

## Appendix 5. Background material per organisation

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# 1. CARE

## 1.1 General information

CARE describes itself as an organisation that aims to *'tackle underlying causes of poverty so that people can become self-sufficient. Recognizing that women and children suffer disproportionately from poverty, CARE places special emphasis on working with women to create permanent social change. Women are at the heart of CARE's community-based efforts to improve basic education, prevent the spread of HIV, increase access to clean water and sanitation, expand economic opportunity and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters, and helps people rebuild their lives.'*<sup>1</sup> Internationally, CARE has a 50-year history in maternal and child health.

CARE International has been active in Haiti since 1954 and is familiar with emergency aid, development programmes and with linking emergency to development. CARE has an office in the country (CARE Haiti). Prior to the earthquake, CARE Haiti implemented a large programme, mainly focused on health (HIV/AIDS and reproductive health) and economic development (agriculture). The programme, which focused on the Northwest, Artibonite and Grande Anse departments, applied a community-based approach. CARE Haiti is experienced in providing emergency relief (delivery of food, water and shelter) working in partnership with UN agencies. When the series of tropical storms hit Haiti in September 2008, CARE Haiti provided emergency aid to those affected. Its activities included the provision of non-food items, cash for work, psychosocial support and back-to-school kits for schoolchildren. In addition, medium- to long-term response was provided, including health and hygiene, water and sanitation, and support for livelihood development.

CARE Haiti implements the overall CARE emergency response and resorts under CARE International (Geneva). Implementation involves cooperation with Haitian authorities, communities, groups of beneficiaries, international NGOs and the UN. The funds raised in 2010 by CARE International for the emergency response amount to USD 40 million; the budget for the period of 12 months following the earthquake amounted to USD 35 million; total expenditure for 2010 reached USD 23.2 million. CARE's Haiti response is supported by more than 30 donors, including CARE Netherlands. The activities are largely concentrated in the Léogâne and Carrefour areas. In the period following the earthquake, CARE Haiti's country office expanded from about 125 to over 500 staff, including some 40 expatriate staff. Within 48 hours of the earthquake additional (expatriate) staff were deployed, contracted either by CARE International or by CARE USA. A sub-office has opened in Léogâne in order to manage programmes additional to the ongoing health programme in that area.

### Overall response of CARE after the earthquake

The emergency response programme included:

- The provision of food (this was done in collaboration with the World Food Programme (WFP), shelter and non-food items (tarpaulins, tents, jerry cans, mattresses, new-born kits, hygiene kits, etc.);
- Cash for work;
- Transitional shelter;
- Water and sanitation in camps (latrines, water trucking, hand-washing stations, showers, hygiene promotion);
- Sexual and Reproductive Health (SRH) – see also below;

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<sup>1</sup> [www.care.org](http://www.care.org)

- Education and psychosocial care.

### CARE's Sexual and Reproductive Health (SRH) strategy in the emergency response

CARE aims to improve SRH through activities focusing on maternal and new-born health, family planning, prevention and treatment of sexually transmitted infections and HIV/aids; the prevention of and multi-sectoral response to gender-based violence; and the rehabilitation and reconstruction of health facilities. At the onset of the emergency phase, international organisations were aware of the need to address reproductive health issues. CARE was one of the few NGOs which opted for a specific programme to address sexual and reproductive health (SRH) and gender-based violence (GBV) issues. In particular, support was provided to pregnant women, women of reproductive age, girls, female-headed households and other vulnerable women. The programme was to start immediately after the earthquake, but actually started in April, i.e. three months into the emergency phase. By May 2010 various other NGOs had also started to address gender-based violence issues.

Together with the International Planned Parenthood Federation, Save the Children and Women's Refugee Commission, CARE conducted an interagency Minimal Initial Service Package (MISP) assessment<sup>2</sup>. The assessment identified a number of key concerns and needs relating to SRH and GBV.<sup>3</sup> Prior to the earthquake, SRH- and GBV-related issues were primary concerns<sup>4</sup>; following the earthquake, gender-based violence – especially in the camps – became a very serious concern. Many cases of sexual violence were reported (around 86% of the cases being female victims; 14% were male). In the camps there was a high risk and increasing fear of rape and other gender-based violence.<sup>5</sup> At the time, the main problems identified included intimidation by rogue male community members, insufficient lighting, lack of a dedicated camp management agency in many camps, communal latrines and bathing facilities with no privacy, and a lack of overall security.

Many international NGOs recognised the need for family planning, and provided contraceptives. Emergency obstetric and new-born care was available to a varying extent. However, quality care and round-the-clock (24/7) free of charge care were rarely available. Haiti had robust existing HIV programmes, and efforts were made to continue prevention and treatment post-earthquake, with particular emphasis on the continuation of anti-retroviral (ARV) treatment and less of a focus on prevention.<sup>6</sup> Historically, the government's health care infrastructure had been very weak, and following the earthquake the population was very dependent on healthcare provided by INGOs, especially Médecins Sans Frontières.

### Relation between CARE Haiti and CARE Netherlands

CARE Netherlands (CARE NL) participated in the SHO public fundraising campaign in the Netherlands as a 'guest member' hosted by and contractually related to SHO's permanent member Cordaid. The SHO procedures for guest members require that all administrative

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<sup>2</sup> A comprehensive MISP would normally include activities to: prevent sexual violence and provide care for survivors; protect against the transmission of HIV; ensure emergency care for pregnant women and new-borns; ensure contraceptives, anti-retroviral medicine and care for sexually transmitted infections are available; and lay the groundwork for comprehensive reproductive health services as the situation permits.

<sup>3</sup> This is the only SRH-related needs assessment available that focuses on the emergency situation.

<sup>4</sup> GBV was a serious concern prior to the earthquake but the coordination mechanisms to prevent and respond to sexual violence that were in place were weakly implemented.

<sup>5</sup> Centre for Human Rights and Global Justice, NYU School of Law (2011) Sexual violence in Haiti's IDP camps: Results of a household survey. CHRJGJ.

<sup>6</sup> CARE (2011) *Priority Reproductive Health Activities in Haiti. An inter-agency MISP assessment conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission.*

arrangements take place through the host organisation. This includes appraisal of proposals and reviews of financial and narrative progress and end of project reports. Once CARE NL and CARE Haiti have agreed upon a proposal or a report, CARE NL will forward it to its host Cordaid for review and approval; subsequently, Cordaid provides such documents to SHO.

The support of CARE NL to CARE Haiti has been earmarked for a specific project 'Life-Saving Interventions for Women and Girls in Haiti – from relief to recovery'. This project is part of a larger umbrella programme on Sexual and Reproductive Health that started in April 2010. The Life-Saving Interventions for Women and Girls project has been funded by seven donors, including CARE NL, using SHO funds, and a number of private donors. The objective of this project is to combat gender-based violence and to reduce mortality and morbidity among earthquake-affected women and girls. In the collaboration with CARE Haiti on this project, CARE NL fulfils three roles: a) providing part of the funds and ensuring accountability for the funding; b) providing strategic support, and c) monitoring progress through consultations and occasionally by visits. CARE Haiti is required to report on progress to CARE NL.

The provision of the proper documentation of CARE NL to SHO through Cordaid proved difficult. There was miscommunication about the SHO/Cordaid project administrative requirements, and the roles and responsibilities were not always clear. As a result, Cordaid provided SHO with the *draft* versions of the CARE proposal to be funded and CARE's report on 2010, whereas CARE NL had the impression that the SHO back office had been sent the final versions. As a result of this misunderstanding, SHO's consolidated report on 2010 was not based on CARE's final report. Moreover, CARE NL contended that the SHO back office had not received the interim reports that CARE NL submitted to Cordaid.

On 29 June 2010 CARE NL signed the contract with Cordaid in which both parties agreed on the proposed Life-Saving Interventions for Women and Girls project, which budgeted for a SHO contribution of EUR 1,684,068. Subsequently Cordaid informed CARE NL that the Board of Directors of SHO had not yet approved this contribution<sup>7</sup>. Two weeks later the Board agreed to the proposal, but on condition that the budget was adjusted to EUR 1,609,707. Cordaid decided to use its own funds fill the resulting shortfall of EUR 74,361<sup>8</sup>. According to the reports of CARE NL and the SHO Third Joint Report received by the Evaluation Team, CARE NL committed EUR 1,609,707 to CARE Haiti for the implementation of the project. However, CARE NL contended that in reality EUR 1,684,068 had been committed.<sup>9</sup> On 9 August 2010 Cordaid had transferred EUR 1,122,712 of the agreed SHO contribution to CARE NL, to be used to finance CARE Haiti's project<sup>10</sup>.

Reportedly, in the period September - December 2010 on the Life-saving Interventions for Women and Girls project CARE Haiti spent EUR 107,274. When the transfer of the funds from the Netherlands was delayed, CARE Haiti funded the 'emergency components' of the project with contributions from other donors.

#### Expenditure by CARE NL in 2010

<b>Sector of expenditure</b>	<b>EUR</b>
Total expenditure 2010 (excl. AKV)	107,274
- Health	27,118

<sup>7</sup> The Board consists of the directors of the SHO member organisations and does not include the directors of the guest organisations.

<sup>8</sup> This funding is not related to the SHO campaign.

<sup>9</sup> This amount includes 5.7 % general overheads (AKV) for CARE NL and 1% for Cordaid and CARE NL.

<sup>10</sup> CARE NL expressed its concern about the delay in the disbursement because it impacted on the actual level of support provided in 2010, which might not be in line with the expectations of CARE NL's constituency.

- Programme management support costs	80,156
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Source: CARE Third financial report of CARE on activities in Haiti from January – December 2010, dated 3 February 2011 submitted to Cordaid<sup>11</sup>.

Note that the figures in the table above differ from those in the SHO Third Joint Report on 2010. The latter reports that EUR 107,274 was spent as direct project costs on a wide range of project activities (for details see the table in section 1.2 below). The disparity can be explained by a difference in reporting procedures. CARE NL's financial report submitted to Cordaid points out that EUR 27,118 out of the total expenditure of EUR 107,274 has been spent on direct project costs related to targeted outputs. EUR 80,156 was spent on purchases of office equipment (e.g. computers and printers), travel and transportation costs (e.g. purchases of vehicles and motorcycles, maintenance and fuel); costs related to office supplies, security for the Léogâne office, and communication), and staff costs. The Evaluation Team defines the latter costs as 'programme management support costs'. CARE NL agrees with this definition, which appears to conform with CARE International's classification of these cost items, i.e. as 'international shared programme costs'. Note that neither CARE NL's third financial report submitted to SHO through Cordaid, nor the SHO Third Joint Report on the results achieved in 2010 mentions programme management support costs.

### Quality standards

Similar to the other SHO member and guest organisations, CARE NL adheres to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. It also aims to apply the Sphere standards whenever feasible in a given context. CARE Haiti operates a community-based approach which is in line with the Sphere standards on participation with local authorities and (groups of) beneficiaries.

Although there is no systematic reporting on the achievement of Sphere health standards, in its reports to SHO, CARE NL has stated that it proved impossible to meet all standards. The following examples are provided:

- 24 hours availability of medical services was not possible because the entire health system and infrastructure had collapsed.
- Blood transfusions: the availability and safety of blood used for transfusions cannot be guaranteed. This is the exclusive domain of the Haitian Red Cross, and beyond the control of CARE.
- The social stigma concerning gender-based violence often prevents victims attending clinics for treatment within 72 hours after a rape event. This implies that medication is no longer effective.

In its healthcare activities CARE International applies the so-called Minimum Initial Services Package (MISP) which has become an international standard and conforms with the Sphere standards and the Inter Agency Standing Committee's Health Cluster Guide.<sup>12</sup> The MISP is a package that in any humanitarian crisis identifies certain priority reproductive health services that should be in place from the earliest days of the emergency.<sup>13</sup> The package includes activities to: prevent sexual violence and provide care for survivors; protect against transmission of HIV; ensure emergency care for pregnant women and new-borns; ensure that contraceptives, anti-retroviral treatment and care for sexually transmitted infections

<sup>11</sup> CORDAID does not seem to have sent this report to SHO Back Office.

<sup>12</sup> The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance.

<sup>13</sup> CARE (2011) *Priority Reproductive Health Activities in Haiti. An inter-agency MISP assessment conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission.*



(STI) is available; and lay the groundwork for comprehensive reproductive health services as the situation permits.

## 1.2 Project/programme information<sup>14</sup>

### Objectives of the project funded with SHO funds

As mentioned, the Life-Saving Interventions for Women and Girls project, which is partially funded with SHO funds, is part of a larger Sexual and Reproductive Health programme. The goal of the funded project is to combat gender-based violence and to reduce mortality and morbidity among earthquake-affected women and girls in Haiti. The project's main objectives and activities are provided below.

The project to be implemented at different locations in Léogâne and Carrefour<sup>15</sup> was to apply a multi-pronged strategy covering two stages over a period of 25 months:

*Stage 1. Immediate emergency response: months 1 to 6 focus on the following objectives and activities:*

- a. Improve maternal and new-born health, prevent STIs/HIV/AIDS and ensure continued access to family planning by implementing the Minimum Initial Service Package (MISP):
  - Distribute clean delivery and new-born kits to a minimum of 2,000 pregnant women;
  - Provide reproductive health kits to a minimum of 8 health facilities;
  - Establish a minimum of 20 temporary reproductive health posts in spontaneous settlements;
  - Broadcast on the radio messages on sexual reproductive health, including on gender-based violence and where to access services;
  - Conduct refresher courses and training for health staff from a minimum of 8 health facilities, on topics such as clinical treatment of rape victims, assisting normal deliveries and appropriate referral protocols for maternal or new-born complications;
  - Mobilise community networks in spontaneous settlements to address reproductive health and gender-based violence;
  - Set up referral systems for clinical treatment of victims of rape and for emergency obstetrics.
- b. Implement a multi-sectoral response to gender-based violence (GBV):
  - Explore potential partnerships with local NGOs who provide psychosocial support services;
  - Promote security and protection for women and girls.
- c. Improve the social environment by mainstreaming gender equity across emergency response sectors and strengthen linkages with community networks:
  - Conduct a gender assessment that will be shared with other agencies;
  - Train CARE teams, distribution committees, water, sanitation and hygiene (WASH) committees and the *cellule de crise* of the local government's (Mayor's) offices, to promote equal participation of women, men and youth in decision-making on the provision of shelter, non-food item distributions, food distributions, and water and sanitation activities;

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<sup>14</sup> The content of this section differs from the SHO Third Joint Report on 2010, because SHO Back Office did not use final versions of CARE's proposal and its final report on 2010.

<sup>15</sup> The proposal of CARE NL dated 12 March 2010, which was submitted to SHO via Cordaid, also included Pétionville as intervention area.

- Assist communities to develop and implement an action plan to promote equal participation of men and women in community groups and decision-making on relief interventions, and of actions to prevent disasters.

*Stage 2. Recovery and Transition: months 7 to 25 focus on the following objectives and activities:*

1. Mobilise and sensitise communities for individual behaviour change oriented towards improved use of quality maternal health and related reproductive health services:
  - Identify and train community health workers (CHWs) and traditional birth attendants (TBAs);
  - Promote birth preparedness planning.
2. Restore access to reproductive health:
  - Construct and equip 20 temporary women's centres.
3. Increase knowledge of health workers:
  - Provide training and refresher courses for health workers.
4. Improve policy environment and social context:
  - Cultivate gender and social diversity in community participation.

In sum, CARE has subdivided the project implementation phase into an emergency stage, a recovery stage and a transition stage; the latter two stages are to complement the interventions during the emergency stage. Due to delays in the start of the project, certain activities to be implemented in the first stage were completed during the subsequent stage. On the other hand, activities which may be classified as more long-term development, such as the strengthening of community health centres, were already taking place in the emergency stage.

At the time of the evaluation, CARE had not yet developed an explicit exit strategy, but was thinking about a transition to move from relief and rehabilitation to longer-term development. The perspectives of the Ministry of Health are to be included in this strategy. According to CARE, close collaboration with community stakeholders and direct involvement of women and youth were considered crucial elements for transition towards sustainable development.

The project outputs related to the SHO funding are presented below. CARE notes that it has had difficulty in measuring concrete results of the project's health promotion activities (raising awareness, changes in attitude and behaviour) because these are rather 'soft' and their impact may only become visible over longer periods of time. Moreover, because of time and resource constraints, CARE Haiti has not yet been able to conduct a detailed assessment on the sexual and reproductive health situation, including people's perceptions, habits and customs in the project area. However, it has discussed the possibility to conduct such an assessment with the US Centers for Disease Control and Prevention (CDC).<sup>16</sup>

### Achievements

The postponed funding through CARE NL described above has led to delays in the project's implementation<sup>17</sup>. This in turn has resulted in relatively limited outputs for 2010. Moreover, the emergency activities to be implemented were ultimately financed by other sources. The

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<sup>16</sup> It proved to be difficult for CARE to obtain additional funding in 2010, presumably because of the 'soft' nature of some of the project's activities.

<sup>17</sup> While managing the sexual and reproductive health project, CARE's project team was called upon to respond rapidly to the cholera epidemic spreading throughout the country, which presented competing demands for project staff.

outputs summarised in the table below are based on CARE NL's report for 2010 which appeared to be more detailed than the SHO Third Joint Reporting on Haiti covering the period 13 January – 31 December 2010. However, it proved impossible for the evaluation team to ascertain the relation between the SHO funds spent, the activities undertaken with SHO funding and the outputs realised. Moreover, as mentioned above, CARE NL's financial report submitted to Cordaid points out that only EUR 27,118 of the total expenditure of EUR 107,274 was spent on direct project activities; the remainder was spent on items which can be defined as programme management support. Due to the late disbursements, activities undertaken by CARE Haiti could not be funded with SHO funds until the last quarter of 2010. Consequently the evaluation team questions the relationship between the outputs provided in the table below and refrains from discussing these outputs.

### Sector covered, expenditure and achievements by CARE and partners with SHO funding in 2010

Sector	Expenditure (EUR)	Achievements
Health Stage 1	107,274 <sup>18</sup>	<ul style="list-style-type: none"> <li>• <i>10 localities in Carrefour and Léogâne with populations of over 80,000 people are active project sites. Daily education activities are undertaken in these localities.</i></li> <li>• <i>10 local Sexual and Reproductive Health committees, 10 Mothers Clubs, 10 Youth Clubs, 10 Pregnant Women Clubs and 10 Lactating Women Clubs are educated in topics of women, adolescent and children health.</i></li> <li>• Supported the first internationally recognised '16 days' of activism against violence towards women event to be held in Haiti.</li> <li>• Almost 400 pregnant women attended birth classes for the preparation of healthier pregnancies and safer deliveries.</li> <li>• More than 8200 persons, mainly women, attended the various education sessions, receiving information about sexual and reproductive health along with relevant supplies and instruction, e.g. proper use of condoms.</li> <li>• Distribution of non-food items, including <i>hygiene kits, condoms.</i></li> <li>• <i>Partnerships with six health care facilities including rehabilitation/construction to training and provision of supplies.</i></li> </ul>
Total excl. overheads (AKV)	107,274	

Source: CARE (2011) Report on activities in Haiti from January –December 2010 (date: 7 February 2011). Figures and text in italics represent information not included in the SHO Third Joint Report, but in the final report CARE submitted to the SHO Back Office.

The evaluation team visited two project sites in order to discuss the project's progress and its results with staff and representatives of beneficiaries. Other than information obtained by interviews and personal observations, the Team was not presented with surveys or other types of reports that could explain if the different education and sensitisation activities undertaken did contribute to awareness raising, changes in attitude and behaviour.

#### 1) *Erick Jean Baptiste IDP camp in Carrefour*

During a field visit to the IDP camp 'centre d'hébergement Erick Jean Baptiste' in Carrefour which developed spontaneously following the earthquake, the evaluation team obtained qualitative information about the effects of the activities undertaken by CARE. At the time of the visit, the camp provided shelter to 837 families, a total of 4,471 persons. The inhabitants had arrived from different parts of Carrefour. CARE Haiti staff arrived on 22

<sup>18</sup> As mentioned before, based on CARE NL's financial report submitted to Cordaid, only 25% was spent on directly related project costs.

January and immediately started to provide emergency support. The SRH project started in April. The first activities included training members of camp committee, who were elected by the camp inhabitants. In collaboration with the project staff, the committee established several 'clubs': youth club, young mothers club, women's club, children's club.<sup>19</sup> These clubs and camp's security team are represented in the camp committee. The security team is tasked with the enhancement of the camp's security as well as the prevention of gender-based violence.

With the support of CARE, the committee members have undertaken various SRH activities:

- In the women's clubs, women are educated about reinforcing their self-image, in order to become more autonomous. Most problems with GBV are related to financial dependency on men. Finding work is therefore crucial but not easy. Women learn to watch over each other and to function in small groups for their safety. GBV victims are given opportunities to receive support and talk to other women, often previous victims of gender-based violence.
- The Young Mothers Club provides education for pregnant women and psychosocial care for those having unwanted pregnancies. Young mothers are sensitised and encouraged to resort to breastfeeding. Furthermore, the club also organises the distribution of new-born kits.
- The Youth Club engages with adolescents, informing them about sexuality and educating them about contraception, STIs and HIV/Aids.
- Committee members visit camp dwellers and organise cultural and social activities aimed to improve human relationships and harmonious living in congested and insecure conditions.
- Other activities include the distribution of non-food items such as hygiene kits, new-born kits, first aid kits, solar lights, condoms, pamphlets, posters.

Committee members interviewed by the evaluation team indicated that the social and security conditions in the camp have changed for the better and relate these changes to the training and sensitisation activities provided. With regard to camp safety, the camp committee's security member has noted that walking in groups has made girls less vulnerable to assaults. There are less incidents of domestic, verbal, physical and psychological violence. It was also noted that an increasing number of women have resorted to breastfeeding. Following sensitisation, women try to become less dependent on their men. In general, participants are open to counselling. However, it was noted that men tend to be more difficult than women. Men attend sessions, but do not always implement what they have been taught. The side-effect may be that women cannot put into practice what they have learned. This has particularly been the case with condom use. Nevertheless, according to the committee members, the prevalence of pregnancies has diminished. Some women have reported that to become less dependent on men they have tried to find proper work instead of resorting to informal prostitution.

## *2) HELP Hospital and School (HHSOrg) Léogâne*

The local NGO HELP Hospital and School (HHSOrg) receives technical and financial support from CARE Haiti as part of the Life-Saving Interventions for Women and Girls project. HHSOrg focuses on health care, education and community development. Its vision is:

- a) To promote community development by providing healthcare and education, in particular on motherhood and paediatrics.

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<sup>19</sup> CARE provides support at different project sites in Carrefour; each site has a similar structure, with clubs.

- b) To contribute to the coverage of healthcare in 13 sections of Léogâne covering some 75,000 people.
- c) To sensitise young girls about STIs and provide health education to mothers and youngsters in remote areas, through mobile clinics.

The support to HHSOrg was provided following an assessment by CARE Haiti of the health structure in Léogâne which had been weakened further by the earthquake. Providing support to HHSOrg is in line with CARE Haiti's SRH objective 'to improve maternal and new born health, prevent STIs and HIV/Aids; and ensure continued access to family planning by implementing the Minimum Initial Service Package'. CARE and HHSOrg decided to collaborate, in order to improve the community health structure by expanding and improving existing health centres and establishing new centres.

HHSOrg operates one of the few centres in Léogâne where people can go to obtain primary healthcare. The hospital operated by HHSOrg was damaged by the earthquake, which hampered its ability to provide care to the large number of victims. A temporary building was constructed three months after the earthquake. At the time of the evaluation team's visit (April 2011) the hospital was up and running, with medical staff conducting consultations and examinations of patients, and assisting delivery of babies. In-patients are housed on stretchers under a large tarpaulin. There is a small pharmacy and a rudimentary laboratory for conducting blood tests, e.g. for HIV/AIDS. The hospital is able to provide food for malnourished vulnerable elderly people – some 10 were visiting the hospital daily in early 2011. Patients are requested to pay for the healthcare they receive, to prevent abuse of healthcare. The costs are not high and people may pay in instalments. Patients do not have to pay for family planning services or post-rape services; these are covered under the Life-Saving Interventions for Women and Girls in Haiti project. The hospital is situated on land owned by HHSOrg. Until now it has not had the facility for doing caesareans. An arrangement has been made with the health authorities to establish a structure that addresses this need. Funding will be provided by the Life-Saving Interventions for Women and Girls project.

Besides running the hospital, HHSOrg deploys community health workers that provide education and sensitisation on healthcare and family planning to people in more remote areas, as well as providing them with mutual support in times of need. HHSOrg distributes hygiene and new-born kits which are provided by CARE in collaboration with UNFPA. Furthermore, *matrones* working for HHSOrg assist women before and after delivery and provide ante-natal care. This is a crucial service for women who are unable to go to the hospital for delivery.<sup>20</sup>

#### Participation with and consultation of beneficiaries (accountability)

In order to improve downward accountability, CARE Haiti has established a free of charge telephone connection, which enables beneficiaries to express their opinions, suggestions or complaints about the support provided. Almost every Haitian has a cell phone; when 212 is dialled during working hours, the caller is connected to an operator at CARE. The caller may remain anonymous. The calls are followed internally, to channel specific requests, and if desired, the caller receives feedback after a number of days. Most callers request information about how to reach CARE or when CARE is going to reach them. Complaints and

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<sup>20</sup> The government discouraged traditional home deliveries in April 2010; HHSOrg has noted the negative impact of this measure on women unable to visit a hospital.

suggestions regarding CARE's support have resulted in the organisation modifying the delivery of its activities.<sup>21</sup>

As part of its general approach to downward accountability, CARE applies the Humanitarian Accountability Framework, which is a set of definitions, procedures, and standards established by several NGOs, specifying how they will ensure accountability to its stakeholders. This framework incorporates various elements of these existing standards, such as the Humanitarian Accountability Project, ISO and Sphere. By using this framework, organisations will develop a common language and the ability to articulate key elements of various international accountability standards they are using in their humanitarian programmes.<sup>22</sup>

CARE uses the inputs provided by its beneficiaries when it makes programming decisions and to improve its feedback mechanisms. In December 2010 a feedback session was held for the WASH, shelter and education sectors.

According to CARE, sustainability of its programme is strengthened by a community-based approach: working with committee members appointed through elections; and eliciting the participation of beneficiaries who identify problems or issues and also think about possible solutions.

### Coordination

#### *Local partners at the community level*

CARE Haiti has worked with several partners at community level in the health sector, including hospitals with outreach clinics, community health centres, community health workers working in remote areas, sexual and reproductive health committees, camp committees and clubs formed by the communities, and staff of the Ministry of Health (*animateurs santé*). Prior to the earthquake, CARE Haiti did not run development programmes in Carrefour and Léogâne. Consequently, to respond to the earthquake disaster it had to establish a network of local partners that allowed CARE to build on and benefit from local knowledge. CARE informed the evaluation team of its approach for selecting new partners. After potential partners have been identified, they are asked whether they are interested in working together with CARE. If their reply is affirmative, their institutional capacity is analysed, and if both partners agree to collaborate, a memorandum of understanding or a contract is concluded. When necessary, CARE supports the capacity building of its local partners and has regular meetings with committees established by the community to discuss progress and issues.

#### *Other donors*

SRH activities are characterised by a certain division of labour. Médecins sans Frontières provides most of the ad hoc medical care. In contrast, CARE does not provide healthcare but instead strengthens the capacity of local health structures. It also facilitates the distribution of certain inputs (mainly health kits). With the exception of new-born kits, which are purchased by CARE, all other inputs are provided by UNFPA which normally has sufficient kits in stock.<sup>23</sup>

Besides participating in the health cluster and the protection cluster, CARE participates in other clusters. Participation in the health cluster occurs at the national and regional level.

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<sup>21</sup> Staff member CARE Haiti, 13 April 2011.

<sup>22</sup> Bhattacharjee, A. (2007) *Common Humanitarian Accountability Framework for IWG Agencies*. UK: Results Matter Consulting.

<sup>23</sup> In exceptional cases CARE had to purchase its own health kits, which led to delays.

The Health cluster was established in Port-au-Prince at UN Logbase within five days of the earthquake; some 400 national and international NGOs registered as partners.<sup>24</sup> Led by UNFPA and the Ministry of Public Health and Population (MSPP), the SRH working group was initiated under the Health cluster within two weeks of the earthquake. UNFPA explained the concept of MISPP to the members of the working group and adapted it to the Haitian context. A coordination mechanism for reproductive health activities at the subnational level was not established until four months after the earthquake. CARE has also been involved in UN OCHA's general health coordination meetings.

#### *Haitian government*

The presence of the government in the health sector has been historically weak and has remained weak since the earthquake. Few people have access to public healthcare and government staff are not motivated, due to delays in salary payments and salary levels that are lower than those paid by INGOs.

CARE Haiti stated that the representative of the Ministry of Public Health and Population in the project area was initially overwhelmed by the number of INGOs and it took time to develop a productive working relationship. At the central level there is good contact and it is possible to discuss policy on GBV and SRH, but the concept of reproductive health is not universally known in Haiti and the resources of the Ministry at the national and regional levels are limited, which constrains investment in the number and quality of the community health centres.

As mentioned in its proposal, CARE aims to construct community health centres. This has been confounded by land rights issues. It has been difficult for communities to obtain official land ownership permits and this has impeded the construction. At the time of the evaluation, CARE was negotiating with the Léogâne authorities for a permit to build health centres on state-owned property.

### **1.3 Observations**

Due to institutional issues in the Netherlands causing a delay in disbursements, only a limited part of the planned results could be achieved. CARE NL and CARE Haiti have been very committed to addressing the issues of SRH and GBV, which have been very serious since the emergency phase. CARE NL was the only SHO affiliate to give support to mitigate these issues. CARE implements so-called 'soft-activities' that are difficult to measure in terms of outcomes. In view of the fact that it is generally difficult to obtain donor funding for these activities, the contribution channelled through CARE NL was very welcome.

## **2. Cordaid Mensen in Nood**

### **2.1 General information**

The Catholic Organisation for Relief and Development Aid (Cordaid Mensen in Nood – hereafter Cordaid) has its support base in the Dutch Roman Catholic community. Cordaid has long-standing experience in emergency aid and structural poverty eradication. It has a working relation with almost 1,000 non-governmental partner organisations in 36 developing countries. Its annual turnover is approximately EUR 170 million, of which some EUR 30 million is allocated to finance humanitarian activities relating to manmade and natural emergencies. In the Netherlands, Cordaid is supported by 370,000 individual

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<sup>24</sup> PAHO. Earthquake in Haiti, PAHO/WHO situation report on health activities Post earthquake, May 18 2010. In Interagency MISPP assessment conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission.

sponsors; institutional donors are the Dutch government (Ministry of Foreign Affairs), the European Commission (for instance ECHO provides funding for humanitarian purposes), World Bank, OFDA, UN and Caritas Sister Organisations.

### Relation between Cordaid and Haiti

Prior to the earthquake, Cordaid did not have a country office in Haiti. The organisation has been involved with development work in Haiti for some 25 years, working through and providing support to a number of non-governmental partner organisations. Cordaid's co-financing programme in Haiti focuses on socio-economic development, mainly in rural areas located in the Plateau Central, the vicinity of Cap Haitien in the northern part of the country, as well as lobby and advocacy on human rights (particularly women's rights), in Port-au-Prince. Besides cooperating with organisations in regular development work, Cordaid has supported interventions in various emergency situations (e.g. hurricanes and floods). It has also supported organisations involved in disaster preparedness programmes. Prior to the earthquake, the annual budget for Haiti amounted to some EUR 4.5 million. Cordaid intended to decrease its budget to EUR 3.0 million in 2010, whilst at the same time cutting back the number of its partners in Haiti from 23 to 15.

Cordaid has a permanent Emergency Response Team in The Hague that gives technical, management and administrative support to Cordaid Partner Organisations involved in the emergency response. This Team also sets up and manages its own emergency response activities for cases and sectors where the local organisations do not have sufficient capacity to implement the required emergency response. For the work of this Emergency Response Team Cordaid also draws upon a pool of emergency response experts connected to Cordaid.

Cordaid is also a Member of the Caritas Confederation, with which it also cooperates and coordinates in its Emergency Response. In this response, primary responsibility is awarded to the national Caritas of the stricken country, while under the guidance of Caritas Internationalis, other major Caritas international responders, from Europe and America, can also take up operational roles.

The major interventions of Cordaid are in distribution of food and non-food items, shelter (including water, sanitation and hygiene), health and support to livelihood recovery.

### Partners before the earthquake

Cordaid is member of the umbrella organisation Caritas, headed by Caritas Internationalis, with whom it coordinates and collaborates in emergency response as well as in development activities. The Caritas Confederation is represented in 162 countries; Caritas Haiti has long been an important partner of Cordaid. Cordaid's other implementing partners in the country do not necessarily share a Catholic background, but are selected on the basis of their programmatic focus on development and lobby/advocacy work.

In its proposal submitted to SHO, Cordaid stipulates that taken together, the various Caritas member organisations operational in Haiti represent a very substantial body of knowledge in development work and emergency response.

### First response of Cordaid after the earthquake

#### *Needs assessment*

Immediately after the earthquake struck, Cordaid fielded its Early Response Team to review the situation and assess the needs. Cordaid's needs assessment also made use of assessments conducted by its national partners. In order to launch its appeal, Caritas



Internationalis conducted its own assessment; the ensuing appeal included proposed activities to the amount of EUR 67.0 million. A large number of national Caritas organisations conducted their own assessments in order to formulate activities of their own. The flurry of appeals led to a burden on Caritas Haiti and tensions within the Caritas family.

*Objectives and activities of Cordaid's response in Haiti*

Cordaid's proposal was submitted to SHO on 15 February 2010 and included the following objectives or rather activities to be funded:

1. 'Food aid to 250,000 persons in start-up phase with all ingredients for basic meals in areas where WFP and others are not distributing; afterwards essential complementary food elements that are not yet in the WFP package;
2. Health: surgery, rehabilitation and orthopaedic services, assistance to basic healthcare, support to mental health;
3. Water: drinking water supply for 25,000 persons;
4. Shelter including sanitation for 30,000 persons: 1,400 tents for 7000 persons and transitional shelter (core houses) for 5,000 households (25,000 persons, some overlap with tents). Support to removal of debris and rubble in Port-au-Prince;
5. Support to livelihood recovery for 20,000 persons: both in agriculture and livestock and in small enterprises;
6. Support to lobby and advocacy for earthquake survivors for fair policies (land rights, legal setting for agriculture and enterprise, etc.)' (Proposal, p. 1).

The total budget of Cordaid's proposal submitted to SHO for funding covered a three-year period and amounted to EUR 42.3 million. This amount included EUR 10.9 million for the first six months during which Cordaid and its implementing partners focussed on providing support in the multitude of sectors outlined in the proposal.

**Table 1 Overall budget for proposed interventions**

<b>First six months</b>	<b>Direct cost in EUR</b>	<b>Programme management support cost in EUR</b>	<b>Subtotal in EUR</b>
Food	2,000,000	100,000	2,100,000
Tents	325,000	16,250	341,250
Core houses (T-shelter)	5000,000	250,000	5,250,000
Health	1,000,000	50,000	1,050,000
Livelihood support	1,500,000	75,000	1,575,000
Subtotal			10,316,250
General administration cost 6%			618,975
Overall total			10,935,225
<b>Three year total</b>			
Food	2,000,000	100,000	2,100,000
Shelter	25,000,000	1,250,000	26,250,000
Health	3,000,000	150,000	3,150,000
Livelihood support	8,000,000	400,000	8,400,000
Subtotal			39,900,000
General administration cost 6%			2,394,000
Overall total			42,294,000
What is the amount requested from the SHO?			
EUR 6 m for first 6 months.			

EUR 36 m for total period of 3 years.

Source: Cordaid proposal submitted for funding to SHO on 15 February 2010.

### Relation between Cordaid and partners

In view of the sheer magnitude of the disaster, Cordaid decided to establish a temporary country office in Port-au-Prince and also to engage in actual implementation activities.

Cordaid followed a three-pronged approach:

- Provide support to emergency response and early recovery activities of Cordaid partner organisations in Haiti;
- Through its newly established country office (and its 'field' office that was subsequently established in Léogâne) support (especially technical, management, administrative and logistical) was provided to local partner organisations. Cordaid engaged in contracting national and international suppliers and thus itself became operational;
- Support and work through the local coordination set up by Caritas Internationalis.

Interestingly, as a result of Cordaid becoming a 'self implementing' agency, some of its partners became 'sub-contractors': for instance, Cordaid's long-term partner Bureau de Nutrition et Développement (BND), which became an important actor in providing Cordaid's food aid during the initial months of the response.

### Coordination

Cordaid and its partners have actively engaged in coordinating their interventions with other organisations. At the national level (national sectoral clusters) agreements were made on a division of labour in the different sectors and regional coverage. Coordination also took place within the Caritas network, with Cordaid's head of mission attending the periodic coordination meetings. Initially, the shelter cluster at the national level was led by the IFRC; UN-Habitat took over in November 2010. In its report to SHO, Cordaid mentioned that this handover was not particularly smooth. The shelter cluster involves a multitude of organisations, including those focusing on rubble removal, testing equipment, supplying equipment and providing training, designing transitional and more permanent shelters, etc. In implementing the health component of its programme, Cordaid (and its affiliates) coordinated with organisations involved in the health cluster and the psychosocial care cluster. Cordaid reports that coordination of the sub-clusters which were established at the local level proved to be effective. Cordaid leads the shelter cluster in Léogâne and Grand Goâve, two focal areas of Cordaid's shelter programme (see also below).

### Quality standards

Similar to the other SHO member organisations, Cordaid adheres to the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. It also aims to apply the Sphere standards whenever feasible.

In its reports to SHO Cordaid does not provide integral information as to whether and how the Sphere standards have been realised in the different sectors covered by its multi-sectoral programme. However, partial information is provided, for instance with regard to shelter: '... the Sphere norms for Shelter and settlement are addressed in planning, design, implementation, environmental impact: local participation of the communities and beneficiaries, the minimal coverage of 3.5 square metres per person in the design; also the design stays close to what people in the area are used to, enabling them to expand the house in a later stage; building materials are imported because of deforestation in Haiti.' (Cordaid report to SHO covering 2010, p. 5 and 6). The report goes on to say that 'In Port-

au-Prince and Carrefour a high percentage of plots are too narrow or too small to receive the existing design of 4 by 4.5 meter shelter (6 meter long with veranda and roof overhang). A second urban design is under development with a width of approx. 3 meter, and lowering the standards. Internal space of between 12 and 14m<sup>2</sup> which is not acc. Sphere (18m<sup>2</sup>) but in line with agreed shelter cluster strategy for urban areas. If plot size allows, a relatively large veranda is to be added' (ibid, p. 6).

### Community-based approach

In developing and implementing its shelter programme, Cordaid has applied a community-based approach which aims to involve existing and potential beneficiaries and the local community as a whole as much as possible in the design and implementation of the programme activities (see also below).

## **2.2 Project/programme information**

### Objectives of programme funded with SHO funds

Support to emergency response and early recovery activities of Cordaid partner organisations in Haiti; Through its own Haiti office, Cordaid supports local partner organisations (especially with technical, management, administrative and logistical support) and contracts local and international suppliers; Work in cooperation with and support of the Caritas International Confederation.

Available budget is EUR 36,000,000. The SHO part of it is EUR 29,069,333. Additional funding comes through private contributions and ECHO funding.

### Types of activity: the transitional shelter programme

Until the end of March 2010 Cordaid and its partners gave priority to providing the basic needs of the targeted population (water, food, temporary shelter, including the provision on non-food household items, healthcare, etc.)

However, immediately following the earthquake Cordaid also prioritised the provision of more permanent houses ('transitional shelters') as part of its strategy to bridge the gap between relief, rehabilitation and development. Already in February 2010, Cordaid selected localities where it could engage in the provision of transitional shelters. Criteria were the magnitude of damage to houses (data were provided through the Shelter cluster by the Ministry of Public Works (MTPTC), and the availability of partner organisations having close relations with the affected communities. This resulted in the selection of the following localities:

- Rural: Commune Léogâne (Lompré which is a part of the 1st and 3rd sections of the Gérard zone), Grand Goâve (a part of section 7). Here implementation started with a pilot project of 150 T-shelters;
- Urban: two neighbourhoods in Port-au-Prince (Carrefour, Villa Rosa). In view of the problematic situation in the densely populated urban areas it was necessary to postpone design and implementation until the national government had developed policies or guidelines with respect to land tenure, tenant rights, etc. in order to avoid rebuilding slums. In April 2010 Cordaid identified its intervention areas in urban Port-au-Prince: Villa Rosa & Saint Marie and Carrefour: 11<sup>th</sup> Rivière Froide, communities Nan Cocteau and Tisous.

In order to be able to design its shelter programme in more detail, Cordaid and its partners undertook field visits to assess the damage in more detail and to discuss possibilities for rehabilitation with community-based organisations and local authorities. Community participation in the planning and implementation of the shelter programme was ensured by applying the so-called Community Action Planning approach. Through this approach, elected community representatives provide assistance to Cordaid in the assessment, selection and prioritising of the most vulnerable. Community representatives are also involved in implementing agreed activities.

The actual shelter programme is area-specific and community-based and consists of two stages. After an initial technical feasibility study focused on the suitability of the terrain to rebuild houses, Stage one starts with the identification of eligible households. Identification takes place with the assistance of community leaders, committees and local government officials. Subsequently, discussions are held with those eligible to obtain a transitional or permanent shelter. Before construction starts, land tenure issues have to be settled. Following construction, the shelter is formally handed over to the inhabitants. The next step consists of arranging the required water and sanitary and other small-scale infrastructural facilities (e.g. drainage). Stage 2 activities involve support for livelihood improvement and facilitating disaster reduction response.

Initially it was intended to provide materials for rudimentary transitional shelters which the inhabitants could improve in due course. However, following discussions with community-based organisations, the affected population and the organisations involved in the Shelter Cluster, Cordaid decided that a more sturdy transitional shelter lasting at least a couple of years would be a more appropriate solution. A prototype was designed on the basis of a number of technical (earthquake- and hurricane-proof) and cultural specifications, and taking into account the Sphere standards.

The pilot resulted in a standard transitional shelter. This is a structure of 18-22 square metres (depending on plot size) with a wooden frame secured to a concrete slab by metal anchors, ferro cement walls, and a roof of galvanised sheets and a porch of 5 square metres. This 'starter' home can be adjusted according to wishes and means of the residents (for instance, in an urban setting, the modular frames can be altered to vary positions of doors and windows, sheds and veranda enlargements can be added). Cordaid's design has been widely adopted by other organisations.

The wooden frame home was designed in cooperation with the privately owned construction company Maxima, which operates its own factory in Port-au-Prince. Maxima and other Haitian construction companies involved in the programme import the various components (wood and other necessary materials). The frame is assembled and transported to the building site, where it is erected and the house finalised using local labour (contractors, drivers, carpenters). The production process results in a unit cost of USD 3,500. The Haitian component (materials and wages) amounts to some 40% of the total costs.

Cordaid's objective is to gradually build approximately 8,000 transitional houses in the greater Léogâne area, in Villa Rosa (Port-au-Prince) and in Tosous and Nan Cocteau (Carrefour).

### Achievements

In its periodic reports to SHO, Cordaid has outlined the various accomplishments and provided information on how the organisation has been able to overcome the various challenges which confronted the implementation of its programme, including the cholera

epidemic. The table below is based on Cordaid's report covering 2010, and provides the various details.

### Sectors covered, expenditure, objectives and achievements by Cordaid with SHO funding in 2010

Sector	Expenditure (EUR)	Objectives (from proposal which was costed at EUR 10,316,250)	Achievements
Shelter	6,065,461	<ul style="list-style-type: none"> <li>Shelter including sanitation for 30,000 persons: 1,400 tents for 7,000 persons and transitional shelter (core houses) for 5,000 households (25,000 persons, some overlap with tents). Support to removal of debris and rubble in Port-au-Prince</li> </ul>	<p><b>Emergency shelter</b></p> <ul style="list-style-type: none"> <li>Provision of 1,250 tents to house 6,250 persons</li> </ul> <p><b>Rehabilitation shelter</b></p> <ul style="list-style-type: none"> <li>Some 4,579 site assessments were completed in Port-au-Prince/Carrefour and Léogâne.</li> <li>Construction of 923 transitional shelters for 4,615 persons (average # of persons per household amounts to 5). NB. 458 of these 923 transitional shelters were delivered to CARE</li> </ul>
Water, sanitation and hygiene (WASH)	43,269	<ul style="list-style-type: none"> <li>Water: drinking water supply for 25,000 persons</li> </ul>	<ul style="list-style-type: none"> <li>Established 4 water treatment plants covering 14,147 persons** and the establishment of three 15,000 litres water storage tanks</li> <li>Distribution of hygiene kits (one per family) in response to the cholera epidemic covering 8,125 households</li> </ul>
Food security	1,726,569	<ul style="list-style-type: none"> <li>Food Aid to 250,000 persons In start-up phase with all ingredients for basic meals in areas where the WFP and others are not yet distributing; afterwards, essential complementary food elements that are not yet in the WFP package</li> </ul>	<ul style="list-style-type: none"> <li>Provision of hot meals to 5,510 vulnerable persons during one month in greater Port-au-Prince and Léogâne</li> <li>Distribution of 50,000 food packages covering 256,850 persons in greater Port-au-Prince, Léogâne, Anse-a-Veau and Petit Goâve</li> </ul>
Livelihoods	173,493	<ul style="list-style-type: none"> <li>Support to Livelihood recovery for 20,000 persons: both in agriculture/livestock and in small enterprises</li> </ul>	<ul style="list-style-type: none"> <li>No information<sup>25</sup></li> </ul>
Health	622,337	<ul style="list-style-type: none"> <li>Health: surgery, rehabilitation and orthopaedic services, assistance to basic health care, support to mental health</li> </ul>	<ul style="list-style-type: none"> <li>Training of 93 community level health workers, who have treated 18,592 persons</li> <li>Four teams of Dutch surgeons conducted 160 operations on fractures caused by the earthquake</li> <li>864 outpatient consultations</li> <li>Provision of 300 medical</li> </ul>

<sup>25</sup> The expenditure is mentioned in the SHO report but not in Cordaid's report, even though the activity has been undertaken. This seems to be an administrative error.

			consultations daily, covering some 160,000 persons in 2010**
Protection	none	<ul style="list-style-type: none"> <li>Support to lobby and advocacy for earthquake survivors for fair policies (land rights, legal setting for agriculture and enterprise, etc.)</li> </ul>	
Programme management support costs	1,393,757 (= 13.9 % of total expenditure)	<ul style="list-style-type: none"> <li>Estimated costs EUR 491,250</li> </ul>	Office costs (computers, transport, electricity, etc.), staff costs including Head of Mission and Building Advisor/Architect); consulting costs for various projects/activities
Total	10,024,886		

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Cordaid proposal submitted to SHO on 15 February 2010; and the report on 2010 provided by Cordaid to the SHO Back Office.

\*\* Number of beneficiaries unlikely to be correct.

Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report Cordaid submitted to the SHO Back Office.

### Field visit to Léogâne

In order to focus on the transitional shelter activities, the evaluation team visited Léogâne to observe the shelter activities and discuss them with staff involved in their implementation and some beneficiaries.

Some observations:

- After taking some months to design the house and after piloting, preparations were made to enter the region where almost 90% of all houses have been destroyed. The policy of working closely together with the beneficiaries, the local government, other agencies, local and regional partners and local professionals (carpenters etc.) and contractors appears to be sound. In each area a community action plan has been established. Beneficiaries and their representatives, the camp committee and the Cazez (local mayor) are actively involved in establishing priorities, deciding where to start and how to follow up. With the help of a GPS system the area is measured, in order to delineate plots for the shelters. The part of Léogâne is very rural, which implies that there are not many constraints to building new houses on the beneficiaries' properties. Most of the beneficiaries are small subsistence farmers, small merchants or other types of self-employed households.
- Cordaid applied the Filemaker system, which is linked to a GPS. This system, together with detailed on-the-spot assessments, provides information that allows an adequate overview of the area to be established. The data together with detailed information on those applying for a house are inserted in the administrative system in Cordaid's regional office in Léogâne, allowing detailed tracking of progress. Cordaid is developing a manual for this system.
- Before the end of 2010, and after taking a long time to design and for testing, more than 500 houses had been built in the area visited by the evaluation team. According to Cordaid, production is on schedule.
- The houses are sustainable, solid enough to resist earthquakes and tropical storms, easy to maintain and well-suited to the wishes and requirements of the inhabitants.
- Cordaid's transitional shelter model has set a trend, and other organisations such as CRWRC and Care are also applying it.
- Although USD 3,500 for one house seems to be a reasonable cost, Cordaid has indicated that the programme management costs are very substantial. The costs are particularly high (23%) in densely populated urban areas; in rural areas they are substantially lower

(16%). It is expected that the programme management costs will decrease once production is scaled up.

- In terms of outcome it can be stated that the shelter component of Cordaid's programme has been conducive to restoring the lives of the beneficiaries. The approach may also – in due course– restore their livelihoods.

### Participation with and consultation of beneficiaries

The evaluation team questioned a small number of beneficiaries about their perception of the consultative (participative) approach applied by Cordaid.

### **Observations of a member of a camp committee**

Wisner Blaise (member of a camp committee):

'Before the earthquake I happened to be a member of the local committee, after the earthquake we took upon us the responsibility for the aftermath together with Cordaid. Although many things still have to be solved in terms of health, schools and electricity we have set a major step forward'

Lena Bien-Aime (beneficiary):

'Together with my husband I got the first house built in the pilot phase in May 2010, due to the piloting I wasn't so involved as many others after me, but still, I could make a choice out of 3 model houses. I have taken up my small business in rice and maize since then'

William Jean Edouard Volmou (beneficiary):

'I am a titular assistant to the Cazeq (mayor), a kind of an alderman. In our committee (MPKT) we are able to meet, to assess and to improve our lives. Our relation with Cordaid is built on trust. More than half of my people have a new house, the others will follow'.

### Observations

According to Cordaid the following constraints were to be overcome in designing and implementing the shelter programme:

1. insufficient information on property rights, especially in the urban setting, to a lesser extent in the rural area;
2. challenges to importing material because of lengthy and complicated customs procedures and regulations which were not clearly indicated at the onset by officials.
3. lack of suitable space to build the shelters;
4. dispersal of the earthquake-affected people originally living in the areas designated for rebuilding of the houses. This made locating those eligible for a new house rather complex;
5. the programme required quite a long lead time to progress, also due to its participatory nature.

### **First day after the earthquake**

(as related by one of Cordaid's Haitian staff members in Léogâne)

'First there was the shock. The most incredible happened. Léogâne was ruined for almost 90 per cent. During the first days we helped each other, there was no one else to help you. We shared food, mainly rice, the shortage was of water. After a few days we ran out of it. Pumps weren't working any longer, boreholes were blocked. We took care of the remains of our family members; we buried them as far as possible, in mass graves. In some cases there wasn't any family member who survived. Together with the government we buried them as well. The mayor of our city was pressed to open a warehouse of a private owner. He did. For some days we had purified water, rice and medical treatment. The aid organisations started their work in Port-au-Prince. It took quite a while before they came into Léogâne, almost 14 days. The first thing needed and provided was water.....'.

### 3. Dorcas

#### 3.1 General information

Dorcas Hulp Nederland is part of the international non-governmental development and relief organisation Dorcas International Aid (DAI), which is also based in the Netherlands. As indicated in its proposal to obtain SHO funds to provide support to Haiti, the core areas of Dorcas are:

1. 'alleviation of poverty through sustainable development;
2. rendering of social care to the most vulnerable people, especially in countries in transition;
3. rendering of emergency aid in areas of natural disaster and man-made hostility, where possible, as part of or in combination with rehabilitation and reconciliation programmes.'

Since its establishment in 1980, Dorcas has provided relief assistance in a large number of countries, mainly in Eastern Europe and Africa, which have been confronted with man-made and natural disasters. In its programmes and projects Dorcas and its partners provide assistance in the following sectors: health, water and sanitation, food security and nutrition, livelihood, household security, and shelter.

Dorcas International Aid is governed by an international board and operates 12 field offices where Dorcas works together with local churches and other local partners. It consists of five national fundraising organisations in donor countries. One of these is Dorcas Hulp Nederland.

Although Dorcas Hulp Nederland (DHN) is part of DAI, it is also a separate organisation. Through DAI, Dorcas Hulp Nederland provides support to some 180 projects worldwide. Dorcas Hulp Nederland operates with a large number of volunteers and entrepreneurs and depends to a large extent on private donations. Its projects include relief and rehabilitation, social and economic development of communities and financial sponsorship ('adoption').

#### Dorcas Hulp Nederland and its relation with Haiti

Dorcas Hulp Nederland is involved in the Haiti campaign of the Dutch Cooperating Aid Agencies (SHO) as a 'guest member' which is 'hosted' by Tear Netherlands, one of the ten permanent members of SHO. In its international work Dorcas Hulp Nederland operates through Dorcas International Aid (hereafter referred to as Dorcas).

Prior to the earthquake, Dorcas did not operate or provide support to Haiti. In engaging in the support to the victims of the earthquake, Dorcas did not wish to establish an office in Haiti, but had an arrangement with one of its implementing organisations that also had a long-standing track record in Haiti: the international non-governmental organisation Christian Reformed World Relief Committee (CRWRC).

#### The Christian Reformed World Relief Committee (CRWRC)

CRWRC is the relief and development arm of the Christian Reformed Church in North America (Canada and USA). Its main focus is on development work. The organisation is rooted in the community of families of former Dutch immigrants. CRWRC has been operating in Haiti for over 30 years and has experience with both relief and development activities. In Haiti, CRWRC is registered and operates under the name Sous Eswpa (Source of Hope). Its country office consists of an expatriate country team leader assisted by two full-time staff members. CRWRC (and in Haiti Sous Eswpa) collaborates with and works



through local churches and community-based partner organisations. The staff and the physical infrastructure of CRWRC Haiti were not seriously affected by the earthquake. Thus the organisation could mobilise immediately to provide support.

### Needs assessment and the initial response

Within four days of the earthquake, CRWRC staff had conducted a needs assessment in the region of Léogâne. There were two reasons for selecting Léogâne:

1. The CRWRC Country Consultant had worked at the Vocational School (where CRWRC is now based) with Woord&Daad and he had maintained very good relationships with the school and its management, additionally the grounds were an ideal place to set up the disaster operations.
2. Léogâne was the epicentre of the earthquake and its surrounding communities that were to be the focus of CRWRC's interventions.

Moreover, no other organisation appeared to be involved in the area covered by the needs assessment of Sous Eswpa.

Three experienced International Relief Managers (IRMs) arrived in Haiti 7 days after the earthquake to support CRWRC (Sous Eswpa).

CRWRC's initial response included the provision of hygiene kits, non-food items (kits), tarpaulins and cash to those affected by the disasters. Initially it was decided that the organisation would focus on water, sanitation and hygiene (WASH), especially the provision of community latrines; engage in psychosocial assistance, and start a project focused on the provision of permanent housing.

In the weeks following the earthquake, CRWRC scaled up its operations and by February 2010 had a ten-person disaster response team.

Based on the different assessments made, it was decided to give priority to: families whose houses had collapsed or become inhabitable; families that are among the poorest or most vulnerable people (the aged, infants, female-headed households); people with disabilities and other groups with special needs.

### **3.2 Project/programme information**

The proposal submitted to SHO by Dorcas Hulp Nederland, CRWRC's programme located in the communities of Léogâne (Masson, Luithor, Macombe, Flon and Croix des Peres) comprised the following aims:

- **Ensure access to sufficient basic food for at least three months.** Using both food imported by CRWRC and food brought in by WFP and other major donors, families will be provided with dry rations to meet their basic food needs as determined by the UN Food Cluster. Food will be a primary intervention in all target areas that are not covered through general distributions carried out by other agencies. (NB. the food to be provided was not part of the budget that was submitted for funding by SHO).
- **Ensure access to sufficient potable water & sanitation.** Temporary, large capacity water filtration systems are to be installed in places where there is a sufficient source of water and then delivered to central distribution points. Water-carrying and storage containers as well as basic hygiene training will be provided where necessary, to ensure the water is not contaminated at point of use. Latrines will be constructed in order to limit the spread of disease. All activities related to water systems and hygiene messages will be coordinated with the WASH cluster.
- **Ensure access to emergency shelter.** Although intermediate and long-term shelter needs must eventually be met, improved immediate temporary (emergency) shelter is

critical to prevent illness and equally important, to prevent families from having to move back into unsafe buildings. The form of the temporary shelter (whether plastic sheeting, corrugated tin or tents) will depend on the specific needs of the individual family as well as the guidance of the UN Shelter Cluster.

- **Provide essential non-food items.** Many people have no shelter options and even if their house has been only moderately damaged they are too afraid to enter. Many homes have collapsed, burying contents under the rubble. The main strategy of response is to help people with temporary shelter and household items including tents and blankets to stay warm and dry as well as kitchen kits that consists of a burner, pots, and plates so that meals can be prepared.
- **Ensure access to healthcare.** Many people have open wounds and other injuries which require immediate treatment. Medical services will be delivered in partnership with Medical Teams International (MTI), which has also partnered with CRWRC on a number of other relief initiatives. (NB. the healthcare to be provided was not part of the budget that was submitted for funding by SHO).

## Achievements

### **Sectors covered, expenditure and achievements realised by Dorcas with SHO funding in 2010**

<b>Sector</b>	<b>Expenditure (EUR)</b>	<b>Objectives<sup>26</sup></b>	<b>Achievements</b>
Shelter	275,146	<ul style="list-style-type: none"> <li>• Distribute tents, tarpaulins and other temporary shelter supplies to improve the physical security of 2,100 households</li> <li>• N.B. provision of more permanent housing planned for the follow-up (reconstruction) phase</li> </ul>	<p><b>Emergency shelter</b></p> <ul style="list-style-type: none"> <li>• Provision of 1,000 tarpaulins to provide immediate shelter to 1,000 households in the Masson, Croix de Peres, Luitor, Macombe and Flon areas of Léogâne until homes can be rebuilt</li> <li>• The shelter situation of these households has been continuously monitored</li> </ul> <p><b>Rehabilitation shelter</b></p> <ul style="list-style-type: none"> <li>• Construction of 70 starter timber-frame houses (houses with galvanised roofing sheets on a wood frame which is secured to the ground with metal anchors). Coverage: 70 households</li> </ul> <p><b>Non-food items</b></p> <ul style="list-style-type: none"> <li>• <i>Distribution of toolkits to 1,400 households to assist them to remove rubble and debris.</i></li> <li>• <i>Cash distributed to 2,331 households. Each</i></li> </ul>

<sup>26</sup> Activities to be realised with SHO funding (EUR 671,592) channelled through Dorcas to its partner Christian Reformed World Relief Committee (CRWRC) to implement a project in Léogâne/Gressier costed at EUR 1,006,439. CRWRC is to raise the remaining funds for its larger project by other means.

			<i>household received USD 100 which was partially used to purchase non-food items<sup>27</sup></i>
Water and Sanitation (WASH)	89,163	<ul style="list-style-type: none"> <li>Provide water points and latrines to 2,100 households (12,000 persons)</li> </ul>	<ul style="list-style-type: none"> <li><i>(re-)construction of 12 water points (deep water wells with pumps and/or taps) in the five areas covered in Léogâne in total catering for 15,000 persons</i></li> </ul>
Livelihoods	247,414	<ul style="list-style-type: none"> <li>Provide essential non-food items (blankets, kitchen kits, etc.) to improve the physical security of 2,100 households</li> </ul>	<ul style="list-style-type: none"> <li>Provision of emergency funds/livelihood assistance through cash grants to 2,331 households (USD 100 per household) enabling them to purchase food and non-food items and cover other expenses to satisfy basic needs</li> <li>Distribution of toolkits to 1,400 households to assist them to remove rubble and debris</li> </ul>
Programme management support costs	12,858 (= 2.1 % of total expenditure)	<ul style="list-style-type: none"> <li>Not specified</li> </ul>	<ul style="list-style-type: none"> <li>Not specified</li> </ul>
Total	624,581		

Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report Dorcas submitted to the SHO Back Office.

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Proposal of Dorcas submitted to SHO. Report on 2010 provided by Dorcas to the SHO Back Office.

### Some features of CRWRC's approach for early livelihood support

In its report to SHO, Dorcas Hulp Nederland provides a description of the various outputs realised, as well as the changes CRWRC effected in delivering its support. One of the interesting features is the change from handing out of household goods to the provision of cash to households.

The initial approach consisted of providing kitchen and hygiene kits to the households. This strategy was quickly adjusted to providing cash payments to beneficiary households, empowering them to decide their own priorities whilst at the same time allowing them make use of what is available in the market. The approach also aimed to reinvigorate the business of local small traders and shop owners.

Cash was distributed to 2,331 households in the 5 communities in the Léogâne area. Each household received USD 100. CRWRC conducted a post-distribution survey among the recipients to determine how they spent their cash grant (see box below).

<sup>27</sup> A post distribution survey among the beneficiaries indicated that households spent 14% of their cash grant on kitchen items and 8% on hygiene items. The rest was spent on other items (see also Box 4.9).

### **Expenditure pattern of households receiving cash grants**

Households which received cash grants spent these grants in the following manner (rounded percentages):

- Kitchen items 14%
- Hygiene Items 8%
- Food 12%
- Clothing 13%
- School fees 4%
- School Uniforms 16%
- Business 3%
- Medical 3%
- Settling loans 26%
- Other (including funeral expenses) 1%

Source: Report on 2010 provided by Dorcas to the SHO Back Office.

### Financial resources

The total amount of funds needed for the entire programme of CRWRC amounted to USD 12 million, more than half of which was to be provided from private donations and institutional donors in North America. The SHO contribution to Dorcas Hulp Nederland to be channelled to CRWRC amounted to EUR 1.1 million, i.e. in dollar terms some 1.4 million or 12%. The amount channelled through Dorcas Hulp Nederland was to cover expenses to a maximum of EUR 400,000 for the first phase of emergency aid and an amount of EUR 700,000 for the second phase focused on rehabilitation. The funding chain is as follows: Funds from the SHO Haiti campaign in the Netherlands are channelled to Tear Netherlands (the host of Dorcas Hulp Nederland) which, after reviewing and accepting the funding proposal, provides the funds to Dorcas Hulp Nederland. In turn, Dorcas Hulp Nederland channels the funds through Dorcas International Aid to CRWRC Canada. CRWRC Canada subsequently provides the funds to CRWRC Haiti to cover part of the overall Haiti programme. The entire Haiti programme of CRWRC is funded by 15 different donors. Being accountable to this substantial group of donors implies reporting which may involve 15 different report formats, financial schedules and reporting timelines.

### Coordination

During the implementation of its programme, CRWRC has liaised and collaborated with local government institutions and community-based organisations. According to those interviewed by the evaluation team, coordination has improved and should improve still further in order to facilitate decision-making and day-to-day activities in the field.

#### *The housing component of CRWRC's programme*

The overall programme of CRWRC covers several sectors. One of its important parts has been and continues to be the provision of shelter. Initially, tents were provided. Following further assessments of housing needs, CRWRC has stepped up the construction of permanent or semi-permanent shelters. Initially it was intended to provide materials for rudimentary transitional shelters and start constructing permanent shelters as soon as possible. However, following discussions with community-based organisations and organisations involved in the Shelter Cluster, CRWRC decided that a more sturdy transitional shelter would be more appropriate. The shelter, a model designed by Cordaid, is a house with a wooden frame secured to the ground by metal anchors, with plywood walls and a roof of galvanised iron sheets. This 'starter' home can gradually be adjusted according to the wishes and means of the residents (for instance, the plywood wall may be substituted by stone walls in the short or longer run).

As a rule, the new houses are built on the property of the family or on the plot where the family owned or rented their previous house. To receive a home on the landlord's property, tenants need to have their landlord's prior agreement. The newly built house is handed over to its inhabitants once a contract is concluded and signed, which requires three testimonials of neighbours and a local government authority (witnesses).

CRWRC is planning to support economic security at the household level by implementing a multi-year livelihood project.

#### *Design, standards and costs*

The starter wooden frame home, a structure of 18 square metres, was designed by Cordaid in cooperation with the privately owned construction company Maxima which operates its own factory in Port-au-Prince. The company imports the various components (timber and other necessary materials). After the frame has been assembled it is transported to the building site. The frame is erected and the house finalised using local labour (contractors, drivers, carpenters). The production process results in a unit cost of USD 2,800 for a standard starter home.

The original objective was to build some 800 houses; this was subsequently adjusted to 1,200. At the time the evaluation team visited CRWRC in the field (April 2011), 1,334 houses had been built. In the longer run, CRWRC aims to provide a total of 2,437 houses, taking into account the budgetary, time and logistical constraints.

#### **Adapting shelter kits to provide houses to renters**

According to the progress report of Dorcas Hulp Nederland, most of the homes built thus far are of the standard design provided by Cordaid. However, working in partnership with Samaritan's Purse, an international NGO working on shelter in Léogâne and elsewhere in Haiti, CRWRC has been able to provide an alternative option: a structure of 18 square metres.

Samaritan's Purse, donated a number of shelter kits to CRWRC to construct transitional shelters. The Samaritan's Purse shelter kits consist of walls wrapped in a tarpaulin with a slanted flat roof. CRWRC decided to upgrade the shelter by making several changes and/or additions, including replacing the plastic sheeting with treated plywood, installing doors, windows and providing straps to the roof to make the house more durable, and steel anchors to secure the house to the ground. CRWRC also provides 5 sacks of cement for the floor and concrete blocks, to establish a rudimentary but sturdy foundation. These improvements to the Samaritan's Purse houses make them more durable and comfortable for the families that live in them. Specifically, replacing the tarpaulin walls by treated plywood provides a cooler indoor environment. Doors and windows provide privacy and security.

In providing this type of home to those without a land title, CRWRC is able to assist renters, who are among the most vulnerable households.

#### Community-based approach

In developing and implementing its housing scheme, CRWRC applies a community-based approach aimed to involve existing and potential beneficiaries as much as possible. Through the establishment of a Community Advisory Committee (CAC), CRWRC aims to ensure that community members are directly involved in the project design and its implementation.

## Quality standards

In its reports to SHO, Dorcas does not provide integral information about whether CRWRC has achieved the Sphere standards in its multi-sectoral intervention and, if so, how. The information is incomplete, as exemplified by the following.

CRWRC aims to apply the Sphere standards whenever feasible. In its report to SHO, Dorcas reports a number of obstacles to achieving the standards. It proved difficult to achieve the Sphere standards for food security in the initial stages of the response. CRWRC solved the problem by securing funding from the Canadian Foodgrains Bank to cover two months of emergency food assistance rations for 2,300 households (rice, beans and cooking oil).

CRWRC is a Christian international NGO and as such its principles and Code of Conduct are to provide support to individuals regardless of their race, creed or nationality, and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone. CRWRC has been working with community-based organisations to survey communities to determine need and to ensure that the needs-based prioritisation of beneficiaries is understood.

Before the earthquake, many communities in Haiti did not have reliable water points. Installing water points is not the only solution to provide clean water to households, however. It is also necessary to provide health and sanitation education and training, as well as to create ownership among the local population to ensure that the water is used properly and that the water points are maintained. In its WASH intervention CRWRC is working with local committees to ensure such ownership.

Many household items were lost in the earthquake, but, the type and quality of the items lost varied. Beneficiaries pointed out that providing a standard kitchen kit was not the most useful intervention. Instead, CRWRC was told that providing cash grants would enable households to prioritise their needs and purchase replacements. CRWRC therefore stopped providing standard household kits of non-food items and reverted to providing cash instead. The 'handout process' took longer than anticipated, but was thought to be a more effective use of resources.

### **Field visit to a case in Léogâne**

Five women, including a lady aged 90 years, are living in a house provided by CRWRC. They are neighbours of the old lady who have lost their houses and relatives in the earthquake.

The old lady, a widow since 1985, is the owner of the property and lived in a reasonable house prior to the earthquake. Through some small-scale business she was self-supporting. She lost all other relatives, her house and furniture in the earthquake. Part of the house is still standing, but is unfit to live in. The lavatory behind the house was severely damaged and can no longer be properly used.

The old lady received her new wooden starter house, which was erected next to the remains of her former house, in May 2010. She has since arranged the construction of a porch and a fence around her house and established a small garden.

She is happy with her new house, even though it is very basic. The main problems are water and sanitation. Because the former toilet behind the house cannot be used, the inhabitants use a bucket which they empty in the former toilet building. They need to walk 10-15 minutes to get water. Another problem the old lady mentioned is the lack of work and income. She would like to re-establish her former small-scale business, but potential customers in the neighbourhood are short of money. She also pointed out the lack of psychosocial support for the victims.

## 4. ICCO & Kerk in Actie

### 4.1 General information

ICCO is the interchurch organisation for development cooperation and Kerk in Actie is the international diaconal branch of the Protestant Church of the Netherlands. Both are based in the Netherlands. They work together closely in all international work on emergency aid, relief and rehabilitation and development cooperation. They have more than 50 years of experience. In 2010 they had a working relation with around 1,000 counterpart organisations in approximately 50 countries around the globe. The yearly turnover is approximately EUR 120,000,000; on average, EUR 20,000,000 of this is used for emergency aid. ICCO is mainly supported by the Dutch government (Ministry of Foreign Affairs through a multi-year subsidy arrangement) and several European institutions (such as ECHO). Kerk in Actie is supported by churches and individual contributors.

#### Relation between ICCO & Kerk in Actie and Haiti

In Haiti, ICCO & Kerk in Actie have worked with 15 partner organisations for over a decade. The programmes and projects are thematically focused on development work, good governance, access to basic services and lobbying. Following its decentralisation, ICCO & Kerk in Actie established a field office in 2009. At the time of the evaluation, the office was staffed by 9 persons, who were involved in the current humanitarian response and ongoing development. Prior to the earthquake, the programme activities amounted to some EUR 1.0 million and focused on food security, democratisation and human rights.

#### Partners before the earthquake

ICCO & Kerk in Actie's partners in Haiti (such as Aprosifa and Groupe d'Appui aux Rapatriés et Réfugiés (GARR) operate programmes and projects throughout the country. They have expertise and experience in providing access to basic services, and they work on issues such as good governance and conflict transformation. Besides engaging with development issues, in recent years they have also been involved in disaster response following cyclones. In implementing programmes and projects, the partners work closely with their target populations at the community level and have a good knowledge of the parts of the country affected directly and indirectly by the earthquake. ICCO & Kerk in Actie are members of the ACT Alliance, the umbrella organisation for protestant/Christian relief, advocacy and development organisations. The eight ACT members (NGOs located in donor countries) that provide support to Haiti either directly or through partners have formed the ACT Forum in which they collaborate.

#### First response of ICCO & Kerk in Actie after the earthquake

##### *First day after the earthquake*

ICCO & Kerk in Actie's office in Haiti was completely destroyed and its staff suffered greatly from the earthquake, which drastically reduced the organisation's ability to operate. The office manager, rescued by her staff from the collapsed office, was severely wounded. In the aftermath of the earthquake, ICCO & Kerk in Actie had to adjust to the situation by relocating to a new office, providing support to staff, temporarily replacing injured staff and recruiting additional staff. Similar to other organisations which faced identical problems, it took several days for ICCO & Kerk in Actie to overcome these setbacks and become operational to respond to the victims of the disaster.

### *Needs assessment*

Because of the way in which ICCO & Kerk in Actie collaborates with its partners in the ACT Alliance and with its local partners in Haiti, needs assessments were conducted by different organisations at different levels:

1. The ACT Alliance fielded a rapid support team (including an ICCO & Kerk in Actie representative) to support its members, which assessed needs in order to contribute to the ACT Appeal for Haiti. The appeal contained an inventory of the needs and the proposed responses of the various ACT Alliance partners;
2. ICCO & Kerk in Actie's international partners such as Christian Aid UK also conducted their own assessments. These proved effective in mobilising immediate action as stated in the report of the Real Time evaluation of Christian Aid (Goyder, May 2010): 'A strong international and regional presence, and the long established relationships between Christian Aid Haiti, its partners, local CBOs, and beneficiaries allowed for rapid needs assessments, the quick identification of beneficiaries, and the fast distribution of food, non-food items, cash and other essential items to those beneficiaries'.
3. In addition, ICCO & Kerk in Actie's Haitian partners engaged in needs assessments. For instance, Groupe d'Appui aux Rapatriés et Réfugiés (GARR), which receives support from ICCO & Kerk in Actie through the ACT Appeal part of Christian Aid, conducted its initial assessments of needs in the part of Port-au-Prince immediately adjacent to GARR's office and in the region bordering the Dominican Republic where GARR had been working prior to the earthquake. With an initial USD 50,000 the organisation immediately started to distribute drinking water, food and cash, and provided medical treatment and psychosocial support.

### *Objectives of the aid response in Haiti*

In its proposal to obtain SHO funding, the general objectives of ICCO & Kerk in Actie's response to Haiti were based on these different assessments. The general objectives for the relief phase of the response were:

1. Provide immediate relief support to the affected population through food, non-food items, water and sanitation, shelter, protection and psychosocial support;
2. Promote early recovery activities in the area of agriculture, income-generating activities, water and sanitation, education, shelter reconstruction, cash-for-work activities, protection and psychosocial support;
3. Ensure particular focus on the most vulnerable groups, giving special attention to women's needs;
4. Strengthen the local capacities of the communities and civil society organisations to implement appropriate disaster risk reduction measures;
5. Ensure accountability to the affected population.

### Relation between ICCO & Kerk in Actie and its partners

As a consequence of the organisation's recent decentralisation, a regional council and a regional office in Central America have been established. The regional office operates a satellite office in Haiti. ICCO & Kerk in Actie does not implement projects or programmes directly, but works through partners engaged in development work and emergency aid. It favours local and international non-governmental organisations which collaborate with local partners and focus on building local capacities.

As mentioned above, ICCO & Kerk in Actie is a member of Action by Churches Together Alliance (ACT), a large global network providing support to relief and rehabilitation after disaster. The Adventist Development and Relief Association (ADRA-NL) and Leger des Heils Nederland (The Salvation Army Netherlands) are both engaged in development work and



disaster response and are observer members of Kerk in Actie (Netherlands). Both ADRA and The Salvation Army Netherlands are involved in disaster response in Haiti through their own networks. ICCO & Kerk in Actie decided to make use of the substantial operational capacity of its network organisations to provide assistance. At the same time, it was decided to continue working through its 15 local partners that participate in the platform of ICCO & Kerk in Actie and partners in Haiti (PICCOH). These 15 non-governmental organisations have a track record of providing support to improve access to basic services in urban and rural settings, in governance issues, conflict transformation and organisational strengthening. Many were involved in disaster response following the cyclones during recent years. Having worked closely together with communities throughout Haiti, the organisations have ample knowledge of the population groups affected by the earthquake. Important, but not the only implementing partners are Groupe d'Appui aux Rapatriés et Réfugiés (GARR), Christian Aid, The Salvation Army Haiti, Christian Reformed World Relief Committee (CRWRC).

### Coordination

From the reports of ICCO & Kerk in Actie to SHO as well as from statements by interviewees during the evaluation (management and staff of GARR, Christian Aid and ICCO & Kerk in Actie) it became clear that the respective organisations involved in the support channelled through ICCO & Kerk in Actie have in principle coordinated their activities through the appropriate clusters. Depending on their activities and geographical area of intervention the organisations have also participated in local cluster meetings ('baby clusters') and/or coordinated their activities with other implementing agencies in camps. Over time, inter-sectoral coordination meetings at the local level including local government and other local actors like churches, private sector and community leaders have become a more effective and efficient way of coordination.

Respondents were critical about the effectiveness of the cluster system at the national level, especially during the first three critical months following the earthquake. Issues were i) the use of English as the working language in the majority of cluster meetings, which acted as a barrier to the participation of local NGOs, ii) the absence of representatives from the Haitian government and iii) insufficient representation of the Haitian NGO community – aggravated by the fact that many cluster meetings took place (and still take place) at the UN base (Logbase), which hampers participation of local partner organisations.

### Quality standards

As mentioned in the proposal of ICCO & Kerk in Actie and in its consecutive reports to SHO, its implementing partners endeavour to adhere to the Sphere standards, the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and the HAP standards. The organisations aim to apply a community-based approach their interventions.

Where deemed necessary, training on the application of Sphere standards was organised for local implementing partners. The various standards were considered as minimum requirements. But, as mentioned by ICCO & Kerk in Actie in its report covering 2010, 'Quality standards are not always being met due to circumstances beyond the control of the implementing partners in the urban setting (logistics, access, available materials and import blockages). Due to the nature of the emergency context (for example, the changing population demographics in the camps), Sphere standards are also difficult to measure.' (p. 8). In particular, the application of the standards for settlement and shelter and for water, sanitation and hygiene (WASH) proved to be very problematic.

### Community-based approach

Reportedly, the partner organisations have organised accountability to beneficiaries through community 'advisory committees'. These committees were specifically established (e.g. community committees in camps) or coordinated through existing community-based organisations. Implementing organisations established appeal and complaint procedures, allowing the community and individuals to raise issues of concern. The advice provided through the community committees and information obtained through the appeal and complaint procedures allowed the organisations to adapt their strategies. An example is provided in the 2010 report of ICCO & Kerk in Actie: 'Based on discussions with beneficiaries, many women explained how they are involved in *petit commerce*, selling household items from baskets in the markets and alongside the road. They were concerned that a blanket distribution of goods would negatively impact their businesses. The result was a cash distribution instead of kitchen kits' (p.9). Partner organisations working in camps have established structures for communication between camp management and camp residents and have also instituted formal complaint systems.

ICCO & Kerk in Actie note that these processes of community mobilisation have resulted in effects that are positive (increased accountability) and less positive (increased demands). An example of the latter is that camp dwellers asked for more and better goods and services, whereas the partner organisation's objective was to maintain key services. Aiming to reduce services in order to encourage camp dwellers to return to their homes where appropriate proved difficult. As mentioned in one of the monitoring reports of ICCO & Kerk in Actie, accountability requirements should not be translated into a prescriptive set of standard procedures. Rather, it should be left to individual organisations to come up with their own procedures which are tailored to the context of the disaster, the response, the specifics of the organisation, the characteristics of its stakeholders and the relationships of the organisations with the stakeholders.

## **4.2 Project/programme information**

### Objectives of the programme funded with SHO funds

The overall goal to 'ensure the survival and enhance living conditions of the most vulnerable groups impacted by the earthquake on 12 January 2010' was translated into the earlier mentioned objectives for the relief phase. The proposed budget for the immediate relief phase amounted to EUR 7,050,000 (excluding AKV). ICCO & Kerk in Actie channelled its money through the ACT appeal, through international self-implementing and partner-based members of ACT and directly to its own national and international partners. The budget was allocated as follows:

- EUR 3,500,000 to be provided in support to the ACT Alliance Emergency Appeal (budget items negotiated between ICCO & Kerk in Actie and ACT Implementing Members). The total budget is USD 19.3 million.
- EUR 250,000 to be provided to support initiatives of the national partners of ICCO & Kerk in Actie. This estimate is based on the corresponding budgets being negotiated between ICCO & Kerk in Actie and these national partners.
- EUR 2,500,000 to be provided to the international appeals of The Salvation Army and ADRA International.
- EUR 800,000 will be needed to make good the extensive damage to the premises and equipment of national partners involved in the response.

## Achievements

The different ways of financing the various implementing partners resulted in the funds provided by SHO being spent in a wide range of different sectors: shelter (emergency and transitional), water, sanitation and hygiene (WASH), food security, livelihoods, health, education and disaster management.

The table below provides details on the expenditure realised in the sector supported during 2010, the detailed objectives (or targets) envisaged and the outputs realised.

### Sectors covered, expenditure and achievements realised by ICCO/Kerk in Actie with SHO funding in 2010

Sector	Expenditure (EUR)	Objectives (from proposal for the crisis and post-crisis phase, costed at EUR 7,050,000)	Achievements <sup>28</sup>
Shelter	1,751,250	<ul style="list-style-type: none"> <li>Community shelters and family tents in order to provide temporary shelter to an estimated 52,000 persons</li> </ul>	<p><b>Emergency shelter</b></p> <ul style="list-style-type: none"> <li>Provision of large family tents to 564 families</li> <li>Provision of tents to 2,000 households and sets of wooden construction material to 600 families</li> </ul> <p><b>Rehabilitation shelter</b></p> <ul style="list-style-type: none"> <li>Construction of 80 transitional shelters</li> <li>Construction of semi-permanent houses for 210 families</li> </ul> <p><b>Non-food items<sup>29</sup>,</b></p> <ul style="list-style-type: none"> <li>Provision of survival kits (candles, batteries, lamps, etc.) to 1,200 households</li> <li>Distribution of blankets to 1,200 persons</li> <li>Distribution of stretcher beds to 8,100 persons</li> </ul>
Water, sanitation and hygiene (WASH)	58,075	<ul style="list-style-type: none"> <li>Provide water and sanitation services to households and repair water and sanitation systems through provision of hygiene kits, water distribution and water purification systems.</li> <li>Planned number of</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of 2 water purification systems, each with a daily capacity of 10,000 gallons</li> <li>2 water sources rehabilitated; 1 source installed**</li> <li>Provision of water purification tablets to 1,200 persons</li> <li>Provision of water containers</li> </ul>

<sup>28</sup> ICCO & Kerk in Actie provided individual grants of EUR 237 for personal/family recovery to 215 staff of local partner organisations affected by the earthquake.

<sup>29</sup> The SHO Third Joint Report also mentions various non-food items under the heading 'livelihood support unrelated to livelihood development' (survival kits, hygiene kits, jerry cans and mosquito nets). These figures have been excluded from the table, because the SHO report is not clear to what extent ICCO & Kerk in Actie funded the commodities they delivered, despite the fact that ICCO & Kerk in Actie maintains that it provided SHO Back Office with the exact figures.

		beneficiaries: 43,000	<p>to 600 families</p> <ul style="list-style-type: none"> <li>• Three drainage systems constructed in Christ Roi district and two bordering camps. Coverage unknown.</li> <li>• Provision of wheelbarrows, gloves, spades and plastic bags provided to Christ Roi and two border camps for waste removal. Coverage unknown.</li> <li>• Distribution of 5,000 hygiene kits and 84 baby kits</li> </ul>
Food security	541,677	<ul style="list-style-type: none"> <li>• Providing life-saving and life-sustaining food</li> <li>• Ready meals</li> <li>• Organisational strengthening at grassroots level</li> <li>• Planned number of beneficiaries: 31,000</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of food rations and cash vouchers covering food needs of 2,660 persons for one month</li> <li>• Provision of hot meals during 16 weeks to 400 children aged between 3 and 15 years</li> <li>• Provision of hot meals (on 'women's day') to 2,115 persons</li> <li>• Provision of 1.5 million ready meals for 15,000 persons (100 meals per person)**</li> </ul>
Livelihoods	573,159	<ul style="list-style-type: none"> <li>• Organisational strengthening at grassroots level, protecting and defending people's rights, risk management</li> <li>• Provision of non-food items and cash assistance</li> <li>• Cash for work</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of 1,500 cockerels, 15,000 hens and 1,508 bags of poultry feed as well as training on poultry rearing provided to 1,215 households. Construction of 30 poultry sheds.</li> <li>• Purchase of seeds and tools for small farmers (117 men and 83 women)</li> <li>• Distribution of livestock (one cow or two goats) to 104 female and 153 male farmers</li> <li>• Recapitalisation small businesses of 350 female and 53 male entrepreneurs providing each of them with a cash gift of HTG 10,000 Provision of a cash grant of USD 900 each to 30 young entrepreneurs to start a micro-enterprise</li> <li>• Provision of cash grants (USD 60 each) to 1,934 households to purchase food (one month's ration)</li> <li>• Training sessions in economic activities and in livestock and poultry rearing (food, reproduction, animal health). No information</li> </ul>

			<p>known about the coverage.</p> <ul style="list-style-type: none"> <li>• Provision of 6,000 hygiene sets, and 6 of the items of 500 tool kits (no information known about the number of people reached).</li> </ul>
Health	191,526	<ul style="list-style-type: none"> <li>• Providing emergency healthcare services including HIV/AIDS</li> <li>• Health kits/dispensary tents</li> <li>• Psychosocial and emotional support</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Provision of salaries of 10 medical specialists for a period of 7 weeks</i><sup>30</sup></li> <li>• Psychosocial support to 572 persons</li> <li>• Medical support provided to 1,000 persons (including surgery)</li> <li>• Support provided by delivery of 18 babies</li> </ul>
Education	19,472	<ul style="list-style-type: none"> <li>• No information in proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Support to 1,346 children which were each provided with USD 20 to cover education costs (partially covered by SHO funds)</li> </ul>
Protection	none	<ul style="list-style-type: none"> <li>• No information in proposal</li> </ul>	
Disaster risk reduction <sup>31</sup>	28,815	<ul style="list-style-type: none"> <li>• No information in proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Christian Aid provided training on disaster risk reduction to 5 staff members, 13 people from 7 Christian Aid partners, and 14 community members (total 32 people)</li> <li>• Construction of infrastructure of 5 communities: warehouses with facilities to provide temporary shelter</li> <li>• Provision of training in human rights and preventing gender-based violence (567 persons)</li> </ul>
Programme management support costs	329,388 (= 9.4 % of total expenditure)	<ul style="list-style-type: none"> <li>• No information in proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Support to Haitian partner organisations to improve their capacities to respond to the emergency, including on-the-job training on aspects of emergency aid provision</li> <li>• Rehabilitation and equipment of a training centre and offices of 9 national partners which were destroyed or damaged by the earthquake</li> <li>• Camp management for a</li> </ul>

<sup>30</sup> In the SHO Third Joint Report this activity was also labelled as programme management support costs. It is not clear what kind of treatment was provided by the medical doctors. Both ICCO & Kerk in Actie and The Salvation Army Netherlands reported covering the costs of ten medical doctors: ICCO & Kerk in Actie for 7 weeks and The Salvation Army for 6 weeks. Also, both organisations indicate that 3,000 persons were treated.

<sup>31</sup> The activities that are listed hardly correspond with the description of disaster risk reduction by SHO. Apart from the training on DRR, the activities should have been classified differently. The evaluation team has refrained from discussing these outputs.

			temporary camp of 20,000 households
Total	3,493,357		

Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report ICCO & Kerk in Actie submitted to the SHO Back Office.

\*\* Number of beneficiaries unlikely to be correct.

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Proposal of ICCO & Kerk in Actie to SHO dated 12 February 2010. Report on 2010 provided by ICCO & Kerk in Actie to the SHO Back Office.

### Case study 'activities implemented by GARR'

The evaluation field visit focused on one of ICCO & Kerk in Actie's national partners, Groupe d'Appui aux Rapatriés et Réfugiés (GARR). ICCO & Kerk in Actie transferred its SHO funds to GARR via Christian Aid – which also separately supported GARR. The Evaluation Team held discussions with the director and staff of GARR, staff of Christian Aid as well as with beneficiary groups.

*The setting of GARR's intervention.* Following the earthquake, a spontaneous camp developed in an open space next to the GARR office. It comprised some 1,200 families (6,000 persons) and included about 600 orphans. In general, the camp dwellers are lower middle class. Some 70% of the families were renting houses, 30% were home owners. Most of those in the economically active age brackets were engaged in the informal sector.

The intervention of GARR involved multiple activities ranging from the supply of food and drinking water to medical treatment, psychosocial support and cash grants to enable people to take up livelihood activities.

Christian Aid, in its capacity as requesting ACT member, worked with the local partners GARR and Koral. With SHO funding, ICCO & Kerk in Actie contributed more than 40% of the budget as a whole. It is not clear whether this is the total amount needed by GARR or just a percentage.<sup>32</sup>

GARR and Koral are also bilateral partners of ICCO & Kerk in Actie. In order to avoid multiple parallel funding and reporting lines to GARR and Koral, ICCO & Kerk in Actie agreed with Christian Aid to channel its financial support via Christian Aid through the ACT appeal mechanism. In the emergency phase, over 80% of the total amount of funds GARR received for the earthquake response came through the ACT Appeal.

*Some observations on the implementation of the activities.* Initially, the goods to be distributed by GARR were purchased in the Dominican Republic and transported by truck. After some weeks the goods were bought in warehouses and stores in Haiti. At first GARR provided food to the camp inhabitants. However, in order to use and stimulate the local market, this was soon changed to distributing vouchers to the camp inhabitants, to enable them to buy food items in the local market or from individual food sellers. The distribution of water and medical treatment was focused on most vulnerable (e.g. the disabled and the elderly). Psychosocial support was provided, particularly to youngsters, focusing on children who had lost their parents in the earthquake. Young children were provided with child-friendly spaces where they could play and counselling was provided, allowing them to speak about their experiences. A main element in this approach was to explain what an earthquake really was and that it was not, as some religious leaders claimed, a punishment by the Almighty. Cash grants were given, to enable people to take up livelihood activities.

<sup>32</sup> An overview of the finances (income) of GARR was not available.

In the camp, beneficiary committees were established. Committee representatives were invited to become actively involved in the response of GARR. Respondents reported that these committees played an important role in the coordination of the support and sensitisation of the community, whilst also assuring downward accountability of GARR (see also below).

GARR became actively involved in the cluster system both at the national and local levels. The strong position of the director of GARR in Haitian civil society resulted in her being the representative of Haitian civil society to address the UN on the overall Haitian response, at the meeting held in New York in March 2010.

To date the population in the camp has fallen to around 3,000 people and GARR has limited its work to supporting the committees (capacity building) and psychosocial work.

According to the contract, GARR should comply with the Sphere Standards. Staff of GARR received training on the application of these standards and meetings were held with beneficiary committees to explain the Sphere standards. The evaluation team was informed that it proved very difficult to meet the standards, especially those for shelter, as a result of the space available to host the displaced in the camp. Even with a reduced population in the camp, it remained difficult to realise the Sphere standards for shelter.

Initially, the distribution of food and non-food items proved to be problematic and people did not understand why GARR was distributing at the level of families and thus creating in a problem of sharing. People explained that distributing among their representatives was sufficient: they could then themselves organise further distribution. On the basis of past experience, however, GARR was concerned that handing over to representatives could easily lead to misuse and to many families missing out. The distribution of vouchers helped prevent this. The vouchers were given directly to family representatives. Security issues occurred with the distribution of cash. GARR solved this issue by making arrangements for banks to provide cash to those identified by GARR. Those entitled to receive cash grants were issued with a document they could use to withdraw cash from the bank on agreed dates.

#### Participation with and consultation of beneficiaries

The community-based approach lies at the heart of GARR's work. One of the very first steps in the intervention was the establishment of beneficiary committees. In their work with the target populations, staff of GARR act as 'mobilisers'. All major steps in the intervention are discussed with committee representatives and members; their feedback on the type and quality of the support provided is organised. GARR staff are available to answer questions raised by beneficiaries and to solve problems.

This way of working enables GARR to be accountable to the beneficiaries. Internal evaluations are conducted to inform the management and the Board of GARR. Progress reports are provided to Christian Aid, which reviews the reports and then forwards them to ICCO & Kerk in Actie through the ACT appeal mechanism. In turn, ICCO & Kerk in Actie has used these reports to provide information to SHO on results (outputs realised) and issues occurring during implementation.

The evaluation team held focus group discussions with four groups of beneficiaries: i) representatives of the camp committee and women's group; ii) beneficiaries who received cash, food and/or shelter; iii) youngsters aged below 15 years; and iv) youngsters above the age of 15.

In general, these groups were very positive about the support provided by GARR. At the same time they were critical of the government. In the words of a committee member 'they never showed up'. According to the respondents, security issues in the camp GARR supports are similar to those in other camps. Committee members take care of safety, intervening whenever conflicts arise among the camp dwellers. Women have organised themselves and have received training enabling them to mitigate or avoid gender-based violence.

Beneficiaries stated that their direct needs were met in terms of food and cash, although it was stated that more could have been done. Youngsters highlighted that they were able to attend school again after some months and pointed out that the psychosocial activities were beneficial. Those aged above 15 pointed out that through vocational training they were enabled to undertake various small-scale economic activities, including repairing motorcycles, working in small restaurants and bakeries, and livestock rearing (poultry and goats). Some of them had succeeded in setting up their own shops or workshops.

### Coordination

Respondents from the different organisations are positive on the role played by the ACT Alliance and the Haitian ACT Forum. Partners coordinated their work, shared experiences and took new initiatives, such as capacity building and training staff on the application of Sphere standards.

One of the GARR staff commented as follows on the role of the Haitian government and its felt absence after the earthquake: 'before the earthquake we had consultations at the local level hosted by the local government. After the earthquake initiatives to reinstitute these consultations were never taken, it was all left to the UN system.'

### **4.3 Observations**

The following observations can be made about the overall programme of ICCO & Kerk in Actie and the specific activity undertaken by GARR.

- The general objectives in ICCO & Kerk in Actie's proposal have been met in terms of concrete output. The reporting to and hence by ICCO & Kerk in Actie does not provide information on outcomes.
- With respect to the intervention of GARR it appears that many of the families originally residing in the camp have been able to take up their own lives again and have found a new place to live. As stated by GARR staff member Patrick Camille, 'They [those assisted by GARR] did not know how to continue living after the earthquake or go to school again. Their lives were destroyed and houses had collapsed. The people experienced an enormous feeling of insecurity. Now they have found their way of living again and most of the children go to school again. At least we helped them in experiencing that feeling secure and safe is still possible! Finally they were helped to add value to their lives, which is a real outcome!'

## **5. Netherlands Red Cross**

### **5.1 General information**

The mission of the Netherlands Red Cross is to prevent and alleviate human suffering anywhere in the world, to protect lives and health and to guarantee respect for every person, especially in armed conflict and other emergencies. For this purpose the



Netherlands Red Cross promotes solidarity, by bringing volunteers and donors together with people in emergencies as part of the human responsibility to help others.<sup>33</sup>

The Netherlands Red Cross carried out an HIV/Aids project in the south of Haiti in 2006 – 2008, but then had no activities in Haiti after until the earthquake struck. The HIV project will be restarted with funding by Médecins sans Frontières.

The Netherlands Red Cross is a member of SHO. With SHO funding it implements one project directly, together with the Canadian Red Cross (CRC). The remainder of the SHO funding is channelled to the international umbrella organisation, the International Federation of Red Cross and Red Crescent Societies (IFRC) to execute emergency interventions. In 2010 EUR 5.4 million was spent on directly implemented activities and EUR 6.1 million was channelled through the IFRC.<sup>34</sup> In comparison, total expenditure by the Red Cross and Red Crescent Movement (including the expenditure of national societies) is around EUR 295 million (expenditure up to 31 September approx. CHF 273 million (almost EUR 190 million), forecast expenditure for the last quarter of 2010 is CHF 150.8 million (approx. EUR 105 million).<sup>35</sup>

## **5.2 The Netherlands Red Cross response after the earthquake**

Immediately after the earthquake the Netherlands Red Cross gave financial support to IFRC and dispatched relief goods.

A proposal was submitted to SHO largely based on the appeal launched by IFRC. This proposal requested a total amount of EUR 20 million for the relief phase and EUR 5 million for the recovery phase. The objective of the relief operation was ‘... the timely provision of essential relief items, emergency shelter and preventive and curative health care, as well as water and sanitation initiatives to reduce the spread of waterborne diseases. Throughout all phases of the operation the capacity of the Haitian National Red Cross Society (hereafter Haitian Red Cross) will be strengthened to deliver an integrated multi-sectoral disaster response targeting the most vulnerable communities’.<sup>36</sup> The planned number of beneficiaries was 80,000 households, approx. 400,000 people.

The Netherlands Red Cross sent a Recovery Planning Team to Haiti from 23 February to 2 March. This resulted in a proposal that was approved by its headquarters in The Hague and later by the SHO. The proposal was essentially a WASH programme, executed in Léogâne (covering 10 communities) and one in Jacmel (covering 10 communities).

With ECHO funding the Netherlands Red Cross has constructed T-shelters in the Petit Goâve area since March/April 2010. It is carrying out a cholera intervention in the Jacmel region with its own funding.

### Relation between the Netherlands Red Cross and IFRC

The Netherlands Red Cross is one of the national Red Cross Societies that contribute financially to the IFRC. In addition, many national societies are carrying out activities autonomously, but coordinated by the IFRC. This is the case in a project in Léogâne and Jacmel carried out by the Canadian Red Cross and the Netherlands Red Cross.

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<sup>33</sup> Source: Netherlands Red Cross website, translated by evaluation team.

<sup>34</sup> Netherlands Red Cross Financial report on 13.01.2010 to 31.12.201 submitted to SHO.

<sup>35</sup> IFRC, Haiti earthquake 2010, One-year progress report p.34.

<sup>36</sup> Emergency proposal dated 18 February 2010.

### Quality standards

The Netherlands Red Cross and IFRC adhere to their own Code of Conduct and the Sphere standards as much as possible. Water is reportedly distributed at a rate of 7 litres per person per day. The construction of transitional shelters is constrained by uncertainties over land tenure issues and the limited availability of land. The transitional shelters themselves comply with Sphere standards, but the overall space per person is less, because the limited availability of land results in a higher density of housing in the available camp areas (see the description of Annexe de la Mairie camp).

Congestion at camp sites combined with the lack of sewage treatment has complicated the proper operation of sanitation facilities. In addition, land owners often oppose the construction of permanent infrastructure on camp sites as they fear that the settlement will become permanent.

### Objectives of the direct implementation project

In the project *Integrated Water, Sanitation and Health for Earthquake-Affected Households in West and South-East Departments* in Léogâne (West Department) and Jacmel (South-East Department), the Netherlands Red Cross is working together with the Canadian Red Cross (CRC), under a Memorandum of Understanding (MoU). CRC is building 7,500 T-shelters (with other funding) and the Netherlands Red Cross is providing the WASH, water supply and hygiene programmes (with SHO funding).

The objective of the project is to achieve better health and reduce the risk of disease for 6,500 households.<sup>37</sup> This is done by providing households with the necessary water and sanitation facilities, and by promoting hygiene.

### Types of activity

The following activities took place under this project in 2010:

- Improving excreta disposal (design of new facilities, upgrading and rehabilitation of existing facilities)
- Verification and selection of households eligible for excreta disposal component
- Procurement of materials for sanitation and water supply
- Identification and renting of local storage space
- Assembly of 30 sanitation construction team kits
- Assembly and distribution of 100 community Environmental Sanitation toolkits
- Identification of 19 local sanitation construction teams
- Signing localised contracts with local sanitation construction teams
- Training local sanitation construction teams
- Monitoring progress on household contributions to sanitation and water supply project
- Design and pretesting of appropriate solution for latrines in Léogâne (suitable for an area with a high groundwater table)

### Implementation

The MoU was signed in April 2010, but it took time to actually start constructing the T-shelters. The Netherlands Red Cross project started in June. Construction of latrines effectively started in August.

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<sup>37</sup> The remaining 1,000 households are covered by other organisations.

To execute this intervention the Netherlands Red Cross sent a team of 4 expats to Haiti (Head of mission, two WASH delegates, one Health delegate). These staff were also involved in the ECHO-funded activities. The project employed a substantial national staff (approx. 170 health and sanitation field staff) in the two localities. The project in Jacmel will run until the end of 2011, the project in Léogâne until March 2012. CRC intends to continue and construct an additional 2,000-3,000 shelters (in addition to the 7,500 currently being constructed). At present there is no funding for WASH activities for these additional shelters, but if a source of funds can be found the Netherlands Red Cross may be interested in continuing its cooperation with CRC.

The progress of the programme has failed to meet expectations. The annual report 2010 provides the following explanations:

- The programme encountered considerable logistical difficulties. Getting imports into the country proved to be time-consuming. The project staff did not include a logistics delegate to organise the logistics, but relied on advice from headquarters.
- The Haitian Red Cross plays an important role in all the operations in Haiti supported by the Red Cross, but at the central level, the Haitian Red Cross is a weak, and rather bureaucratic, organisation. At field level it is quite effective: it has an extensive network of volunteers that have substantially contributed to the work of the Netherlands Red Cross.
- The beneficiaries were identified by the partner in the programme, the Canadian Red Cross. This also resulted in some delays.
- Procurement and budget approval by the Netherlands Red Cross headquarters also contributed to delays of implementation.

### Achievements

So far (March 2011), CRC has constructed approx. 1000 T-shelters in Léogâne and slightly fewer in Jacmel. In 2010 the Netherlands Red Cross constructed 87 latrines in Léogâne and 248 in Jacmel, benefiting 335 families. Because of the high groundwater table in Léogâne, the design of the latrines had to be adjusted. In December 2010 the pace of construction was about 200 latrines per month. Progress on the water supply was good. Two water supply systems were started in Léogâne and Jacmel, but are not yet completed. The financial expenditure on this project in 2010 was EUR 461,920 from the bilateral programme.

### Coordination

The Netherlands Red Cross WASH programme is coordinated by IFRC and at the regional level by the Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA) in urban areas and by the Service Nationale de l'Eau et de l'Assainissement (SINEPA) in rural areas. Cooperation with the Canadian Red Cross is good.

## **5.3 Funding IFRC emergency interventions**

In this section the overall programme of IFRC is briefly described. It also resents a description of a project supported with SHO funding (Annexe de la Mairie – Cité Soleil, Port-au-Prince).

### Previous experience in Haiti of IFRC

IFRC has been active in Haiti since 2003/2004. It supported several activities through the Haitian Red Cross, including an early warning system for floods, flood emergency response

and some organisational support to the Haitian Red Cross. It had prepositioned goods available for 3,000 families.

### Response

IFRC had a team leader of the Field Assessment and Coordination Team (FACT) on the ground within 48 hours of the earthquake. It launched a primary appeal within 24 hours after the disaster mainly using information obtained from the Haitian Red Cross. Within a few days IFRC had an 8-person FACT team and 11 Emergency Response Units (ERU) from different national Red Cross societies on the ground. By the end of the first 3 weeks there were 21 ERUs with 300 international staff. The initial appeal was for a total of USD 147 million, later this was increased in steps to USD 310 million. It is expected that the support to Haiti will be given for 3-5 years.

On 15 January IFRC launched a Preliminary Appeal for a total amount of EUR 71.6 million to support 80,000 households with basic non-food items, emergency/transitional shelter, healthcare and sanitation. The appeal was revised on 9 February to EUR 148.9 million to support 80,000 households and in October 2010 to EUR 242 million.

During the first week of February a scoping mission was in Haiti, followed by a full Recovery Assessment Team mission in March.

Delegate retention was a problem, as were language skills (French).

### Netherlands Red Cross – IFRC relationship

After the earthquake, the Netherlands Red Cross funded activities of IFRC (mainly relief and shelter projects). These activities have included the distribution of various non-food items (hygiene kits, kitchen kits, baby kits, buckets, mosquito nets, jerry cans, blankets and sleeping mats) and material for shelter. For 2010 the contribution of SHO through the Netherlands Red Cross was EUR 6.1 million.

The Netherlands Red Cross participated in the Benelux Emergency Response Unit (one of the abovementioned ERU's) that worked under the coordination of IFRC in the period immediately after the earthquake.

### Achievements

The following table presents the targets for the overall IFRC emergency programme in 2010 and the achievements.

#### **IFRC targets and achievements for 2010 in Haiti**

<b>Sector</b>	<b>Planned output</b>	<b>Achievements</b>
Shelter	<ul style="list-style-type: none"> <li>80,000 households receive emergency &amp; transitional shelter</li> </ul>	<ul style="list-style-type: none"> <li>98,900 households received shelter items</li> </ul>
	<ul style="list-style-type: none"> <li>80,000 households receive essential non-food items</li> </ul>	<ul style="list-style-type: none"> <li>More than 80,000 households received different non-food items</li> </ul>
	<ul style="list-style-type: none"> <li>20,000 households receive support for basic care and non-food items for children</li> </ul>	<ul style="list-style-type: none"> <li>4,477 households reached</li> </ul>
	<ul style="list-style-type: none"> <li>Cash transfers to 2,000 – 15,000 households</li> </ul>	<ul style="list-style-type: none"> <li>1,803 households received cash</li> </ul>
	<ul style="list-style-type: none"> <li>Replacing worn-out emergency shelter material for 80,000</li> </ul>	<ul style="list-style-type: none"> <li>41,885 households reached</li> </ul>

	households	
	<ul style="list-style-type: none"> <li>• Transitional housing for 30,000 households</li> </ul>	<ul style="list-style-type: none"> <li>• 2,645 households reached</li> </ul>
Water & sanitation	<ul style="list-style-type: none"> <li>• 150,000 people have access to safe water and sanitation facilities</li> </ul>	<ul style="list-style-type: none"> <li>• 678 million litres drinking water distributed</li> <li>• 95 water distribution points established</li> <li>• 2,793 latrines constructed</li> <li>• 564,700 people reached via hygiene campaigns</li> </ul>
Health	<ul style="list-style-type: none"> <li>• 80,000 families have access to health facilities</li> </ul>	<ul style="list-style-type: none"> <li>• fixed and 41 mobile clinics in operation</li> <li>• 288,240 people reached through community-based health care</li> <li>• 152,342 people vaccinated</li> <li>• 500,000 people reached with sms messages on health awareness (mainly for cholera prevention)</li> </ul>
	<ul style="list-style-type: none"> <li>• 22 health facilities repaired or constructed</li> </ul>	<ul style="list-style-type: none"> <li>• 1 health facility completed</li> <li>• sms health messages to 1.2 million people</li> </ul>
Livelihoods	<ul style="list-style-type: none"> <li>• Cash distribution and cash-for-work programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Cash grants or loans for 48,725 households</li> <li>• 45,685 people participated in cash-for-work programmes</li> </ul>
	<ul style="list-style-type: none"> <li>• School costs for 8,000 children paid</li> </ul>	<ul style="list-style-type: none"> <li>• 6,789 children financially supported</li> </ul>
Education	<ul style="list-style-type: none"> <li>• 25 schools repaired or constructed</li> </ul>	<ul style="list-style-type: none"> <li>• 1 school completed</li> </ul>
Disaster risk reduction	<ul style="list-style-type: none"> <li>• Prepositioned stocks for 25,000 households</li> <li>• Training and awareness raising</li> </ul>	<ul style="list-style-type: none"> <li>• Prepositioned stocks for 24,846 households</li> <li>• 1,036 HRC volunteers trained</li> <li>• 71 camps reached with disaster preparedness messages</li> <li>• 494,000 people reached via sms messages on disaster preparedness</li> </ul>

Source: Netherlands Red Cross Progress report phase I emergency, covering the period 12 January 2010-31 December 2010.

### The Shelter Project 'Annexe de la Mairie', Cité Soleil – Port-au-Prince

#### *Types of activity*

Directly after the earthquake many people set up a makeshift camp on swampy terrain next to the municipality building of Cité Soleil. Initial relief was provided by other organisations. The first contact that the people who took refuge on this site had with a Red Cross organisation was with the Dominican Red Cross. The activities of the IFRC started in February 2010. A site inventory of the site revealed there were about 1,400 families present. Where not already available, emergency shelter material was distributed (tents and tarpaulins).

The number of families in the camp has now fallen to approx. 950. Most (approx. 70%) of the families rented their homes before the earthquake. In the initial phases of the relief, World Vision constructed some latrine facilities. USAID contributed to the construction of a school and UNICEF Haiti erected a health post tent, including a post for cholera treatment. The health post is staffed one day per week by Médecins du Monde.

### *Objectives and targets*

The objectives of the shelter programme in Annexe de la Mairie are:

- Provide safe shelter solutions for the remaining 557 families: this includes T-shelters constructed on individual plots elsewhere, repairs of their houses in the different parts of Port-au-Prince whenever possible, and settlement/livelihood grants.
- House 350 families in T-shelters on the land of 'Annexe de la Marie'.
- Provide livelihood activities for 350 families living in Annexe de la Mairie.

### *Implementation*

Annexe de la Mairie is one of the few sites available in the Port-au-Prince metropolitan area for transitional settlements. The Mayor of Cité Soleil agreed to make land available for the construction of transitional shelters. A MoU was signed in March, first for the construction of 500 T-shelters, later reduced to 350 T-shelters, due to limited land availability. Apart from the construction of T-shelters, IFRC is supporting families who own a house that can be repaired, by providing shelter material and training. So far, 306 families have made use of this opportunity. Families that rented their home are being encouraged to find their own housing solution. When they have found accommodation to rent, IFRC pays the rent for one year, to a maximum of USD 500. Overall the situation in the camp appears to be calm. IFRC pays for some 40 security staff – also inhabitants of the camp, who monitor the situation in the camp and are in regular contact with camp dwellers.

Because the area was swampy, the land had to be raised. This was done with rubble cleared by the French Red Cross under a cash-for-work programme. An overall plan was made for the area. It included a communal ground and a green area with a pond. Plans were drafted in the period March to June, and the construction of T-shelters started in July; presently some 250 T-shelters have been constructed to date. The T-shelters are constructed of wood, with plywood walls. The frame is designed to withstand a hurricane.

IFRC plans to start some livelihood support activities. It does not have specific expertise in this field itself, but IFRC will draw on the experience of the British Red Cross with such programmes.

### *Achievements*

Discussions were held with four camp residents. The information provided by the respondents can be summarised as follows:

- The T-shelters satisfy the housing needs of the camp dwellers. The original design did not include a veranda. This was subsequently requested and IFRC has now adjusted the design.
- The support of IFRC is generally appreciated. There is frequent contact with IFRC community workers to discuss options for housing.
- There was a complaint about toilet facilities constructed earlier by World Vision. Because of lack of regular maintenance by World Vision, the latrines stank.
- The main problem currently facing camp dwellers is the limited employment or livelihood opportunities. IFRC employs camp dwellers for its activities as much as possible, but this is not enough.

By encouraging camp dwellers to find shelter solutions elsewhere, IFRC is actively attempting to decongest the camp. This seems to be succeeding.

In a discussion with three members of the camp committee the following issues were raised:

- On the whole, the camp residents are satisfied with the assistance provided so far. The situation has continued to improve. Before the earthquake, most of the people

were slum dwellers, and in a rather bad situation. Overall their situation has improved (better housing, healthcare and water supply).

- The committee appreciates the approach of IFRC towards the allocation of T-shelters: vulnerable people get a T-shelter, owners with houses that can be repaired get construction support, others get support to rent accommodation elsewhere (a handout of USD 500).
- The main concern expressed was the uncertainty about the future. The plans of IFRC are not known, and committee members suspect that IFRC may progressively withdraw its support from the camp, after the T-shelters have been completed. The committee members have noticed that the pace of improvement is slowing down and are afraid that this is due to the gradual withdrawal of IFRC.
- Concerning the relationship with IFRC, the committee considers that IFRC is an open-minded organisation. Overall, relationships with IFRC staff are good, but they vary according to the teams. However, the committee commented that it wanted to be considered a real partner in decision making in the project. At the moment the committee feels that it is not treated as such by IFRC.
- An important problem is the absence of electricity in the camp. There seems to be some illegal tapping of electricity from power lines, but most people have no electricity.
- IFRC is constructing a drainage system under a cash-for-work programme. The committee thinks that despite this there could be a problem with mudflows in the rainy season.

#### Quality standards

The T-shelters are 18m<sup>2</sup>, in compliance with the Sphere standards. The total space available in the campsite is approx. 30m<sup>2</sup> per person, which is in accordance with the revised standards, but is less than the Sphere standards (45 m<sup>2</sup>).

#### **5.4 Observations**

The layout of the camp is well planned, and relatively spacious. Through a cash-for-work programme some camp dwellers are employed to collect waste from the streets, and the camp is relatively clean. The drainage system looks well designed, it remains to be seen if it can cope with heavy rainfall during the rainy season.

Some tents appeared to have been deserted. In principle, IFRC removes uninhabited tents and takes away the material (tarpaulins/tents). Respondents stated that there were no people in some tents because their occupiers were at work elsewhere, but some tents appeared not to have been used for some time.

None of the staff in the camp (including the assistant architect) had information about the costs per T-shelter. This information was subsequently provided to the evaluation team by IFRC.

The achievements of the Netherlands Red Cross and IFRC with SHO funding, calculated in proportion to SHO funding, are presented below.

**Sectors covered, expenditure and achievements realised by the Netherlands Red Cross/IFRC with SHO funding in 2010**

Sector <sup>38</sup>	Expenditure in EUR	Achievements	Coverage
Shelter	8,042,108	<ul style="list-style-type: none"> <li>• 1,590 tents</li> <li>• 17,850 tarpaulins and plastic sheets</li> </ul>	<ul style="list-style-type: none"> <li>• 7,950 persons</li> <li>• No information</li> </ul>
Non-food items		<ul style="list-style-type: none"> <li>• 6,421 jerry cans</li> <li>• 747 pcs soap</li> <li>• 1,860 buckets</li> <li>• 15,740 blankets</li> <li>• 32,450 kitchen sets</li> <li>• 135,000 hygiene parcels</li> <li>• 5,000 condoms</li> <li>• 50,000 pcs rope</li> <li>• million chlorine tablets</li> <li>• 3,700 mosquito nets</li> <li>• 1,000 crutches</li> </ul>	<ul style="list-style-type: none"> <li>• No information</li> </ul>
WASH	2,610,274	<ul style="list-style-type: none"> <li>• Daily water supply at 5 communal water points</li> <li>• 88 latrines constructed for 13,800 persons</li> <li>• Hygiene promotion campaigns reaching 29,364 persons</li> <li>• Drainage kits distributed (no information known about the amount of kits distributed or people reached).</li> <li>• 136 toilets constructed in camps (no information known about the amount of kits distributed or people reached).</li> <li>• 335 toilets constructed in Jacmel and Léogâne</li> <li>• 2 water supply projects</li> </ul>	<ul style="list-style-type: none"> <li>• 16,509 persons</li> <li>• 13,800 persons</li> <li>• 29,364 persons</li> <li>• No information</li> <li>• No information</li> <li>• 1,675 persons</li> <li>• 2,500 persons</li> </ul>
Health	95,407	<ul style="list-style-type: none"> <li>• Mobile medical clinics</li> <li>• Community-based health care</li> <li>• Vaccination against measles, diphtheria and rubella.</li> <li>• Sms messages on health awareness (cholera prevention)</li> <li>• Health messages spread</li> <li>• 288,000 messages were sent on health awareness</li> <li>• Non-food aid for 34 vulnerable families<sup>39</sup></li> </ul>	<ul style="list-style-type: none"> <li>• 3,904 persons</li> <li>• 5,188 persons</li> <li>• 2,742 persons</li> <li>• 9,000 persons</li> <li>• 208 persons</li> <li>• No coverage indicated</li> <li>• 34 families</li> </ul>
Programme management support costs	327,897 (= 3% of total expenditure)		
Total	11,075,686		

\* Results calculated in proportion to SHO funding for the activity

<sup>38</sup> The numbers relating to Shelter and Non-food items are reported on page 4 of the Netherland Red Cross report to SHO as the items funded by SHO. In the SHO Third Joint Report on Haiti, period 13 January – 31 December 2010, different, and substantially higher, numbers are reported, but these are probably for the overall IFRC programme.

<sup>39</sup> This output is not clear; moreover it should have been reported under 'Non-food items'.



Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report on 2010 the Netherlands Red Cross submitted to the SHO Back Office.  
 Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; Report on 2010 provided by the Netherlands Red Cross submitted to the SHO Back Office.

## 6 Oxfam Novib

### 6.1 General information

Oxfam International is an international group of independent non-governmental organisations (affiliates) dedicated to fighting poverty and related injustice around the world. The Oxfam affiliates work together internationally to achieve greater impact by their collective efforts. Oxfam has been active in Haiti since 1978, mainly supporting development projects/programmes, most of which have targeted the productive sector and –to a smaller extent– the social sector. Because of the country's history of hurricanes and other natural disasters, Oxfam's programmes included an emergency aid component.

The affiliates of Oxfam International who implemented the emergency response on the ground at the time of the evaluation consisted of Oxfam GB, Intermón Oxfam, Oxfam-Quebec and Oxfam America. Oxfam GB is the lead agency. The total budget for Oxfam's Haiti Earthquake programming is USD 97.8 million, including USD 18.7 million from SHO. Other sources of funding were: Oxfam America 23%; UK DEC 20%; Oxfam GB 8%; Intermón Oxfam 6%; other Oxfam affiliates 14%; and governments/others 10%. In 2010 approximately USD 65 million was spent on disaster relief. Much (i.e. USD 19.5 million) of Oxfam's response has been focused on WASH activities.<sup>40</sup>

Oxfam experienced an exponential growth in its staff. At the height of the intervention 130 expats and 1,400 national staff were involved.

The relationship of Oxfam Novib with Oxfam GB is mainly based on funding. The total committed by Oxfam Novib for the overall emergency response was EUR 11,021,686. In 2010 EUR 6,551,998 was spent on emergency response activities implemented by the Oxfam affiliates.<sup>41</sup> The table below shows the sectors that were supported with funds from Oxfam Novib.

Total expenditure (EUR) by Oxfam Novib in 2010

<b>Sector of expenditure</b>	<b>Amount in EUR</b>
Total expenditure 2010	6,551,998
- WASH	2,955,367
- Livelihoods /household security	1,525,278
- Shelter	724,024
- Disaster management	97,348
- Programme Management Support	1,249,981
- Overheads (6.7% including 1.47% for Oxfam Novib)	441,728

Source: Financial and narrative reporting by Oxfam Novib on 2010 to SHO.

<sup>40</sup> Oxfam (2011) Haiti Progress Report 2010, Haiti: Oxfam.

<sup>41</sup> Interim financial reporting by Oxfam Novib on 2010 to SHO; SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011.

During the first 6 months, overall donor funding was pooled and it was agreed that Oxfam Novib's funding should support Oxfam GB's programming. There were no detailed plans at that time, but Oxfam's intervention sectors at that time (WASH, Livelihood and Shelter plus Disaster management (lobby)) were clear. Later, a project approach was applied, making more earmarking possible. Project documents, including a budget, were drafted and submitted to the donors concerned, for approval and funding. It proved difficult to get the Oxfam affiliates to agree about meeting the requirements on the planning and budgeting system; this resulted in intense dialogue between Oxfam Novib and the implementing Oxfams. Oxfam Novib considered some budgets to be below the required quality standards. Given this fact some affiliates considered Oxfam Novib to be a donor rather than a colleague affiliate. In view of this, it was decided that in 2011 all Oxfam Novib funds would be channelled through one affiliate, Oxfam GB, as Oxfam's humanitarian lead for Haiti, in order to create more consistency in planning and budgeting.

Besides its financial role, Oxfam Novib also has a strategic role. Oxfam Novib has participated actively in Oxfam's Haiti Humanitarian Country Team *Plus*, where issues of Oxfam's response strategy in Haiti are discussed. This team consists of the Oxfam affiliates on the ground *plus* Oxfam Novib and Oxfam Belgium. Moreover, Oxfam Novib is a member of Oxfam's Humanitarian Consortium Governance Group, which coordinates and manages Oxfam International's overall humanitarian response.

#### First emergency response

On the basis of UN analyses and figures from OCHA reports, Oxfam formulated the following objective for its emergency response: 'to mitigate public health risks by contributing to addressing the immediate water/sanitation, food security, and temporary shelter needs of populations most affected by the earthquake'. Oxfam's response has been concentrated in and around Port-au-Prince (such as Delmas, Carrefour, Centre Ville and Martissant), Gressier, Petit Goâve, Grand-Goâve and Léogâne. Oxfam activities were concentrated on WASH (Water, Sanitation and Hygiene), shelter, emergency food and livelihoods provision, and disaster risk reduction.

In its humanitarian approach, Oxfam continued to collaborate with the partners and communities it had worked with before the earthquake. Cooperation with some partners had to be suspended, because they were unable to conduct the particular type of emergency-related work that started immediately after the earthquake. Some partners were affected by the earthquake but were able to cope without direct support from Oxfam. DINEPA is an important government partner that worked with Oxfam in the WASH. At local level, Oxfam worked with municipalities.

## **6.2 Project/programme information**

#### Achievements with SHO funding

As stated above, Oxfam Novib contributed to a number of sectors through its affiliates. Table 1 shows per sector the planned output as stated in the proposal of Oxfam Novib submitted to SHO and the results achieved by the Oxfam affiliates with funds of Oxfam Novib, based on the SHO Third Joint Report on Haiti 13 January – 31 December 2010. The evaluation team opted for this document because it is the most recent and available publication on the results achieved in 2010. The narrative report of Oxfam Novib submitted to SHO on the results achieved in Haiti in 2010 was less suitable because it lists the overall programme figures and not specifically the contribution of Oxfam Novib. After scrutinising the monthly water reports of Oxfam GB provided to the evaluation team in Haiti, it can be

stated that output data has been systematically collected. The water reports on the intervention site over a given period of time contain detailed information on:

- Water supply management: amount of water trucking and other sources, water facilities constructed or rehabilitated, water committees established (breakdown according to gender of committee members);
- Sanitation: amount of solid waste disposal, excreta disposal, showers constructed, hand washing facilities installed; and
- Hygiene promotion: number of hygiene kits distributed, training events, community mobilisation, hygiene behaviour monitoring).

Despite this, the evaluation team has not used the information in these reports for this fact sheet because there was no breakdown into the specific contribution of Oxfam Novib. Unfortunately, the level of detail about the quality and quantity of the output stated in these water reports is not replicated in the narrative progress reports of Oxfam Novib submitted to SHO.

### Sectors covered, expenditure and achievements realised by Oxfam with SHO funding in 2010

Sector	Expenditure in EUR	Planned output	Achievements <sup>42</sup>
Shelter	724,024	<ul style="list-style-type: none"> <li>• Provision of emergency shelter materials to 35,450 persons living in temporary settlements, host family settings, and/ or damaged neighbourhoods.</li> <li>• 36,500 persons living in improved weather-resistant structures.</li> <li>• Provision of building materials, cash grants, and technical assistance for reconstruction of 210 damaged homes (1,050 beneficiaries).</li> <li>• Encouragement of safe reconstruction in 15 earthquake-affected areas in metropolitan Port-au-Prince through research and training programmes on post-earthquake building, safety assessment and repairs.</li> <li>• 150 civil protection officers, builders, masons, and others with demonstrably improved competence in building assessment and reconstruction</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of plastic sheets and rope, and replacement of these materials where necessary</li> <li>• No information</li> <li>• No information</li> <li>• 10 engineers have been trained to assess whether houses are safe to live in.<sup>43</sup></li> <li>• 545 houses have been assessed on whether they are safe to live in</li> <li>• Unknown</li> </ul>

<sup>42</sup> Oxfam did not specify how many people were reached by its various activities, except for livelihoods. Oxfam lists the total amount of recipients per sector, i.e. shelter 7,761 persons; WASH 45,600 persons; disaster management 148 persons.

<sup>43</sup> It is not clear who these engineers are. Are they Oxfam staff? (If they are, the training of engineers is not an output but is developing Oxfam's capacity). Or are they Haitian engineers, or foreign engineers, etc.?

WASH	2,955,367	<ul style="list-style-type: none"> <li>• 250,000 earthquake-affected people in camps and small settlements in Port-au-Prince and other earthquake-affected areas will have access to sufficient quantities of safe drinking water.</li> <li>• 80,000 earthquake-affected people in camps and small settlements will have access to latrines and bathing facilities and have the means to clean and maintain them.</li> <li>• 250,000 earthquake-affected people living in camps and settlements will safely dispose of solid waste and maintain adequate drainage in their local environment.</li> <li>• 250,000 earthquake-affected people living in camps and small settlements will be aware of the public health risks they face and will be enabled to take action to protect themselves against them.</li> </ul>	<ul style="list-style-type: none"> <li>• Supply of clean drinking water (35,071 m<sup>3</sup>) that has had its quality tested daily</li> <li>• Installation of 285 toilets</li> <li>• Installation of 108 communal washing accommodations</li> <li>• Distribution of hygiene kits (no information about coverage).</li> <li>• Provision of bins and establishment of removal of garbage from the camps</li> <li>• Organisation of 120 sensitisation sessions on hygiene</li> </ul>
Livelihoods	1,525,278	<ul style="list-style-type: none"> <li>• Provide income to purchase food and basic necessities to approx. 100,000 beneficiaries in the first phase.</li> <li>• Support to various livelihoods from agriculture to small business, reaching approx. 50,000 people:</li> <li>• Targeted cash grants</li> <li>• Grants to small traders/businesses</li> <li>• Creation of a cash consortium</li> <li>• Establishment of livelihood saving groups</li> <li>• Support the rehabilitation of the market, trade and food supply</li> <li>• Business training of entrepreneurs</li> </ul>	<ul style="list-style-type: none"> <li>• 2,270 persons benefited from cash-for-work programmes of 2,886 working days for USD 5 per day</li> <li>• 28 joint canteens established in affected area, supplying food for the most vulnerable groups (no information about coverage)</li> <li>• Distribution of seeds and tool kits to 3,100 persons for agricultural work.</li> <li>• 335 families supported with basic needs grants of USD 175</li> <li>• Provision of cash grants of USD 125-150 to 2,666 families, for small businesses</li> <li>• Unknown</li> <li>• Unknown</li> <li>• Recapitalisation of 164 small entrepreneurs</li> <li>• Unknown</li> </ul>

Disaster risk reduction <sup>44</sup>	97,348	<ul style="list-style-type: none"> <li>No planned output was stated in the proposal</li> </ul>	<ul style="list-style-type: none"> <li>Publication of 3 observations and 3 feedback reports about the quality of Oxfam's services to the people affected</li> <li>Evaluation of protection in 5 camps</li> <li>Establishment and training (about HR) of safety committees in camps who make weekly field visits about protection issues</li> <li>Activities against sexual violence and stigmatisation of HIV/aids patients</li> <li>Support to 35 female rights organisations on the International Day for the Elimination of Violence Against Women</li> <li>Education /training for affected people about rights of IDPs, the role of the police and the assessment of reports about safety incidents</li> <li>Free phone line for requests, complaints or positive feedback</li> </ul>
Program-me management support costs	1,249,981 (=19.1% of total expenditure)		<ul style="list-style-type: none"> <li>Staff costs, such as training on accountability, costs related to communication and media; writing and presentation of lobby documents (including lobbying at international level)</li> <li>Costs of the ongoing monitoring and reporting of the political situation in Haiti</li> <li>Logistics</li> </ul>
Total	6,551,998		

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011; Proposal Phase 1: emergency. Oxfam Novib submitted to SHO Back Office in February 2010. Report on 2010 Oxfam Novib submitted to the SHO Back Office. Interim reporting by Oxfam Novib to SHO during 2010.

The number of planned beneficiaries reached was higher than the actual coverage achieved in the WASH and Livelihoods sectors. In the Shelter sector, the coverage seemed to be larger than the planned output. No planned output for disaster management was stated in the proposal. For some sectors (WASH, for example), the coverage of beneficiaries that was stated in the reports was very generic whereas the targets set were more detailed. SHO pointed out in its joint reports that the coverage of beneficiaries could not be estimated simply by totalling the beneficiary numbers, because of the likelihood of double counting. Therefore the evaluation team has refrained from doing so.

<sup>44</sup> The interventions described such as protection, and monitoring and evaluation of the quality of services and camp security do not completely correspond with SHO's description of disaster risk reduction of SHO or ISDR's definition of disaster risk reduction.

The definition of result levels (output and outcome) in the reporting does not always seem to be consistent. For example, in case of 'results achieved' for the Shelter sector, *10 engineers have been trained to assess whether houses are safe to live in* can be considered output, whereas the result *545 houses have been assessed on whether they are safe to live in* could be the carry-over effect (outcome) of the 10 trained engineers. In the case of 'planned output' for the Shelter sector, *provision of emergency shelter materials* by Oxfam can be considered an output, whereas *persons living in improved weather-resistant structures* could be an outcome if the materials provided have resulted in better accommodation.

Two interventions were visited: the golf course camp in Port-au-Prince, for which Oxfam GB is responsible, and five sites in Gressier run by Intermón Oxfam. Both programmes cover activities in the sector WASH. Some examples of their results and the factors influencing the results are described below.

#### *Golf Course, Port-au-Prince*

Since January 2010, Oxfam GB has been involved in WASH activities in earthquake-affected areas in Port-au-Prince – specifically in Carrefour, Delmas, Croix des Bouquets, Carrefour-Feuilles and Coraille. The total population involved is 123,000. In Delmas, about 63,000 people are living in three camps, including the golf course camp.

At the time of the evaluation, about 40,000 people were living on the golf course site, compared to over 50,000 immediately after the earthquake. In April 2010, the NGO J/P Haitian Relief Organisation was appointed camp manager by the International Organization for Migration (IOM) and coordinated the relocation of camp residents. The private landowner wishes to regain full use of his property eventually.

The golf course camp is crowded, but well organised. It is divided into blocks. There are spacious paths and roads and it has 11 water points, and also latrines, showers and rubbish bins. People have access to these facilities as well as to healthcare and education. According to one Oxfam employee, some beneficiaries currently have to walk less far to get water than they did before the earthquake; the exceptions are the camp residents who were more fortunate before the earthquake. The malnutrition rate has not been high at the site. The camp residents have undertaken informal economic activities. There is a local management structure in the form of camp committee and community mobilisers. At the golf course camp, the main humanitarian needs seem to have been met.

#### *Gressier*

In 2010, Intermón Oxfam implemented programmes in Petit Goâve, Grand Goâve and Gressier, using a logical framework approach. The various activities were managed from the organisation's emergency response office located in Petit Goâve.<sup>45</sup> Oxfam Novib funded Intermón's WASH interventions from October to December 2010, providing EUR 953,472 EUR. In February 2011 Intermón opened an office in Gressier. Intermón Oxfam is active in 13 of the 35 sites in Gressier. The evaluation team paid a brief visit to five of these sites (Bois Ganmon, Merger, La Colline, Gare du Sud and La Reserve), to check out the WASH activities.

In general, the beneficiaries reported they were satisfied with the WASH facilities established by Intermón Oxfam. The water kiosks and bladders have been monitored by camp committee members. In Gare du Sud the quality of the water in the bladder is tested

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<sup>45</sup> Intermón Oxfam has also responded in the urban area, mostly to the cholera outbreak. For this it was supported financially from the Spanish cooperation funds.

three times daily. In Bois Ganmon, Intermón Oxfam committee members conduct checks, and share the reports with Oxfam. The water kiosk in Bois Ganmon is next to a river. A stone wall separates the river from the water site to prevent contamination because of flooding during the rainy season.

One way clean water is brought to water kiosks is by truck. Intermón Oxfam used to rent three trucks plus driver from an entrepreneur, to distribute the water from a bladder in Gare du Sud to the surrounding areas. However, over time the gasoline price has risen, making water trucking expensive. Therefore, more alternative water sources have been created at the sites and Oxfam's water trucking programme has been reduced from three trucks to one truck. The costs of electricity (provided by the government) and water have remained stable and have not been inordinately expensive.

Land rights appeared to be problematic for the WASH sector. The Merger camp is on private land. The owner opposed the establishment of permanent water and sanitation infrastructure on his land. As a consequence, Oxfam had to install emergency latrines and showers that are less clean and hygienic. In La Colline, families have been living in tents since September 2010 on land owned by the municipality. Because the municipality has promised them the land and the proof of ownership that is required to build/obtain a house, they have remained on the site, instead of looking for another place to live.

Factors of influence that cannot be controlled by external support are cultural habits. Despite the water taps, showers, latrines and hygiene education in Bois Ganmon, people still wash themselves and their clothes in the river, which exposes them to more health risks.

The prior concern for the beneficiaries remains lack of income. A lack of funds makes it difficult to start a business. And even if a person is able to set up a business, the potential consumers do not have much money to spend. Before the earthquake the unemployment rate was high. Some people say that the rate has become higher after the earthquake, but others say the presence of NGOs created more jobs. Intermón Oxfam has occasionally conducted small cash-for-work schemes on solid waste management.

Intermón Oxfam supplies water for free. The population in Gressier is poor and if they were obliged to pay for water they would probably start using unclean water from the river, which would increase the risk of cholera outbreaks. Intermón Oxfam has been working closely with local authorities and DINEPA in order to find a sustainable water supply and to support the Haitian national plan.

### Coordination

The choice of the area for intervention was coordinated among the affiliates. It was based on an assessment conducted in February 2010 by staff of Oxfam International in collaboration with other Oxfam affiliates and humanitarian actors. The needs, scale of the disaster and added value of Oxfam were identified. Gressier, for example, was selected because of the huge number of sites with displaced people, the need for WASH facilities, and Oxfam's capacity to meet the basic needs of Water, Sanitation and Hygiene. The total amount of information collected was cross-checked and areas of interventions were shared between Oxfam affiliates, to avoid gaps and overlaps. It was decided that Oxfam-Quebec would work in Léogane and Port-au-Prince, Oxfam GB in Port-au-Prince and Intermón Oxfam in Petit Goâve, Grand Goâve, Gressier and Port-au-Prince.

Oxfam takes part in several coordination forums with other NGOs at national and local level. Coordination in Haiti is challenging, given that there are 28 UN agencies, 58 institutional donors and more than 2,000 NGOs. The quality of coordination varies between clusters. For WASH, the coordination between cluster leads, cluster members and government (Direction Nationale de l'Eau Potable et de l'Assainissement – DINEPA) has been good. This is partly because DINEPA was not that heavily affected by the earthquake compared to other government departments and has therefore been able to play a relatively strong role. Oxfam has worked closely with DINEPA to find sustainable ways to deliver safe drinking water by drilling boreholes, installing water pumps and repairing mains water networks. However, the drilling of boreholes has been possible only in the less densely populated areas, most of which are outside Port-au-Prince. In general, collaboration with Haitian authorities has been difficult, partly due to corruption.

Coordination at local level is good. In Gressier, for example, there is a division of labour among NGOs. Intermón Oxfam focuses on WASH in the La Reserve site, whereas GTZ focuses on shelter. Since the sectors are closely linked to each other, both NGOs coordinate the exchange of information about progress and attend cluster meetings. The evaluation team visited three months after regular meetings had been initiated for all sectors to get together to identify gaps in aid to the Gressier region. However, the meetings needed to be improved: the local council was not invited to the first meeting and did not show up at the second meeting. Despite that, Intermón Oxfam believes that Gressier local council has the will but not the means to enhance basic services. For example, drilling boreholes and establishing water and sanitation infrastructure on municipal land is permitted if the required forms have been completed.

Criticism was expressed about inter-cluster coordination. According to one interviewee, inter-clustering is only for UN agencies and there is no parallel system within the Haitian government. The Humanitarian Country Team (HCT, not to be confused with Humanitarian Country Team *Plus*) is a forum consisting of five international NGOs, such as Oxfam, World Vision and Save the Children, which discusses strategic issues. At the time of the evaluation team's field visit, HCT was preparing an emergency response for the upcoming hurricane season.

### Adherence to Sphere standards

In order to maintain quality in the humanitarian response, Oxfam has applied the Code of Conduct and the Sphere standards if the context allowed. At the onset of the response, Oxfam staff calibrated the Sphere standards to the context of Haiti and to the urban character of the disaster. No other NGOs, communities or beneficiaries were included at that time because the emergent situation required a quick response; there was no time for long-term participatory processes. Oxfam had to be pragmatic. Moreover, because of the chaos, there were no communities that could be consulted. Over time, the communities that emerged in the camps were consulted, to fine-tune the contextualisation of the Sphere standards as well as other donors active in the clusters. One interviewee stated that Oxfam GB had been the initiator of the contextualisation within the WASH cluster.

Oxfam has demonstrated great commitment to the Sphere standards in its plans as well in its implementation. Oxfam staff worked with the Sphere handbook and attended tailor-made training provided by Sphere, on the sector they were working in. Intermón Oxfam staff did not have Sphere training; they only worked with the Sphere Handbook. Because of the context in Haiti, it has not always been possible to achieve the Sphere standards. For example, the urban character and magnitude of the catastrophe (high density of people per square metre) and land rights have been constraints. An interviewee from Oxfam who



worked in the WASH sector mentioned that when determining whether a standard has been achieved, people's behaviour might also have to be taken into account. For example, Oxfam supplies water in the morning and at the end of the day. At peak demand at these two moments, the indicator *queuing time at a water source is no more than 15 minutes* is less likely to be achieved than at other moments during the day. It appeared to be easier to achieve certain indicators in the rural areas, such as Gressier, than in crowded camps in Port-au-Prince.

### Transition/exit strategy

In January, Oxfam GB developed a transition and exit strategy that focuses on activities for WASH (waste disposal), livelihoods, DRR and capacity development of local structures. Oxfam GB is increasingly concentrating on livelihood programmes in the quarters and in the countryside. Grants and credit are assumed to lead to small businesses, income that can be used to rent houses and more waste disposal. Capacity development of local structures is assumed to contribute to Haitians taking over responsibility and leadership in due course. The transition strategy goes from emergency to recovery, in preparation for exiting from the camps in June 2011: it intends to have pulled out of the golf course camp in Port-au-Prince by the end of June 2011.

The biggest change for the camp residents is that they will have to start paying for water, instead of getting water for free (from Oxfam). The price is 1 gourde per gallon, the same price for water before the earthquake and equal to the average price at the time of the evaluation. Paying for water prevents people from taking free water for granted, and will discourage people from elsewhere from coming to the camp to take advantage of free services. Part of Oxfam's approach is to communicate with the camp residents about the strategy; this was done mid-March 2011. The communication strategy is bottom-up: community mobilisers (paid by Oxfam GB) explain the upcoming changes to each household, then there is a general meeting per block and finally the camp as a whole meets. Oxfam GB was immediately faced by emotional and frustrated residents. In order to maintain calm in the camp, the ringleaders of the unrest were approached by Oxfam individually, and it was explained to them why Oxfam is pulling out, to create understanding.

After Oxfam has pulled out, it will continue to monitor at a distance. Oxfam has reserved budget for monitoring and emergency aid. The Maintenance, Monitoring Quick Reaction Response will remain, in case of emergencies (for example during the hurricane season). A team of 8 Haitians will do the check-ups.

Intermón Oxfam plans to exit certain sites in June 2011. Part of this strategy is to take specific needs into account, as well as the context of the Intermón Oxfam areas of intervention, while focusing on establishing sustainable water supply, hygiene behaviour and sanitation access. However, as a result of the cholera outbreak in October 2010, the exit strategy was reviewed and adapted. Some sites have been closed since January, but others have remained open, with humanitarian monitoring.

### Contextual factors of influence

Oxfam mentioned the following contextual factors that have hampered the emergency response. There is a lack of space in the urban area. Rubble still needs to be removed, but where to remains a serious question, especially in Port-au-Prince. The government is weak. There is no land registry and there are problems with ownership rights, which means that landowners have the final say on whether boreholes may be drilled; if they refuse

permission, the option is water trucking, which is expensive (mostly due to high gasoline prices). In the Shelter sector, house prices are high and there is a shortage of construction material.

Another serious problem is the weak economy and poverty. Not many people have sufficient income to enable them to look for housing elsewhere (to be self-sufficient). Beneficiaries prefer to benefit from free basic services close to their settlement for as long as these are provided; this creates aid dependence and makes relocation more difficult. Cholera created a new wave of people in need.

The humanitarian response influenced the regular development programmes. According to one Oxfam GB interviewee, the implementation of the regular programmes suffered after the earthquake, because a quick response had to be given to the areas most affected by the earthquake (which were not necessarily the areas of the former development programmes). Nonetheless, the impact of the change in policy focus did not necessarily reduce the results of the regular programmes (which, as stated earlier, are mostly in the economic sector; instead, innovation and dynamics were reduced. The agricultural production chain remained working, i.e. crops continued to be grown, harvested and sold at market.

### Community-based approach and accountability

Oxfam has applied a community-based approach by cooperating with and supporting the capacity of local committees and community mobilisers. These members are in direct contact with the camp residents. They monitor the situation and progress in the camp and raise any concerns. At the golf course site the camp committee has played a role in resolving conflicts and difficulties. The WASH infrastructure at the golf course camp has been supervised by a plumber living in the camp. If there were irregularities in the system, he could contact Oxfam GB. At the time of the evaluation, Oxfam GB was looking for someone to be responsible for checking the water points. That person had to be reliable, trusted by camp residents, and prepared to have their record investigated by the police. Only one candidate emerged: a woman. Women appeared to be afraid of taking on the job, due to the violence at the water points.

The community-based approach enables Oxfam to obtain input from beneficiaries and to be accountable to them. Oxfam has also set up a free cell-phone line that beneficiaries can use to raise concerns, request help or provide information. It has been used to report SRHR violations, corruption and armed gangs. It enabled the rapid identification of problems and it gave Oxfam a means of obtaining an overview of what was happening.

Oxfam implements a participatory approach to monitoring, evaluation, accountability and learning (MEAL). Project beneficiaries are involved at key stages of the programme cycle. Each Oxfam affiliate has a MEAL officer who closely cooperates with operations teams to reinforce accountability and ensure systematic collection and analysis of data.

## **7 Plan Nederland**

### **7.1 General information**

The mission of Plan International has been formulated as follows<sup>46</sup>:

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<sup>46</sup> Website of PLAN International.

*Plan aims to achieve lasting improvements in the quality of life of deprived children in developing countries, through a process that unites people across cultures and adds meaning and value to their lives, by:*

- *enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies;*
- *building relationships to increase understanding and unity among peoples of different cultures and countries;*
- *promoting the rights and interests of the world's children.*

Plan has been present in Haiti since 1973. Before the earthquake Plan Haiti had a programme of about USD 7-8 million per year, mainly sponsorship for around 42,000 children in 92 communities in the Northeast, Southeast and Western regions. It had a staff of approx. 143 in the country office. The focus was on healthcare and nutrition, quality education for boys and girls, economic security for households, and youth and community leadership. Plan Haiti works directly with communities, as well as through government institutions and NGOs.<sup>47</sup>

For about 6 years Plan International has had an emergency response capacity at headquarters in Woking (UK), with approximately 20 staff who have experience in emergency operations. Part of the emergency capacity is also that around the world other staff with such experience are on stand-by to be sent to emergencies at short notice. Plan Haiti had prepared and implemented a Disaster Preparedness Programme prior to the earthquake. This included training government and NGO staff, and stockpiling essential goods. The Disaster Preparedness Programme was designed to address the most frequent emergencies in Haiti, i.e. hurricanes and flooding.

After the earthquake, part of the sponsorship programme was interrupted, partially because the situation of many sponsored children was uncertain. An inventory has been made of the children/families benefiting from the sponsorship programme and the programme is gradually resuming.

Plan Haiti's disaster response programme comprised an immediate relief phase (concentrating on shelter, water and sanitation, food, non-food items, child protection, education, access to preventive and curative health services for children and their families), followed by an early recovery and reconstruction phase (priority themes: education and early child care and development, child protection, health and livelihood). After the earthquake Plan International raised USD 30 million cash and USD 13 million in gifts in kind from over 30 donors. In 2010 USD 23 million cash and all the gifts in kind were disbursed. Staff increased from around 143 to approx. 300, and at peak level included some 20 expatriates.<sup>48</sup>

Plan Haiti was an organisation focused on running a development programme. Disaster Preparedness was included in the regular programme, but an emergency of the type and scale of the earthquake was not anticipated. A Real Time Evaluation conducted in May 2010 yielded a large number of lessons, some related to the structure and culture of the organisation. They included:

- Plan Haiti had a centralised management structure. A large-scale emergency requires decentralised decision-making;
- In common with many other organisations, the management of the national organisation was taken over by a Director with experience in large-scale emergency operations.

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<sup>47</sup> Data from PLAN Haiti: One Year After the Earthquake; response and priorities for the future (undated publication).

<sup>48</sup> Source: discussion with Plan Haiti staff on Friday 8 April.

### Plan's response

In March 2010 Plan Haiti published a Post Disaster Needs Assessment based on a national consultation with children and young people aged 5-24 years.<sup>49</sup> The highest priority to emerge from this needs assessment was the right to education. Other needs included protection, especially against sexual violence and of separated and unaccompanied children. In all reconstruction work priority should be given to vulnerable and excluded children.

Plan Nederland distinguishes two phases in its emergency operation outlined in its proposal submitted to SHO. Phase I was the relief phase, lasting from January to June 2010. As Plan was already present in the country it could start providing emergency relief in the days following the earthquake, using its own supplies and supplies obtained from Plan in the Dominican Republic. Through its contacts with local organisations (municipalities and organisations for civil protection) PLAN could make a rapid needs assessment.

After the emergency phase Plan Haiti progressively changed to the transition/rehabilitation phase. In March 2010 it formulated a Country Earthquake Disaster Programme that formed the basis for Plan's appeal for USD 61 million for the years 2010 - 2012.

Phase II is the transition/rehabilitation phase, scheduled to last from September 2010 to December 2010. It focused on education.

### Requests for SHO funding

By the end of February 2010 Plan Nederland had submitted a request to SHO for an emergency programme with a total budget of EUR 1 million (covering both the emergency and rehabilitation phase). This proposal included a child protection and a gender component as stated under Protection.

In addition, an adjusted version of the original proposal was submitted to SHO, focusing on the phase 2 (rehabilitation) activities, i.e. Education, Protection and GBV.<sup>50</sup> The objectives and expected outputs of Plan's education programme for the rehabilitation phase are explained in par. 7.2.

## **7.2 Project/programme information**

### Achievements with SHO funding

In its report on the emergency phase covering the period January to June 2010, Plan Nederland reports that with SHO funding, tents and different types of kits have been distributed to the envisaged 650 households. No mention is made of achievements in the field of education. In its reporting to SHO<sup>51</sup> and in SHO's joint report covering 2010,<sup>52</sup> no activities and achievements in the field of protection are mentioned either.

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<sup>49</sup> Anticipating the future, Children's and young people's voices in Haiti's Post Disaster Needs Assessment. This activity was partly funded by UNICEF.

<sup>50</sup> Plan staff in Haiti were unable to explain the discrepancy in terms of number of child beneficiaries and also types of activity between the proposal and the adjusted version that has updated targets for phase 2.

<sup>51</sup> Report covering the period January 2010 to July 2010.

<sup>52</sup> SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011.

The objectives, expected outputs and achievements realised by PLAN in 2010 are as follows:

**Sectors covered, expenditure, expected outputs and achievements realised by Plan Haiti with SHO funding in 2010**

Category <sup>53</sup>	Expenditure in EUR	Expected outputs	Achievements
Shelter & non-food items	171,344	<ul style="list-style-type: none"> <li>• Set-up and operation of 10 emergency shelters</li> <li>• Distribution of 650 tents, and 650 food kits, wash kits, hygiene kits, shelter kits and kitchen sets.</li> <li>• Distribution of 3,600 sleeping mats</li> <li>• Basic healthcare for 1,750 children</li> <li>• Training and orientation for 25 staff attending children in shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution of 650 family tents to 650 households</li> <li>• Distribution of family kits to 650 households</li> <li>• No information</li> <li>• No information</li> <li>• No information</li> </ul>
Education	82,714	<ul style="list-style-type: none"> <li>• 10 temporary safe learning spaces</li> <li>• 10 schools reopened, rehabilitated; 3,000 enrol back to schools that have essential equipment and furniture</li> <li>• Teachers trained in psychosocial support methods</li> </ul>	<ul style="list-style-type: none"> <li>• 450 children</li> <li>• 3,000 children</li> <li>• No information</li> </ul>
Disaster risk reduction	193,743	<ul style="list-style-type: none"> <li>• Field staff trained in disaster preparedness and participation in clusters</li> <li>• Monitoring of political situation</li> <li>• Office and transport costs</li> </ul>	<ul style="list-style-type: none"> <li>• Fields staff trained (no numbers given)</li> <li>• Political situation monitored</li> <li>• This category is not disaster risk reduction</li> </ul>
Programme management support costs	54,763 (=10.1% of total expenditure)		
Total	502,564		

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Proposal of Plan submitted to SHO in February 2010. Report on 2010 Plan submitted to the SHO Back Office.

In its report to SHO covering the period January 2010 to 15 January 2011, Plan Nederland reports that in addition to the support given to the 650 households described in the right-hand column of the table above, 10 semi-permanent classrooms have been constructed, benefiting 450 children. The reports submitted to SHO do not mention the distribution of school kits, school furniture, training of teachers, or support to the Ministry of Education.<sup>54</sup> Nevertheless, as is shown boxes below, Plan Haiti has distributed school kits and provided

<sup>53</sup> The evaluation team questions PLAN's classification of activities. For example, basic healthcare for 1,750 children is part of shelter and hygiene and wash kits are part of WASH.

<sup>54</sup> Since phase II started late, mainly due to the cholera outbreak and the political unrest between October 2010 and February 2011, not all components had been implemented by the time of the report was submitted to SHO.

school furniture, at least to the two schools the evaluation team visited in Croix des Bouquets.

In general it can be stated that apart from the 650 households reached with family tents and family kits, the achievements of Plan's phases I and II have not been mentioned.<sup>55</sup>

There seems to be a substantial discrepancy between the plans submitted to SHO and the reported achievements, for both the emergency and the rehabilitation phase. The SHO annual report does not mention or explain this discrepancy.

The overall achievements of Plan Haiti for the emergency phase are summarised in the following table.

#### Overall achievements of Plan phase I.

Type of intervention	Unit	West region	Southeast region	Total
Camp sites supported	Sites	37	8	45
Population on these sites	Persons	31,553	7,965	39,518
Tents provided	Tents	270	3,146	3,416
Family kits distributed	Kits	1,246	640	1,886
Water points established	Cisterns	7	0	7
Bathing facilities	Cabins	34	18	52
Mobile toilets	Cabins	55	0	55
Toilets	Toilets	34	87	121

Source: Plan Haiti PowerPoint presentation on the situation as at 24 June 2010.

#### Relation between Plan Nederland and Plan Haiti

The contribution of Plan Nederland was EUR 1million (approx. USD 1.3 million) based on its proposal that included support for Phase I (disaster relief – EUR 450,000) and for Phase II (transition/rehabilitation – EUR 550,000 for education, child protection and gender). Overheads (AKV) were EUR 70,000.

As well as contributing to the funding of activities, Plan Nederland also posted a staff member with responsibility for fundraising to Haiti, to work with Plan Haiti for 4 months. That person's activities also included the monitoring of the Dutch contribution to the work of Plan Haiti. The contribution from Plan Nederland was agreed between Plan Haiti and Plan Nederland on the basis of Plan's overall appeal for funds that was made after the earthquake. When funding had been agreed, the funds were channelled through PLAN International, following Plan International's procedures.

#### Coordination

Plan Haiti participates in all clusters which are relevant for its activities:

- Education cluster
- Early Childhood Care and Development (ECCD) sub-cluster, as the lead
- WASH cluster
- Nutrition cluster

<sup>55</sup> Plan Nederland's report submitted to SHO on the achievements realised in 2010 states that all outputs were delivered as planned and the targeted population was reached. Nonetheless these outputs were not made explicit.

- Health cluster
- Protection cluster including GBV and psychosocial support

Plan Haiti is also on the Steering Committee of the NGO coordination forum.

The available reports characterise the coordination with other humanitarian actors as positive.

### Adherence to Sphere standards

In its report covering January 2010 to January 2011, Plan Nederland reports that Plan Haiti has adhered to the Sphere standards, specifically with regard to participation, targeting and evaluation. The necessary monitoring proved to be complicated, due to the size of the emergency.

### **7.3 The education programme (rehabilitation)**

Education is one of the important programmes for the early recovery and reconstruction phase. Plan Haiti's education programme for 2010 is being implemented in two regions:

- In the **South-East department** (Jacmel, Cayes Jacmel, La Vallee), where the programme intends to set up temporary schools, train teachers to provide additional support for children who have been traumatised by the earthquake and establish Child-Friendly Spaces for psychosocial support.
- In the **West department** (Croix-des-Bouquets), PLAN Haiti focuses on education needs and launched a Back-to-School campaign, in preparation for the government's recommended school opening date of April 5 2010.

The rehabilitation programme continues to focus on sites in these regions, building on the emergency support during the first phase. By constructing temporary and semi-permanent schools, PLAN is ensuring that children affected by the emergency have access to learning facilities. Furthermore, quality education is ensured through teacher training and by providing didactic materials for students. Training is also being provided for school directors and other education personnel, including local level Ministry of Education officials.

### Programme objectives

The support to education is intended to re-establish education and ECCD services for affected children and to contribute to the restructuring of a school system that guarantees improved quality opportunities for learning and development, with emphasis on the primary school system.<sup>56</sup>

### Overall activities

Since March, Plan Haiti has distributed 162 tents to serve as temporary classrooms, benefiting more than 12,000 students. Water and sanitation facilities have been constructed in 15 schools and hygiene promotion activities have been launched in over 300 schools. In addition, it has provided furniture and school supplies to over 100 schools and paid school fees, enabling 3,000 displaced children in the North-East to complete the 2009-2010 school year. Between April and June, the organisation supported the Ministry of Education in training 975 teachers in the Southeast, West, and Northeast on psychosocial support, disaster awareness, and essential teacher training. In addition to these activities, Plan Haiti has also partnered with schools and local communities to provide summer schooling, after-

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<sup>56</sup> Power point presentation Plan Haiti: Plan International-Haiti, Emergency response.

school homework help, and early childhood education programming for children living in camps and communities affected by the earthquake.

In the Croix des Bouquet region Plan Haiti supports 120 schools, with materials, equipment, training and construction, according to need.

While the Ministry of Education continues to revise the standards for permanent school construction, the emphasis for the 2010-2011 school year has been on building semi-permanent classrooms that can last 5-15 years. Plan Haiti is constructing 152 earthquake- and hurricane-proof semi-permanent classrooms in over 20 schools that were damaged or destroyed in the earthquake. In addition to the semi-permanent classrooms, each school is equipped with school furniture and water and sanitation facilities, including separate latrines for boys and girls.

### SHO-supported activities

In the proposal submitted on for the rehabilitation phase the objective is to assure that 14,490 children affected by the earthquake have access to quality temporary and emergency education services. The proposed activities are:

- Supporting the Haitian Ministry of Education to rebuild the education system
- Provision of 16 semi-permanent 'modules' (a wooden unit of 2 classrooms) and 6 temporary classrooms for 990 children in Croix des Bouquets, Jacmel and the surrounding areas
- Provision of basic learning materials to 5,000 primary schoolchildren and school furniture for an additional 6,000 pupils
- Increasing the capacity of 50 teachers to provide protective learning environments for schoolchildren
- Ensuring schools are adequately staffed and equipped to address the learning needs of children in an emergency
- Assuring that girls and boys and adults are actively involved in matters affecting children's education

The proposed activities are still aligned with the original objectives and priorities for the recovery and reconstruction phase, but they entail some modifications of the approved budget. Due to the cholera response which Plan Haiti launched in mid-October, certain activities in this project have been late to start. In order to respond to new needs and to adapt to the current context, Plan has added a number of activities, such as:

- Providing children with backpacks filled with school supplies at the start of the school year
- The addition of support to 'school brigades', as it became apparent during the rainy and hurricane seasons that some of Plan's partner schools were in vulnerable environments in the South-East Department which necessitated an intervention focusing on a school-based participatory approach to disaster risk reduction and emergency preparedness
- WASH interventions were removed from the SHO-funded activities, as Plan had diverted the resources for these activities to its cholera response

### Field visit

Two schools that benefitted from SHO support were visited in Croix des Bouquets. At the time of the visit to the Ecole Nationale Notre Dame du Rosaire, six semi-permanent classrooms had almost been completed and were already being used; at Le Bon Samaritan school, 8 semi-permanent classrooms were still under construction. At Le Petit Agneau



school, the construction of classrooms had not yet started. In Jacmel, the construction of six temporary classrooms at the Lycee Pinchinat had started.

### **The situation at the Ecole Nationale de Notre Dame de Rosaire receiving support from Plan Haiti**

- Before earthquake: 300 pupils, now 719. This is mainly because children from other schools have come to this school. People have moved. Church schools generally have a good reputation.
- The school suffered no casualties among children and staff.
- The earthquake destroyed 7 classrooms completely, 4 others could be repaired.
- When school resumed on 5 April, children from the destroyed classroom were taught in tents provided by Plan Haiti.
- Construction of the semi-permanent classrooms started in October 2010 and was completed in November. This added 6 classrooms.
- The 4 lightly damaged class rooms were repaired with support from PLAN
- 17 teachers, including 6 for the pre-school classes
- Latrine facilities are not adequate, the old facilities are still the only ones available (2 latrines for 719 children)
- The perimeter wall is seriously damaged at several places. Just outside the wall is a spontaneous market. This causes some problems.
- Plan Haiti has provided the following other support:
  - Water point
  - School furniture
  - Portable library
  - 491 school kits
  - Metal cupboard
  - 10 tables and chairs, and 10 school boards
  - 12 files for teachers
  - Training in psychosocial aspects and child protection (May 2010).

Source: Information provided by Plan Haiti's programme unit in Croix des Bouquets and school directors.

### **The situation at Le Bon Samaritan school receiving support from Plan Haiti**

- The school was completely destroyed, 1 casualty among children, 2 among staff. The plot where the school stood belongs to the church. The church has allowed the school to move to land next to the church building, where the semi-permanent class rooms are being constructed.
- All classes have been given in tents since April 2010. The classrooms appear to be in bad condition.
- Before the earthquake the school had 350 children, now 135 children.
- Benefitted from some furniture for the tented classrooms and kits for school children.
- 4 modules under construction. To be completed before start of new school year.

Source: Information provided by Plan Haiti's programme unit in Croix des Bouquets and school directors.

The total number of children benefiting from the SHO-supported activities varies. The fact that children with Plan school kits were found in a school with furniture with a Plan sticker suggests that there may have been some double counting of the 5,000 children who have received basic learning material and the 6,000 children that have benefited from school furniture.

The semi-permanent classrooms appear to be well constructed, and fulfil an urgent need.

## 8 Save the Children

### 8.1 General information

Save the Children is an internationally active non-governmental organisation that aims to enhance children's rights, and provides relief and helps support children in developing countries. Three national organisations of Save the Children – USA, Canada and UK - have been present in Haiti since 1978, in l'Artibonite, Centre, South-East and West departments. Save the Children's programme has concentrated on life improvement of children and adults through advocacy, enhancement of key government social services, community-based programmes on child protection, education, health, food security (in cooperation with the World Food Programme), livelihoods, disaster risk reduction (funded by ECHO) and humanitarian relief. Save the Children has mostly implemented its programmes directly.

Internationally, Save the Children has extensive experience in emergency relief (Non-food items, shelter, child protection, education, water, food security and livelihoods) in response to earthquakes and tropical storms, such as those affecting Pakistan (flooding), South East Asia (tsunami) and, in Myanmar (cyclone Nargis).

Save the Children is currently in transition. There are 29 members (national committees of Save the Children) all over the world, and a number of them have in the past implemented their own programmes. From early 2011, Save the Children will deliver its international programmes and advocacy for children through a single management structure. In the future, members will channel their funds through Save the Children International to the implementing office. Their role will focus more on fundraising, accountability to donors and administration. The plan is to establish Save the Children International in the summer of 2011. As part of this phase of transition, new internal administrative systems were introduced on 1 January 2010.

In Haiti, there is a so-called 'unified presence country office' run by Save the Children USA according to the old structure. In countries where more than 4 Save the Children members are active, one implementing office is established, managed by one particular member. The office in Haiti has been strengthened with staff of national offices and international experts on humanitarian aid. At the peak of the emergency response in February-March 2010 the office had around 1,200 staff. Since then, the number has been falling, except during the cholera response in October 2010. Around April 2011, 60-70 international staff and 200 local staff were working for Save the Children in Haiti.

Save the Children has a board (Country Leadership Group) consisting of 6 members: USA, Canada, UK, Italy, Sweden and the Netherlands. The board has a problem-solving and strategic function. They approve the annual report as well as the 5-year strategy plan. There is much interaction between Save the Children Haiti and board members.

26 of the 28 members of Save the Children responded to the appeal launched by the office in Haiti to all members. The total budget of Save the Children for the overall emergency response in Haiti was EUR 163 million.<sup>57</sup> Almost USD 64 million of that budget was spent in 2010. The budget of Save the Children Netherlands for the overall response amounted to more or less EUR 3million. The expenditure of Save the Children Netherlands in 2010, EUR 953,756 EUR, was less than 1% of the total expenditure in Haiti by Save the Children.

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<sup>57</sup> SHO Third Joint Reporting on Haiti 13 January – 31 December 2010.

### First response after the earthquake

A staff member who was close to the office at the time of the earthquake was able to mobilise Save the Children members rapidly, making them aware of the severity of the disaster. The members were coordinated from the office in Haiti. Save the Children USA was appointed as leading agent. Within 24 hours, Save the Children had mobilised the deployment of human, material, communication and financial resources to Haiti. Within 48 hours Save the Children's teams were assessing the needs of communities in the areas surrounding the office (the first assessment was conducted on the 13 January) and accounting for the safety of its staff. The needs were obvious: water, shelter and distribution of non-food items. In addition, the team established supply pipelines and logistical hubs for their delivery. Over time, two supply and logistics hubs were established to support the relief effort in Haiti – one in Miami and one in the Dominican Republic – to speed up procurement and shipping and to facilitate logistics. An anonymous American donor flew in a private plane with three staff members, including a director and some supplies such as water and food.

Besides the first assessments in the area near the office, other assessments were conducted in more than 15 informal settlements in Port-au-Prince as well as in Jacmel and Léogane, such as for health (these were rapid assessments), nutrition, food and non-food items and child protection. Assessments on education and livelihoods were conducted in Petit Goâve.

The interagency assessment took a long time because the scale of the disaster was so enormous that collecting data and managing information was difficult. Some clusters were frustrated: child protection, for example, saw their topic excluded from the needs assessments.

Save the Children had to identify new partners because its existing programmes were being implemented in areas that were not directly affected by the earthquake. The partners with whom Save the Children had worked with before, such as local schools, were not able to provide emergency aid. Save the Children has aimed to apply a community-based approach, which was somewhat difficult at the onset of the response. One could not speak of one community in camps, because camp dwellers were members of different communities from different surrounding areas. Save the Children therefore looked for informal leaders and structures to cooperate with, which enabled it to provide more aid. For example, the help of a local leader was enlisted to guide food distribution by ensuring people queued and waited their turn.

### Strategy

Within two weeks of 12 January, Save the Children had developed a multi-sectoral strategy for responding to the immediate, medium-term and longer-term needs of Haitian children and families.

- Twin-pronged, the strategy focuses on immediate relief and recovery for people in the areas directly affected by the earthquake and recovery and on mitigation programming in areas indirectly impacted by the disaster. In short, Save the Children has a dual mandate: emergency response and longer-term development.
- Save the Children decided to implement its overall strategy in areas of Port-au-Prince, Léogane, Jacmel and Petit and Grand Goâve as well as in provinces receiving high numbers of internally displaced persons, such as Gonaives.
- Save the Children is simultaneously implementing programming under the following sectors: shelter and non-food items, health and nutrition, education, child protection and food security and livelihoods.

## Relation between Save the Children in Haiti and Save the Children Netherlands

Save the Children Netherlands transferred its (SHO) funds to Save the Children US as lead agency. These funds covered the first six-month period from January 2010- June 2010 and were earmarked for shelter and non-food items, disaster risk reduction and programme management support costs, to a large extent in Port au Prince. Furthermore, a staff member of Save the Children Netherlands worked for 6 weeks in October/November 2010 to support Save the Children in Haiti in setting up proposals and plans. Save the Children Netherlands together with five other members of Save the Children has been involved in a committee for drawing up a long-term programme for Save the Children in Haiti (the 5-year strategy was approved in July 2010). Save the Children Netherlands has also participated in meetings of the board (Country Leadership Group) of Save the Children. The office of Save the Children in Haiti was positive about the collaboration and could work well with the SHO reporting format. In general, Save the Children Netherlands was considered a flexible donor.

## Coordination

Save the Children participated in several cluster meetings, i.e. shelter, health, nutrition, education, protection, food, livelihoods and WASH. According to Save the Children, coordination was chaotic initially: there were very many meetings per cluster and this, plus with the traffic problems of getting to UN Logbase, where the meetings took place, meant that attending all meetings was very time-consuming. Save the Children therefore appointed a liaison officer, who was responsible for attending all meetings and reporting back to the office of Save the Children.

For emergency responses, Save the Children is co-cluster lead with UNICEF for education. According to Save the Children, most of the time collaboration with UNICEF entails taking turns as cluster lead. In Haiti, however, UNICEF and Save the Children were both permanently active as cluster lead and permanent cluster deputy-lead, in order to steer the vast number of NGOs and cope with the chaos in the country. To some extent, the role of Save the Children as deputy cluster lead created confusion among NGOs. It was not always clear to them when Save the Children was acting as an NGO or as the cluster lead working closely with UN and Government. Besides being deputy cluster-lead at national level, Save the Children led several baby clusters and also the health cluster in Jacmel.

During the cluster meetings gaps are identified and a type of division of labour is set up to meet the needs of the affected people. The main challenge as co-cluster lead was information management. Not every NGO present in Haiti participated in each meeting due to the time-consuming aspect: this created gaps in the information flow.

Inter-cluster coordination has been weaker at national level than at regional level, and this became apparent in certain camps. Some camps did not have access to all basic services, despite the fact that NGOs active in those camps had the capacity to provide the basic services that were lacking.

Apart from the cluster meetings there have been bilateral meetings with NGOs in the area of operation. Save the Children has been also an active member of the Inter-agency NGO coordination group, Interaction.

Save the Children in Haiti has implemented its programmes directly, often in partnership with other non-governmental organisations or local entities such as Cazek or camp committees – once these local community structures were established. In addition, Save the

Children has collaborated with private enterprises, such as Coca Cola in the Dominican Republic (for bottling water) or agencies such as the World Food Programme (for food distribution).

### Quality standards

Save the Children is committed to adhering to the Sphere standards. However, at the level of implementation it was not possible for the organisation to meet all Sphere criteria, especially for shelter and WASH, given the context of land rights, the scale and urban character of the disaster. Save the Children has also worked with international standards for education and HAP standards. The SHO reports of Save the Children do not systematically elaborate upon the extent to which certain standards have been met.

## **8.2 Project/programme information**

### Achievements

This section elaborates on the results achieved by the activities conducted with SHO funds. The overall emergency response of Save the Children in 2010 consisted of the distribution of the following to Haitian children and families: food and water; non-food items; medical trauma care; primary health care; nutrition services; water and sanitation facilities; and child-friendly spaces. The SHO funds of Save the Children Netherlands for the emergency phase were earmarked for shelter and non-food items, including tents and plastic sheets, mostly in the region of Port-au-Prince, but also Jacmel, and Grand and Petit Goâve; disaster risk reduction; they also covered programme management support costs. The table below indicates the planned output as stated in the proposal to SHO, and an overview of results achieved in the particular sectors that have been funded with SHO funds.

The response included identifying the target groups, distributing the non-food items and ongoing monitoring. To make sure that the target groups identified were reached, Save the Children used a voucher system to keep track of which persons were entitled to receive non-food items and who had already received it.

People appreciated the distribution of non-food items. They use the jerry cans for fetching water and the hygiene kits were very useful in the chaotic situation where health risks were ever present. There were some complaints about the quality of the shelter materials supplied at the onset of the emergency. As low quality tarpaulin was not durable, plastic sheeting was purchased. Beneficiaries noticed that some tents were better than others, which were quickly falling apart and did not withstand the rain and hurricane season.

### *Contextual factors influencing implementation of the response and its results*

The size and urban character of the disaster made the aid response challenging. There was a lack of space to accommodate the large number of people who were in need of help. For many clusters, not only shelter but also the issue of land rights was a problem. The lack of available land made it difficult to build schools and hospitals and set up infrastructure for water and sanitation. Moreover, the weak government obstructed the aid response. The government hampered the response in certain ways by imposing particular requirements. For example, at the onset, it was difficult to import large volumes of materials into the country; this slowed down the distribution of non-food items and shelter materials.

Other factors of influence were cultural elements and scarcity. For example, Save the Children noticed many vulnerable infants who were in need of food. Some were without mothers; others had a mother too traumatised to breastfeed. Save the Children therefore

wanted to distribute infant formula, but this resulted in a dilemma, because a) in Haitian culture, alternatives to breastfeeding are unacceptable; b) there was a scarcity of water for preparing formula. In the end, formula was not used much.

### Sectors covered, expenditure and achievements realised by Save the Children with SHO funding in 2010

Sector	Expenditure (EUR)	Targets	Achievements
Shelter	728,093	<ul style="list-style-type: none"> <li>2,500 vulnerable families receive shelter kits and materials, benefitting 12,500 households</li> <li>non-food items distributed to 2,500 households, benefitting 12,500 households</li> </ul> <p>Areas of intervention: Port-au-Prince, Jacmel, Léogane and Petit Goâve</p>	<p><b>Emergency shelter</b></p> <ul style="list-style-type: none"> <li>Provision of 1,000 tents to 1,000 households, benefitting 5,000 persons</li> <li>Distribution of 4,670 units of plastic sheets (2 sheets per person) to 2335 households, benefitting 11,675 persons</li> </ul> <p><b>Non-food items</b></p> <ul style="list-style-type: none"> <li>Distribution of 4,000 blankets to 4,000 households, benefitting 4,000 persons<sup>58</sup></li> <li>Distribution of 8,000 jerry cans to 8,000 families</li> <li>Distribution of 2,500 hygiene kits benefitting 12,500 persons</li> </ul> <p><i>Main focus was in Port-au-Prince, but also Jacmel, Léogane and Petit Goâve</i></p>
Disaster risk reduction	96,309		Output unknown, except for the support given to the emergency aid experts for direct support and capacity building of local staff
Programme management support costs	129,354 <sup>59</sup> (= 13.56 % of total expenditure)		Transport costs (renting cars), office costs (renting office building, electricity, internet, etc.) expanding the capacity of Save the Children in Haiti to implement the programme. The spending of the programme management support costs has been divided into two phases: emergency and rehabilitation
<b>Total</b>	<b>953,756<sup>60</sup></b>		

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Proposal of Save the Children submitted to SHO dated 15 February 2010. Report on 2010 submitted by Save the Children to SHO Back Office.

<sup>58</sup> The proposal of Save the Children reasons that each household has 5 persons. In this case 1 blanket per household was distributed, equalling only one person per household. The report does not explain whether the other members of the family also obtained blankets from other donors.

<sup>59</sup> The programme management support costs (PMS) include the costs of the emergency phase (EUR 111,598) and the rehabilitation phase (EUR 17,756). The rehabilitation phase will start in 2011. The expenditure in 2010 on PMS for rehabilitation (earmarked for education) was probably preparation costs needed to start the programme on education.

<sup>60</sup> In addition, the total expenditure was EUR 953,756, of which EUR 73,201 (7.68%) was spent on overheads (AKV).

Several temporary settlements were affected by flooding and landslides during the rainy season. Some tents and tarpaulins were of such poor quality that plastic sheets were purchased to replace them. The cholera epidemic generated a new wave of need for emergency aid.

In 2010 the efficiency of the emergency response was under pressure because the exponential growth of staff (to a large extent expatriates) at the Save the Children office caused an increase in staff-related costs, such as salaries, housing, and the importing and renting of cars. When setting up the budget, Save the Children did not foresee the high costs of renting cars. It takes a long time to import cars in Haiti (sometimes up to 6 months) because of bureaucratic procedures. Car rental costs about USD 180 per day. This high expenditure burdened the budget in 2010. The new internal procedures introduced on 1 January 2010 as part of the world-wide reorganisation of Save the Children slowed down the processing of funds.

## **9. The Salvation Army Netherlands**

### **9.1 General information**

In its international work, including humanitarian activities, The Salvation Army Netherlands collaborates very closely with national Salvation Army entities in other countries. At the international level, coordination takes place in Washington as well in London. The Salvation Army Netherlands has its own department on development and emergency aid work, with an office in Almere.

The Haitian Salvation Army (Armée du Salut) has been operational in Haiti since 1950. With the help of the several thousands of members in the country it has been engaged in a wide range of activities in 60 churches/communities, and supports and manages 49 schools. Armée du Salut operates a clinic in Port-au-Prince, a hospital in Fonds-des-Nègres in the southern part of the country, as well as a number of other facilities.

Throughout the world, The Salvation Army responds to and provides support to the victims of large-scale disasters. Its member organisations have gained knowledge and expertise by being involved in humanitarian operations related to man-made and natural disasters. Below, the first response of The Salvation Army Haiti is discussed.

#### Needs assessment

Thanks to its existing infrastructure and personnel present in Haiti, The Salvation Army was able to mobilise immediately after the earthquake and to start activities in support of those affected by the earthquake. The Salvation Army identified and supported some 20,000 displaced persons who had sought refuge on and around a large soccer ground in the St. Martin section of the Delmas 2 area of Port-au-Prince. A large-scale camp for the displaced, St. Martin camp, was gradually established. Activities were also undertaken in Petit Goâve and Jacmel. At the time, initial support was provided by The Salvation Army Haiti. However, in order to be able to scale up the response capability and to reinforce the organisation, a number of experts from abroad were flown in. The Salvation Army Haiti conducted a needs assessment in Camp Delmas 2, which is located next to a community and school which were already being supported by the organisation. The Salvation Army Haiti was also implementing activities in Jacmel and Petit Goâve prior to the earthquake and was therefore able to quickly provide humanitarian assistance in the wake of the earthquake.

## Objectives aid response in Haiti

The Salvation Army's overall emergency programme in Haiti was to be implemented in two phases. Phase 1, the emergency phase, focused on the provision of shelter, food, water and medical care; during phase 2 it was envisaged to provide support to quickly restore clinics, schools, and other facilities. This phase would gradually evolve into rehabilitation.

## Activities

At first the overall response focused primarily on the provision of immediate relief including life-saving medical care and temporary shelter. The support involved large-scale distribution of food and water and the engagement of an emergency medical team. In addition, shelter materials were distributed. Initially, supplies had to be flown in because the harbour was not fully operational after the earthquake. In addition, the additional staff had to be housed. The immediate (emergency) response to the disaster was gradually adapted to include activities focussing on assisting people to recover their lives. The focus of the activities changed from life-saving support to the provision of shelter, water, sanitation and hygiene, food security, primary health care and security.

The primary focus of The Salvation Army's overall response was the provision of support to the 20,000 persons living in the St. Martin camp as well as to those in the surrounding community.

The contribution of The Salvation Army Netherlands to the overall operations of The Salvation Army in 2010<sup>61</sup> amounted to EUR 454,080. Funding occurred through ICCO & Kerk in Actie using funds obtained from SHO's Haiti campaign.<sup>62</sup>

According to the reports of The Salvation Army Netherlands the funds obtained from the SHO Haiti campaign were used to cover the costs of a ten-person medical team for a period of six weeks, the procurement of two water purification units, the procurement and distribution of 594,000 meals and the procurement and distribution of 1,094 tents. For details see table below under the heading 'Achievements'.

## Coordination

The Salvation Army Haiti has been actively involved in coordination activities in the relevant clusters. Initially, meetings were very frequent: up to four per week. Gradually they became less frequent, as the situation settled down and the division of labour among the organisations providing support became clear. Aside from participating in the cluster meetings, the organisation was involved in operational coordination with organisations and partners involved in the provision of support to the St. Martin camp (and at the other sites where The Salvation Army Haiti was providing support).

## Quality standards

The Salvation Army adopts the Sphere standards as far as possible extent and applies the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in

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<sup>61</sup> The budget and expenditure of The Salvation Army's overall Emergency Programme in 2010 is not stated in the reports of The Salvation Army Netherlands. However, on its website The Salvation Army Haiti states that USD 39.8 million were raised, of which some 50% (i.e. about USD 20 million) was utilised for the immediate response in 2010. This implies that the contribution of The Salvation Army Netherlands amounted to 2.25% of total expenditure.

<sup>62</sup> The Salvation Army Netherlands operates as a 'guest organisation' in the SHO Haiti campaign, which implies that the funds are channelled to an SHO member organisation – in this case, ICCO & Kerk in Actie.



Disaster Relief. In its report, The Salvation Army Netherlands pointed out the various difficulties its sister organisation had with respect to attaining the Sphere standards, in particular those for water and sanitation in camp St. Martin. It was also pointed out that Sphere standards for shelter were difficult to realise, due to the lack of space in the camp.

## 9.2 Project/programme information

### Objectives of the programme funded with SHO funds

The objectives are food distribution, medical services and general care for 12,000 people living in St Martin camp in Delmas 2 and the surrounding community. The support provided with SHO funds to the target population of 12,000 is part of the larger programme for the camp, which in turn is part of the country-wide programme of The Salvation Army Haiti. For details, see table below.

### Types of activity

The overall support to St. Martin camp involved the entire range of services, including shelter, drinking water, sanitation and hygiene, food supply, basic medical services and the provision of primary education. Attention was also paid to ensuring security for those residing in the camp. In supporting the camp The Salvation Army has worked together with other implementing organisations such as Viva Rio (Brazil) and Concern (Ireland). Communication between the various organisations involved in managing the camp and the activities provided has been carried out through the camp committee, the camp security team and health volunteers. These groups liaise with the camp residents and can be considered as their representatives. Specific attention has been paid to covering the needs of the most vulnerable groups, such as the elderly and children. The prevention of gender-based violence was identified as an area requiring specific attention.

An elaborate system of registration of inhabitants was established in collaboration with United Parcel Services (UPS).<sup>63</sup> It entailed providing each head of household with an identity card (photo ID). This system has an electronic card reader which greatly facilitated the distribution of food and other items. The final general distribution of food took place in October 2010. In April 2010 the Haitian government banned general food distribution, because it attracted people who were not in need of such support.

At the time the evaluation team visited the camp (beginning of April 2011) the camp population had diminished by 50%, i.e. was some 10,000 persons compared to the estimated 20,000 residing in the camp in February 2010. The tents of those who have left have been locked and should remain unoccupied, since they are considered to remain the property of the persons who lived in them and should be available in the event the families wish to return.

### Achievements

#### **Sectors covered, targets, expenditure and achievements realised by The Salvation Army Haiti with SHO funding in 2010**

Sector	Expenditure (EUR)	Targets	Achievements
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<sup>63</sup> One of the staff members of The Salvation Army Haiti is an employee of UPS. In collaboration with UPS, planes were arranged to bring in food and other supplies immediately after the earthquake.

Shelter	143,654	Not specified	<b>Emergency shelter</b> <ul style="list-style-type: none"> <li>Provision of 1,094 tents to house displaced persons living on and around a soccer field in the St. Martin part of Delmas 2 area of Port-au-Prince and other families in the surrounding community</li> </ul>
Water, sanitation and hygiene (WASH)	7,403	Not specified	<ul style="list-style-type: none"> <li>Establishment of two water treatment plants in the camp, each with a capacity of 10,000 litres</li> </ul>
Food security	150,037	Not specified	<ul style="list-style-type: none"> <li>Provision of 594,000 meals to persons living in St. Martin camp</li> </ul>
Health	107,491	Not specified	<ul style="list-style-type: none"> <li>Covering costs of ten medical doctors for 6 weeks, treating 3,000 persons</li> <li>Volunteers (camp dwellers) were trained in hygiene and first aid education, HIV/AIDS prevention, detection and response to tuberculosis and general disease surveillance.</li> </ul>
Protection	no expenditure reported	Not specified	<ul style="list-style-type: none"> <li>Security lighting was provided in the camp and a security team of camp dwellers was trained</li> <li>Volunteers trained in gender-based violence detection and prevention</li> </ul>
Disaster risk reduction	35,501	Not specified	<ul style="list-style-type: none"> <li>Coordination activities in St. Martin camp</li> <li>Establishment of a drainage system in the camp<sup>64</sup></li> </ul>
Programme management support costs 2)	9,994 (= 2.2 % of total expenditure)	Not specified	<ul style="list-style-type: none"> <li>Not specified</li> </ul>
Total	454,080		

1) In its proposal submitted for SHO funding, The Salvation Army Netherlands states as its objective that it will provide support to ensure the 'survival of 12,000 people'. Sector targets are not specified.

2) Programme management costs are relatively low, which is explained by the fact that the expatriate staff receives very moderate salaries which are topped up by their home organisations. The only costs which have a bearing on the project are living allowances.

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011. Proposal of The Salvation Army Netherlands submitted to SHO dated 5 February 2010. Report on 2010 submitted by The Salvation Army Netherlands to SHO Back Office.

### Implementation and output/outcome

The Salvation Army Haiti did not provide a detailed written overview of the results of the overall support given to residents of St. Martin camp in 2010. According to the staff met by the evaluation team, the following major results have been accomplished:

1. Shelter was provided by the distribution of tents.
2. Clean drinking water has been distributed and water-related health education has been provided in the camp according to plan, with the result that the incidence of waterborne diseases has been reduced. The supply of water has been increased to adhere to minimum Sphere standards for immediate relief.

<sup>64</sup> The evaluation team does not classify these achievements as disaster management.

3. Latrines, hand-washing stations and camp drainage have been provided and are maintained.
4. The provision of lighting has improved security.
5. Health kits, mosquito nets and other equipment have been distributed among the camp's population, who also received health education on reproductive health and cholera prevention. Together with the improvements in sanitation facilities, these activities have reduced the potential incidence of communicable diseases among the camp dwellers.
6. The children living in the camp have access to primary education.

At the time of the evaluation team's visit to the camp, The Salvation Army Haiti was still funding electricity in the camp and monitoring the general situation. It was ready to provide support in the event of urgent needs arising.

With regard to The Salvation Army's transition strategy, a tandem approach has been applied, i.e. a Haitian staff member works closely with an expatriate staff member and so is able to take over once the expatriate has left.

#### Participation with and consultation of beneficiaries

The camp committee in St. Martin camp monitors the situation daily and reports progress and problems to The Salvation Army Haiti. The evaluation team held discussions with some members of the camp committee, who acknowledged that the support had been provided. The main priority expressed by interviewees was the need for employment and income, since most camp dwellers had lost their previous occupation or livelihood. The evaluation team was able to observe the camp facilities. It was evident that basic needs have been met: shelter, food, water and sanitation, and primary healthcare. A number of economic activities (small businesses) have started up in the camp.

#### The Salvation Army Netherlands

In 2010 The Salvation Army Netherlands contributed EUR 454,080 to The Salvation Army's overall Haiti programme using SHO funds. According to the website of The Salvation Army Haiti the budget for this multi-year programme amounts to USD 39.8 million. Some 50% of this amount (i.e. about USD 20 million) was used for the response in 2010. This implies that the contribution of The Salvation Army Netherlands using SHO funding amounted to less than 3% of total expenditure. Note that, The Salvation Army Netherlands made other contributions which were not included in this evaluation.

The SHO funds provided by The Salvation Army Netherlands were unearmarked and form part of the budget of the overall programme. Because the earmarking was 'administrative' it proved to be impossible to identify which activities were funded from The Salvation Army Netherlands money. In addition to providing a part of the funding, The Salvation Army Netherlands has seconded one of its staff members to The Salvation Army Haiti's activities in Petit-Goâve for two months during 2010.

## 10. Tear

### 10.1 General information

Tear is a Christian organisation supporting Christian-based partners in development. In emergency aid it has a focus on rehabilitation and disaster preparedness, not on the phase of relief.

Tear is member of the international network of Integral, and does not operate an office in Haiti. Tearfund is the lead agency in the international network of Integral, especially for emergency aid.

#### Relation between Tear and Tearfund Haiti

Tearfund has been active in Haiti for several years, mainly in the education sector. It deployed a disaster management team (DMT<sup>65</sup>) immediately after the earthquake. Tearfund operated an annual budget of GBP 1.0 million in 2010 and its current humanitarian response's budget is about GBP 4.0 million. The two other implementing partners of Tear in Haiti are the Haitian organisation Action Contre La Misère (ACLAM)/World Concern and the international NGO World Relief. Tearfund more often works together with World Concern and World Relief, both structurally and in other disaster-prone areas.

ACLAM/World Concern Haiti has undertaken much work in disaster response and has been engaging in disaster risk reduction. The organisation carried out a relief project in the South and North-West of the country, assisting victims of the four consecutive hurricanes which hit Haiti in September 2008. Tearfund has been working with ACLAM/World Concern Haiti since 2007. World Relief, which for more than 15 years has been engaged in development work and relief and rehabilitation during previous disasters, has an office in Port-au-Prince that was expanded to 40 staff after the earthquake.

#### First response of Tear after the earthquake

##### *Needs assessment*

Immediately following the arrival in Haiti of Tearfund's Disaster Management Team (February 2010) needs were assessed with the involvement of local partners. The assessments at the commune level included focus group discussions with the affected population, interviews with key informants and observation, in order to establish priority needs, long-term vulnerabilities and local capacities.

In coordination and consultation, especially with the WASH and shelter clusters, it was decided to start up activities in the Léogâne and Gressier area. The focus was on specific rural and mountainous areas where no other international NGO appeared to be active. This has remained the case.

Based on the needs assessments, the emergency interventions focused on re-establishing primary education, including the rehabilitation of damaged schools and the provision of transitional shelter, food supply, livelihood support, and water, sanitation and hygiene (WASH).

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<sup>65</sup> Tearfund's DMT has been operational since 1993, with the mandate to provide an operational response to conflict-related complex and natural disasters and to support and advise local Tearfund partners in their relief responses.

### *Objectives of the response in Haiti*

Tearfund's strategy includes financial support and capacity development to Tearfund partners or local NGOs, plus the on-site monitoring of partners providing emergency assistance, and transitioning into rehabilitation and recovery with an emphasis on disaster risk reduction. The emergency phase addresses the priority needs of affected households living in Delmas, Cite Soleil and Mais gate (communities in Port-au-Prince), Carrefour Feuilles and Léogâne Commune in the sectors of health, water/sanitation, food security/nutrition, shelter, livelihood and household security and education.

### *Activities*

Activities that received funding were undertaken in four sectors: shelter, education, livelihood development, and water, sanitation and hygiene (for details see section 10.2 below).

### Relation between Tear and partners

Tear has channelled its SHO funds through the three abovementioned partners involved in the international Tear network. The partners decided on a division of labour, with Tearfund working in Léogâne and Gressier, ACLAM/World Concern Haiti in Delmas and Carrefour Feuilles (greater Port-au-Prince) and World Relief Haiti in Mais Gate, Carrefour, Delmas and Cité Soleil (greater Port-au-Prince). As mentioned above, Tearfund established a Disaster Management Team (DMT) which has implemented an operational programme to scale up the emergency response. A number of advisors have been deployed in-country in sectors such as water, sanitation and hygiene (WASH), hygiene promotion and child development, to provide technical expertise to implementing organisations. Also, local partners have been supported in project design and management, and financial management.

Tear's implementing partners have worked with partners, including international agencies (such as the Food and Agricultural Organisation – FAO), and churches and community-based organisations (CBOs). For instance, during the cholera epidemic, Tearfund worked together with MSF-Suisse. The implementation of the various activities involved a community-based approach characterised by consultation with committees representing beneficiary groups.

Besides providing funds, Tear has mainly been involved in decision-taking at the international level (DMT in London), monitoring progress and consolidating results, and has reported to SHO on behalf of its three partners.

### Coordination

Tearfund and the other implementing organisations coordinate their activities within the cluster system using its various levels. At the implementation level, information is exchanged with representatives of the local government (for instance the Cizek = mayor at the district level in a municipality), with committees of the population and national and international NGOs.

### Quality standards

As mentioned in the proposal of Tear and in its reports to SHO, the implementing organisations endeavour to adhere to the Sphere standards and the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. Training events (e.g. in hygiene promotion) have taken place. Where possible, World Relief has

procured materials locally and has engaged local human resources in its earthquake response. All organisations have reported that it has been challenging to adhere to various standards because of contextual factors. For instance, it was difficult to apply the Sphere standards for the design, construction and use of toilets as well as water supply. Tears report on 2010 mentions that 'the pre-earthquake state of Haiti was one of high levels of poverty and very low levels of infrastructural development. Housing and sanitation was inadequate by Sphere standards, both by condition and quantity. Nutritional levels were also severely low. To respond, World Relief is working to ensure that at a minimum, the relief support being provided to earthquake survivors meets the minimum requirements of Sphere standards'. The evaluation team was informed that accepting lower standards was sometimes unavoidable.

Tearfund has also set up a feedback mechanism (accountability feedback groups), thereby allowing those who receive assistance to respond to the organisation about the goods and services delivered. To do so, a 'feedback' phone number has been established, and a leaflet about Tearfund's commitment to the Red Cross Code of Conduct, HAP, Sphere and its willingness to receive feedback (positive and negative) has been distributed to households in the communities covered by the various interventions; in addition, community liaison officers have been appointed.

## **10.2 Project/programme information**

### Objectives of the programme funded with SHO funds

According to the proposal submitted by Tear to SHO, 'Tearfund's strategy includes financial support, capacity development and on-site monitoring of partners in providing emergency assistance and transitioning into rehabilitation and recovery with an emphasis on disaster risk reduction. The emergency phase addresses the priority needs of affected households living in Delmas, Site Soleil and Mais Gate (communities in Port-au-Prince), Carrefour Feuilles and Léogâne Commune in the sectors of health; water/sanitation; food security/nutrition; shelter, livelihood and household security and education'.

The table below in the paragraph on achievements provides details on the various sectors covered, the objectives of the various interventions, and the expenditure and the outputs realised. The information provided in this table is derived from the SHO Third Joint Report on Haiti 13 January – 31 December 2010 (SHO, March 2011) and the report by Tear covering the same period.

The activities can be summarised as follows: capacity support and funding to local partners to provide emergency shelter, food, water, education support for children, trauma counselling and psychosocial support, medical assistance and livelihood support.

Operational support is provided by Tearfund's Disaster Management Team (DMT) to complement the work done by the implementing partners. It covers water, sanitation, hygiene promotion, psychosocial support, food security, livelihoods, child protection, education and cash for work;

In addition, Tearfund is active in terms of drawing the attention of policy makers and aid administrators in Haiti, the UK and the Netherlands (advocacy) to issues such as child protection.

The total budget of the activities as provided in the proposal of Tear to SHO is presented in the table below. It excludes funding from alliance members Tearfund and World Relief.

### **Budget for phase 1 of the emergency intervention (January – June/July 2010)**

<b>Sector</b>	<b>Budget Phase 1 (EUR)</b>
Food security& Nutrition support	93,520
Livelihood & household security	84,453
Water & sanitation <sup>66</sup>	184,600
Health	56,180
Education	37,000
In-country programme management support (PMS)	130,346
Sub-total (93%)	586,100
Preparation and coordination (= AKV Tear: 7%)	43,850
<b>Total budget phase 1</b>	<b>629,950</b>

Source: Tear proposal submitted to SHO on 13 February 2010.

### Types of activity

Tearfund's programme has reportedly continued to address the emergency needs of the affected population, focusing on the rural and mountainous areas of Léogâne and Gressier. The programme works with the affected population, the displaced and the host families who have taken in displaced people. Work has continued in the sectors of food security, livelihood, water and sanitation, health promotion and education. In its report on 2010 to SHO, Tear mentions that 'progress has exceeded expectations, particularly in the areas of education and health promotion, however the provision of household latrines and spring capture/recapture projects have proved more challenging due to altered community expectations and difficulties in recruiting competent local engineers, resulting in the need to recruit expatriate project managers for construction'. It is reported that Tearfund's partner ACLAM has successfully completed its emergency relief project that provides assistance in Delmas and Carrefour-Feuille. The assistance provided was the distribution of hygiene kits, food and cooking kits, cash and small grant distributions, and psychosocial support. In addition, World Relief has largely accomplished the goals of the emergency phase: to meet the immediate needs of thousands of earthquake victims through assistance in food, water, shelter, and health. The organisation currently plans to move out of the emergency phase and begin the planning and implementation of the recovery. The table below summarises the outputs realised in the different sectors.

### Achievements

Outputs realised are provided in the table below. It should be noted that the expenditures per sector are different from those originally planned in the proposal, as the various interventions/objectives/commitments have been adapted over time. For instance, the budget in the original proposal did not contain a shelter component.

### **Sectors covered, objectives, expenditure and achievements realised by Tearfund with SHO funding in 2010**

<b>Sector</b>	<b>Expenditure (EUR)</b>	<b>Objectives</b>	<b>Achievements</b>
Shelter	45,977	No information	<b>Emergency shelter<sup>67</sup></b>

<sup>66</sup> According to the financial documents, EUR 45,977 was committed for shelter. In the proposal this amount was included under Water & sanitation.

			<ul style="list-style-type: none"> <li>• Provision of tarpaulins to provide immediate shelter to 4,000 households</li> </ul>
Water, sanitation and hygiene (WASH)	138,226	<ul style="list-style-type: none"> <li>• 2,000 families using water filters</li> <li>• 400 families with access to potable water from protected springs</li> <li>• 3,000 school children with access to latrines</li> <li>• 500 households with latrines</li> <li>• Delivery of a minimum of five trucks per day during February, or until a more sustainable system is in place (restoration of public water infrastructure)</li> <li>• A minimum of six wells drilled and finished.</li> </ul>	<ul style="list-style-type: none"> <li>• Water filters distributed to 2,000 households</li> <li>• 5 locations identified, no springs completed</li> <li>• Latrine blocks at schools (total 264 latrines) constructed, resulting in 12,000 pupils having access</li> <li>• latrines constructed for 74 households</li> <li>• 1,633,000 gallons of water distributed, serving 20,000 households per week</li> <li>• Twelve wells finished, serving 6,000 households per day</li> </ul>
Food security	93,520	<ul style="list-style-type: none"> <li>• 7,500 people have sufficient food and the ability to prepare it hygienically</li> <li>• 2,500 farming families have access to seeds</li> </ul>	<ul style="list-style-type: none"> <li>• Food and kitchen kits distributed to 1,607 households (8,035 persons)</li> <li>• Seeds and tools distributed to 1,500 farmers</li> </ul>
Livelihoods	84,454	<ul style="list-style-type: none"> <li>• 1,500 families are able to engage with local markets and help re-establish immediate livelihoods</li> <li>• Income provided to 2,500 families, community work projects completed.</li> </ul>	<ul style="list-style-type: none"> <li>• 1,342 'small' cash grants distributed for immediate household needs and 191 traders provided with 'larger' cash grants to re-establish small businesses</li> <li>• Four weeks of labour paid to 2,162 persons working on projects chosen by the community</li> </ul>
Health	55,115	<ul style="list-style-type: none"> <li>• 1,500 families have use of hygiene items to maintain health and dignity and are supported with medical supplies</li> <li>• Health and hygiene messages integrated with provision of water and sanitation (3,900)</li> </ul>	<ul style="list-style-type: none"> <li>• Hygiene kits and first aid kits provided to 1,607 households</li> <li>• Messages delivered during latrine construction as well as to children (in children's clubs) covering 8,178 households (or 16,357 children (estimated 2</li> </ul>

<sup>67</sup> Apparently done, but not reported in Tear's own reports.



			children per household)
Education	37,000	<ul style="list-style-type: none"> <li>Schools reopened and providing normal routine and psychosocial support for affected children</li> </ul>	<ul style="list-style-type: none"> <li>92 schools supported to reopen through a combination of training, distribution of teacher and student kits, provision of emergency shelter and by rubble clearance. 8,637 children were reached.</li> </ul>
Programme management support costs	130,346 (= 22.3 % of total expenditure)		<ul style="list-style-type: none"> <li>Establishment of office of partner organisation Tearfund and establishment of office of partner organisation World Relief. Both organisations are also supported by other international NGOs. Offices were co-financed with other NGO's</li> </ul>
Total <sup>68</sup>	584,638		

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. Proposal of Tear submitted to SHO dated 13 February 2010. Report on 2010 submitted by Tear to SHO Back Office.

### Implementation and achievements

According to the interviews of the evaluation team held with staff of Tearfund in Haiti and as reported by the 'real time' evaluation of Tearfund's response to the Haiti earthquake (H. Goyder, May 2010) several challenges had to be overcome during the implementation of the different activities. These challenges are summarised below:

- Tearfund (DMT and Tearfund Haiti office) lacked a sufficiently robust strategic overview;
- The occurrence of language problems, especially for international staff;
- Insufficient relations with other agencies to solve specific technical problems (supply of seeds, construction materials and so on) and other donors to obtain additional funding;
- Capability of staff and working relations between international and local staff;
- The connection between the relief phase and the subsequent phase focusing on rehabilitation and reconstruction was not thought through;
- Policy issues occurred. For instance should churches be rebuilt or not? There was reluctance to rebuild single churches, rebuilding was considered only when the church building was serving multiple purposes (e.g. including a school);
- Logistical problems had to be addressed, including findings ways to clean rubble, importing means of transport, etc.;
- There appeared to be a lack of coordination among the organisations in the UK working together in the disaster response within the Disasters Emergency Committee (DEC –the umbrella organisation that launches emergency responses in the UK);
- The coordination with UNICEF and Haitian government in the education cluster worked well.

Although not planned, Tearfund decided to do some building as well, to meet the needs of its beneficiaries. However, due to the lack of additional funding Tearfund was unable to provide the beneficiaries with enough transitional or temporary houses. Only 300 out of the 5,000 houses needed were built. By contrast, other international NGOs in the region (Cordaid Mensen in Nood, CARE, Red Cross organisations) reached their targets in their own

<sup>68</sup> In its financial report Tear is not clear about its own part in administrative costs.

areas. This will have resulted in great disparities between the beneficiaries. Differences in the provision of houses will be judged as unfairness and lead to envy. Tearfund was unable to comment on this issue.

### Community-based approach

During the interventions, ample attention has been paid by Tearfund and its partners to allowing sufficient consultation with and participation by beneficiaries. Accountability has taken various forms, ranging from representatives of beneficiary committees expressing the needs in the community and opinions of how the support provided is perceived. In addition, the organisations have set up a system that enables individuals to respond directly. Finally, regular meetings are held with beneficiaries, with Haitian project staff having the role of 'mobilisers', i.e. acting as intermediaries between the project and the beneficiaries.

### **10.3 Observations**

- Tear (in the Netherlands) has limited possibilities to influence decisions taken in relation to the delivered emergency aid as a result of the decision-making process involving Tearfund's Disaster Management Team;
- The obstacles as presented in the real-time evaluation which was conducted on behalf of Tearfund make clear that it took some time (several months) for Tearfund's intervention to become really effective;
- The focus on temporary shelter was perhaps not identified early enough and is now causing some problems when finalising Tearfund's approach in the defined region.

## **11. Terre des Hommes**

### **11.1 General information**

Terre des Hommes intervenes against child exploitation in developing countries. It provides opportunities to vulnerable children through its education, health and livelihoods projects<sup>69</sup>.

Terre des Hommes Lausanne has been working in Haiti for more than 25 years. Before the earthquake it had an office in the country with 57 staff (including 5 expatriates). Its activities were concentrated in the South. Terre des Hommes Lausanne has experience in emergency operations (including Iran, Peru, Pakistan, Tsunami, Darfur).

### Response

An assessment mission was in the field from 21-28 January. It was decided to work outside Port-au-Prince, and focus on the Léogâne area. Terre des Hommes has no activities in Port-au-Prince itself. The specific problems posed by emergency work in an urban context therefore do not apply to Terre des Hommes. After the earthquake, Terre des Hommes staff expanded to 260 (at its peak, they included 26 expats). Terre des Hommes has a country office in Port-au-Prince and a programme office in Léogâne and in Les Cayes.

In March 2010, prior to the start of its activities and in addition to the inter-agency multi-sector needs assessments, emergency teams of Terre des Hommes-Lausanne conducted an in-depth needs assessment at household level. During these needs assessments representatives of local authorities and of affected people were consulted. Children have been greatly affected by the consequences of the earthquake; their vulnerability to violence,

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<sup>69</sup> Terre des Hommes Netherlands website, translation by the evaluation team.

abuse and exploitation has greatly increased. At the same time, the existing protection mechanisms of community and governance have disintegrated.

The following table indicates the planned allocation of funds per category of activity for the relief phase.

**SHO contribution in 2010 for Terre des Hommes (emergency relief 6-month period)<sup>70</sup>**

Type of activity	Total budget Haiti relief programme (EUR)	Requested SHO contribution (EUR)	Actual expenditure (EUR)
Water and sanitation	910,735	449,248	304,119
Nutrition	471,871	232,765	284,962
Livelihood (non-food items)	269,991	133,181	94,878
Shelter	269,991	133,181	193,397
Protection	657,379	324,272	487,143
Programme management	460,900	227,353	351,502
Overheads (AKV = 7%)		105,000	95,000
<b>Total<sup>71</sup></b>	<b>3,040,867</b>	<b>1,605,000</b>	<b>1,811,000</b>

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. Proposal of Terre des Hommes submitted to SHO dated February 2010. Report on 2010 submitted by Tear to SHO Back Office.

The total expenditure of Terre des Hommes-Lausanne in 2010 was approx. EUR 3.45 million, excluding the programme in Les Cayes (EUR 1.53 million).

The table below presents the expenditures as per 31 November 2010 and the outputs reported in third report of Terre des Hommes to SHO. The outputs have been calculated in proportion to the SHO contribution to the Terre des Hommes programme in Haiti, with proportions derived from the financial reporting by Terre des Hommes.

**Expenditure of SHO funding per sector, the SHO contribution and achievements by Terre des Hommes (as at 30 November 2010)**

Sector	Expenditure (EUR)	SHO contribution (%)	Achievements
Shelter	193,397	58	<ul style="list-style-type: none"> <li>Family visits prior to providing support (21,586 persons).</li> <li>719 tents distributed (3595 persons)</li> <li>634 tarpaulins and plastic sheets</li> <li>46 T-shelters (230 persons)</li> </ul>
Non-food items <sup>72</sup>	94,878	47	<ul style="list-style-type: none"> <li>1433 hygiene kits</li> <li>616 jerry cans</li> <li>306 kitchen sets</li> <li>139 stoves</li> <li>7,164 mosquito nets</li> </ul> Total beneficiaries: 15,285
Water, sanitation and hygiene (WASH)	304,119	42	<ul style="list-style-type: none"> <li>Access to clean drinking water (for 6,462 persons).</li> <li>648 latrines constructed (3,240 persons have access to family latrines)</li> </ul>

<sup>70</sup> All activities were implemented as part of a larger programme of Terre des Hommes-Lausanne

<sup>71</sup> The SHO 3<sup>rd</sup> joint report on Haiti (13 January to 31 December 2010) present expenditures for Terre des Hommes based on its financial report until 31-11-2010, total amount EUR 1,537,310 (p. 48).

<sup>72</sup> These results have been categorised as livelihoods in the Third Joint report of SHO and not so much as non-food items. The proportional funding by Terre des Hommes Netherlands for the non-food component in the overall project amounted to 4.7%.

			<ul style="list-style-type: none"> <li>• 2 water storage tanks installed</li> <li>• 17 meetings held on sanitation and hygiene</li> </ul>
Food security	284,962	50	<ul style="list-style-type: none"> <li>• Medical consultations, nutrition oriented, via mobile clinics to pregnant and lactating women and malnourished /undernourished children covered: 8,726 children &lt; 5 years old and 3,467 children &gt; 5 years old</li> <li>• Special nutrition for 914 pregnant women; 545 children were referred to <b>Stabilisation Unit</b> or for follow-up</li> </ul>
Protection	487,143	51	<ul style="list-style-type: none"> <li>• Awareness raising about children's rights among local authorities, local and community leaders (362 children).</li> <li>• protection and psychosocial activities in 4 child-friendly spaces, to enhance feeling of security (1,683 children and 1,663 parents).</li> <li>• Intensive coaching of very vulnerable children (orphans and children abandoned by parents)</li> <li>• Advocacy for revision of adoption law</li> </ul>
Programme management support costs	351,502 (=16.6% of total expenditure)	56	<ul style="list-style-type: none"> <li>• Coordination activities in Haiti</li> <li>• Salary costs of 7 staff</li> <li>• Office costs</li> </ul>
<b>Total</b>	<b>1,811,000</b>		

Source: SHO Third Joint Report 13 January – 31 December. SHO, April 2011. Proposal of Terre des Hommes submitted to SHO dated 12 February 2010. Report on 2010 submitted by Terre des Hommes to SHO Back Office. Figures and text in italics represent information not included in the SHO Third Joint Report, but from the report On 2010 Terre des Hommes submitted to SHO Back Office.

### Relation between Terre des Hommes (NL) and Terre des Hommes-Lausanne

Terre des Hommes (NL) had no activities in Haiti prior to the earthquake. It was therefore decided to work through Terre des Hommes Lausanne. In 2010 Terre des Hommes (NL) contributed to the programme with un-earmarked funds and is a major contributor with more than 50% of the budgeted amount.<sup>73</sup> Terre des Hommes Lausanne submitted its proposal and underlying assessment to Terre des Hommes (NL). The proposal was assessed on the basis of criteria (child-related, protection, internal coherence) and subsequently submitted to SHO. Terre des Hommes (NL) received the SHO funds and transferred them to Terre des Hommes-Lausanne. Terre des Hommes (NL) subtracts 1% for overheads, the remaining 5% overheads is for Terre des Hommes-Lausanne, which monitors programme implementation and sends progress reports to Terre des Hommes (NL). The latter organisation has provided comments on these reports and one of its staff members has visited Haiti on three occasions. Terre des Hommes (NL) did not provide any professional or technical support to Terre des Hommes-Lausanne during its emergency programme.

### Coordination

The programme in Haiti is implemented by Terre des Hommes Lausanne. There is no coordination with activities or policies from other Terre des Hommes national organisations. Terre des Hommes-Lausanne works with the Ministry of Health and with DINEPA (for

<sup>73</sup> In 2011 the funding from Terre des Hommes (NL) will be earmarked for projects in specific sectors (health and WASH).

WASH). Cooperation with the Ministry of Health at central level is good and effective, but in the regions the Ministry is very weak. DINEPA is well organised, and was not greatly affected by the earthquake. The Institut de Bien Etre Social et de Recherches (IBESR) is an important partner of Terre des Hommes-Lausanne. It is also supported by UNICEF, but the UNICEF support is conditional upon the relationship with Terre des Hommes. This is part of a tripartite agreement.

Terre des Hommes-Lausanne is implementing a programme that has a bearing on the activities of many clusters. Its main components are health and nutrition; child protection; emergency shelter and non-food items; and water, sanitation and hygiene. Consequently, Terre des Hommes-Lausanne participates directly or indirectly in different clusters. It is mainly the Terre des Hommes-Lausanne coordinators (health, WASH and protection) who are active in the national clusters. The national clusters were criticised about the fact that initially English was the language of communication. It seems that English was used because many local organisations found it difficult to quickly mobilise French-speaking emergency personnel. That has now changed. Mobilising French staff was not a problem for Terre des Hommes-Lausanne.

### Quality standards

Whenever feasible, Terre des Hommes-Lausanne follows the Sphere standards, such as those for water supply and sanitation. For water, these relate to availability (on average 12 litres/person/day), and accessibility (max. 500m distance from household to nearest water point). For sanitation, the standard is a maximum of 20 persons per latrine and a maximum distance of 50 m from latrines to dwellings. Terre des Hommes attempts to build its disaster response on local capacities, among others by working as much as possible with government structures. With regard to child protection, all procedures defined by the IASC<sup>74</sup> are followed.

A series of conventions, protocols and guidelines, most of them international, govern the protection of children.<sup>75</sup> A key policy of Terre des Hommes Lausanne is to guarantee their implementation.

### Transition strategy

Terre des Hommes-Lausanne is evolving towards transition strategies for the different sectors. Transitional shelters are designed to last at least 2 or 3 years, but if properly maintained will last 6-7 years. The roof construction has been adapted to withstand cyclones. With regard to WASH and health and nutrition activities, Terre des Hommes-Lausanne aims to get other organisations to cooperate and then take over and sustain the services to affected people. The cooperating organisations include DINEPA (WASH activities) as well as some international agencies, including the Swiss Development Cooperation and Médecins du Monde Switzerland (health and nutrition). For child protection Terre des Hommes is establishing partnerships with local associations and community groups. The objective is to strengthen local capacity to permanently take over activities.

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<sup>74</sup> Inter-Agency Standing Committee composed of key UN and NGO organisations involved in humanitarian assistance.

<sup>75</sup> The 2010 progress report mentions nine international commitments and the Terre des Hommes Child Protection Policy.

## 11.2 Child Protection in Léogâne

### Background

Child protection is not a separate project, but one of the interventions that is part of the Terre des Hommes-Lausanne programme in the region of Goavienne (Léogâne, Grand Goâve and Petit Goâve).

Child protection (including international adoption of children) is a very sensitive issue. Special attention was given to this after the earthquake, because Haiti has a structural problem of a large number of unaccompanied children, and the problem was exacerbated by the earthquake. After the earthquake, Terre des Hommes-Lausanne and the Institut de Bien Etre Social et de Recherches identified 58 private orphanages in the west and south of Haiti. Most of the people that run orphanages are considered to be honest and well-intentioned, but there are some unscrupulous people, for whom international adoption or even trafficking children is a source of income.

### Activities

The activities of Terre des Hommes-Lausanne relating to protection include: raising community awareness about child protection and strengthening the role of community members in child protection mechanisms; establishing a referral system and training community workers and local authorities; advocacy at national level; establishing child-friendly spaces; psychosocial activities for children; and handling individual cases directly.

In the West, Terre des Hommes Lausanne has established and supported nine social community centres primarily for children from 6 to 12 years. In addition, sensitisation activities were conducted to inform community leaders and officials, parents and children on children's rights and protection needs. In the social community centres, volunteer teams act as focal points for the referral and support of individual cases. Three local organisations have been identified, trained and involved in the dissemination of child protection messages in the communities.

The attempts made by Terre des Hommes Lausanne to involve the communities in the work of the community centres have so far met with variable success. The staff for the centres are recruited from the communities. They are not permanently employed, but instead are paid a daily wage, to make it easier for the community to ultimately take over the payment of personnel.

Protection activities are planned and implemented with the local communities, but here too the effective involvement of the communities is variable. It appears to be difficult to stimulate communities to effectively take responsibility for child protection measures. One of the key problems experienced during project implementation is that although the communities recognise the issue of child protection, neither they nor the government institutions have sufficient resources to take responsibility for the activities.

The activities in question include a sizeable proportion of long-term structural interventions, such as raising community awareness, support to orphanages, advocating for improved legal regulation for adoption (in March 2011 the Government of Haiti signed the The Hague Convention on international adoption, but national legislation still needs to be adjusted).

The intervention of Terre des Hommes-Lausanne in the field of protection is coherent with the policies of the Haiti government prior to the earthquake. The activities undertaken under the aegis of UNICEF with other key actors UNICEF are well coordinated: witness the

tripartite agreement between IBESR, UNICEF and Terre des Hommes-Lausanne, which effectively makes UNICEF support to IBESR highly dependent on the latter organisation's cooperation with Terre des Hommes.

Terre des Hommes-Lausanne implements activities directly, in cooperation with local institutions, which may be governmental (Ministries, municipalities, IBESR), private (e.g. orphanages), or community-based organisations.

### Achievements

As mentioned above, the national coverage of the protection activities is on target. The results of the protection activity in the Western region are summarised in the table below. In the West, 215 children have been individually monitored and followed up. Terre des Hommes Lausanne is the focal point for separated and unaccompanied children. It works with 44 orphanages in improving child documentation and mediating for the ultimate reunification of children with their families. Because the main reason a child ends up in an orphanage is because its family is too poor to bring it up, livelihood support for the family is frequently part of the package. At the level of the central government Terre des Hommes-Lausanne advocates for better regulation of international adoption. During and after the cholera outbreak, children's guards were selected and trained to take care of children left unaccompanied due to the hospitalisation or death of family members. Of the children monitored individually, 150 cases were closed in 2010.

### **Achievements of protection interventions in the western region**

Category	Cases closed in 2010	Risk level			Reason for case closure			
		Low	Medium	High	Objective achieved	Departure	Beyond local capacity	Other <sup>76</sup>
Girls	59	6	26	27	47	6	3	3
Boys	91	4	54	33	77	5	5	9
Total	150	10	80	60	124	11	8	12

Source: Terre des Hommes-Lausanne survey *Evaluation du processus et perspectives des enfants placés dans les orphelinats de la zone Ouest à Grand Goâve et Léogâne*.

Terre des Hommes-Lausanne has conducted several surveys among parents and children.

- One was an analysis of the impact of the community centres
- Another investigation was intended to evaluate the communities' understanding of Terre des Hommes protection activities and also the impact of its psychosocial activities at the community centres.
- There was also a survey to evaluate the process of placing children in orphanages and to find out their prospects.

### *Analysis of the impact of community centres<sup>77</sup>*

For this investigation, 136 children and 111 parents were interviewed. The main findings were

- 54% of the children stated that after having visited the centres regularly they were less afraid of earthquakes.
- 97% of the parents felt that external assistance to protect children was necessary.
- Before the earthquake, school enrolment was low in Haiti. When asked, 77% of the children interviewed said they intended to return to school: this proportion is higher

<sup>76</sup> Includes death, disappearance and refusal of treatment.

<sup>77</sup> Analyse de l'enquête de perception et d'impact des CLCs pour les enfants et les parents, Terre des Hommes, Juin 2010.

than the national average. This high proportion cannot be attributed solely to attendance at the community centres, but it is relevant that the aim of the Centres is to promote school attendance.

*Survey to evaluate the communities' understanding of protection activities and the impact of socio-psychological activities<sup>78</sup>*

For this survey, which was executed in August 2010, 240 children and 118 parents were interviewed.

The relevance and impact of the interventions are summarised as follows:

- A minority (41%) of the children were living in two-parent families. In most cases the fathers had abandoned the family.
- 77% of the children and 79% of parents were aware of children's rights.
- 77% of the children who had received support considered that this had helped them.
- 78% of the parents stated that the protection by Terre des Hommes Lausanne had had positive results for their children (better relations with parents, less unruly behaviour, more respect for parents and more initiative shown by the children).

*Evaluation of the process of placing children in orphanages in Grand Goâve and Léogâne and of their prospects<sup>79</sup>*

This analysis was based on data obtained from 72 children in 5 orphanages in Grand Goâve. Main conclusions are:

- Most children are not orphans. The main reason for placing children in orphanages is the families' lack of resources to provide for the children, their education or health. Most of the children came from female-headed households.
- Even before the earthquake, children who were not orphans were put in orphanages. The earthquake merely reinforced the phenomenon.
- The longer children remain in the orphanage, the more remote the prospects of returning them to their families.
- Placing children in orphanages is perceived as withdrawing from the responsibility of taking care of the children financially and emotionally.

The various interventions of Terre des Hommes-Lausanne (protection, shelter, health, financial grants) are interlinked, as can be seen from the case described in the box below.

At a community centre, a Terre des Hommes social worker encountered Valencia, a girl of approx. 6 years old, who showed symptoms of stress, cried frequently and isolated herself from other children. She told the social worker that she lived in a female-headed household of 6, which had been living in a tent for several months. The social worker visited the household, to confirm this. To address the situation, Terre des Hommes Lausanne offered to help the family to construct a temporary shelter with a wooden frame and tarpaulin. This was done in March 2011. Because the family had previously lived in rented accommodation in Grand Goâve, the temporary shelter could not be constructed on the site of the original house. The family therefore arranged to rent a small plot. After this was officially registered at the municipality, Terre des Hommes-Lausanne constructed the temporary shelter. Terre des Hommes Lausanne also provided a shelter kit, which included basic kitchen utensils, sleeping mat and blankets. Valencia's mother reports that Valencia is now much calmer, and has stopped the bouts of crying. The female head of the family used to have a small retail business in a rented house that had

<sup>78</sup> Enquête de perception et de compréhension du programme de protection de Terre des Hommes par les enfants et les parents Haïti Ouest – fin 1ère phase de programme – Terre des Hommes, Octobre 2010.

<sup>79</sup> Evaluation du processus et perspectives des enfants placés dans les orphelinats de la zone Ouest à Grand Goâve et Léogâne, Terre des Hommes, Novembre 2010.



been destroyed by the earthquake. She does not have the resources to restart the business. She will soon become eligible for a financial grant from Terre des Hommes to restart her business.

## 12. UNICEF

### 12.1 General information

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet the basic needs of children and to expand their opportunities to reach their full potential. UNICEF Country Programmes are designed to support governments to fulfil their obligations under the Convention on the Rights of the Child and their efforts to establish children's rights as enduring ethical principles and standards of behaviour towards children.

UNICEF was already present in Haiti prior to the earthquake, with approx. 56 staff and a substantial programme.<sup>80</sup> Prior to the earthquake, UNICEF supported health and nutrition, education, HIV/Aids eradication, child protection, and water and sanitation. Haiti is frequently affected by hurricanes and other natural disasters. UNICEF has provided humanitarian assistance to overcome their effects.

#### Response after the earthquake

The UNICEF building was severely damaged in the earthquake and all contents were rendered unrecoverable. As a result, UNICEF established a temporary operational base at the MINUSTAH logistics base. Although the base was always considered temporary, UNICEF continues to operate from this area.

UNICEF has a Basic Cooperation Agreement with the government and a Country Programme of Cooperation running from 2009-2011, which has been approved and is periodically reviewed with the Government of Haiti. The Government of Haiti is UNICEF's primary partner, but UNICEF also cooperates with international and local NGOs, community-based organisations, academic institutions and other associations.

After the earthquake, the regular development-oriented programmes continued where possible, but most development activities (such as strengthening routine immunisation) were put on hold, due to the overwhelming focus on immediate humanitarian needs and the diminished capacity of the primary partners to consider more long-term activities during the period of emergency response.

Within the framework of the regular programme, a substantial emergency programme was started. The results of the Emergency Programme were articulated in the Revised Flash Appeal, the UNICEF Humanitarian Action Report for 2010 and Haiti's internal '365 Day Plan'. In order to meet the objectives outlined in these plans, UNICEF re-established and expanded its operational and technical capacity. In particular, staff increased from approximately 56 to approx. 264. At the end of December 2010 there were more than 255 fulltime UNICEF staff in the Haiti Country office, of whom 127 were nationals and 85 were internationals. These additional staff included 43 consultants.<sup>81</sup>

Following the earthquake UNICEF appealed in 2010 for a total amount of USD 350 million (USD 222.8 million for relief and rehabilitation and USD 127.2 million for early recovery,

<sup>80</sup> Hereafter 'UNICEF' implies UNICEF's office in Haiti. UNICEF Nederland is the SHO organisation through which SHO funding has been channeled to UNICEF.

<sup>81</sup> UNICEF progress report 12 January – 1 December 2010.

preparedness and disaster risk reduction). Of this total appeal USD 309 million was received from 125 different donor sources in 2010. The SHO contribution to UNICEF's activities was channelled via UNICEF Nederland and amounted to USD 12.27million (EUR 9.86 million<sup>82</sup>), of which USD 5.97 million<sup>83</sup> was spent in the first 12 months after the disaster.<sup>84</sup> Total expenditure of UNICEF in Haiti in 2010 was USD 149,948.048.<sup>85</sup> According to UNICEF, the SHO contribution constitutes approx. 3.6% of the overall UNICEF actual expenditure. During the interview with UNICEF in Haiti, the evaluation team was told that because SHO's funding was not restricted to 2010, UNICEF had given priority to spending funds from other donors in 2010.

The following table presents UNICEF's targets and achievements for 2010 in Haiti.

**Sectors covered, expenditure, targets set and achievements realised by UNICEF with SHO funding in 2010**

Sector	Expenditure in EUR	Targets set for the overall programme	Achievements with SHO funding*
WASH	880,100	<ul style="list-style-type: none"> <li>• 500,000 people with 10 litres of safe water per person per day</li> <li>• 12,500 latrines constructed to provide emergency sanitation for 250,000 displaced people</li> <li>• Knowledge on hygiene practices imparted to 250,000 people</li> <li>• Water and sanitation infrastructure established in 7 schools</li> <li>• Soap distributed to schoolchildren</li> <li>• Distribution of hygiene kits</li> </ul>	<ul style="list-style-type: none"> <li>• 24,408 people have access to 6.5 litres of safe water per person per day#</li> <li>• 393 latrines were constructed, providing 28,944 persons with emergency sanitation</li> <li>• 25,524 people were reached</li> <li>• 878 persons benefitted from the infrastructure</li> <li>• 54,000 children had access to soap at school</li> <li>• 16,200 persons benefitted from 3,240 kits that have been distributed</li> </ul>
Food security and nutrition	691,218	<ul style="list-style-type: none"> <li>• <i>Construction of 107 baby-friendly tents and spaces</i></li> <li>• 71,000 infants under 12 months and young mothers receiving feeding support</li> <li>• 4,850 children with severe acute malnutrition treated</li> <li>• <i>Coordination of support through the UNICEF-led nutrition cluster enabled the provision of ready-to-use infant formula</i></li> <li>• Vitamin A supplements distributed to children (9months-7years old)</li> </ul>	<ul style="list-style-type: none"> <li>• <i>4 baby-friendly tents/spaces constructed</i></li> <li>• <i>3,674 infants and 1,761 mothers received feeding support</i></li> <li>• 405 children with severe acute malnutrition treated</li> <li>• <i>1,188 infants received ready-to-use infant formula</i></li> <li>• 6,696 children received Vitamin A supplements.</li> </ul>

<sup>82</sup> The UNICEF financial report for the period 12/1/2010 to 12/12/2010 mentions an amount committed of EUR 9,573,482. In the SHO Third Joint Report on Haiti 13 January – 31 December 2010 the amount committed is EUR 9,858,553 of which EUR 5,974,128 was spent by UNICEF in 2010.

<sup>83</sup> In its financial statement UNICEF uses an exchange rate of EUR 1=USD 1.31.

<sup>84</sup> Figures from progress report 12/1/10 – 12/1/11.

<sup>85</sup> Figures for final spending updated to 31 December 2010.

Health	433,852	<ul style="list-style-type: none"> <li>• 1.5 million children vaccinated</li> <li>• 100,000 households receiving at least two insecticide-treated nets</li> <li>• Supplies and technical assistance to 25 cholera treatment centres and 200 cholera treatment units</li> <li>• <i>Distribution of sachets Oral Rehydration Salts (ORS) with Diarrhoea Disease Kits; Zinc tablets and Ringers Lactate</i></li> </ul>	<ul style="list-style-type: none"> <li>• 69,840 children vaccinated</li> <li>• 5,889 households reached with 12,960 bed nets</li> <li>• 1 cholera treatment centre and 2 cholera treatment units. No coverage is indicated</li> <li>• <i>90,000 ORS, 1,368,000 Zinc tablets and Ringers Lactate distributed</i></li> </ul>
Education	1,014,439	<ul style="list-style-type: none"> <li>• 720,000 children provided with learning material</li> <li>• 2,000 school tents erected as temporary learning spaces</li> <li>• Construction of 200 semi-permanent schools</li> <li>• 5,000 education staff trained</li> <li>• <i>60,000 children benefiting from ECD kits and opportunities</i></li> <li>• No information</li> <li>• No information about the targets of the education cluster</li> </ul>	<ul style="list-style-type: none"> <li>• 25,920 children received learning material</li> <li>• 58 emergency classroom tents were set up, reaching 7,920 children**</li> <li>• 5 semi-permanent schools constructed, reaching 25,920 children**</li> <li>• 216 teachers trained in giving psychosocial support to children</li> <li>• <i>1,927 children received ECD kits</i></li> <li>• Clearing of school compounds (no information about the amount), affecting 1,927 children</li> <li>• Coordination activities within the education cluster, no information about coverage</li> </ul>
Child protection	634,044	<ul style="list-style-type: none"> <li>• 120,000 children benefiting from 450 child-friendly spaces</li> <li>• 50,000 separated/unaccompanied children registered and reunited</li> <li>• No information about targets of sub-cluster</li> <li>• No information</li> </ul>	<ul style="list-style-type: none"> <li>• 3,413 children in 14 child-friendly spaces</li> <li>• 238 children registered and 61 reunited</li> <li>• Coordination in Child Protection sub-cluster</li> <li>• baby-friendly tents for feeding support to 3,672 infants and counselling of 1,760 mothers<sup>86</sup></li> <li>• Distribution of 23 early childhood development kits, 5 play kits for infants, 59 child protection kits with clothing, soap, blankets, etc. and sports and games kits</li> <li>• Improvement of 14 child centres</li> </ul>

<sup>86</sup> This achievement has also been reported under food security and nutrition.

			<ul style="list-style-type: none"> <li>• Communication material in the fight against child trafficking, exploitation and violence</li> </ul>
Programme management support costs	797,822		
Total	4,560,403		

#Results from water trucking for the period January – May 2010. After that UNICEF focused on repairing and extending the water supply infrastructure in earthquake-affected areas, to serve 130,000 people, and on household water treatment priorities elsewhere in the rest of the country.

\*Results calculated in proportion to SHO funding for the activity. The SHO funding contributes to 3.6% of the overall achievements of the UNICEF programme; \*\* Number of beneficiaries unlikely to be correct; Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report the individual organisation submitted to the SHO Back Office.

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. UNICEF Nederland Proposal submitted to SHO dated 15 February 2010. Report on 2010 UNICEF Nederland submitted to SHO Back Office. UNICEF: Children in Haiti, One Year After – The long road from relief to recovery, January 2011.

The SHO contribution to the achievements listed in the table can be assumed to be proportional to the SHO contribution, i.e. 3.6%. In the progress reports to SHO no proportional attribution is presented.

#### Relation between UNICEF (Haiti) and UNICEF Nederland

The role of UNICEF Nederland is exclusively fundraising, lobbying and education. The staff of UNICEF's national committees in donor countries often bring journalists or film crews when they visit the field, to prepare publicity material for fundraising in their country of origin. UNICEF Nederland has not provided technical support to UNICEF's Haiti programme during its implementation. Staff of UNICEF Nederland visited Haiti once (February 2010). A second visit was scheduled for December 2010, but was cancelled because of the unrest during the presidential elections.

UNICEF Nederland funds the Haiti programme with un-earmarked funds. Within the UNICEF administration, however, the use of the Dutch contribution is administered separately. The contribution of UNICEF Nederland was appreciated, because it was not specifically earmarked, and because it did not have a tight termination date and therefore enabled UNICEF the organisation to employ a flexible response in Haiti. When funds had to be used for the cholera outbreak, UNICEF (Haiti) sought and obtained permission from UNICEF Nederland, because it was felt that this was a different emergency than the earthquake disaster to which the funds had been allocated. Many contributions from other sources had to be spent before the end of 2010, and therefore priority was given to using those funds. By 31 December 2010 the funds from UNICEF Nederland had been only partially used up, but since then their utilisation has speeded up.

#### Coordination

In Haiti (and in other humanitarian emergency situations) UN agencies and international NGOs are working together with national partners in sectorally or thematically defined clusters to deal with the direct aftermath of the emergency. The 'Cluster Approach' is a critical pillar of the Humanitarian Reform process led by the Inter-agency Standing Committee; it seeks to improve the effectiveness of humanitarian response by ensuring greater predictability and accountability in partnerships. The coordinating role in the each of the clusters is assigned beforehand globally, usually to one of the UN organisations. UNICEF is involved in a number of clusters as can be seen from the box below.

## Involvement of UNICEF Haiti in coordination activities

In its country-wide emergency programme, UNICEF Haiti works directly with over fifty international and national NGO and civil society implementing partners. The organisation works closely with the United Nations Stabilization Mission in Haiti (MINUSTAH) and plays an active role in the United Nations Humanitarian Country Team.

UNICEF Haiti has also been involved in a number of clusters, as lead, co-lead or participant:

- It co-leads the Education Cluster with Save the Children Alliance;
- It leads the Nutrition cluster and co-leads the Water, sanitation and hygiene (WASH) cluster with the National Directorate for Water Supply and Sanitation (DINEPA);<sup>87</sup>
- It has been the lead of the Child protection sub-cluster and has supported the United Nations Population Fund (UNFPA) in leading the Gender-based Violence Sub-Cluster. It co-chairs the Mental Health and Psychosocial Support Group with the International Organization for Migration (IOM);
- UNICEF Haiti also supports activities coordinated by the Health Cluster, led by the World Health Organization, and is supporting efforts in other key clusters, including Early Recovery, led by the United Nations Development Programme (UNDP).

Source: UNICEF Nederland, report covering 2010 and information provided by UNICEF Headquarters.

Since the outbreak of the cholera epidemic in late 2010, more cluster meetings and technical working groups have had to be attended by international and national NGOs and associations. International NGOs are interested in participating in clusters, but not all cluster members report in a timely or consistent manner to the Cluster Coordinators and/or Information Managers, which makes it difficult to manage the information .

Issues concerning the functioning of the cluster system are:

- The effectiveness of the clusters varies greatly. According to UNICEF this is because Haiti is 'a weak state and a republic of NGOs'.
- The cluster system includes UN organisations and a number of international NGOs (such as Save the Children, Oxfam, Act Alliance, World Vision). In some of the clusters, local NGOs are not meaningfully represented.
- UNICEF makes considerable effort to lead the clusters for which it is responsible, and some UNICEF staff are spending much of their time leading their cluster. Most UNICEF staff are engaged in programme implementation and oversight. For UNICEF the combination of leading a cluster and doing programmatic work is helpful: lessons learned are easier to implement and good oversight of the actual problems is gained by all involved.

More than a year after the earthquake, respondents feel that the cluster system in Haiti has to be adapted to the changing situation on the ground. In Haiti it is difficult to draw a clear line between emergency relief and development aid. Overall, much of the aid effort is currently in a transition phase. In this phase the Government of Haiti should take the lead more explicitly, but their representation in many clusters is not yet sufficiently strong. The linkages with national NGOs also need to be strengthened. Haitian stakeholders must have a significant role, to ensure ownership of the interventions.

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<sup>87</sup> Oxfam has also been a co-lead of this cluster.

### Quality standards

UNICEF's humanitarian interventions adhere in principle to the Code of Conduct for the International Red Cross and Red Crescent Movement. The UN also has its own Code of Conduct and UNICEF has a specific Code of Conduct for sexual abuse and exploitation. In emergencies, UNICEF's response follows its Core Commitments to Children.

The Sphere standards cover relief assistance in the main sectors, as well as in cross-cutting issues. The report over the period 12/1/10 to 12/1/11 presents a very general description of problems faced in the specific context of the Haiti earthquake relief effort. The main constraints are land tenure issues, weak government capacity, limited availability of drinking water, the incomplete of registration of children at birth, lack of adequately trained staff and health infrastructure. The effects of these constraints on the Sphere standards are not described in the report.

### Transition strategy

In its report for the period 12/1/10 to 12/1/11 UNICEF observes that the start and speed of transition is specific for each of the sectors. Transition from relief to rehabilitation and development requires long-term partnerships and inter-sectoral planning. In education, the move from temporary schools to semi-permanent schools has already begun.

## **13. World Vision**

### **13.1 General information**

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. The organisation aims to respond to the needs of the people and communities through a multi-sectoral approach, addressing basic needs and improving conditions. In order to provide quality programming, World Vision strives to ensure Sphere and humanitarian accountability standards are met and that it remains accountable to all stakeholders. World Vision is active in nearly 100 countries around the globe.

The World Vision Haiti National Office (HNO) implemented regular development programmes for more than 30 years before the earthquake. Given the country's history of hurricanes, these programmes included some emergency components and were implemented in four areas: North, Central plateau, South and la Gonaive.

### First response of World Vision after the earthquake

After the earthquake, HNO immediately started to concentrate on emergency aid before the Global Rapid Response Team (GRRT) arrived. From day one, HNO provided medical relief and took emergency items out of its warehouses. Since World Vision was involved in a food aid programme with WFP, these items were transported to Port-au-Prince. With the arrival of the GRRT, the first activities of HNO were devolved to the GRRT. The national office did not have partners in Port-au-Prince. Due to the scale of the emergency, the GRRT started to take over the response from the moment they arrived. HNO continued its regular programmes, but adjusted them by adding psychosocial care for the people moving out from the affected areas. The GRRT set up the emergency aid response programme and its implementation during the first three months and was succeeded by the HEERT (Haiti Earthquake Emergency Response Office), also known as HERO (Haiti Earthquake Response Office).

During the first 90 days many assessments were conducted, including rapid assessments in January and February 2010. During this period a position paper was prepared, focusing on the immediate needs relating to several topics which needed to be addressed by the Government of Haiti, donors, UN and the international community. The overall emergency response of World Vision in 2010 consisted of the distribution of food, water and non-food items, and the provision of medical trauma care, primary health care, nutrition services, water and sanitation facilities and child-friendly spaces to Haitian children and families.

In 2010 World Vision spent USD 700 million on emergency aid all over the world, of which USD 107 million was spent in Haiti. World Vision in Haiti recruited about 600 employees over a period of 7 months after the earthquake. In August 2010 the team included 100 expatriates.<sup>88</sup>

#### Relation between World Vision in Haiti and World Vision Netherlands

The relation between World Vision in Haiti and World Vision Netherlands was mainly based on funding. All the World Vision national offices throughout the world agreed to leave the responsibility for the emergency response in Haiti to World Vision's Haiti Earthquake Emergency Response Office, as channelling the response through one office would improve efficiency. Therefore the role of World Vision in the Netherlands was limited to funding and communicating the results achieved to the Dutch public. The total Dutch commitments for the overall emergency response amounted to EUR 1,258,000. In 2010 EUR 577,590 was spent, mostly on non- food items (NFI). The Dutch contribution was less than one per cent of World Vision's total budget for Haiti of EUR 200 million. The table below shows the expenditure of the contribution provided by World Vision Netherlands in 2010.

#### **Total expenditure by World Vision Netherlands in EUR on emergency response in Haiti in 2010**

<b>Sector of expenditure</b>	<b>Amount in EUR</b>
- Shelter & non-food items	525,135
- Programme Management Support	52,455
<i>Total expenditure 2010</i>	<i>577,590</i>
- overheads	36,952 (= 6.4%)

Source: Interim financial reporting by World Vision over 2010 to SHO.

#### Achievements

World Vision targeted the affected Port-au-Prince area and surrounding peri-urban areas through a multi-sectoral programme. The programme's interventions covered most sectors and varied with the location and the need. In Port-au-Prince, the sectors largely covered are Children in Emergencies (Child Protection, Education, Family Reunification, and Anti-Trafficking), Cash for Work, Cash Transfers , early recovery/economic livelihoods, agriculture, food aid/ commodities, health (general health, nutrition, and mental health), *non-food item distribution and shelter*, WASH, and also two major cross-cutting issues: advocacy and protection. The areas outside of Port-au-Prince include similar sectors, but focus mainly on rural development, with a strong emphasis on agriculture, HIV/Aids prevention, health, and economic livelihoods and training.<sup>89</sup>

<sup>88</sup> Cascioli, R., Fontaine, L., Ruegg, T. (2010) *Lessons learnt from World Vision Haiti earthquake response, a multi-sectoral approach to learning August 2010*. World Vision.

<sup>89</sup> Haiti Earthquake Emergency Response Team (2011) *World Vision Haiti Earthquake Emergency Response; Annex to Internal One Year Report Programmed Overview 12 January 2010 – 12 January 2011*. World Vision.

### Results achieved with SHO funds in 2010

The total programme of shelter and non-food items covered the neighbourhoods of Pétion-Ville, Canape Vert, Delmas, and St. Martin in Port-au-Prince; and some rural areas. The implementing partners were World Vision Haiti and the Haitian Earthquake Emergency Response Team (HEERT). Non-food items were funded primarily by the following donors: CIDA, Japan, Hong Kong Government, UK DEC, New Zealand Aid and Netherlands SHO. In the emergency phase, the aim was to provide immediate access to shelter and household items to families deprived of these by the earthquake. Non-food items include materials to meet basic household needs. Up to 30 June 2010, 595,309 non-food items had been distributed in total. 45,000 households had been reached; 4,400 of these were households in Port-au-Prince that were targeted with SHO funding earmarked for this specific activity. The output achieved with SHO funds is presented in the table below. The distribution of non-food items with SHO funds took place until 30 June 2010.

This section on achievements is based on information obtained by a desk study based on documents submitted to SHO. Specific monitoring reports/surveys about the distribution in Port-au-Prince and what the impact has been of these distributions on the people affected, was not available for the evaluation team.

### Sectors covered, expenditure and achievements by World Vision with SHO funding in 2010

Sector	Expenditure (EUR)	Planned output	Achievements
Non-food items & Shelter	525,135	<p><b>Non-food items</b></p> <ul style="list-style-type: none"> <li>• 2,200 kitchen sets</li> <li>• 2,200 blankets</li> <li>• 8,800 mosquito nets</li> <li>• 8,800 mattresses</li> <li>• 970 lockable boxes</li> <li>• 4,400 plastic sheets</li> </ul> <p><b>Shelter</b></p> <ul style="list-style-type: none"> <li>• 13,200 tarpaulins</li> </ul>	<p><b>Non-food items</b></p> <ul style="list-style-type: none"> <li>• 2,808 kitchen sets<sup>90</sup> reaching 2,808 households</li> <li>• 2,914 blankets for 2,914 households</li> <li>• 9,523 mosquito nets for 4,761 households</li> <li>• 3,756 mattresses for 1,878 households</li> <li>• 17,318 tarps</li> <li>• 2,147 lockable boxes for 2,147 households</li> <li>• 18,080 plastic sheets<sup>91</sup> for 9,040 households</li> </ul> <p><b>Shelter</b></p> <ul style="list-style-type: none"> <li>• 17,318 tarpaulins for 5,772 households</li> </ul>
Programme management	52,455 (= 9.1% of total)		Warehouses and transport costs for emergency items, salaries of international staff, office costs such as computers,

<sup>90</sup> Each kitchen kit contains the recommended IFRC contents: a 7-litre stainless steel cooking pot with handles, a 2.5-liter stainless steel frying pan with detachable handle, a 5-litre stainless steel cooking pot with lid and handle, 5 stainless steel cups, 5 stainless steel plates, 5 stainless steel bowls, 5 stainless steel spoons, 5 stainless steel forks, 5 stainless steel table knives, a wooden stirrer and a kitchen knife (World Vision first narrative report submitted to SHO).

<sup>91</sup> Comparing the third narrative progress report of World Vision Netherlands submitted to SHO with the SHO Third Joint Report on Haiti 13 January-31 December 2010, reveals an inconsistency in the figures for tarpaulins versus plastic sheets. It seems these figures have been mixed up. Moreover, in the SHO Third Joint Report, blankets are reported twice. The output figures for tarpaulins given here are based on the third narrative report of World Vision to SHO.



ment support costs	expenditure)		electricity, fuel, and items that guarantee the safety of staff, such as radios and fire extinguishers.
Total <sup>92</sup>	577,590		

Figures and text in italics represent information not included in the SHO Third Joint Report, but in the report on 2010 World Vision submitted to the SHO Back Office.

Source: SHO Third Joint Report on Haiti 13 January – 31 December 2010. SHO, March 2011; World Vision Proposal submitted to SHO dated February 2010; Report on 2010 World Vision submitted to SHO.

The table shows that in general, more non-food items have been distributed with SHO funds than planned, especially in the case of plastic sheets. The exception is the number of mattresses distributed, which is less than planned. In the context of the Haiti earthquake response, from the outset non-food items have been a powerful resource in supporting the affected people. These items have provided a direct and effective means for providing shelter and allowing people to establish camps; also important were the items that were basic household supplies.

Non-food items were integrated with several other sectors such as Health, Shelter, Protection, Child-Friendly Spaces, Education, Early Recovery & Livelihoods, Family Tracing and WASH. In total, World Vision distributed more than ten different categories of non-food items in 2010.<sup>93</sup> All the distribution was done by World Vision itself. In addition to the Global Rapid Response Team, World Vision also has a Global Prepositioning Resource Network (GPRN), which set up an Emergency Logistics Team (ELT) in Haiti 72 hours after the earthquake. Together with the procurement team, the Emergency Logistics Team procured and distributed the non-food items during the initial stages of the response. After the Emergency Logistics Team phased out, the distributions were taken over by a specific 'non-food items team' in the Haiti Earthquake Response Office.

Based on documents of World Vision, results achieved at output level are assumed to contribute to child wellbeing at outcome level. For example the distribution of non-food items to beneficiaries are assumed to contribute to enjoying good health; protection of children from infection, disease and injury; children reading, writing and using numeracy skills; adolescents that are ready for economic opportunity; children access and complete basic education.<sup>94</sup> However, data on the impact at outcome level was not available.

The distribution of non-food items was augmented with the Home Improvement Kits project, which started mid-December 2010 and was funded with SHO funds.<sup>95</sup> The Home Improvement Kits are part of a camp transition project to relocate the Internally Displaced Persons (IDPs) residing in the IDP site to the recipient / host family residing outside of the IDP site, in order to reunite families. The transition project also aims to support IDPs residing in IDP camps to return to their houses and to increase their ability to make their homes habitable. Due to the reporting cycle of SHO, World Vision had to submit a report in January 2011 on the results achieved in 2010, although by then the Home Improvement Kits project had been running for only a month. These results have not been included here. Initially it was intended to make a field visit to observe the distribution of Home Improvement Kits. However, at the registration session conducted by IOM and supervised by World Vision, held in the week before the field visit, the camp committee put pressure on

<sup>92</sup> In addition, EUR 36,952 (6.4%) was spent on overheads (AKV).

<sup>93</sup> Haiti Earthquake Emergency Response Team (2011) *World Vision Haiti Earthquake Emergency Response; Annex to Internal One Year Report Programmed Overview 12 January 2010 – 12 January 2011*. World Vision.

<sup>94</sup> Haiti Earthquake Emergency Response Team (2011) *World Vision Haiti Earthquake Emergency Response; Annex to Internal One Year Report Programmed Overview 12 January 2010 – 12 January 2011*. World Vision.

<sup>95</sup> The third SHO funded intervention will be an Education project starting in July 2011.

the IOM staff member carrying out the registration to include certain other beneficiaries in the distribution even though they did not fulfil the selection criteria. This created tension with the result that World Vision's protection manager, who was investigating the issue, advised that the distribution should not go ahead as planned.

### Quality standards

World Vision is committed to the Sphere standards, HAP accountability tools and Red Cross, Red Crescent and NGO Code of Conduct. Staff have been trained on how to adopt the standards in their work whenever feasible. The World Vision office in Haiti hosted the Sphere project for 6 months. At the level of implementation it proved challenging to meet all Sphere criteria because of the complexity of the context, such as the scale and urban character, the poor infrastructure, the insecurity, and the prevailing poverty. Due to the reporting format of SHO, World Vision did not systematically elaborate upon the extent to which certain standards have been met. Below, only three standards will be discussed, to illustrate the problems they faced.

The first example is the distribution of DURANET impregnated mosquito nets, to help prevent people being stung by mosquitoes. This result falls under the standard: 'all disaster-affected people have the knowledge and the means to protect themselves from disease and nuisance vectors that are likely to represent a significant risk to health and well-being'. The second example is the distribution of 3 tarpaulins of 4x6m each per household, to provide cover for 14 m<sup>2</sup> area per person (the minimum cover according to the key indicator is 3.5m<sup>2</sup>). This is in line with the standard: 'people have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken, and livelihood support activities can be pursued as required'. The third example is the distributed kitchen sets that have given the affected households access to cooking and eating utensils.

### Coordination

World Vision is actively involved in forums to coordinate with other agencies. To prevent staff from being too tied up with meetings, World Vision has appointed a UN liaison officer who has participated in UN cluster coordination meetings, sub-cluster meetings, technical working meetings, and the forums mentioned below.<sup>96</sup> The liaison officer reports the content of the meetings back to World Vision. The cluster chiefs themselves attend the cluster meetings.

The *Humanitarian Country Team* (HCT) falls under leadership of the UN Humanitarian Coordinator, and is composed of the local heads of UN agencies and leaders from ten NGOs. The latter include World Vision and some SHO members: Oxfam, Save the Children, Care and Tearfund. The objective of the HCT is to ensure that the humanitarian action of the previously mentioned organisations is coordinated and contributes to longer-term recovery. The HCT seeks to support and coordinate with national and local authorities when possible and to address critical issues that emerge for the humanitarian response in-country, especially those beyond the scope of any organisation.<sup>97</sup>

*Comité Permanent Inter Organisations* (CPIO) coordinates international NGOs working in Haiti. It is the national chapter of all NGOs that participate in the International Inter-Agency Standing Committee. The CPIO previously had 9 core members: Oxfam, Care, ACF, Save

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<sup>96</sup> World Vision (2011) *Narrative Reporting Phase I: emergency, 13 June/31 December 2010*. SHO.

<sup>97</sup> Ibid.

the Children, Médecins du Monde, ACTED and Lutheran World Federation Concern, Catholic Relief Services and IFRC. After the earthquake, World Vision was invited to attend the group and has remained an active member. CPIO serves as a platform for NGOs to discuss issues related to humanitarian standards, accountability and coordination.

Along with other members, World Vision attends meetings hosted by the *International Council for Voluntary Agencies (ICVA)* interaction when appropriate, to coordinate response efforts and share information. World Vision has actively contributed to advocacy activities undertaken by ICVA.

### Accountability

World Vision has a Humanitarian Accountability Team that focuses on accountability and quality assurance for World Vision beneficiaries receiving services in camps managed by World Vision, and in sectors in camps not managed by World Vision. The team comprises community liaison officers who are responsible for sending beneficiaries information via sms messages, selecting beneficiaries, receiving feedback and ensuring that Sphere standards are enforced and maintained. Moreover the team ensures that beneficiaries have a voice in the camp transition process.

World Vision has applied a community-based approach which comes to expression in different ways. It cooperates with camp committees and community mobilisers. Community sensitisation meetings have been held in camps managed by World Vision, to promote the participation of all residents, especially the most vulnerable. Camp or Community Liaison Officers held Complaints Response Mechanism development meetings in camps managed by World Vision, and observation and feedback forms in French and Creole were also handed out, so that people could express possible complaints. World Vision has supervised sector technical staff to ensure that communities are involved, in order to assure ownership and effectiveness.

### Transition strategy

On 23-25 February 2010, World Vision held a round table conference in Santo Domingo to discuss its medium- to long-term strategy for Haiti. Given the context, complexity and fluidity of the situation, it was difficult to make a detailed and complete programme strategy. The strategic intentions considered were Staff Care, Organisational Development, Child Wellbeing and Community Resilience, Advocacy integration and Christian Commitments.

According to World Vision, child focus and community resilience are strategic programme intents. A Children in Emergencies focus to programming is integrating child protection, education, health and WASH. WASH and Health are also integrated with emergency shelter, non-food items and food distribution, with humanitarian protection as the target. The programme of child focus and community resilience is to last five or six years. In the future, livelihoods and Disaster Risk Reduction will be added, while shelter and community infrastructure will become important sectors for serious consideration.

World Vision received almost USD 200million of earmarked and unearmarked funding committed to the response. The principles applied when allocating the funds were: front-loaded expenditure for earmarked funds; unearmarked funds have been used to fill gaps and to be carried forward into later years of the programme lifecycle.

World Vision is gradually transitioning from emergency to recovery and rehabilitation and is continuing its activities that focus on children in emergencies, food aid<sup>98</sup>, early recovery/ livelihoods, health and nutrition, shelter and non-food items, WASH and advocacy. Its cross-cutting themes are accountability, disability, environment, gender, disaster risk reduction and protection. The project aims to pull back from the camps and back into the communities. A clear transition strategy has not yet been put on paper but a high-level strategy is in place. HNO and HERO plan to integrate their programmes by the end of 2011 and to have set up a transition strategy. No full exit strategy from the country has been foreseen.

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<sup>98</sup> The food aid programme is now focussing on school meals and food vouchers. World Vision stopped food distributions in May 2010.