fortunées en Haïti et mise à disposition par l'état de Ressources humaines.

Parmi les Institutions qui ont la plus grande capacité de financement, il convient de citer :

- Le ROCAHD dont les ressources financières sont fournies par l'ACDI. Et les ressources propres de ses membres
- Medishare .qui reçoit des fonds provenant des sources diverses comme les levées de fons, les Universités américaines, le Rotary de Hinche et le Rotary International , la famille Vorbes et L'Etat haitien qui lui fournit une bonne partie de ses ressources humaines
- Help qui utilise des levées de fonds,et des ressources financières provenant d'une Institution Haitienne : Yélé Ayiti et l'Ambassade américaine

4.- les activités de santé

Sur les 8 organisations visitées, 5 sont concernées par les activités de santé. 2 modes d'intervention ont été recensés. Le premier constitué principalement de dons de matériels, d'équipements et l'organisation de foires médicales semble le plus important.

En effet, Il s'agit d'interventions ponctuelles ne nécessitant pas d'un budget et d'un personnel régulier. Pour sa réalisation, ce type d'action réclame principalement des contacts pour l'acquisition de ces matériels ainsi que les services de médecins de la diaspora .Les institutions concernées par cette approche dont le CENTRECH, le ADFL, ET L'ODEP

Le CENTRECH est intervenu dans la fourniture du matériel et des équipements à l'hôpital Justinien du Cap-Haitien après que son centre de cardiologie a été totalement dévasté. L'ADFL de son coté organise des foires médicales avec la participations des médecins venant de la diaspora et de Port-au-Prince tandis que dans le cas de l'ADFL , il s'agit d'un projet de foire médicale qu' il compte mettre sur pied.

Les activités présentant un caractère permanent ont été identifiées au niveau de 2 organisations : le CEDECOPRA et Medishare. Le premier gère un centre de santé et dispose d'un personnel de 9 membres comprenant : un médecin, 2 infirmières, 2 auxiliaires, un pharmacien , un administrateur, une caissière, 2 femmes de ménage et un gardien tandis que Medishare dispose d'un personnel délégué par le Ministère de la Santé publique composé^e de 3 médecins, de infirmières, de 4 auxiliaires médicales ,d'un officier sanitaire et de 5 agents de santé.. En plus de ce personnel, il convient d'ajouter 1 médecin et 2 infirmières qui sont des employés de Medishare

Organisation et activités en santé

Organisations	Activités permanentes	Activités non permanentes
CENTRECH	-	Matériels et équipements
ODEP	-	Projet de foires
CEDECOPRA	Gestion d'un centre de santé avec lits	-
Medishare	Santé communautaire	-
ADFL	-	Foires médicales et dons d'équipements

4. 1.- Infrastructure de Santé et services fournis

Dans ce cadre, nous considérons les actions permanentes en santé menées par le CEDECOPRA et Medishare.

Construit par CEDECOPRA, le centre Médical Philomène Princeton dispose d'un bâtiment évalué à plus de 60.000 dollars et muni de lits et d'équipements médicaux .tandis que Medishare assure l'administration et la gestion de l'hôpital de Thomonde et le dispensaire de Marmont qui sont des infrastructures de l'Etat. Il s'agit de deux stratégies totalement différentes. La première nécessite des investissements alors que le second cas nécessite uniquement de l'expertise et une philosophie axée sur un partenariat avec l'Etat haïtien.

Au niveau des services, il convient de mentionner que le CEDECOPRA offre principalement des services de consultation et de suivi médical alors que Medishare dans le cadre de ses activités en santé communautaire fournit les service de vaccination, organise des postes de rassemblement ainsi que des travaux de clinique mobile. Ces activités s'adressent prioritairement aux enfants de moins de 5ans et aux femmes enceintes et allaitantes.

Partenariat en santé

L'ensemble des institutions de la diaspora qui interviennent dans le domaine de la santé entretient des relations avec l'Etat haïtien. Ces relations sont deux sortes : des relations d'assistance dans laquelle l'organisation de la diaspora apporte à un hôpital publique certains équipements nécessaires à son fonctionnement et lui garantit une semaine de consultations et d'interventions dans le cadre de l'organisation des foires.

L'autre type de partenariat, le plus intelligent, est celui mené par Medishare dans lequel l'Etat fournit à ce dernier une partie du personnel ainsi que l'administration de deux centres de santé. Il s'agit là d'une action symbiotique dans laquelle des efforts sont réalisés conjointement en vue de la réalisation des objectifs formulés par l'Etat haïtien dan le domaine de la santé.

On rappelle qu'en plus des relations avec l'etat haïtien Medishare entretient des relations avec un ensemble d'universités basée aux Etats-Unis comme :Emory, l'Université de Miami , Morehouse, George Washington, 'Université de Floride, et des ONG travaillant dans la santé comme Zanmi la Santé, world Vision et d'autres Institutions comme le Rotary de Hinche et le Rotary International

5-Au niveau de l'éducation

Les institutions qui interviennent dans l'éducation sont : Rural Haiti Project, CENTRECH et HELP.

Rural Haiti Project, intervient dan la formation des enfants en milieu rural. L'institution cherche à développer leur créativité à travers les travaux d'artisanat et de peinture. Le CENTRECH intervient principalement dans l'organisation des séminaires en faveur des professeurs, la fourniture du matériel, du mobilier scolaire ainsi que des ouvrages dans les écoles évoluant dans le département du Nord.

Contrairement aux 2 organisations suscitées, le travail que réalise HELP auprès des jeunes nécessite des ressources régulières et une bonne planification. Cette Institution sponsorise actuellement une centaine d'universitaires provenant de familles défavorisées.

En effet, cette sponsorship est un accompagnement pour l'acquisition des ouvrages, le paiement des frais de scolarité, l'acquisition de matériels scolaires. A cela s'ajoute : une allocation pour le transport, le logement et l'entretien .Par ailleurs, la dépense moyenne par étudiant et par an est de US \$ 4300.

Comme Medishare, Help développe des relations avec :

- une compagnie de téléphone cellulaire , Voilà, évoluant en Haiti qui lui apporte 10% des ressources nécessaires à son fonctionnement
- l'ambassade Américaine qui lui procure un laboratoire d'informatique et un laboratoire de langue anglaise.

Les 2 autres organisations ADFE et ODEP qui dans le passé accordait des bourses à des enfants ont cessé cette activité faute de moyens financiers.

6.- Les contraintes rencontrées dans la plupart des organisations évoluant en Haïti

Les activités de diaspora dans le domaine de la santé font face à des contraintes diverses dépendant de l'organisation. Aussi, convient-il de mentionner les suivantes :

Manque de fonds pour la réalisation d'une activité

Le manque de fonds pour la réalisation des activités représente un obstacle majeur à prendre en compte dans les activités de la diaspora en Haïti. Par exemple, au niveau de l'éducation, il a été révélé que l'ODEP et le ADFE avait dans le passé l'habitude d'octroyer des bourses d'études à des jeunes mais cette activité avait été interrompue faute de moyens.

En effet, l'octroi des bourses à des jeunes demande un budget régulier. Or ces organisations qui ne disposent pas d'un membership élevé et qui n'entretient pas des relations de partenariat avec des institutions nationales et internationales sont dans l'incapacité de mener des activités qui nécessitent un apport régulier de ressources financière.

Par ailleurs, cette même contrainte est observée au niveau du CEDECOPRA qui actuellement à des difficultés pour faire fonctionner le Centre Médical Philomène Princeton, faute de fonds disponibles.

Nous rappelons que les recettes issues des activités de ce centre sont trop faibles pour parvenir à son autonomie. De plus , il semblerait que le Centre fonctionne avec les ressources propres de son fondateur.

Au niveau du fonctionnement interne des organisations

Les organisations de la diaspora sont dépourvues de connaissances sur la manière de garantir un fonctionnement adéquat à l'intérieur des organisations qu'ils arrivent à créer. Dans ces conditions, ces dernières ne disposent d'aucune information sur le fonctionnement de l'organisation tutrice en diaspora. De plus, ils ne fixent aucun objectif précis, n'organisent de réunions pour discuter de l'avenir de leur organisations et ne possèdent aucune stratégie leur permettant de constituer des fonds propres à l'intérieur de leur organisation.

C'est pourquoi, la plupart des organisations haïtiennes créées par la diaspora sont des organisations dépendantes de leurs tutrices et les relations qu'elles entretiennent avec leurs correspondant en Haïti sont des relations verticales.

Manque d'appui des autorités locales

En situation normale, une Institution qui intervient dans une commune devrait recevoir l'appui du maire. Cependant, dans certains cas, les relations que développent les autorités locales avec les organisations évoluant dans leurs communes sont, à tort ou à raison, des relations de concurrence.

En réalité, les maires, dans certains cas, ne disposent pas de ressources financières pour intervenir dans le milieu. Dans le cas où, une organisation dispose de ressources pour intervenir, même ponctuellement dans une commune, ses dirigeants acquièrent un rayonnement susceptible d'éclipser les autorités locales.

Autres contraintes identifiées.

Parmi les autres contraintes identifiées, il convient de citer les suivantes :

- Leadership difficile à implanter chez les jeunes ;
- Manque d'infrastructures d'énergie ;
- frustrations créées par incapacité de répondre à certaines sollicitations ;
- Incompréhension de la population ;
- Manque d'infrastructure ;
- Des problèmes administratifs pour assurer le dédouanement des dons envoyés.

7.- Résultats

Il est difficile dans le cadre de ce travail de présenter des résultats sur l'apport de la diaspora dans le domaine de la santé et de l'éducation sur une base quantitative car l'échantillon que nous disposons n'est [as suffisamment exhaustive.

Toutefois, nous pouvons avancer que les haïtiens de la diaspora ont à partir de leurs transferts collectifs à des organisations qu'ils ont pu créer en Haïti, rendus d'énormes services à leurs compatriotes dans ces deux domaines.

Dans cette perspective, il convient de signaler :

- La réalisation d'un ensemble d'interventions comme la chirurgie des yeux, de la prostate réalisée chaque année à partir des foires médicales ;
- La distribution de chaises roulantes , de béquilles à des personnes handicapées ainsi que d'autres matériels pouvant être utilisés dans les hopitaux publics ;
- Les services de santé communautaire : vaccination, clinique mobile fournie à une catégorie défavorisée de la population.
- L'appui à la création d'un ensemble de bibliothèques, pouvant aider dans la formation de la jeunesse
- La sponsorship des enfants dans les milieux ruraux dans le domaine de peinture et de l'artisanat ainsi que des universitaires provenant de catégories défavorisées

8.- Impacts de l'aide

La solidarité avec les haïtiens et l'appui au développement du pays ; tels sont les objectifs avoués des organisations de la diaspora. Ces objectifs sont traduits par des interventions notamment au niveau de la santé et l'éducation. En effet les faiblesses de l'état haïtien ont occasionné un manquement important dans ces domaines. L'accès difficile et la faible qualité des services ont consacré un vide auquel d'autres institutions privées ou de promotion de développement essayent d'apporter une contribution aux solutions. Les interventions des groupes de la diaspora s'inscrivent dans cette démarche.

Les impacts de ses actions peuvent être appréciés à un triple niveau.

Organisations

Structurées suivant les localités d'origine des membres, les organisations de la diaspora constituent un outil important permettant aux membres de rompre l'isolement et d'adresser des problèmes relatifs à leurs conditions d'existence à l'extérieur et à leur profession. Elles les permettent aussi de se pencher sur les problèmes confrontés dans le pays et dans leur localité d'origine et d'y apporter des éléments de réponses. La cotisation et le fundraising , méthode principale de constitutions de fonds nécessaire à la résolution des problèmes identifiés constituent une approche de solidarité susceptibles d'être partagée avec leur paire en Haïti. Se faisant ces structures permettent aux membres de

rester en contact avec leur localité ou avec les associations professionnelles correspondantes, d'avoir une certaine influence, bref se faire une image.

La reproduction de ces cellules de base au niveau local se révèle être un atout non seulement pour entretenir des liens organiques avec leur communauté mais surtout pour la matérialisation des objectifs. En effet bénéficiant des opportunités de formation à l'extérieur au niveau de la recherche de fonds, la conception et la gestion de projets, ces structures se renforcent et conséquemment leurs structures de relais en Haïti. Ce renforcement est traduit par l'existence de projets plus orientés vers le développement que ceux beaucoup plus ponctuels d'autrefois ainsi que par plus de succès enregistré dans la réalisation de ces projets. Ce qui contribue nécessairement à l'amélioration de la confiance et au renforcement des relations au sein de la communauté et entre les bienfaiteurs et les bénéficiaires.

Enfin, les structures organisationnelles de relais aident à la structuration des communautés. A travers de activités de développement encouragées par les tutrices de la diaspora, elles font l'apprentissage de l'identification des problèmes et des solutions ainsi que la gestion de projets dans les localités. Elles représentent des structures pouvant jouer le rôle d'interface à d'autres institutions dans le cadre d'un processus de développement des communautés

Communautés

Les interventions de la diaspora en Haïti sont localisées en grande partie dans les régions d'origine des membres des organisations. Les projets exempts sont ceux issus des associations professionnelles ou d'initiatives individuelles de ressortissants étrangers. Ces localités d'intervention sont d'une manière générale dépourvues de structures minimales de services sociaux. Les actions qui y sont menées sont généralement bienvenues et sont appréciées par la population.

Quelle soit dans le domaine de la santé ou celui de l'éducation, les actions de la diaspora permettent aux communautés locales de palier aux cuisants problèmes de manque de services sociaux dans le pays. En effet les interventions effectuées dans l'éducation permettent à des milliers de jeunes défavorisés d'avoir accès à l'instruction. Ce qui contribue à réduire le nombre de potentiels délinquants dans les localités.

L'implication des membres de la diaspora dans l'éducation constitue un atout pour le système. Ces membres originaires des localités représentent des modèles dont la réussite et le comportement peuvent influencer de façon positive l'orientation des jeunes et leur assiduité pour le succès scolaire. De plus en intervenant dans l'amélioration du mobilier scolaire, la fourniture des ouvrages et dans la formation des maitres, la diaspora participe non seulement à l'amélioration de la qualité de l'éducation mais aussi à redonner confiance dans le système au niveau local.

Sur le plan de la santé, les actions touchent la fourniture des équipements médicaux, la construction de centre de santé, la formation et la fourniture de soins et les actions de

santé communautaire. Ces interventions permettent à la population bénéficier d'un service vital qui les aide à réduire le taux de personnes malades dans les localités ainsi que les dépenses de santé dans les familles. L'existence des soins de santé dans les localités contribue aussi à la réduction des déplacements vers les centres de santé éloignés et d'allouer plus de temps et de ressources financières aux activités familiales.

Par ailleurs, ces interventions sont l'occasion pour les professionnels au niveau local de rencontrer avec leurs pairs de l'extérieur et de bénéficier de leur expérience et leur connaissance. Par ailleurs La plupart des organisations dans le cadre de leur activités développent et entretiennent des relations avec des institutions internationales de financement, des Universités, Le Ministère de la Santé Publique, le Ministère de l'Education Nationale, les grandes institutions de santé dans leurs zones d'intervention, les autorités locales non conflictuelles. Une telle approche a eu comme intérêt l'ouverture de ces organisations à d'autres institutions concernées, l'exécution d'actions concertées et le bénéfice de la collaboration et du soutien. En agissant de la sorte, elles augmentent la pertinence des interventions, améliorent la qualité des services fournis aux communautés et rassurent les bénéficiaires.

La plupart des projets réclament une contribution financière des bénéficiaires pour les services reçus. Cette approche honorée en dépit des situations difficiles des bénéficiaires témoigne du niveau de reconnaissance et d'acceptation des services fournis. Elles indiquent en outre la responsabilité des bénéficiaires. Cependant les contributions demandées sont faibles et ne permettraient pas de garantir un fonctionnement adéquat sans l'apport de fonds venant de l'extérieur tandis que dans le cas de l'organisation des foires médicales ou des actions en santé communautaire, les services sont tout-à-fait gratuits.

Enfin, les contributions financières de la diaspora au niveau de la santé et l'éducation ont permis un certain bien-être au niveau de la communauté. En effet en améliorant les conditions de santé de la population et en distribuant les revenus aux professionnels concernés, les actions de la diaspora influencent positivement l'économie des localités bénéficiaires.

Pays

Les manquements de services sociaux de l'Etat haïtien à la population se manifestent à toutes les échelles du pays particulièrement dans les endroits reculés. Cette faiblesse peut être constatée tant au niveau de la couverture que la qualité des soins. Le « laisser faire » de certains intervenants non munis de statuts légaux ni de permis d'interventions, les collaborations du Gouvernement en fournissant des cadres locaux à certains projets, la facilité de rentrée des médicaments, démontrent la réceptivité du pouvoir à cette démarche.

Les interventions de la diaspora dans les activités de santé et de l'éducation sont mal connues. En effet, le Ministère des Haïtiens vivant à l'étranger ne dispose pas de moyens suffisants pour cataloguer ces organisations et les mettre en relations avec des services de l'Etat dans des domaines de la santé et de l'éducation. Certains cas de partenariat, formels

ou informels ont été identifiés. Ils contribuent à alléger la tâche du Gouvernement dans ces domaines et de mieux valoriser dans certains cas des cadres en les offrant de meilleures conditions de travail. Enfin elles participent à la réduction des pressions venant de la base relatives à ces besoins.

Utilisé dans le passé comme une injure par une couche de la population, le mot diaspora a grandi. Il est de plus en plus associé à l'argent par des citoyens en Haïti. Les appuis des membres de la diaspora dans l'assistance au développement contribuent à montrer aussi un autre visage de celui-ci. Elle est aussi aux yeux des citoyens un promoteur de développement dans son pays, sa localité à côté de celui de sa famille qui était autrefois la seule structure à laquelle il était redevable. Les sollicitations de divers groupes en Haïti à la diaspora témoignent du climat de confiance qui est établie et surtout la reconnaissance de l'importance du rôle joué par les haïtiens de l'extérieur dans le développement du pays.

Finalelement en participant à la promotion de services sociaux comme l'éducation et la santé, la diaspora contribue à l'augmentation de l'offre ainsi qu'à la qualité de ces services au niveau du pays. Ses actions permettent aux bénéficiaires de disposer les infrastructures et les soins plus proches de leurs résidences réduisant ainsi les temps de marches, les stress et les frustrations, les dépenses, la délinquance. Ce qui permet aux familles bénéficiaires de s'atteler de façon plus tranquille à d'autres activités particulièrement les activités économiques nécessaires au progrès du pays.

Les fréquentations significatives par des familles dans les centres de santé et les cliniques mobiles organisées dans le pays par la diaspora, l'augmentation des effectifs et l'amélioration des résultats scolaires dans les écoles qu'elle supporte indiquent une perception positive des citoyens de ces activités. Ainsi il est identifié une participation positive des citoyens inhérents à un niveau d'acceptation et d'intérêts qu'ils y manifestent. Ce qui aidera à l'amélioration des relations et facilitera l'implantation et le succès de programmes d'envergure dans ces secteurs à l'avenir par des operateurs.

9- Conclusions

La pertinence de la volonté de la plupart des haïtiens de la diaspora de contribuer à des activités collectives en faveur de leur pays a été constatée. En effet, chacune des institutions enquêtées mène une activité qui, selon leurs possibilités et leurs champs de compétences, se déroule soit à l'échelle d'une localité, d'une commune, d'une région ou du pays tout entier.

Par ailleurs, Les organisations de la diaspora disposent dans la plupart des cas d'une organisation en Haïti qui joue le rôle d'interface. Ces organisations locales fondées pour la plupart à l'initiative des cellules mères dans la diaspora disposent pour la plupart d'un conseil d'administration et dans de rares cas d'un membership réduit ne dépassant pas 24 personnes. D'autres disposent seulement d'un conseil d'administration assisté d'un directeur ou dans certains cas d'un directeur seulement pour la réalisation des activités.

Leur composition reflète généralement celle demandé par des structures tutrices d'origine.

La plupart des organisations de la diaspora sont faibles sur le plan organisationnel à l'exception du ROCAHD qui est un regroupement d'organisations et d'ONG. qui au moment de sa création avait reçu un support important de l'ACDI et de certaines ONG engagées dans des activités de développement en Haïti

Sur le plan fonctionnel et dans certains cas les décisions sont prises par les organisations de la diaspora qui les renvoient aux structures de base en Haïti Les informations relatives aux activités menées et à leur financement ne sont pas disponibles au niveau des structures locales.

Les objectifs recensés au niveau de certaines organisations sont : développer la solidarité ; suppléer aux faiblesses de l'état, aider les initiatives de développement Cependant certaines organisations locales n'ont pas d'objectifs stratégiques avoués, n'organisent de réunions, ne font pas de cotisations et se considèrent comme de simples relais de l'organisation tutrice en diaspora.

Cette faiblesse au niveau de la circulation des informations ne concerne pas des organisations comme MEDISHARE, Help et ROCAHD dont leurs directeurs sont en relation permanente avec leur organisation basée à l'étranger. De plus, ces organisations possèdent une certaine latitude pour développer des relations de partenariat avec des institutions locales et augmentent à travers ces relations les ressources financières de leurs institutions.

Par ailleurs, les organisations de la diaspora ne doivent pas être considérées dans un cadre restrictif car les institutions qui ont la capacité de mobiliser le plus de ressources financières sont celles formés d'haïtiens et d'étrangers (MEDISHARE, Help, ROCAHD) capable de développer des relations de partenariat avec des institutions internationales , des Universités, des ambassades, et des ONG internationales ainsi que des entreprises et Institutions étatiques nationales, des haïtiens fortunées et de compagnies évoluant en Haïti

La plupart des organisations intervenant directement en Haïti disposent d'un programme et d'un budget pour chaque projet finalisé suivant les informations fournies par le directeur local de l'organisation et les capacités des donateurs. Certains projets bénéficient d'une certaine participation financière provenant des activités en cours des structures locales représentantes. Leur budget atteint entre 300,000 à 1.800.000 dollars l'an (HELP ,500.000 ; MEDISHARE , 300.000 ; ROCAHD 1. 800.000

Par contre d'autres organisations ainsi que les représentants locaux des initiatives individuelles évoluant de manière isolée sont incapables de mobiliser des ressources

importantes et n'ont pas nécessairement de budgets. Les coûts de certaines activités peuvent être chiffrés. Cependant la branche locale reçoit généralement les fonds de l'organisation mentor au besoin ou avec instruction de celle-ci d'intervenir suivant l'opportunité des collectes. Le montant total des investissements effectués au niveau de la plupart de ces structures peut varier de 25.000 à 50.000 dollars

Les activités recensées regroupent celles d'éducation, de santé et de développement

- Au niveau de l'éducation : fourniture de bourses d'études et sponsoring d'étudiants à l'Université, livres, matériels audiovisuels, matériels sportifs et mobiliers scolaires.
- Les activités de santé concernent la construction et le fonctionnement de centre de santé, la réparation de l'hôpital Justinien du Cap, le fonctionnement d'un centre public de cardiologie, les dons de médicaments et de matériels, l'organisation de clinique mobile
- Les interventions en matière développement intègrent l'identification de rues et de maisons de ville, clôture de cimetière, construction de pont, projet de développement intégré, recherches historiques sur la ville de Fort-Liberté et un centre de montage de vélo.

Il s'agit en fait d'une pluralité d'interventions avec une domination d'activités ponctuelles marquées par une absence de suivi d'une manière générale des activités. Leur durabilité n'est pas assurée à cause : de l'absence de formation, de participation et de responsabilisation des bénéficiaires. Cette situation n'est pas du tout générale car des organisations comme Medishare, ROCAHD et HELP réalisent des activités réellement structurantes respectivement en santé communautaire, agriculture et protection de l'environnement pour le premier, la sponsoring d'une centaine d'universitaires pour le second et le financement de projets communautaires pour le dernier.

Les organisations pour la plupart développent dans le cadre de leur intervention des relations avec d'autres institutions dans le pays. Ces relations peuvent être de différentes natures : affectation de personnel, financement et échanges. Il s'agit de institutions publiques comme la Mairie, Bureau du député, le Ministère de la Santé et le Ministère de l'Education Nationale, le Ministère de l'agriculture ; des entreprises privées telles que COMCEL et Vorbes et Fils, des organisations de promotion de développement comme World vision et Zanmi La Santé et l'Ambassade américaine. D'autres relations sont aussi développées entre les organisations qui interviennent directement sur le terrain avec certaines Université aux Etats-Unis notamment dans le domaine de la santé. Ces relations se sont développées par les structures locales ainsi que par des organisations de la diaspora. Ce qui constitue une force pour la durabilité des interventions.

Dans un pays où règne une pauvreté chronique chaque initiative prise par une organisation mériterait d'être encouragée. Cependant les activités de la diaspora se déroulent dans un cadre informel et ne sont pas encadrées par l'Etat Haïtien. Cet

encadrement de l'état Haïtien apparaît tout-à-fait nécessaire surtout dans le cas des aides offertes par la diaspora à certaines Institutions publiques qui ne bénéficient d'aucun suivi et qui sont fournies seulement sur la base de relation interpersonnelles.

Pour qu'elle soit réellement efficace, l'aide apportée par la diaspora doit être fournie dans le cadre d'une politique nationale de développement à laquelle devrait prendre une part active le Ministère des Haïtiens de l'Étranger. Or ce dernier ne dispose, selon l'un des cadres rencontrés d'aucun moyen pour accompagner la clientèle dont il est censé servir.

Les enquêtes réalisées ont permis la mise en évidence des atouts suivants au niveau de la plupart des organisations de la diaspora. Il s'agit :

- Volonté manifeste de rester en contact avec le pays et de servir à travers des actions concrètes d'aide et de développement ;
- Grande capacité de collecte de ressources en nature et en espèce ;
- bonne vision de la part de certains directeurs de projet ;
- développement de partenariat avec les Institutions nationales et internationales augmentant l'efficacité de l'aide ;

Par ailleurs il convient de mentionner certaines faiblesses identifiées chez la plupart de ces organisations. Citons :

- la faible circulation des informations entre la plupart des organisations haïtiennes et leurs organisations de tutelle en diaspora ;
- la déresponsabilisation de la plupart des organisations qui n'arrivent pas à mettre en place leurs propres activités et qui se considèrent tout simplement comme des organismes de relais de l'aide de la diaspora.

10.-Recommandations

A partir des constats réalisés les recommandations suivantes ont été formulées.

1.- Renforcement organisationnel des organisations de la diaspora ainsi que celles existant en Haïti. Ce travail permettra à ces organisations d'améliorer leur structure principalement en développant un membership éclairé dans les organisations de la diaspora et celles d'Haïti. et d'améliorer leur mode de fonctionnement. . Cependant, il est fort possible que certaines organisations ne sont pas décidées à avoir une organisation en Haïti.

2.- Formation pour les organisations de la diaspora et d'Haïti sur la notion du cycle de projets, le suivi, l'efficacité et la durabilité des interventions.

3.- Nécessité pour les organisations locales de développer des relations de partenariat formelles avec les mairies et les institutions étatiques de façon à réaliser un suivi régulier

des dons fournis et empêcher le détournement de la plupart des aides fournies aux institutions publiques : inventaire régulier des biens par exemple.

3.- Mise en place avec le concours des bailleurs de fonds d'un fonds de cofinancement comme cela se fait actuellement avec les organisations qui évoluent en France et qui désirent apporter un appui au niveau de leur pays.

4.- Appui à la mise en place d'une politique de développement pour le pays dans laquelle s'insèrent les activités de la diaspora en faveur d'Haïti.