Responsibility failure or too high expectations?
From humanitarian crisis to legal dispute in cholera-struck Haiti

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Uppsala University 2018
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Word count: 12,144
Number of pages: 34
Abstract

In the aftermath of the earthquake in Haiti 2010 a second disaster hit the small Caribbean country. This time in the shape of a cholera epidemic, imported by Nepalese UN soldiers. The disease outbreak culminated in a previously unpresented lawsuit against the United Nations in which their principle of absolute immunity was questioned. This study highlights the complex causal paths that preceded the legal dispute, by investigating three hypotheses on why the controversy with the UN got out of hand and could not be resolved through other means. The findings imply that the framing of the Haitian state as fragile and corrupt led to a shift in the perception of responsibilities. As the government was rendered incapable, international organizations were expected to provide health and well-being to the Haitian people. This however proved to be an expectation they could not live up to. The case of Haiti illustrates a good example of the difficulties in the delivery of large-scale humanitarian aid and how this can undermine existing institutions if implemented unwisely.
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1. Introduction

In 2013 Haiti put forth a lawsuit against the United Nations at a court in New York city. At that point more than 8 000 Haitians had died from cholera in the aftermath of the earthquake three years earlier (Utrikespolitiska Institutet, 2017). Cholera and other infectious diseases are a major threat to health conditions after disasters as thousands of people become displaced and access to clean water and medical care decline. Disease outbreaks are thus both common and may become extremely severe in such circumstances (Isidore, 2012). However, cholera was not supposed to have been a concern in disaster-struck Haiti as the country had not faced any recorded case of the disease for centuries. Instead the epidemic was traced back to Nepalese UN workers whose contaminated sewage was discharged into one of Haiti’s largest rivers. This resulted in a rapid spread in which 4772 cases were reported and 303 persons died in just one week (Clark, 2017). The UN workers being the very source of the epidemic is of course in itself rather outrageous and caused major media coverage and critique. This study will however focus on the UN’s silence, with regard to admitting liability, and the response to the crisis that eventually brought the case to court.

If there is one thing that seems to be agreed upon, in regard of the humanitarian aid exercised in Haiti from the cholera breakout up until this point, it is discontent. Journalists speak of massive aid failure, the people of Haiti tries to claim their right to compensation for the UN's irresponsible acting and finally, in 2016 the UN articulated something at least resembling an apology (Gladstone, 2017). The general message seems to be that aid did not only fail to build back better, as promised, but left the Haitians even worse off.

With this study I wish to bring some clarity to this backlash for international aid by identifying the intervening causal processes that links the presumed explanatory factors to the outcome. Namely did the UN’s cholera response cause this legal dispute and if so, why? With a focus on responsibility and accountability the intention is to highlight the construction of central actors and thus the premises by which they are perceived. This is crucial to understand how a cholera outbreak could result in a startling lawsuit against one of the world's most powerful international non-governmental organizations (INGOs). Additionally, it can provide further insight to problems and complexities in humanitarian action.
1.1 Purpose and research question

In this study I intend to identify the causal processes that can help us understand how a cholera outbreak, and how it was handled, in Haiti 2010 could result in a lawsuit questioning the very immunity of the UN. It is not only a question of whether the UN could shoulder their responsibilities in the cholera outbreak but also a question of underlying structures that may have impeded efforts to mitigate the outbreak, which in turn aggravated the controversy. The specified research question is formulated as such: *Why did the United Nations response to the post-earthquake cholera epidemic in Haiti 2010 result in a lawsuit and massive discontent among Haitians?*

The broader purpose of the study is so on to investigate the impact of aid in fragile states, how its design and implementation can shape the perceptions of responsibility and expectations on central actors. By doing so the study highlights the sometimes problematic role of INGOs in aid and why the case of Haiti ended up the way it did.

One of the UN’s crucial humanitarian principles is that of *do no harm* which stems from the aid approach developed by Mary B Anderson in the 1990s. “[...]humanitarian organizations must strive to “do no harm” or to minimize the harm they may be inadvertently doing simply by being present and providing assistance” (UNHCR 2002). While this approach to a large extent is applied in a context of conflict it has been used in other aid settings as well, such as assessing the impact aid has on beneficiary communities. Given that the UN brought the cholera bacteria to Haiti the aid did in this case have a negative impact on the beneficiaries, even though it was unintentional. The UN themselves also highlight the relationship of accountability in the provision of aid, in which international aid agencies are accountable to both the beneficiary communities and to the donors. The beneficiaries’ needs for assistance are to be met with dignity and the assistance provided shall be of the proposed purpose. Local authorities on the other hand are to hold themselves accountable for the protection, safety and the well-being of their population (ibid).

When analyzing the critique towards the UN with regard to Haiti’s cholera crisis these are some of the core concepts that are questioned and brought up. BAI and IJDH, agencies that claim to represent the Haitian victims of cholera in the lawsuit against the UN, do so on the very premise of cholera accountability. The claim is based on a notion that the UN is accountable for the consequences of their acts and thus should compensate the victims of cholera for their losses, install a national water and sanitation system to handle the epidemic and acknowledge their wrongdoing in a public apology (BAU & IJDH, n.d). Hence, it is
apparent that the cholera outbreak is directly linked to the lawsuit against the UN as they are found responsible for the crisis in the eyes of many Haitians. But while this link is rather clear the events that unfolded from the outbreak and the chain of causation needs further investigation. How come the epidemic culminated into a legal process in which some of the most central principles of the UN is questioned? Did the UN really fail Haiti, and why was their response not enough? How much could the UN really be held accountable for? By identifying and examining the central events that took place from the outbreak to the lawsuit, together with central theories in aid and accountability, I intend in this thesis to further explain the mechanisms at hand in this causal process.

2. Theoretical framework

2.1 Previous research

A massive earthquake, one of the most severe cholera outbreaks in modern time and political turbulence did certainly place Haiti in the center of attention internationally during the early 2010s. Consequently, there is plenty of research covering various aspects of all of these emergencies. This has been a prerequisite to conduct research for this thesis. Furthermore, the study draws upon theories of responsibility, accountability and medical anthropology to theorize the events in Haiti and the consequences of humanitarian action.

2.1.1 The accountability deficit in foreign aid

According to economist William Easterly there are two tragedies in the world when it comes to aid and poverty reduction. The first being the extreme poverty in which billions struggle to live their lives. The second being the fact that simple measures, such as providing cheap medicine to families suffering from preventable diseases, still have not materialized in large parts of the world. This despite spending 2.3 trillion US dollars on foreign aid over the course of the last fifty years (Easterly, 2006 p. 3f). The target of Easterly’s harsh critique is the planners in ‘the west’ who frame themselves as saviors of ‘the rest’. Planners are outsiders who have good intentions but for several reasons fail to motivate anyone to carry them out, therefore the tragedies continue to reproduce in humanitarian action and development aid. Using a top-down approach without enough insider knowledge and lack of feedback is one side of the dilemma while the other is the low accountability planners have to actually fulfill their goals (ibid, p. 5ff).
In the case of Haiti, the nation has been under some sort of program initiated by the international monetary fund (IMF) more than fifty percent of a time period ranging from 1980 to 2002. Yet it has remained one of the countries with worst per capita growth worldwide (ibid, p. 304). This does not imply that the programs are responsible for bad growth but neither have they successfully pushed Haiti out of poverty. Hence, it is evident that presenting the west as the saviors of the rest is rather misleading. There is however still much outsiders can do to alleviate the suffering of the poor, but Easterly provides a strong basis for critique towards the utopian goals and conditionalities that aid often is accompanied with (ibid p.18). A crucial area of improvement, that could explain cases of shortcomings in aid, is that of incentives and accountability. When many organizations share collective responsibility for multiple goals the incentives to perform are inherently low as they will not be held accountable individually for failures, nor accredited potential success. To create clear distinctions of responsibility, individual accountability for individual tasks with tangible goals is a necessity (ibid, p. 321ff).

The discourse set by Easterly can be found in many instances that criticize the results of international aid efforts in Haiti. With approximately 10,000 NGOs in the country in 2010 Haiti was, at the time, one of the world’s best funded aid missions. Yet in just the course of two month from the outbreak 2,500 had died from cholera (Shuller, 2013 p.195). This tragic development did, for good reason, evoke many questions surrounding the capacity and responsibilities of aid. In this study the framework set by Easterly will be applied in a setting of international humanitarian aid. The potential deficits in large organizations, when it comes to accountability and feedback, provides a theoretical ground on which the causal chains of the study is built.

2.1.2 Recognition of responsibility: A one-way road

The humanitarian sector suffers from deeply rooted fragmentation and power asymmetries. These create circumstances under which aid agencies themselves set the limits of their responsibilities, and thus also of what they are accountable for (Arroyo, 2014). The distinction between an organization’s responsibility and what it can be held accountable for has been blurred in Haiti and as humanitarian actors act within a certain independence the ability to hold them accountable becomes limited. One aspect of the problem is the poor coordination among actors. In 2011 about 600 different agencies where operating solely within the health cluster in Haiti, and a vast majority of these refused to work in compliance of the National Ministry of Health's framework. Instead the organizations own objectives were prioritized.
Consequently, little consensus could be reached among INGOs and an environment was created in which the agencies, who were the primary providers of health care, could not be held accountable for disregarding the norms and standards set by the ministry of health (ibid). The inequality between national and international actors with different outputs present a great challenge for cooperation and sustainability in aid. This could possibly explain the disregard for local demands placed on the UN in the aftermath of the cholera epidemic and will therefore be further elaborated.

2.1.3 Fragile states and government accountability withdrawal
Drawing on the power asymmetries in humanitarian action presented by Arroyo, understanding the structures actors are bound to act within is crucial to explain their behavior. Hence, the social relations between, and the perception of, the Haitians, the government and the UN should be central to any analysis attempting to understand the causal paths to their legal dispute. The ideational and normative structures that shapes the construction of these actors may very well have material impacts on aid distribution but also the expectations on aid (Agius, 2016 p.71). For instance, Beckett (2013 p.27) argues that crisis has been applied to Haiti as a normative feature of the state, deeply rooted in its history, which has justified several episodes of foreign invasion or intervention.

Similarly, one could discuss what impact the idea of a state as “failed” or fragile might have on humanitarian response. As for Haiti being dubbed a “Republic of NGOs” could have led to a situation of government withdrawal from responsibility in which the government and its institution became unaccountable to the people (Schuller, 2013 p.198). According to a vast collection of medical anthropologists’ findings in policy and practice the erosion of state sovereignty and authority was appointed one of the main challenges in the transition from humanitarian aid to development work (Abrahamowitz, 2014). So forth, the study seeks to investigate the relationship between the UN and the government of Haiti, whether the latter has been undermined and what consequences that would have.

2.1.4 Waste rates in humanitarian aid
International aid in the shape of the humanitarian aid commonly provided in the aftermath of disasters is often the dominant channel for external support. A variety of actors take part in the humanitarian aid arena with the aspiration to reduce disaster risk and provide assistance to people affected by the crisis. The aid is often sent from international organizations, such as UN agencies, or other states. But while the resources channeled through these actors might be
considerable, this type of aid faces greater difficulties in regard of cooperation and sustained financing. This is particularly visible when comparing to organized aid models that are based on central government administration (Xu & Lu, 2013). In post-crisis circumstances the estimated wastage rates of aid have at times been as high as 30 percent due to flaws in supply chain management (Pettit & Beresford, 2009). Several elements can be appointed a role in the low utilization of resources. Poor coordination between the many areas in need of aid, a short-term mindset focused on relief that is shaped under conditions of high stress and a notion of knowing better, which impedes learning from other international or local agencies, are all such examples (ibid). These factors may cause an insufficient disaster response.

In the case of Haiti potential waste rates in the humanitarian aid provided from the international community, especially combined with a perception of disregard of local voices, may have been an essential factor of discontent.

3. Background

3.1 The earthquake

On January 12, a magnitude 7 earthquake hit Haiti, its epicenter being just a few miles outside of the capital Port-au-Prince. The earthquake in itself was a massive natural hazard yet the disastrous consequences was much due to the socioeconomic conditions and infrastructure already in place. Port-au-Prince, which inhabit about three million and is one of the most densely populated areas in the Caribbean, was known to be vulnerable already before the earthquake. The geographical conditions, almost unregulated construction, urbanization and poverty are considered to have been some of the major cornerstones in the disaster (Farmer, 2011 p. 55f). It was soon learnt that the capital to a large extent was left in ruins and, while the exact figures of the death toll remains uncertain, it was documented that between 220,000 and 250,000 people lost their lives in relation to the quake (Arroyo, 2014).

From a perspective of health system resilience, it is evident that Haiti was, and still is, vulnerable to potential shocks such as natural hazards and disease outbreaks. This statement is based on the notion that the public health system was severely underfunded and in a bad shape before the earthquake, and on the harsh impact the earthquake had on the already struggling medical institutions (Farmer, 2011 p.11ff). The medical community experienced devastating losses as the ministry of health, along with many medical school facilities, clinics
and hospitals, collapsed during the earthquake. Medical personnel lost their lives, but it also became difficult for the system to recover as the remaining public health workers who returned to work shortly after the quake often were denied decent salaries and financial means (ibid).

The international response was however imminent and aid from a broad spectrum of countries and organizations was promised. Many NGOs were already operating in Haiti at the time but after the quake this number rose to about 10,000. However, it proved rather difficult to coordinate and efficiently make use of the resources as the existing institutions were weak and structural problems caused tensions between international teams and Haitian health workers (Arthus, 2013, p 154; Farmer, 2011 p. 70).

3.2 The cholera outbreak

Health factors are often emphasized after disasters both due to the immediate consequences, such as direct injuries of various kinds, but also prolonged effects due to damages on health facilities and systems. Some subsequent factors also tend to increase the risks of infectious diseases and outbreaks. Large groups of internally displaced persons that live in overcrowded shelters, has poor water and sanitation conditions, poor nutritional intake and lacks possibility to maintain personal hygiene is certainly one (Isidore et.al. 2012). These camps can become potential sites for rapid spread of infectious diseases. Especially in the form of diarrheal diseases which became painfully visible in post-earthquake Haiti.

Nine months after the earthquake a second hazard struck Haiti, this time in the shape of a cholera outbreak. The epidemic began in the Arbonite River, one of the most important watercourses in the country (Frerich, 2016 p.7). The Pan American Health Organization (PAHO) confirmed during a press release on October 21 that Haiti had been struck with cholera, and linked the outbreak to environmental causes. Thus, the outbreak early on was implied to be a direct effect of the earthquake. This statement did however cause social unrest as Haitians demanded answers regarding the origin of the disease (Ibid p.12f). As mentioned earlier Haiti was not cholera-endemic before 2010 and there had been no recorded cases for centuries, which made the environmental explanation seem unlikely.

Another hypothesis suggested that cholera instead might have been imported from a cholera-endemic country and it soon became a priority to determine the origin of the disease. This was necessary both to design a proper response but also to end the rumors and distrust that came along with the uncertainty (Piarroux et.al 2011). While the exact event that provoked the contamination of the river is difficult to pin out, the source of the epidemic
seems to have been the camp of Nepalese UN soldiers. An epidemiologic study conducted shortly after the outbreak showed that the bacteria was of the same strain as the one found in an earlier outbreak in Kathmandu. Moreover, several reports and media channels accused the soldiers of illegal dumping of waste that had led to contaminated sewage reaching the river (ibid).

3.3 Claims against the UN
In November 2011, approximately one year after the outbreak, the Bureau des Avocats Internationaux (BAI) and the Institute for Justice & Democracy in Haiti (IJDH) raised claims against the UN on behalf of 5,000 individuals whose lives had been severely affected by the epidemic (Freedman 2014). The claim requested that the UN installed a national water and sanitation system so that the epidemic could be controlled, compensation for the individuals who had experienced losses due to cholera and finally a public apology from the UN (BAI & IJDH, 2018). In February 2013 the claims were however deemed “not receivable” according to a spokesperson for the Secretary-General (UN News, 2013a). However, later the same year, BAI and IJDH teamed up with an American law firm to file a class action in New York. The request of the lawsuit was the same as the earlier claims but this time juridical instruments were used. The second action thus challenged the absolute immunity of the UN (Freedman, 2014).

Even though the lawsuit was dismissed in 2016, on the argument that the United Nations cannot be sued in American courts (Katz, 2016), the very fact that legal means were applied is rather remarkable.

4. Research design and method

4.1 Case study with focus on causal mechanisms
The research of this study will be conducted as an in-depth case study of Haiti, meaning that it will focus solely on one case with the intent to better understand a larger phenomenon. When assessing whether certain factors caused the result of the phenomenon one wish to explain, qualitative methods alone tend to be inferior to quantitative methods that can include and account for a broader spectrum of variables. However, in the case of Haiti it is already quite evident that the cholera outbreak did lead to the lawsuit against the UN. While impossible to know for sure it is very unlikely that the claims against the UN, at least in their current form,
would have occurred if the cholera outbreak would never have happened. The notion that employees of the organization to some extent were linked to the outbreak was the foundation of the lawsuit. Several epidemiological studies have already linked the outbreak to the UN, but this does not per se explain why the people of Haiti three years later decided to initiate a second legal process. This time to challenge section 29 of the Convention on Privileges and Immunities of the UN, that uphold their absolute immunity. To understand why such measures were taken, the response to the outbreak and the behavior of central actors must be examined. This question requires insight into the complex causal mechanisms and contextual factors in place which makes process-tracing a suitable method.

Process-tracing allows the study to focus solely on one case as a structured within-case analysis can make it possible to identify the causal mechanisms of a phenomenon when used together with well-developed theories (Teorell & Svensson, 2007 p. 247). George and Bennett (2004, p.206) defines process-tracing as such: “The process-tracing method attempts to identify the intervening causal process - the causal chain and causal mechanism - between an independent variable [...] and the outcome of the dependent variable.” In other words, the method enables us to narrow down the potential explanatory factors that caused a known outcome by considering potential alternative paths and determine which ones that are consistent with the outcome (ibid p. 207).

Process-tracing is an effective methodological tool both when it comes to testing and developing theories. The former however require well defined theories that can predict specific causal processes, if these are underspecified the case study can be useful in developing the theory by identifying causal processes. As I in this study apply a set of theories that are of a more abstract character the intention is to focus on the identification of causal processes. The aim is thus to provide a more general explanation rather than a detailed tracing of events (ibid, p.209; 2011). By conducting an empirical analysis in the form of a theory developing study, new explanations to the phenomenon can become visible and thus contribute to the refinement of existing theories or the creation of new ones. These potential findings do however call for further testing in different context to be strengthened (Esaiasson et.al. 2017 p.132).

The method is considered to be particularly useful in studies of deviant cases or cases that are potentially characterized by equifinality, as the analysis then makes it possible to develop generalizations of conditions under which alternative outcomes may occur (George & Bennett, 2004 p. 215f). The case of Haiti is interesting as it differs from most humanitarian aid action. There was an overarching consensus on the importance of providing imminent and
substantial aid to the country in the aftermath of the earthquake. Yet all efforts failed to mitigate the disastrous consequences of the cholera outbreak, resulting in the following humanitarian crisis. This, combined with Haiti’s challenging of the UN in a lawsuit on cholera accountability, that questions the organizations immunity, makes the case rather unusual.

4.1.1 Potential limitations of process-tracing

Process-tracing in its most simple form is a detailed narrative which can be a necessary first step in the development of more theoretically oriented forms of the method (George & Bennett, 2004 p. 210f). In this study the method is applied in a more analytical form as it is accompanied with explicit causal hypotheses aimed to suggest some generalizations of humanitarian aid based on the confirmed patterns (ibid).

In the forthcoming sections, process-tracing will be applied in the sense that three hypotheses, based on the findings of previous research, are tested on a broad spectrum of material in order to explain the causal path leading to the lawsuit against the UN. In each of the hypotheses different independent and intervening variables are presented through a chain of processes that are highly dependent on each other. Hence, if one is proved incorrect or insufficient to explain the next predicted step, the hypothesis cannot fully explain the outcome. However, to test such causal chains with high certainty the steps needs to be very detailed and preferably follow a well-developed theory.

One could argue that the theories used in this study are too vague to produce precise expectations of the causal path and thus fail to strengthen any causal claims (Teorell & Svensson, 2007 p. 261). On the other hand, I will suggest that connecting the causal chains, that are of a higher level of theoretical abstraction, with the motives and perceptions of individual actors strengthen the presented explanations (ibid p. 259).

4.2 Motive analysis

Furthermore, an important aspect of process-tracing is to identify the motives of central actors and how their intentions can be linked to their actions (Teorell & Svensson, 2007 p. 250). As the research question of this thesis implies, it is crucial to understand why the UN responded the way they did to the cholera outbreak and what motives that drove the Haitians to pursue the lawsuit. Hence, a motive analysis is inevitably intertwined with the causal mechanisms that are observed and analyzed. The intentions, interests and objectives of the Haitians, the government and the UN, and how these relate to the causal path, have thus been mapped
(Esaiasson et.al, 2017 p.300). Hence, the aspiration of such analysis is to pin out the conscious decisions made by the actors. For instance, it is crucial to understand why the UN refused to acknowledge their role in the cholera outbreak, and any claims made on such decisions require an analysis of the underlying motives.

4.3 Research material
This study draws upon the detailed descriptions of anthropologists, such as Paul Farmer, that gives a broad insight to the complexity and many difficulties faced in the aftermath of the earthquake. A variety of scientific articles regarding humanitarian aid have been used to compose the hypotheses and explain the results of the study. While some are of a more general character others present explicit findings from Haiti. These are often based on large scale surveys, conducted both inside and outside of camps for displaced people.

The UN’s mission in Haiti has been fairly well documented in the form of regular reports and official statements. To form a detailed picture of their acts and decisions from the cholera outbreak in 2010 to the lawsuit in 2013, the organizations own material has been very useful. Information directly from the UN’s database has allowed the study to pin out important events and place them in a timeline, thus establishing the time order crucial for explanatory research. This material is however not free from complications and the criteria of source criticism must be considered. While the news reported from the UN often is that of a first-hand source, such as a representative in Port-au-Prince, and close in time to the events described they may also contain some bias. They did for instance report very little regarding the claims against the UN and the dispute with the Haitian law firms. Therefore, material from the UN has been treated as a potentially tendentious source whose statements have been carefully analyzed for potential motives or cross-checked with other more neutral sources (Esaiasson et.al, 2017 p. 292ff).

In the case of the Haitian government and Haitian institutions, not as much documentation is to be found and most of the accessible material is published in French. This has been a linguistic barrier that has resulted in an increased use of second hand sources. Emphasis has then been on finding reliable sources, and preferably several that can back up any made claims.

4.4 Defining Accountability
Humanitarian aid has for a long time been criticized and accused of being ineffective which has fostered a culture of results-based management. To increase effectiveness focus has been
aimed on rapid, efficient response and immediate results that are visible and measurable (Kogen, 2018). A general idea of accountability is often considered to be a project’s success in meeting the objectives it intended to achieve, and this is at the core of the evaluative aspects of most projects. Nonetheless, there seems to be a potential lack of consensus of how to concretize the concept. Having the standards of accountability individually set by agencies may be at the very core of the problem that has led to uncertainty of who is responsible for what (Arroyo 2014). While this is an important aspect of analysis in itself some clarification of how accountability is applied in this study is needed.

I intend to examine the construction of responsibilities in Haiti and much focus will be put on the discrepancy of perceived accountability between the UN and the Haitian government. The definition used in this thesis will thus have an impact on how the material is analyzed and consequently also the results of the research. Hence, I will use a rather broad and frequently cited definition formulated by Edwards and Hulme (1995). They describe it as “the means by which organizations report to a recognized authority and are held responsible for their actions.” This suggest that there must be an authority to answer to and that this authority have the possibility to rightfully sanction or reward the organization on the basis of their actions.

5. From cholera outbreak to lawsuit

5.1 Presenting the hypotheses
The following section will contain a systematic analysis of Haiti based on three hypotheses that derive from previous research and already established theories. These hypotheses, and the potential explanatory factors they represent, are in some respects competing with each other but may also to some extent be intertwined and connected. By doing a systematic and detailed description I hope to find the important causal process observations that can link the independent and intervening variables to the outcome by analyzing these observations in relation to a predicted causal chain (Teorell & Svensson, 2007 p.247).

The first hypothesis draws on the theories of William Easterly (2006) that describe the UN agencies as planners who lack both the capacity and the incentives to meet the criteria of accountability. This mainly due to their utopian goals and low impetus to actually perform. The assumption here is that the UN hides behind their safety-net of immunity to avoid full responsibility for their actions. The second hypothesis is to a large extent based on the book The Idea of Haiti (Polyné, 2013) that elaborates on how the country has been labeled a failed
state and the implications this has had in practice. The intention is thus to further explore whether these potential material implications are visible when closely observing the unfolded events and behavioral aspects of key actors. Finally, the study will adhere to potential defaults in the delivery of aid both by assessing the feedback opportunities and the areas in which available resources may have been inefficiently handled or abused. As of the many news articles wondering where all the aid went, identification of waste rates, if such occurred, should be considered important causal process observations. This line of thought presumes that a perception of being deprived of funding and resources, may have caused a request for recompense.

5.1.1 Without accountability no responsibility

Hypothesis 1: The UN fails to adhere to the principle of accountability and thus fail to meet their goals, consequently their immunity is questioned.

While the destruction of the earthquake to a large extent was caused by many underlying factors that had shaped the urban landscape of Port-au-Prince and its surroundings, the very trigger of destruction was a natural hazard. When cholera came to Haiti the picture was similar in the sense that many factors had made the system vulnerable to a hazard of the kind. However, contrary to the quake the following humanitarian disaster was not seen as natural. When the cholera outbreak first was announced rumors of its origins started circulating immediately and foreigners were early on seen as the prime suspects (Farmer 2011 p. 191). When the epidemic was first announced a statement from The United Nations Stabilization Mission in Haiti (MINUSTAH) declared that the first known case had been detected the 24th of September 2010. Yet the investigation initiated by the US Centers for Disease Control and Prevention was not conducted until almost a month later and failed to locate the precise origins of the spread (Frerichs 2016 p.20f). This can be identified as a first causal process observation leading to suspicion and rumors of a cover up.

On request from the Haitian government an epidemiological investigation was conducted with assistance from the French embassy in November, to bring clarity to the source of the
outbreak. The findings strongly strengthened the theory that cholera had been imported as it traced the infectious disease to a village housing a MINUSTAH camp situated next to a smaller stream flowing out to the Artibonite River. The camp hosted newly arrived soldiers from Kathmandu that presumably had been exposed to the disease before departure but developed symptoms on the site. When visiting the camp, the research team could observe severe deficiencies in the sanitation of the camp, where sewage was discharged through a pipe directly into the river. Additionally, clinical tests showed that the strain of cholera found proved to be the same as the one that struck Nepal earlier (Piarroux et.al. 2011).

The UN first responded to these findings by denying any connection and dismissed all accusations. Yet, in mid-December an independent scientific panel, that were to investigate their potential involvement in the outbreak, was created. The General Secretary at the time, Ban Ki-moon stressed the importance of getting to the bottom of the issue and assured that the panel would be given complete access to documentation and personnel (UN News 2010a). The panel however concluded that the outbreak was a “confluence of circumstances” that could not be blamed on any particular group or individual (UN News 2011). Despite conclusive evidence the UN chose to distance themselves from the outbreak and their part in it. Consequently, the UN made clear they were to hold no direct accountability for the cholera outbreak. This behavior stands in stark contrast to Piarroux’s (2011) statement that a demonstrated origin would force international organizations to act and reconsider original procedures.

The Haitian government and other political actors avoided clinical details and accusations that pointed towards the agency, but political protests arose and became even worse as the question was further denied (Farmer 2011, p.196). Not only did this damage trust and the attitude towards international aid actors but it also impeded the effectiveness of their work. Safety risks and limited access to closed off areas during the protests along with uncertainty of treatment due to the slow identification of the cholera strain most likely had a negative impact on the prevention of its spread.

The UN and its partner agencies participated in a rapid response to assist the government in cholera treatment and prevention. They quickly recalled a need for improved collective action to give the massive and immediate response required to curb a rapid spread of the disease. In November 2010 the organization and its partners appealed for $164 million to counter cholera but in December they reported that only 20 percent of the appeal had been funded. At the time an envisioned worst-case scenario was 400,000 cases yet less than two years later more than 650,000 infections had been reported (UN News, 2010b; UN News 2013b).
The claims raised against the UN in the end of 2011 urged that the organization’s acts were a case of gross negligence and that the victims should be compensated. However, the UN Charter and the Convention on Privileges and Immunities of the UN provides the organization with an absolute immunity of national courts. This has been seen as a prerequisite to fulfill the purposes of UN involvement and it has been justified as national courts may have different interpretations, immunity thus prevent inconsistencies in jurisdiction. To counterbalance this immunity the UN is required to provide alternative appropriate modes of settling disputes. Yet, instead of adhering to the claims it was concluded that the case of Haiti was “not receivable” as it was a matter of policy review rather than misconduct in the implementation of policies. Consequently, the claims were never heard by the UN’s dispute resolution mechanism (Freedman, 2014; UN News 2013a). Access to remedy could so on not be met through the available channels in the UN.

At this time the organization had changed their official statement, concluding that UN soldiers “most likely” had brought the bacteria to Haiti (Beeton, 2013). Yet this did not alter the UN’s unwillingness to take on full accountability. While Ban Ki-moon argued that the UN and its partner agencies were highly committed to eliminating cholera their dedication failed to atone the voices of discontent. In October 2013 a lawsuit was filed by the Haitian representatives of cholera victims together with a US law firm that were to challenge the absolute immunity of the UN in a New York court (Freedman, 2014).

Worth noting however is that the cholera epidemic has gradually declined since the outbreak with a steady reduction of cases. The epidemic peaked during 2011 with more than 350,000 cases and this number had in 2014 been reduced by 90 percent (United Nations in Haiti, 2015). While the efforts to prevent the disease from spreading across provinces did not succeed the response provided by the government, the UN and other agencies did have significant results.

5.1.2 The construction of responsibility and cost of expectations

Hypothesis 2: The lawsuit is a result of the construction of responsibility in which organizations rather than the government is accountable to the Haitians in providing health and well-being.
Haiti has been characterized by a history of brutal dictatorships and political turmoil from its independence in 1804. A coup ousting the democratically elected president Bertrand Aristide in 1991 initiated a US-led military intervention in 1994. Since then political instability of various forms has been outlining the political system (Nationalencyklopedin 2018). Originally a general election was scheduled for February 2010 but due to the earthquake it was instead held in November the same year. The results however proved ambiguous and gave rise to protests. A second more successful round was held in March 2011 (ibid). This political insecurity matters as it plays an important part in shaping the identity of the Haitian state and consequently also the role the state has played throughout the cholera crisis.

According to the UN each state has a primary responsibility to assist disaster victims within its borders and the central government is often a crucial actor in the initiation, organization and implementation of disaster response (Xu & Lu, 2013). Furthermore, poor coordination of international actors has often been pinned out as a major problem in the delivery of large-scale humanitarian aid. This difficulty becomes even more significant in states that are regarded as fragile due to the lack of government capacity to cope with these tasks. This can be illustrated in comparison with other large-scale disasters where aid has been distributed but the government has been capable of mobilizing and coordinating the resources. As in the aftermath of the Sichuan earthquake in 2008, in which approximately 70,000 persons lost their lives. Then, China accepted a major inflow of aid but always had the primary decisive power (ibid).

The administrative weakness of the Haitian government in itself is so on a factor that could explain some of the ineffectiveness of the cholera response, but the idea of a weak government may also have altered the expectations and actions of Haitians and INGOs. In 2010 Haiti was given a 2.2 score on a corruption index ranging from 0, highly corrupt, to 10, very clean (Transparency International, 2010). This low ranking indicated several significant consequences as corruption has an impact on the effectiveness of governance but also on the distribution of public goods and security. As mentioned earlier years of almost unregulated construction, leading to densely populated areas and poorly built buildings, most likely
aggravated the impact of the earthquake (Farmer 2011, p.55). Similar problems could also be seen in the cholera response as water was first distributed to the most affected areas. Yet, this was stopped a few months later, probably due to complaints from water companies about losses in profit (Schuller, 2013 p.188). Thus, putting an end to corruption should be at the very core of humanitarian action and an absolute necessity for helping those most in need. However, such measures may also have other implications.

The perception of the government as weak and corrupt is highly relevant with regard to shaping the structure of the aid provided to Haiti but also the expectations on aid. Hence, it should be possible to identify a twofold effect on the chain of events. First, fear of corruption and ineffective institutions should affect the type of assistance from the international community and how it is provided. Secondly, an idea of the government as useless should weaken its role as a legitimate force of responsibility among its citizens.

A crucial observation to pay attention to here is the distribution of resources during the massive inflow of aid. The fear of corruption caused donors to bypass the government when providing financial and material assistance. Only 1 percent of the funding distributed during 2010-2011 was given to the government (Arthus 2013, p.154; Arroyo, 2014). Consequently, the well-funded projects implemented by foreign NGOs have often been granted more resources and money than central government led branches such as the entire Haitian Ministry of Planning (Kristoff & Panarelli 2010). While the governmental institutions were constantly underfunded and lacked adequate human resources NGOs also became an attractive competitor in employment. Both to the Haitian government, but also to public health services, as they could offer higher wages and benefits (ibid; Farmer 2011 p.13). The structure of emergency relief can thus pose a threat to the national capacity and long-term development.

On the other hand, Haiti has been dependent on aid before the earthquake as well so how is this different?

The amount and type of aid changed dramatically during 2010. Prior to the disaster, aid provided to Haiti mainly had the form of grants and technical cooperation but a shift in priorities to more urgent needs led to a dramatic increase of direct grants to various recipients. These were intended to focus on instant relief and recovery but could also more easily have been abused by a corrupt government, thus it was not funneled through one. However, in 2011 a UN report called for a need to give aid directly to Haitian institutions as this would be necessary to strengthen the public systems, improve management of resources and to gain an increased level of government accountability (United Nations Office of the Special Envoy for Haiti, 2011).
In a survey conducted in 2010 the insufficient information provided by INGOs was enlightened as respondents showed uncertainty both of the ongoing work of agencies and what they planned to carry out but also their roles and responsibilities (Arroyo, 2014). As it turned out people, both inside and outside of camps, looked to the INGOs rather than the government for the provision of basic services (ibid; Arthus 2013 p.154). The expectations on these agencies became to provide for everything a government normally would have to do. This however is not in line with the UN's relationship of accountability that states the importance of local authorities as primary responsible of the well-being of their population (UNHCR 2002).

As Paul Farmer (2011 p.189) put it, Haiti was an ideal host of cholera with very limited and poorly sustained water and sanitation systems already before the quake. Predictions of severe waterborne diseases had been made for years and it was, according to him, almost remarkable that Haiti had not experienced them earlier. Right after the outbreak various UN agencies along with other organizations quickly offered assistance to the government to prevent the spread of cholera. However, it soon became evident that millions of water purification tablets could not compensate for the conditions, in which only 57.7 percent of the population had access to clean water and modest 27.6 percent coverage of sewage systems, and the disease spread quickly (Utrikespolitiska Institutet, 2015).

In a large-scale investigation of the conditions in the shelters for internally displaced people in the autumn of 2011 similar access to water and sanitation was seen. A critique aimed towards the UN and other agencies was their inability to work with the Haitian government in general but especially when it came to the provision of low-cost sustainable water lines. According to Schuller (2011, p.188) these could have been maintained by already existing community groups and would lower the high aid dependency. In the few cases the UN did involve the government the results were surprisingly successful. In the delivery of aid, a cluster approach was adopted. This approach attempts to reduce the gaps and overlaps in the delivery of assistance and, the clusters consists of various organizations that collaborate in different sectors of humanitarian aid (OCHA, n.d). Here the WASH (Water, Sanitation and Hygiene) cluster stood out as the only one, out of 12 clusters, that did not prevent Haitians from entering meetings and where meetings were not strictly held in a non-official language such as English (Schuller, 2011 p.190). The WASH cluster has been praised for the adoption of a more hands on approach where government involvement had increased the accountability towards the people.
5.1.3 Inefficiency and waste rates in international aid

Hypothesis 3: Due to feedback deficits in the UN the utilization of funding was inefficient, the organization is thus blamed for the inadequate cholera response and compensation is demanded.

There have been questions raised regarding how Haiti still is struggling to recover from the damages caused by the earthquake and the humanitarian crisis caused by cholera eight years ago. Some find it puzzling as the country received such massive inflows of aid, in the form of human- and monetary resources, which was accompanied by a discourse of building back better. In this section of the study, focus is on the potentially low utilization of resources distributed through the UN and, how this could have shaped the local discontent. As almost all aid was funneled through international aid agencies, such as the UN, potential inefficiency of their aid distribution must be considered highly critical.

In the summer of 2011 the amount of internally displaced people living in provisional camps had decreased significantly from the peak. About 1,3 million had become 600,000 (Schuller, 2013 p. 181). Nonetheless, a study conducted in over 40 of the remaining camps pointed out that the standards at that time were alarmingly low. Seven months after the earthquake, the access to clean water was around 60 percent, a large majority of families lacked a tent and only 20 percent of the camps had any kind of running facilities for healthcare or education. Additionally, the sanitary conditions were way below minimum standards. Almost a third of the included camps lacked any kind of toilets and the average number of people sharing one toilet in the Port-au-Prince area was 273 (ibid p.183). All of these factors, especially combined with densely populated areas were risks that probably exaggerated the rapid spread of cholera. These substandard living conditions, in areas that were under the supervision of NGOs, did not resonate well with the promising statements of the world leaders eager to rebuild Haiti after the earthquake.

The severe conditions in the camps are often appointed structural problems resulting in an exclusion of local voices, misuse of resources and poor coordination among agencies. To meet delivery failures of this kind the cluster approach, that was mentioned earlier, was
promoted by UN agencies and their partners. Nonetheless, involving local capacities and enhancing channels for feedback remained areas of improvement. A discrepancy between the declared commitments and the visible accomplishments on the ground, combined with a lack of local involvement, may have spurred discontent among Haitians. But could a perception of poor utilization of resources and disregard for feedback really create discontent so substantial that the immunity of the UN could be questioned?

A crucial observation made in the study of the camps was the breach between aid agencies and their recipients. Yet, it also discovered that existing but poorly designed strategies for feedback hampered efficient delivery of services to those most in need. In the camps UN agencies and their partners empowered so called camp committees that were to distribute resources and report the most urgent needs within their territory. However, rather than filling the intended purpose of a representative organ able to identify vulnerable groups and what resources camps were to prioritize, these committees were abused. They became nursing grounds for opportunistic behavior and their intended functions became exploited (ibid; Arroyo 2014).

During the cholera outbreak the UN focused primarily on emergency aid such as provision of antibiotics and rehydration to treat cases of watery diarrhea. Additionally, water purification and hygiene kits were distributed to prevent further spread. They did also initiate awareness campaigns in high risk areas which may have had more of a long-term impact as the population gained knowledge of preventative measures. Nonetheless, the general response mostly addressed immediate relief and lacked the long-term mindset, which Pettit & Beresford (2009) claims would decrease waste rates in aid.

One of the major critiques of the cholera response was the inadequate measures to improve water and sanitation services. Lack of such was ultimately seen as the main source of the epidemic’s rapid transmission and the high amount of cases (UN News, 2012). This was mentioned as a top priority in the UN but according to the agency, development in Haiti had been severely underfunded for years. While the immediate humanitarian crisis following the earthquake gained much attention far from all the funding that initially was promised was actually delivered as scheduled (Arthus, 2014 p.135). Hence, the gap between commitment and disbursement was visible already during the first year of the crisis but, the calls for a better rebuilt Haiti got even weaker as emergency relief shifted to long-term development efforts. According to a report on the UN’s humanitarian response (2014) only 43 percent of the requirements made in Haiti in 2013 was funded. Such funding shortages have led to forced scale-backs in critical services.
For the hypothesis to hold, support for the claims that funding through an INGO per se would lead to a lack of feedback, and that this deficit would lead to a waste of funding, are needed. Causal process observations to support these claims could however not be identified in this study. Rather it seems that the UN acted in accordance with previously found patterns of international humanitarian aid, with focus on needed emergency, short-term assistance (Pettit & Beresford, 2009). The capacity to make long-term investments was limited due to deficits in funding. Furthermore, some channels for feedback did exist but were exploited. Consequently, the explanatory factors of the third hypothesis cannot be strengthened.

6. Analysis

6.1 Divide between accepting accountability and taking responsibility

It becomes clear when investigating the statements and publications of UN representatives that the organization pursued a strategy in which they repeatedly dismissed the accusations of their involvement in the cholera outbreak. In that sense they did to a large extent distance themselves from being directly accountable for the problem. Neither the UN or government officials in Haiti publicly announced any confirmation or accusations towards the UN's involvement in the outbreak long after the evidence for such assertion was well-founded. Here the motives of the key actors are important to consider as it otherwise would be impossible to explain why such convincing evidence was not being officially acknowledged. As the UN organ WHO put it early on during the outbreak, the origins of cholera were not considered a priority (Frerichs, 2016 p.92). While some may strongly disagree on that aspect it does call for some thought since formulating where the priorities of the UN and the Haitian government actually should be, is crucial. The silence from the government is rather easy to understand as the relationship between an aid agency and its beneficiaries are marked by inequality and dependency, especially with crucial elections coming up. Cholera was then to some extent politicized. Although with regard to the UN one may have to consider another aspect of accountability, namely that towards the donors. While beneficiaries may find it difficult to hold agencies accountable the opposite is true for the donors to which the same agencies answer (Arroyo, 2014). If donors are dissatisfied with the results of an agency they cut the funding. It is fairly safe to assume that donors would rather favor a good Samaritan, someone attempting to alleviate the suffering of the people of Haiti, than they would like to pay for that actor’s mistake. Perhaps then, denying direct involvement actually improved the opportunities
to take responsibility as the UN is fundamentally depending on voluntary funding from its donors.

Yet even when the UN did change their statement in 2013 and agreed that cholera most likely had been transmitted by UN soldiers they claimed that it was a matter of policy that needed to be overlooked rather than misconduct that required further dispute resolution mechanisms. Based on the response to the claims first brought up towards the organization and their failure to receive them, the UN also made clear that they had no obligations to answer to the victims of cholera. Given that the UN recognize the beneficiaries as an authority to whom they are obligated to report and will be held responsible to, they did not adhere to the principle of accountability as it is defined by Edwards and Hulme (1995). There might however be some discrepancy in the idea of accountability worth noting here. As a UN representative stated to UN News (2010c) shortly after the outbreak “so far we have done all we said we would”, which is in line with the organizations own formulation of accountability. “The organization and its staff members [are] answerable for delivering specific results that have been determined through a clear and transparent assignment of responsibility, subject to the availability of resources and the constraints posed by external factors” (The United Nations General Assembly, 2010). This means that rather than failing in the attempt to meet the UN's own criteria of accountability no accountability for the outbreak was accepted.

Does this then mean that the organization also failed to recognize responsibility? As the causal chain suggests, that would be a direct consequence of not admitting accountability which in turn would lead to an inadequate response. Based on the findings of the study I however argue that the two concepts need to be separated and does not always depend on each other. The UN did all in its power to refrain from taking accountability for the cholera outbreak and any formal obligations to objectives not clearly defined between the organization and the government of Haiti. Yet they did not act accordingly but did rather undertake measures and campaigns that would indicate a quite high level of perceived responsibility.

Would it not have been for an inadequate response to contain the outbreak the claims are unlikely to have occurred in the first place. Given that the UN efforts to aid in the cholera outbreak were significant the lack of accountability on behalf of the UN did not per se cause a bad response. However, the continuous disclaims on behalf of the UN was not received with ease. The lack of recognition thus may have had a serious impact on the response, as protests and slow identification of the cholera strain impeded an effective response. Furthermore, it
may also have strengthened the perception of misconduct and offense towards the Haitian people which sparked the appeal for retribution.

6.2 Creation of aid dependency and shifted expectations
The international inflow of aid did not support or take advantage of the institutions already in place in Haiti. As only one percent of all funding was delivered directly to the government, or through its organs, the already existing administrative weakness was even more firmly manifested. Neither did funding support the present homegrown NGOs and local initiatives that could have been an important complement to large-scale top-down approaches (Kristoff & Panarelli, 2010).

Ideally the state could have functioned as an aid coordinator for the many international actors who participated in the response to the earthquake and the following cholera outbreak. Such circumstances could have improved the response in itself but also strengthened the institutions and capacity of the government. If this would have been possible and actually would have given a more efficient response is difficult to know as the widespread corruption might have impeded any positive effects. Just as opportunistic behavior deteriorated the channels of feedback in the camps. What is more certain is that the government then would have been the utmost authority expected to provide relief to the people.

As shown in the study Haitians tended to turn to NGOs for the provision of all central services as both the international community, but consequently also the people of Haiti, rendered the government incapable of state management. Giving the state this label thus shifted the expectations on what the government was bound to do and so the expectations on other organizations such as the UN were heightened. This is problematic as the UN neither agreed on their presumed heightened responsibilities towards the people nor considered the people the foremost authority to keep them accountable. This does however explain, at least to some extent, why the Haitians would claim that the UN should be legally bound to, for instance, install a national water and sanitation system. Such massive investments in infrastructure would more commonly be expected to be initiated by the government. The notion that Haiti for long has been deprived of such water systems which has caused infections of other diseases and endangered Haitians for decades seems of low importance in this claim. It is thus clear that the expectations on the UN has been higher than the organization has either been capable of meeting or ever set out to achieve. While they strongly promoted investments in water and construction, and promised further support to the
National Cholera Elimination Plan, the primary responsibility was placed on the Haitian government (UN News, 2013b).

6.3 The ambiguous relationship between a top-down approach and feedback
Regarding the case of inefficient response and waste of aid in the UN there are certainly areas of improvement. Although, an inadequate response cannot be entirely blamed on the UN and so does not explain the claims against them. A prerequisite for this to have been the case would have been a lack of feedback and failure to meet the needs of the most vulnerable. When elaborating on the observations in the study one can conclude that strategies to include feedback may have been inadequate but more interestingly they may also have been a contributory factor to why aid failed to reach the most vulnerable residents of the camps. So on it is difficult to support the claim that low levels of feedback per se caused inefficiency in the cholera response. It is also possible to question whether funding and resources were not properly used or if they simply were inadequate for the measures necessary to effectively prevent and treat cholera.

7. Conclusion
The intention with this study was to investigate the causal paths leading up to the lawsuit on cholera accountability against the United Nations in 2013. Furthermore, the aim was to answer why the United Nations response to the post-earthquake cholera epidemic in Haiti 2010 resulted in a lawsuit and massive discontent among Haitians. The case can be placed in a broader phenomenon of aid implementation in fragile states. Consequently, throughout this paper, I have studied the shifting expectations and perceptions of responsibility in relation to large inflows of humanitarian aid. While doing so the cholera response provided by the UN has been scrutinized and the different approaches to accountability has been analyzed. To answer the research question, it has been necessary to analyze the behavior, statements and perceptions of key actors through a lens of previous research on aid and accountability. This analysis has allowed for some conclusions to be drawn from the findings of the study, yet the design and method make it difficult to generalize the results to other cases without further testing these discoveries.

The response of the UN was rendered insufficient to atone for their role in the outbreak and, in the absence of other means of justice, advocates for the cholera victims put forth the claim in a court in New York. Had there been access to alternative dispute resolution
mechanisms for the cholera victims, the UN’s immunity probably would not have been questioned the way it was. There are however several other aspects to consider.

Hypothesis 1 claim that the UN failed to adhere to the principle of accountability and thus failed to meet their goals. This is then seen as the reason for their questioned immunity. However, all of the steps in the predicted causal chain cannot be entirely supported. As argued in the analysis, the UN rejects accountability for the cholera outbreak and any formal obligations related to it. Nonetheless, they do contribute significantly to the cholera response and accept a great deal of responsibility in it. Therefore, the conclusion is that the low level of accountability does not per se prove to have a direct causal impact on the level of response. Rather, the problem seems to be a lack of consensus on the aspect of accountability, which earlier has been highlighted by Arroyo (2014). If the actors estimate and assess each other on different grounds of accountability breaches are likely to emerge. This is demonstrated as the UN denies accepting accountability of obligations they had not specifically agreed on through a clear and transparent process of assignment. Worth noting is that the way in which the UN for long distanced itself from the outbreak probably aggravated the discontent among Haitian cholera victims.

In the second hypothesis the construction of responsibility is pointed out as an explanatory factor to the lawsuit. As organizations, rather than the government, were perceived to be responsible for the provision of health and security for the Haitians, the expectations on them were raised. This became problematic both since the expectations did not resonate with the organizations’ own outputs and since the UN agencies and their partners adhered to donors, not the people of Haiti, as their primary authority. This hypothesis was supported by causal process observations throughout the entire predicted causal path. In the claims against the UN, the organization was found obliged to provide large-scale investments in water and sanitation services. A shift in expectations thus seems to have driven the Haitians to request from INGOs, what normally would have been requested from a government. Hence, the consequences of rendering the government fragile and unreliable seems to have been essential in explaining the result of the dependent variable. So on, the responsibility construction brought up in hypothesis 2 highlight the difficulty of delivering international humanitarian aid. While attempting to avoid corruption in Haiti it might have undermined the only institutions that, in this case, could have provided an adequate response to the epidemic. Dismissing any state capacity may thus have led to weakened government strength and legitimacy, pushing responsibility towards INGOs such as the UN instead.
It should also be noted that I did not find support for the third hypothesis in this study. As stated in previous research, Easterly (2006) argued that planners, such as the UN, often are unsuccessful due to their lack of local knowledge and adherence to feedback. While improvements here may be urgent in humanitarian aid actions these factors did not prove to have caused the lawsuit. First off, the existing channels for feedback may actually have impeded aid deliveries to the most vulnerable groups due to opportunistic behavior. Secondly, the UN was highly dependent on funding to respond to the crisis, they did however not receive the requested amounts that would have enabled them to do so adequately. Here, the difficult transition from emergency relief to development initiatives might have been a crucial factor.

To improve the opportunities to generalize these results I would encourage future research to test the refined theories presented in this study. Whether they remain intact in different contexts and when compared with other cases. Process-tracing has many advantages and is a useful tool when the objective is to provide an explanation based on several interconnected variables, but it cannot completely support counterfactual claims (Teorell & Svensson, 2007 p. 261). The study can so on not for sure state what would have happened if the independent variables found important here would not have been present. What can be said is that international humanitarian aid in fragile states is accompanied with many difficulties and that there are still areas to improve. There is a need to strengthen the accountability towards aid beneficiaries as well as making sure the existing institutions are better utilized rather than undermined.
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