



Ministry of Foreign Affairs of the
Netherlands

IOB Evaluation

Assisting Earthquake Victims: Evaluation of Dutch Cooperating Aid Agencies (SHO) Support to Haiti in 2010

Assisting Earthquake Victims: Evaluation of Dutch Cooperating Aid Agencies (SHO) Support to Haiti in 2010 | IOB Evaluation | no. 358 | Assisting Earthquake Victims



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Preface

The 7.0 magnitude earthquake that devastated the greater Port-au-Prince urban area in Haiti on 12 January 2010 was the biggest urban disaster in recent history. The event killed an estimated 230,000 people, injured a further 300,000, and left more than 1.3 million homeless.

In response, a massive relief and recovery effort has been undertaken by a complex array of national and international actors – one of the largest since the Indian Ocean tsunami of December 2004. This effort includes Dutch non-governmental organisations funded through the SHO Foundation, which organised a public fund-raising campaign in response to the crisis. The campaign, plus EUR 41.7 million contributed by the Netherlands Ministry of Foreign Affairs, resulted in a sum of EUR 111.4 million being available to SHO to fund assistance to post-earthquake Haiti.

This evaluation, conducted at the request of the Humanitarian Aid Division of the Ministry of Foreign Affairs, covers the SHO organisations' emergency relief and recovery activities implemented in 2010. The expenditure by the SHO organisations in 2010 (EUR 41 million) represents some 4% of the approximately EUR 1 billion total external support disbursed by public sector donors in that year to Haiti.

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The evaluation concludes that the approach followed by the SHO organisations and their partners when providing support to Haiti has been consistent with internationally accepted humanitarian principles and has largely adhered to the standards for delivering humanitarian aid. Their response has covered the sectors in which the needs of those affected by the disaster were greatest. It is also concluded that the assistance provided has contributed to meeting the immediate basic material and non-material needs of tens of thousands of people affected by the earthquake and that where possible and appropriate, attention has been given to early rehabilitation. The relief activities were prolonged due to the protracted nature of the emergency. This was caused by the cholera epidemic which started in October 2010 and the inability of the international community to quickly start large-scale rehabilitation and reconstruction activities, largely due to other contextual factors, including the lack of planning by the Haitian government.

The enormity of the disaster was compounded by the urban context in which the earthquake struck, weak governance and state structures which were also severely affected by the earthquake. This challenged the relief efforts across sectors. The global standards for humanitarian aid had to be adapted to the specific circumstances. In general, the aid provided in 2010 addressed the immediate basic needs of those affected by the earthquake. At the same time there are indications that not all immediate and emerging needs could be addressed to the extent required.

The evaluation points out a number of issues that the SHO and its organisations should address in future humanitarian campaigns. They relate to the type of aid provided, the ways in which the SHO and its constituent agencies have organised their support, including the current manner in which the achievements in Haiti are reported. Reinforcing transparency regarding the ways in which the SHO Foundation functions, and how its member organisations have organised the implementation of their relief and rehabilitation activities in support of those affected by humanitarian disasters is important to safeguard public trust.

Ted Kliet of IOB coordinated the evaluation which was conducted together with IOB researcher Rafaëla Feddes and consultants Bert van de Putte and Hans Bruning. Pradhally Nicolas and Aly Veline, both graduate students at the University of Port-au-Prince provided assistance during the field work in Haiti.

The evaluation was guided by a reference group consisting of Madelon Cabooter (Head of the Childrens Rights and Programmes Department of UNICEF Nederland) representing SHO, Margriet Koeleman, senior policy officer in the Human Rights, Gender Equality, Good Governance and Humanitarian Aid Department of the Netherlands Ministry of Foreign Affairs, and Mariska van Beijnum (Deputy Head of the Conflict Research Unit, Netherlands Institute of International Relations Clingendael). The reference group provided comments on the Terms of Reference for the evaluation and the draft version of the report. IOB evaluators Hans Slot, Max Timmerman and Henri Jorritsma were involved as 'internal readers'.

Thanks are due to all respondents who contributed to the evaluation. These include staff of the SHO organisations and their counterparts in Haiti involved in the implementation of the response, staff of the SHO Back Office and beneficiaries in the projects and programmes covered by the evaluation.

IOB bears full responsibility for the contents of this report.

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Glossary

Appropriateness

The extent to which humanitarian activities have been tailored to meet local needs and have increased ownership, accountability and cost-effectiveness accordingly. (Beck 2006).

Cluster approach

A mechanism for sector coordination introduced by the UN in December 2005 to enhance the ability of the emergency relief coordinators (globally) and the humanitarian coordinators (on the ground) to manage humanitarian response effectively.

Commitment

The firm – but not necessarily legally binding – pledges of assistance made by donors.

Connectedness

The need to ensure that activities of a short-term emergency nature are carried out in a context that takes account of longer-term and interconnected problems. (Beck 2006).

Consolidated Appeal Process (CAP)

A tool developed by aid organisations in a given country or region to raise funds for humanitarian action as well as to plan, implement and monitor their joint activities. Consequently, the CAP is much more than an appeal for money.

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Coordination

Activities of two or more development partners that are intended to mobilise aid resources or to harmonise their policies, programmes, procedures and practices so as to maximise the effectiveness of their aid resources.

Coherence

The need to assess security, developmental, trade and military policies as well as humanitarian policies, to ensure that there is consistency and, in particular, that all policies take into account humanitarian and human-rights considerations. (Beck 2006).

Coverage

The need to reach major population groups, where ever they are, who face life-threatening suffering. (Beck 2006).

Disaster

A calamitous event resulting in loss of life, great human suffering and distress, and large-scale material damage. It can be man-made (war, conflict, terrorist acts, etc.) or have natural causes (drought, flood, earthquake, etc.).

Disaster risk reduction

Disaster Risk Reduction is the conceptual framework of elements considered within the broad context of sustainable development, in terms of possibilities to minimise vulnerability and disaster risks throughout a society, in order to avoid (by preventing) or limit (by being prepared and mitigating) the adverse impacts of hazards. The disaster risk reduction framework is composed of the following fields of action: i) Risk awareness and assessment, including hazard analysis and vulnerability/capacity analysis; ii) Knowledge development, including education, training, research and information; iii) Public commitment and institutional frameworks, including organisational, policy, legislation and community action; iv) Application of measures, including environmental management, land-use and urban planning, protection of critical facilities, application of science and technology, partnership and networking, and financial instruments; v) Early warning systems, including forecasting, dissemination of warnings, preparedness measures and reaction capacities. (United Nations Secretariat of the International Strategy for Disaster Reduction 2002).

Early recovery

The application of development principles to humanitarian situations to stabilise local and national capacities and prevent them from deteriorating further, so that they can provide the foundation for full recovery and stimulate spontaneous recovery activities within the affected population. Stabilising and using these capacities in turn reduces the amount of humanitarian support required. (UNDP 2008).

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Early recovery is a multidimensional process of recovery that begins in a humanitarian setting. It is guided by development principles that seek to build on humanitarian programmes and to catalyse sustainable development opportunities. Early recovery addresses a critical gap in coverage between humanitarian relief and long-term recovery – specifically between reliance and self-sufficiency. While working within a humanitarian setting, early recovery team workers have their eyes on the future when they assess damage to infrastructure, property, livelihoods, and societies. Their goal is to enable a smoother transition to long-term recovery – to restore livelihoods, government capacities, shelter – and offer hope to those who survived the crisis.

Effectiveness

The extent to which the development intervention's objectives have been achieved, or are expected to be achieved, taking into account their relative importance. Note: Also used as an aggregate measure of (or judgement about) the merit or worth of an activity, i.e. the extent to which an intervention has attained, or is expected to attain its major relevant objectives efficiently in a sustainable fashion and with a positive institutional development impact. (OECD DAC 2002).

Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness. (Beck 2006).

Efficiency

A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted into results. (OECD DAC 2002).

Emergency relief

The immediate survival assistance to the victims of crisis and violent conflict. Most relief operations are initiated at short notice and have a short implementation period (project objectives are generally completed within a year). The main purpose of emergency relief is to save lives. (UNHCR 2006).

Flash appeal

A tool for structuring a coordinated humanitarian response to sudden onset emergencies. It is activated by the UN's humanitarian coordinator in consultation with the IASC country team and following endorsement by the Emergency Relief Coordinator and the IASC. The government of the affected country is also consulted.

Humanitarian aid

A generic term used to describe the aid and action designed to save lives, alleviate suffering and maintain and protect human dignity during and in the aftermath of emergencies.

Humanity

The ethic of saving human lives and alleviating suffering wherever it is found.

Impartiality

The implementation of actions solely on the basis of need, without discriminating between or within affected populations.

Independence

(In relation to humanitarian objectives): free from the influence, guidance or control of the political, economic, military or other objectives that an actor may have for a country or region where humanitarian action is being implemented.

Inputs

The financial, human, and material resources used for the development intervention. (OECD DAC 2002).

Neutrality

Not favouring any side involved in an armed conflict or other dispute in the country or region where humanitarian action is being carried out.

Objective

The intended physical, financial, institutional, social, environmental, or other development results to which a project or program is expected to contribute. (OECD DAC 2002)

Outcome

The likely or actual short-term and medium-term effects of an intervention's outputs. (OECD DAC 2002).

Outputs

The products, capital goods and services which result from a development intervention; may also include changes resulting from the intervention which are relevant to the achievement of outcomes. (OECD DAC 2002).

Post-disaster needs assessment

An assessment of the extent to which the needs of countries/areas affected by crises and humanitarian needs remain unmet. These assessments are intended to be used by governments and the international development community as a basis for the recovery and reconstruction plans and programmes. In cases requiring external assistance that includes leveraging of targeted or additional assistance from donors, these assessments may also function as the basis for discussions to determine international development assistance.

Protection

A concept that encompasses all activities aimed at ensuring that the rights of the individual are fully respected in accordance with the letter and spirit of human rights, refugee and international humanitarian law. Protection involves creating an environment conducive to respect for human beings, preventing and/or alleviating the immediate effects of a specific pattern of abuse, and restoring dignified conditions of life through reparation, restitution and rehabilitation. (UNOCHA 2003).

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The concept of protection has been approached in many different ways. In its most basic interpretation, some relate it to the basic delivery of humanitarian assistance appropriate to the essential survival needs (food, water, health, shelter) of vulnerable populations. Others place protection within the framework of international instruments available under international law, in which the monitoring and recording of violations of international humanitarian and human rights legislation yields evidence used to confront those responsible, with the aim of persuading them to desist. Other examples of activities falling under the heading of protection are institution-building, governance and judicial programmes, and deployment of peacekeeping troops. The framework for the protection of populations is principally enshrined in international law, which defines the legal obligations of States or warring parties to provide assistance to individuals or to allow it to be provided, and also their obligations to prevent and refrain from behaviour that violates fundamental human rights. Ensuring protection of populations is a core objective of humanitarian action.

Reconstruction

Actions taken to re-establish a community after a post-disaster period of rehabilitation. They include construction of permanent housing, full restoration of all services and complete resumption of the pre-disaster state. (UNOCHA 2008).

Recovery

See 'Early recovery'.

Rehabilitation

Actions which enable the affected population to resume more or less 'normal' patterns of life. These actions constitute a transitional phase and can co-occur with relief activities, as well as with further recovery and reconstruction activities. (UNHCR 2007).

Relevance

The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, the country's needs, global priorities and partners' and donors' policies. Note: Retrospectively, the question of relevance often becomes a question as to whether the objectives of an intervention or its design are still appropriate (OECD DAC 2002).

Assessing a project's relevance entails assessing whether the project is in line with local needs and priorities (as well as donor policy). (Beck 2006).

Remittances

Transfers of money from one private individual to another – usually a relative or friend – in another country.

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Sustainability

The continuation of benefits from a development intervention after major development assistance has been completed. (OECD DAC 2002).

Timeliness

A key element in the assessment of effectiveness, because the phasing of interventions is often crucial to success. Evaluations should therefore consider whether interventions have been carried out in a fashion that adequately supported the affected population at different phases of the crisis. Key stakeholders must be asked whether they think that the provision of support, goods and services was timely. (Beck 2006).

Triangulation

Scrutinising or checking the same information from more than one source.

Vulnerability

A person's or group's capacity to anticipate, cope with, resist and recover from the impact of a natural hazard. Vulnerability is deeply rooted, and any fundamental solutions involve political change, radical reform of the international economic system, and the development of public policy to protect rather than exploit people and nature.

Abbreviations

ACT	Action by Churches Together Alliance
AKV	Overheads (a cost category used by SHO max. 7% for 'preparation and coordination'; these costs are not related to direct costs for the implementation of projects or programmes, see also PMS).
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CAP	Consolidated Appeal Process
CARICOM	Caribbean Community
CERF	Central Emergency Revolving Fund (of OCHA until December 2005)
CHF	Swiss Franc
CNSA	Coordination Nationale de la Sécurité Alimentaire (Haitian government institution)
CRWRC	Christian Reformed Relief World Committee (international NGO)
CTC	Cholera Treatment Centre
CTU	Cholera Treatment Unit
DAC	Development Assistance Committee (OECD)
DINEPA	Direction Nationale de l'Eau et de l'Assainissement (Haitian government institution)
DMH	Department for Human Rights, Good Governance and Humanitarian Aid (Netherlands Ministry of Foreign Affairs)
DMH/HH	Humanitarian Aid Division (Netherlands Ministry of Foreign Affairs)
DRR	Disaster risk reduction
ECD	Early childhood development
ECHO	European Commission Humanitarian Office
EFV	Peace Building and Stability Unit (Netherlands Ministry of Foreign Affairs)
EUR	Euro
FAO	Food and Agriculture Organisation (UN)
GARR	Groupe d'Appui aux Rapatriés et Réfugiés (Haitian NGO)
GDP	Gross Domestic Product
GPS	Global positioning system
HAP	Humanitarian Accountability Partnership
HTG	Haitian Gourde (10 HTG = about EUR 0.17 in 2010)
IASC	Inter-Agency Standing Committee
ICCO	Interchurch Organisation for Development Cooperation
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent Societies
IHRC	Interim Haiti Recovery Commission
INEE	Inter-Agency Network for Education in Emergencies
INGO	International Non-Governmental Organisation
IOB	Policy and Operations Evaluation Department (Netherlands Ministry of Foreign Affairs)
IOM	International Organization for Migration
LRRD	Linking Relief Rehabilitation and Development

MCH	Mother and Child Health Centres
MERLIN	International NGO specialised in medical relief
MICAH	Civilian Support Mission in Haiti
MINUSTAH	Mission des Nations Unies pour la Stabilisation en Haiti
MIPONUH	UN Civilian Police Mission in Haiti
MISP	Minimum initial service package to respond to reproductive health needs
MSPP	Ministry of Public Health and Population (Haiti)
ORS	Oral Rehydration Salts
PMS	Project management support costs (direct costs related to the implementation of projects or programmes)
NGO	Non-Governmental Organisation
NOVIB	Netherlands Organisation for International Development Cooperation
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OECD/DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PAHO	Pan American Health Organisation (UN)
PRND	Haiti Government’s Action Plan for Recovery and Development
SHO	See SHO Foundation
SHO Foundation	Stichting Samenwerkende Hulporganisaties (Foundation of Cooperating Aid Agencies)
SRH	Sexual and reproductive health
ToR	Terms of Reference
T-shelter	Transitional shelter
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNMIH	UN Mission in Haiti
UNOCHA	Office for the Coordination of Humanitarian Affairs (UN)
UNSMIH	UN Support Mission in Haiti
UNTMIH	UN Transition Mission in Haiti
UPS	United Parcel Service
US	United States of America
USAID	United States Agency for International Development
USD	United States dollar
VNG	Vereniging van Nederlandse Gemeenten (Netherlands Association of Municipalities)
WASH	Water, sanitation and hygiene
WFP	World Food Programme (UN)
WHO	World Health Organisation (UN)

Main Findings and Issues

1. Introduction

On 12 January 2010 a devastating earthquake hit the metropolitan area of Port-au-Prince in Haiti, resulting in an estimated 230,000 deaths and affecting approximately 3 million individuals. Some 1,300,000 people were made homeless and in immediate need of shelter and other support. The earthquake was the most devastating the country had experienced in two centuries.

In response, a massive relief and recovery effort was undertaken by a complex array of national and international actors – one of the largest since the Indian Ocean tsunami of December 2004. The response includes 15 Dutch non-governmental organisations funded through the SHO Foundation, which organised a public fund-raising campaign in response to this crisis.¹

The campaign culminated on the evening of 21 January in a national televised appeal for funds for Haiti earthquake relief. During this event the Dutch Minister for Development Cooperation announced that he would match the total amount contributed by the Dutch populace at the close of the broadcast. The government contribution amounted to EUR 41,724,126 and was provided as a subsidy to the SHO Foundation. The funds were made available for activities to be undertaken by SHO organisations in the period 13 January 2010 – 31 December 2014. Of this contribution, EUR 12.0 million was provided to SHO for activities to be undertaken in the emergency phase, which was expected to last until the end of 2010. The remaining EUR 29.7 million was earmarked for activities to be undertaken in the subsequent rehabilitation and reconstruction phase. The SHO fundraising campaign plus the subsidy provided by the Dutch government resulted in a sum of EUR 111.4 million.

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This evaluation undertaken by the Ministry of Foreign Affairs' independent Policy and Operations Evaluation Department (IOB) covers SHO organisations' emergency relief and recovery activities implemented in 2010. It assesses the SHO-funded activities of the SHO organisations and their implementing partners in 2010. It draws on the reports of the SHO Foundation and the SHO organisations participating in the response and on the findings of evaluative studies commissioned by these organisations and other international aid organisations working in Haiti. The evaluation included a field visit to Haiti to observe achievements and interview implementers of aid programmes and beneficiaries.

¹ The SHO Foundation consists of ten organisations: Cordaid Mensen in Nood; ICCO & Kerk in Actie; Netherlands Red Cross; Oxfam Novib; Save the Children; Stichting Vluchteling; Tear; Terre des Hommes; UNICEF Nederland; and World Vision. Stichting Vluchteling (Refugee Foundation) is not involved in the Haiti campaign. The campaign also involves the following guest organisations: Dorcas, Plan Nederland, CARE Nederland, Habitat for Humanity, Vereniging van Nederlandse Gemeenten – VNG (Netherlands Association of Municipalities) and The Salvation Army Netherlands. Habitat for Humanity and Vereniging van Nederlandse Gemeenten –VNG will be involved in the rehabilitation and reconstruction phase, and did not fund activities in 2010.

2. The context

Haiti's history is characterised by political instability and internal conflict which have prevented the country from establishing effective national political institutions and have perpetuated a situation of poor governance at all levels of the administration. MINUSTAH, the UN peacekeeping mission deployed in 2004 to back up the government did improve the overall security situation in the country. Although the political system remained fragile, the election of René Préval to the presidency in 2006 resulted in a number of years of stable and legitimate government and relative economic and social stability. Food security and the provision of public services remained problematic.

Ranking 149 out of 182 in the 2009 Human Development Index, Haiti is the poorest country in the Western hemisphere. Its weak economy depends to a large extent on remittances from Haitians living abroad and international aid. The formal private sector is small and fragmented and the majority of the population has to make a living in the informal sector, without guarantee of employment and income or access to capital. Public services such as health, education, transportation and water are privatised; public goods are expensive and beyond the reach of a very large part of the population. Lack of synergy between the public and private sectors have negatively impacted on the country's potential for economic growth, equitable income distribution and service delivery.

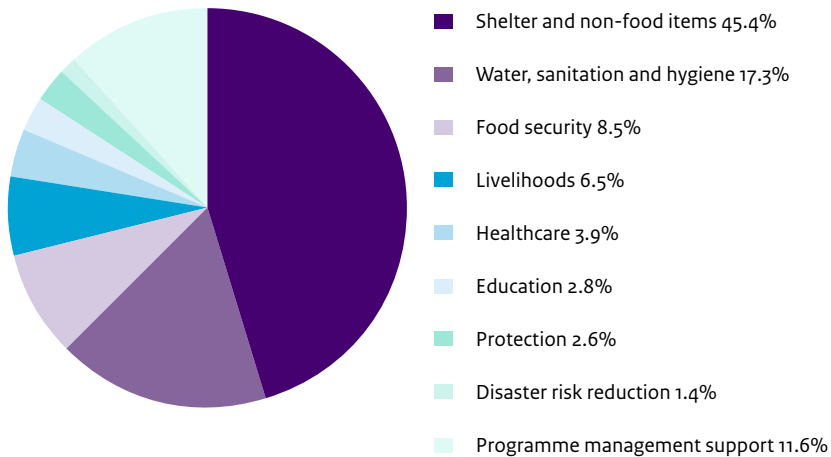
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Half of the country's 10 million inhabitants live in urban settlements; some 2.3 million of them live in the greater Port-au-Prince area. Unplanned expansion in the urban areas has resulted in densely inhabited slum settlements located on steep hillsides, in ravines and close to the sea. Deforestation of the elevated areas in combination with high population densities in the floodplains has resulted in vulnerability to the effects of the frequent tropical storms. These circumstances, compounded by the weakness of the state apparatus and decades of poor governance, are major factors explaining the very high levels of devastation caused by the earthquake.

3. SHO-funded support

In relative terms, the total contribution of the SHO Haiti campaign, albeit important in its own right, represents a modest part of the total support for relief, rehabilitation and reconstruction pledged by the international aid community. The expenditure by the SHO organisations in 2010 (EUR 41 million) represents 4.1% of the total external support disbursed by public sector donors, which is estimated at USD 1.38 billion (about EUR 1 billion). This figure does not include disbursements by private donors, which cannot be known with any certainty.

Expenditure by sector (as at 31 December 2010)



The SHO-funded activities implemented in Haiti in 2010 are mainly emergency relief, but a sizeable part has also focused on early recovery, rehabilitation and reconstruction. The SHO organisations have implemented activities directly or through financing and/or collaborating with their international and local partners to cover eight sectors. Expenditure also includes direct costs for programme management. The following sectors were supported: Shelter (and non-food items); Water, sanitation and hygiene; Food security; Livelihoods; Healthcare; Education; Protection; and Disaster Risk Reduction. These sectors largely coincide with the clusters through which the international response in Haiti is organised and coordinated. The first three sectors are the most important ones in monetary terms. Although the support to other sectors was less important in financial terms, the activities funded are essential. They include livelihood development, healthcare, education, protection, and disaster risk reduction.

4. Main Findings

Below, the main findings of the evaluation are presented as answers to the major questions addressed by the evaluation, beginning with an overarching question and continuing with 14 more specific questions:

1. Has the humanitarian assistance provided by the SHO organisations been in line with the internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence and with the needs, priorities and rights of the affected population, and has it met the immediate material and non-material needs of the beneficiaries?

The approach followed by the SHO organisations and their partners has been consistent with internationally accepted humanitarian practices. The response covered sectors where

the needs of those affected by the disaster were greatest. Some qualifications can be made, however. The scale of the disaster and the urgency to quickly respond made proper consultation of beneficiaries and national authorities generally difficult – at least at the beginning of the operations. This situation gradually improved. Assisted by their networks of national counterparts, the SHO organisations tried to be as consultative as possible.

The evaluation also concludes that the assistance provided with SHO funding has contributed to meeting the immediate basic material and non-material needs of tens of thousands of people affected by the earthquake. Where possible and appropriate, attention has been given to early rehabilitation by means of activities that included livelihood development and the rehabilitation of infrastructure. The activities were implemented on a relatively modest scale in terms of the needs and in parallel with the continued provision of emergency relief. The relief activities had to be prolonged due to the protracted nature of the emergency, which was caused by the cholera epidemic which started in October 2010 and by the international community's inability to quickly start large-scale rehabilitation and reconstruction activities largely due to other contextual factors, including the Haitian government's lack of planning.

2. Why did the SHO organisations decide to provide support to Haiti?

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The decision was based on the objective of the SHO Foundation and that of its constituent organisations, to provide humanitarian assistance across the globe to support the victims of humanitarian disasters. SHO organisations and their affiliates working in Haiti also had capacity to engage in the humanitarian response. SHO therefore decided to launch the public campaign in the Netherlands to raise funds to enable its members and guest organisations to respond to the humanitarian crisis caused by the earthquake.

3. Were the SHO organisations and their affiliates (network organisation, international organisation, Haitian partner) sufficiently equipped to provide the required support?

In general, the organisations involved in the SHO Haiti campaign have been sufficiently able to provide the required support. All the organisations that were funded by the SHO members and guest organisations were present in Haiti before the earthquake. Most of them had experience with providing support in the emergency situations that regularly occur as a result of natural disasters (hurricanes) or because of social and political unrest. Many of them had been engaged in humanitarian assistance as part of their development activities, albeit often on a small scale. Where needed, the capacities of implementing organisations were strengthened to provide the support required.

As soon as the scale of the emergency became apparent, and with that the scale of the operation required to address the needs of the victims, organisations that were later supported through SHO funding mobilised their available capacities to respond. The organisations were able to switch from a development mode to an emergency mode, though some did so more rapidly than others. Their field staff were considerably expanded by expatriates as well as by Haitians.

4. Was the needs assessment adequate, and did it take into consideration the specific context of the disaster?

The SHO organisations and their affiliates conducted rapid needs assessments in the first days and weeks immediately following the earthquake. The sheer magnitude of the disaster and the multitude of humanitarian actors entering the stage to provide response made it difficult to arrange well-organised and coordinated needs assessments. The initially weak coordination by the clusters of needs assessments negatively influenced the way in which the SHO organisations and their partners could engage in these assessments. This situation gradually improved. From the programme or project proposals of the respective SHO organisations it is clear that they paid due attention to the very complex context in which the disaster took place and that this influenced the ways in which the response could be provided.

At the same time as the SHO organisations and their affiliates were conducting their needs assessments during the weeks immediately after the earthquake, they were providing initial support by using their own resources. Trying to get to grips with the situation as best they could, the organisations represented at field level responded during the initial stage by adapting to the situation whilst calling for reinforcement from their partners abroad or from their overseas headquarters.

5. Was the involvement of Haitian actors in needs assessment, design of interventions and implementation adequate, and in accordance with good practice?

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In general, the involvement of the Haitian government, non-governmental organisations and representatives of the population in the initial needs assessments and shaping the emergency operation was very limited. The first needs (shelter; water, sanitation and hygiene; food and nutrition; health) were very clear, however.

In conducting assessments the SHO organisations mainly relied on their affiliates, most of which have intimate knowledge of the locality in which they were working prior to the earthquake. The design of the interventions was based on these initial assessments. Needs assessments done later during 2010, including those related to early rehabilitation and reconstruction activities, proved to be better organised than the initial assessments. The SHO organisations and their partners followed a more inclusive approach, with better consultation across agencies and with national institutions, although the capacity of the latter to engage remained weak. Consultations with representatives of the affected population in the project areas were intensified.

6. Were the humanitarian efforts supported with SHO funding coherent with national development plans and strategies?

The immediate emergency response, including the interventions supported with SHO funding, was undertaken largely without the benefit of national plans and strategies. Where appropriate and feasible, the organisations involved in SHO-funded activities worked closely with government representatives and authorities at the local level.

Governance and planned development in Haiti were weak before the earthquake, and the scale of the damage caused by the disaster made all existing development plans and strategies instantaneously irrelevant. The damage to its capacity crippled the Government of

Haiti, preventing it from quickly formulating effective and detailed strategies for the immediate relief response and for longer-term recovery and development. All aid agencies, including those supported with SHO funding, were faced with a dilemma: they needed to involve state actors in the response to the disaster, but the state apparatus was historically weak and insufficiently prepared to provide the immediate action necessary to cope with the situation.

7. Were the interventions appropriate in relation to the specific characteristics of the disaster: scale, urban setting, weak governance, damage to institutional structures (government as well as NGOs)?

Bearing in mind the relative magnitude of SHO funding in 2010, the activities supported were appropriate, given the specific context of Haiti and the scale and nature of the effects of the disaster. The first year of SHO support to Haiti was mainly characterised by emergency relief. A number of organisations have integrated early recovery in their emergency relief response. A sizeable (and gradually growing) part of the activities also focused on rehabilitation and reconstruction. The support was a relevant response both to the immediate needs and to those that emerged during 2010.

The activities directly implemented by the SHO organisations or through financing their international and local partners are aligned with the main thrust of the overall response in Haiti necessitated by the scale of the disaster. They also coincide with the way in which the response has been organised and coordinated in the different clusters.

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8. Did the design of the interventions contain a transition strategy to recovery and development?

In general, linking relief, rehabilitation and development is a major methodological and operational issue. There is no clear cut-off in time between the provision of activities focusing on emergency relief, early recovery, rehabilitation and reconstruction. All can – and should – occur simultaneously. Their relative importance at any moment in time depends on the type of disaster and the context in which it has occurred.

At the start of the relief phase it was clear that the SHO organisations and their affiliates were already contemplating and planning the subsequent recovery and development phases. Where possible and appropriate, when providing emergency relief the organisations took steps to take into account possibilities for early recovery and rehabilitation.

9. Were the relevant technical/professional standards that are agreed in the humanitarian system applied?

The evaluation was unable to ascertain whether all standards were complied with. However, it is clear that the SHO organisations and their affiliates have adhered to internationally accepted humanitarian principles. In their response they have striven to apply technical and professional standards, among others the Sphere Minimum Standards in Disaster Response and the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organizations in disaster relief. In common with other agencies involved in the response, they have struggled to implement their support in adherence with the Sphere standards, which needed to be modified to fit the response to the challenges provided by the Haitian context. The urban context in which the earthquake happened compounded the enormity of the disaster and challenged the relief efforts across sectors. It also called into question the usefulness of rigidly applying standards for humanitarian

aid regardless of the specific circumstances; in Haiti, some adaptation of the standards proved necessary.

10. Were activities of SHO partners adequately coordinated in the cluster system which operates in Haiti to organise the humanitarian response?

The SHO organisations and their local partners were committed to having their implementation coordinated by cluster leads. All became involved in the cluster system at different levels. Their roles differed, depending on the nature of the organisation and the type and scale of its intervention. The cluster system did not operate adequately in the period immediately after the earthquake. In particular, it proved to be insufficiently inclusive (lacking appropriate Haitian representation). Furthermore, the effectiveness of coordination varied per cluster. Finally, coordination proved very time consuming. These circumstances had an effect on the way in which the SHO-funded organisations could engage in coordination. The situation gradually improved and the activities of the SHO organisations and their partners ultimately became adequately coordinated. Inter-cluster coordination was weaker at national level than at the regional or local levels.

11. Did the SHO support achieve the envisaged outputs?

It proved difficult to assess effectiveness by comparing achievements with plans, because of the weakness of proposals (which differed in quality and detail), the weak link between achievements reported and objectives in the proposals, and inconsistencies in reporting. Nevertheless, the available information, observations in the field and interaction with beneficiaries led the evaluation team to conclude that substantial outputs have been achieved, and that the support provided generally succeeded in meeting the basic survival needs of beneficiaries targeted by the SHO-funded activities. The beneficiaries and others indicated that certain of the services provided, notably health services and sometimes education, were better than those most people experienced before the earthquake.

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12. Did the SHO support address the immediate needs of victims as defined in the needs assessments and as subsequently appeared?

Activities undertaken with SHO funds in 2010 did address the immediate needs of those affected by the earthquake; other longer-term needs were also gradually addressed. As the emergency was protracted, most of the support focused on meeting basic needs, to enable beneficiaries to cope with the situation. The emergency relief provided focused on the most important sectors in which basic needs had to be met immediately: shelter, water, sanitation and hygiene, food and healthcare. During the year, a sizeable and growing part of the activities also included rehabilitation and reconstruction through livelihood support and the provision of transitional shelters.

Overall progress realised by the international response as a whole in 2010, of which the SHO-funded support constitutes a relatively minor part, is exemplified by the periodic displacement surveys conducted by the International Migration Organisation (IOM). The IOM points out that the population living in camps declined steadily during the second half of 2010 as people moved out.

13. Were the beneficiaries reached satisfied with the support provided?

Very few rigorous investigations have been done on the outcomes of the humanitarian support provided in 2010. A number of evaluations covering the response as a whole have been critical about the results achieved in terms of outcome. The present evaluation obtained only illustrative information on beneficiary satisfaction about a number of SHO-funded interventions.

Immediately after the earthquake it took a considerable time to provide those affected with the basics that they immediately required: shelter, healthcare, food, and – especially – safe drinking water and sanitation. It proved to be a great challenge to provide the necessary relief goods and services to the affected population quickly and at the required scale. As the emergency operation got up to speed, however, the basic needs of the victims were gradually met. The impression obtained by the evaluation team from discussions with beneficiaries and their representatives is that the basic needs of victims in terms of shelter, water and sanitation, health services and education were indeed being met and this was appreciated by the beneficiaries. However, beneficiaries raised the issue that the support did not sufficiently include attention to restoring livelihoods, assisting with protection, and giving psychosocial support.

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14. Were activities cost-efficient in terms of financial and human resources – taking into consideration the context in which the intervention had to be implemented?

The generally high costs of aid delivery in Haiti were also experienced by the SHO organisations and their partners. However, high costs do not necessarily imply inefficiency in the implementation of support, since these costs can be greatly influenced by the prevailing context in which the aid needs to be delivered. This was the case in Haiti, where enormous needs were to be met in a very challenging context. The evaluation team found it difficult to obtain sufficient information on actual unit costs for services and commodities delivered by the SHO organisations and their partners. This difficulty was compounded by the organisations' different definitions of programme management support costs and their different accounting procedures.

All organisations had to cope with high costs in delivering their support, which were largely determined by a number of interrelated factors: i) a very large proportion of the commodities including food needed to be imported; ii) the already weak infrastructure of the country and that of the greater Port-au-Prince metropolitan area had been severely damaged by the earthquake; iii) the chaotic situation during the initial weeks of the response hampered operations; iv) there were no well-functioning government institutions at the national and sub-national levels; v) customs procedures reinstated by the Haitian government during 2010 negatively affected the speed and costs of importing commodities and vehicles, and vi) the need to coordinate with many actors involved in the response resulted in unavoidable costs.

15. Was an adequate system for monitoring and evaluation in place in organisations receiving SHO support?

The evaluation did not investigate in detail the monitoring and evaluation systems deployed by the various organisations. It ascertained that the organisations regularly monitored the

progress of their interventions in order to adapt them when necessary. Monitoring involved assessments of the contextual situation and surveys among beneficiaries. Some organisations deployed innovative electronic monitoring and registration systems to track the delivery of commodities. Monitoring resulted in them adapting their interventions. A few organisations commissioned evaluations.

5. Issues for consideration

A number of issues that need attention from the SHO and its organisations in future humanitarian campaigns have emerged from this evaluation. They relate to the aid provided in emergency situations, and the ways in which the SHO and its constituent agencies have organised their support, including the current way in which the achievements of aid campaigns such as the one for Haiti are reported to the Dutch public and institutional donors.

The aid provided

The enormity of the disaster was compounded by the urban context in which the earthquake struck, weak governance and severely affected state structures. This challenged the relief efforts across sectors. The global standards for humanitarian aid had to be adapted to the specific circumstances. In general, the aid provided in 2010 addressed the immediate basic needs of those affected by the earthquake. At the same time there are indications that not all immediate and emerging needs could be addressed to the extent required. The most noteworthy issues are:

- In a protracted emergency, as occurred in Haiti, it is important to pay attention to engaging more fully in supporting livelihoods as early as possible, as this enables individuals and households to rebuild their lives faster, on their own. An urban environment like the greater Port-au-Prince metropolitan area offers many opportunities for livelihood activities. Not only are these important in contributing to the revival of the economy of the affected area, they also diminish the risk of victims becoming dependent on expensive humanitarian aid for their day-to-day survival.
- Much of the psychosocial support targeted children. The findings from the evaluation indicate that many adults also need such assistance, however. Attention should therefore be paid to widening the coverage of psychosocial support.

The organisation of the support

The following aspects require further attention:

- The aid management chain should be reviewed. Currently there can be as many as five organisational or administrative entities involved before the ultimate beneficiaries are reached. Each entity involves procedures and these may differ among the organisations, require time to process and lead to 'transaction costs'. Efficiency might be improved if each SHO organisation reviewed the added value of the different links in their implementation chains and costs associated with these links.
- Programme management support costs should be better defined and their accounting should be standardised. Currently, each organisation applies its own definition of programme management support costs. A standard definition of this cost category would

enhance transparency, but may be an unrealistic aspiration due to the fact that the SHO Foundation cannot influence the ways in which international NGOs administer these costs. However, it is reasonable to expect the SHO organisations to at least report on the components of the programme management support costs. Moreover, programme management support costs are accounted for on a cash basis for the year they have been incurred. This way of accounting should be adjusted to properly reflect the investment component in this cost category. A more realistic way of presenting might be as depreciating investments over a number of years.

- The current approach of reporting achievements should be reviewed, to make the joint SHO reports fully consistent with those issued by the individual SHO organisations. Each organisation should report comprehensively on its adherence to all Sphere standards, and should ensure its reporting of progress and achievements is consistent with its programme or project plans. In addition, achievements should be reported in proportion to the level of SHO funding of projects or programmes which are also funded from other sources. This manner of reporting will better satisfy the expectations of contributors to the fundraising campaign and strengthen SHO's accountability.
- Various interventions supported with SHO funds have applied innovative and experimental information and communication technologies (ICT) techniques and digital systems to plan and track aid distributions. SHO could review these experiences and disseminate good practices among its members and guest organisations and beyond.

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Other organisational aspects

The evaluation did not specifically investigate the organisational aspects of the Haiti fundraising campaign. Nor did it cover the ways in which the respective members and guest organisations have collaborated in jointly organising their response, other than examining their involvement and that of their partners in coordination at field level.

Nonetheless, the evaluation comes to the conclusion that there is great value in collaborating under the auspices of SHO in fundraising because the economies of scale keep the costs very low. In addition, issuing joint reports on the accomplishments of a specific campaign is important for SHO's accountability function: the general public and institutional donors are better served by joint (consolidated) reports than by reports from individual organisations. Such reports could also include more information on how the SHO Foundation functions, and the ways in which its constituent organisations have organised the implementation of their relief and rehabilitation activities in support of those affected by humanitarian disasters. Such additional information enhances accountability and will safeguard public trust in the SHO Foundation and its members.

On the other hand, the relevance or merit of carrying out other administrative processes under the auspices of the SHO is not obvious. This is for instance the case for the formula for distributing the funds raised in a particular campaign among the participating organisations. This predefined proportional distribution does not take into account the specific strengths or weaknesses of particular SHO members or guest organisations which may influence their capacity to deliver aid in a particular country. Another issue is the rationale for the submission of project or programme proposals to the SHO by its member

and guest organisations. Proposals submitted by the member organisations play no role in determining the appropriateness of specific programmes or projects, or their level of funding. Only the proposals submitted by guest organisations are reviewed for quality by the SHO Board. It is therefore suggested that SHO reviews its procedure of handling proposals.



Introduction

The earthquake that hit Haiti on 12 January 2010 killed more than 200,000 people, injured 300,000 and displaced 2.3 million people, 1.3 million of whom were left homeless. With its epicenter only ten kilometres below the surface and close to the urban centres of Port-au-Prince, Léogâne and Jacmel, the earthquake was the most powerful and devastating the country had experienced in two centuries. In response, a massive relief and recovery effort was undertaken by a complex array of national and international actors – one of the largest since the Indian Ocean tsunami of December 2004.

Immediately after the disaster, a consortium of Dutch non-governmental organisations specialising in humanitarian assistance – the Foundation of Dutch Cooperating Aid Organisations (Samenwerkende Hulp Organisaties, Dutch acronym SHO) – set up a national plan of action to raise funds to provide immediate emergency relief and recovery for the earthquake victims. Its ‘Giro 555’ fundraising campaign² culminated on the evening of 21 January in a national televised appeal for funds for Haiti earthquake relief.

During this event the Dutch Minister for Development Cooperation announced that he would match the total amount contributed by the Dutch populace at the close of the broadcast. This contribution from the government budget for official development assistance (ODA) amounted to EUR 41,724,126 and was provided as a subsidy to SHO.² The funds were made available for activities to be undertaken in the period 13 January 2010 – 31 December 2014. Of the total contribution, EUR 12.0 million was provided to SHO for activities to be undertaken in the emergency phase that was expected to last until the end of 2010. The funds were provided from the budget vote for humanitarian assistance, administered by the Ministry’s Humanitarian Aid Division (DMH/HH).³ The remaining EUR 29.7 million was earmarked for activities to be undertaken in the subsequent rehabilitation and reconstruction phase. These funds were to be provided from the budget vote administered by the Ministry’s Peace Building and Stability Unit (EFV). The fundraising campaign plus the subsidy provided by the Dutch government ultimately resulted in a sum of EUR 111.4 million.

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The subsidy agreement between the Ministry of Foreign Affairs and SHO stipulates that SHO will commission an independent ‘meta evaluation’ in 2015 upon completion of the Haiti activities of its member organizations. This meta evaluation will synthesise the findings of evaluations and other investigations the individual SHO organisations conduct on their projects and programmes.

² Besides providing EUR 41.7 million to the SHO, the Dutch government has contributed to the response to the earthquake in other ways. Immediately after the earthquake, an urban search and rescue team was deployed and the Dutch naval vessel HMS Pelikaan was sent to Haiti to provide assistance. In addition, funding was provided to the International Federation of Red Cross and Red Crescent Societies (EUR 1 million) and the World Food Programme (EUR 1 million) for emergency support. Other direct contributions include EUR 1.5 million to the Debt Relief Trust Fund administered by the World Bank and EUR 500,000 for UNICEF in response to the cholera epidemic which broke out in Haiti in October 2010. The Netherlands provides support indirectly to Haiti through its core financing of multilateral organisations (UN, World Bank) and its general contributions to the United Nations Central Emergency Response Fund and to the European Union. The activities undertaken in Haiti with these direct and indirect Dutch government contributions were not part of this evaluation.

³ DMH/HH is part of the Department for Human Rights, Good Governance and Humanitarian Aid (DMH).

The subsidy agreement stipulates that the Ministry of Foreign Affairs may commission its own investigations. The current evaluation which covers SHO organisations' emergency relief and recovery activities implemented in 2010, has been undertaken by the Ministry's independent Policy and Operations Evaluation Department (IOB), at the request of the Humanitarian Aid Division.

The evaluation serves a dual purpose. By providing insight into the effects of these activities it will yield lessons that can be taken into account during the remaining period of the Haiti programme of the SHO organisations. It also serves an accountability purpose by providing insight into how the SHO organisations have spent the funds and to what effect.⁴

1.1 Objective and scope of the evaluation

The evaluation aims to provide a comprehensive overview of the activities implemented by the SHO organisations⁵ in 2010 and to assess their results. The individual organisations are either part of an international network organisation (e.g. Oxfam Novib) or channel all or some of their contributions to an international organisation. This is for instance the case for UNICEF Nederland, which channels its entire financial contribution to UNICEF Headquarters in New York. The Netherlands Red Cross has channelled some of its contribution through the International Federation of the Red Cross and Red Crescent Societies (IFRC) and part through self-implementation. This implies that these two SHO organisations have been contributing to very large programmes implemented by these international organisations and their partners in the field. Other SHO organisations provide direct support either through self-implementation or in collaboration with national implementing counterparts. The evaluation has taken these different modalities into consideration.

The evaluation covers the programmes and projects implemented in the period 13 January – 31 December 2010.⁶ It includes all SHO organisations and their affiliates active in Haiti, and pays specific attention to those having the largest share of the expenditure in 2010. The evaluation covers all sectors receiving support.

The first year of SHO support to Haiti was mainly characterised by emergency relief.⁷ This is also reflected in the mix of activities implemented by the SHO organisations and their partners. The boundary between emergency relief and early recovery, reconstruction and rehabilitation is not always clear. Where appropriate and feasible, the latter are already

⁴ The evaluation may also serve as a building block for the abovementioned SHO meta evaluation.

⁵ The term 'SHO organisations' covers SHO member organisations and SHO guest organisations. The latter are not members, but are involved in specific aid campaigns (for details see chapter 3). Where relevant, a distinction is made between members and guest organisations.

⁶ The same period is covered by SHO's 2010 report published in April 2011.

⁷ The circumstances which led to the protracted emergency conditions requiring ongoing emergency relief are described in chapter 2.

supported in the emergency phase.⁸ Consequently, the evaluation has also covered activities related to recovery and rehabilitation, such as education and health programmes (e.g. rebuilding or refurbishing schools or clinics and hospitals), livelihood programmes (e.g. food-for-work and cash-for-work programmes or the provision of small loans to families and small enterprises), and the establishment of sustainable housing (e.g. the provision of transitional or semi-permanent shelter). Finally, though the evaluation mainly focused on activities taking place in the hardest hit urban areas it also included a number of interventions located in rural or peri-urban areas to which earthquake victims had fled.

1.2 Approach and methodology

The evaluation applied the common OECD-DAC evaluation criteria adapted for evaluating humanitarian action.⁹ It has drawn largely on existing data and documents, specifically reports of SHO and those of its organisations. It has taken into account the findings of reviews and evaluative studies conducted or commissioned by a number of these organisations. Finally, use has also been made of a number of evaluations commissioned by other international organisations. The evaluation has taken into account the specific context of Haiti which influenced the aid delivery of the SHO organisations and their affiliates. Attention has been paid to ascertaining the views of different stakeholders, including beneficiaries, about the interventions concerned.¹⁰

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A two-stage approach has been applied: a desk study stage followed by field visits to investigate a sample of interventions in detail. Stage 1 involved: i) an analysis of expenditures; ii) an inventory of projects and programmes implemented in 2010; iii) an analysis of relevant information pertaining to these interventions (project/programme plans, progress and completion reports, reviews and evaluations)¹¹; and iv) interviews with the Haiti coordinators or other staff of each of the SHO organisations.

⁸ In the aftermath of a major natural disaster such as occurred in Haiti, people commonly begin recovery efforts immediately and it is important to investigate how and how effectively they have been supported.

⁹ Beck, T. Evaluating humanitarian action using the OECD-DAC criteria – an ALNAP guide for humanitarian agencies, ALNAP, Overseas Development Institute, London 2006.

¹⁰ Information derived from multiple sources and perspectives helps to provide a ‘fuller picture’ when it is not possible to determine linear causality between intervention and outcome. See Rencoret, N., A. Stoddard, K. Haver, G. Taylor and P. Harvey (2010), *Haiti Earthquake Response. Context Analysis*, ALNAP, OECD/DAC Evaluation Network, UNEG, July 2010.

¹¹ This information was obtained from each of the SHO organisations and from the SHO Back Office. The desk phase also included an analysis of selected reviews and evaluations conducted or commissioned by other agencies, with a view to triangulate the findings of the current evaluation and put them into context.

Implementing organisation (funding SHO organisation)	Headquarters in Haiti visited	Activity (or part thereof) visited
CARE Haiti (CARE Nederland)	X	X
Cordaid Mensen in Nood (Cordaid Mensen in Nood)	X	X
Christian Reformed Relief World Committee – CRWRC (Dorcas)	X	X
Groupe d'Appui aux Rapatriés et Réfugiés – GARR (ICCO & Kerk in Actie)	X	X
Haitian Red Cross/IFRC (Netherlands Red Cross)	X	X
Plan Haiti (Plan Nederland)	X	X
Oxfam GB/ Intermón Oxfam/ Oxfam Quebec (Oxfam Novib)	X	X
Salvation Army Haiti (Salvation Army Netherlands)	X	X
Save the Children (Save the Children)	X	-
Tearfund (Tear)	X	X
Terre des Hommes-Lausanne (Terre des Hommes Netherlands)	X	X
UNICEF Haiti (UNICEF Nederland)	X	X
World Vision Haiti Earthquake Response Office (World Vision)	X	-

On the basis of insights obtained during the first stage of the investigation, a purposive (i.e. non-random) sample of activities was selected in consultation with the SHO organisations, for further investigation at field level (Stage 2). This stage entailed a three-week mission to Haiti. The field study covered specific aspects of the interventions, in order to provide illustrative cases of aid provision in the most important sectors as well as in urban and peri-urban settings. The methods applied during field investigation included focus group discussions with selected population groups and discussions with individual beneficiaries, face-to-face interviews with selected institutional stakeholders (including the implementing partners of the SHO organisations), collection of additional quantitative data made available by these implementing partners, and observations at project sites.¹²

Challenges and limitations

Humanitarian interventions are inherently difficult to evaluate with any degree of rigour beyond measuring basic inputs and outputs (tonnes of food delivered, numbers of water pumps installed, etc.). Key challenges which confront the evaluator¹³ include:

- the general lack of baseline data;
- the lack of sufficiently detailed planning documents – especially those relating to lifesaving or life-sustaining interventions undertaken in the immediate aftermath of a

¹² There was no debriefing of the evaluation team at the close of the field visit, to discuss its preliminary findings with the institutional stakeholders. Instead a debriefing took place with the SHO organisations and a representative of the SHO Back Office in The Hague.

¹³ See for instance various publications available at the website (www.alnap.org) of the Active Learning Network for Accountability and Performance in Humanitarian Action – ALNAP.

- sudden onset disaster such as the Haiti earthquake;
- the absence of universally agreed concepts (what is lifesaving and life-sustaining?);
- the difficulty of relating the results reported in narrative and financial reports of implementing agencies to the originally planned objectives and outputs;
- unforeseen events, such as the cholera outbreak in Haiti, which compounded the effects of the earthquake and also affected ongoing emergency activities; and,
- the difficulty of attributing success or failure to individual activities (for instance food supply or hygiene training) which form part of a larger set of interventions or a wider programme of different activities covering the same group of beneficiaries.

In other words, the impact of specific interventions and the causal links between the outputs of a programme or project at issue and beneficiaries' wellbeing (the outcome) are difficult to establish in a fluid and chaotic post-disaster environment characterised by many critical and quickly changing circumstances which affect people's lives.

The need for the evaluation to be focused resulted in limitations, some of which were anticipated when the Terms of Reference for the evaluation were being drawn up. The following limitations should be borne in mind when reading this report:

- Since the evaluation was to cover activities that were implemented in 2010, with the end of December 2010 as a cut-off point, contemporary results of ongoing activities were not included other than through observations made during the field visit in March-April 2011.
- Where available, information was to be gathered from the baseline studies and beneficiary surveys produced by the agencies implementing the respective interventions. Such information was scant.
- The evaluation was not to conduct its own surveys. Time did not allow for fully-fledged evaluations of separate projects or programmes. Instead, various activities or parts thereof were visited in the field, to observe achievements and discuss them with stakeholders. Consequently the evaluation was mainly based on information provided by the SHO organisations in their reports to the SHO Back Office, as well as the information provided in the Third Joint report of SHO covering 2010.
- It was intended to use internal and external evaluations and reviews conducted by or for the agencies implementing SHO-funded activities. Only a few evaluations were available. Unfortunately, the results of the independent review of UNICEF Haiti's activities in 2010 commissioned by the Evaluation Department of UNICEF in New York were not available at the time of writing this report.¹⁴
- The evaluation focused on the totality of the aid efforts and results as reported in the joint SHO report covering 2010; each individual SHO organisation bears primary responsibility for implementing its own interventions and reporting on them. The evaluation did not compare the respective organisations in terms of their effectiveness or the effectiveness of their specific activities.
- No benchmarks for quality or unit costs of items or services delivered were made available by the organisations, other than illustrative information on the Sphere Minimum

¹⁴ The field visit to activities implemented by UNICEF Haiti was deliberately low-key because it was expected that information on activities implemented would be included in the report of the independent review.

Standards in Disaster Response and other types of standards. Though the illustrative information on the application of and adherence to the Sphere standards was useful, in their reports the SHO organisations did not systematically relate the aid they delivered to these or other standards. Hence, the evaluation had limited opportunities for benchmarking.

- Finally, the evaluation did not separately cover advocacy activities undertaken by the SHO organisations or their partners.

Evaluation questions

The evaluation addressed the following two central questions:

- To what extent has the assistance provided by the SHO organisations been in line with the internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence and with the needs, priorities and rights of the affected population?
- To what extent has the assistance provided met the immediate material and non-material needs of the beneficiaries?

These overarching questions were further specified in questions under the OECD-DAC evaluation criteria of relevance, effectiveness, and efficiency. (See the Terms of Reference for the evaluation, annex 2).

Reference group

A reference group consisting of a representative of the SHO, an external expert, and a staff member of the Humanitarian Aid Division of the Ministry of Foreign Affairs provided comments on the Terms of Reference for the evaluation and the draft version of the report.

1.3 Structure of the report

The report is structured as follows. Chapter 2 describes the context in which the aid to Haiti had to be delivered. Chapter 3 provides general information on the Foundation of Dutch Cooperating Organisations (SHO) and the support of the SHO organisations to Haiti in 2010. Chapter 4 describes the way in which the aid is managed and also presents the results of the SHO-funded interventions per sector. The final chapter provides the answers for each of the major evaluation questions. It also draws attention to a number of issues the SHO Foundation and its constituent organisations may wish to note and act on.



2

The Aid Delivery Context

This chapter briefly describes major social, economic and political conditions in Haiti prior to the earthquake of 12 January 2010. It also serves to depict the contextual circumstances that provided opportunities and obstacles to the organisation of the delivery of aid in response of the earthquake. These circumstances also affected how the SHO-funded organisations arranged their support. The text of sections 2.1, 2.2 and 2.3 below is drawn largely from two sources.¹⁵

2.1 The political context

Haiti's history is characterised by political instability and internal conflict which date back to the French colonial administration and its policy to maintain slavery, and the civil war that led to the country's independence in 1804. The United States occupied the country from 1915 to 1934, a period also characterised by violence. Successive military coups from 1946 to 1954 led to the Duvalier family dictatorship. During that period, many people lost relatives to repression and much of the intellectual elite fled the country – the Haitian diaspora. The period after president Jean-Claude Duvalier was forced out of power in 1986 remained volatile, with three main groups vying to control Haiti's future: those that favoured democratic governance, demanding elections; those wanting power to be returned the armed forces; and the Haitian elite, pursuing their own interests. In 1990, former Roman Catholic priest Jean-Bertrand Aristide became the first democratically elected president. He hinted at possible social change for the poor but was forced out of office a year later by a military coup, during which there was widespread violence and persecution.

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Assisted by the international community, Aristide returned to Haiti in 1994 and was re-elected president in 2000. Four years later he was forced out of office once more by a protest movement. Upon his departure, the Mission des Nations Unies pour la Stabilisation en Haiti (MINUSTAH) was deployed to back up the subsequent interim government. This peacekeeping force is composed of military and police, mostly from South and Central American countries. MINUSTAH has been a factor in improving security and reducing criminal activity in the country. Although the political system remained fragile, the election of René Préval to the presidency in 2006 resulted in a number of years of stable and legitimate government and relative economic and social stability.

Although overall security conditions gradually improved, food security and the provision of services to the population worsened as a result of a succession of disasters that hit the country: the series of devastating hurricanes in 2008, the January 2010 earthquake and later

¹⁵ Rencoret, N., A. Stoddard, K. Haver, G. Taylor and P. Harvey (2010). Haiti Earthquake Response – Context Analysis. ALNAP, OECD/DAC Evaluation Network, United Nations Evaluation Group, July 2010. This document was produced with the explicit objective of providing evaluations of the support to Haiti with useful contextual background material available at the time of writing (April-May 2010), for shared use by evaluators in order to avoid duplicative work. Clermont, C., D. Sanderson, A. Sharma and H. Sparos (2011). Urban disasters – lessons from Haiti. Study of member agencies' responses to the earthquake in Port-au-Prince, Haiti, January 2010. Report for the Disasters Emergency Committee (DEC), March 2011. This document provides a context analysis in a separate annex.

that year the widespread cholera epidemic. These disasters were compounded by the presidential elections in November 2010 which were contested because of election mismanagement and allegations of widespread voting fraud. The second round of presidential elections, which were held on 21 March 2011, proved to be better managed and resulted in Michel Martelli being elected as president.

Box 2.1 *Time line of major events in Haiti since independence*

1804	Hispaniola is declared an independent republic and renamed Haiti, land of the mountains.
1915–34	US occupies Haiti.
1934	US withdraws troops from Haiti, but maintains fiscal control until 1947.
1937	Haitians are massacred in the Dominican Republic and along the border.
1956	Physician François ‘Papa Doc’ Duvalier seizes power in a military coup and is elected president in 1957.
1971	Duvalier dies and is succeeded by his son, Jean-Claude (‘Baby Doc’).
1986	Baby Doc is forced into exile in France by an uprising, ending the 29-year family dictatorship.
1990	Former Roman Catholic priest Jean-Bertrand Aristide becomes the first democratically elected president.
1991	Aristide is overthrown by the military.
1993–96	UN conducts its first peacekeeping mission, the UN Mission in Haiti (UNMIH).
1993	UN imposes sanctions after the military regime rejects an accord facilitating Aristide’s return.
1994	Military regime relinquishes power upon the arrival of US forces; Aristide returns. Aristide dismantles the Haitian Armed Forces and the Haitian National Police is created.
1995	UN peacekeepers begin to replace US troops; Rene Préval is elected in December to replace Aristide as president.
1996–97	UN Support Mission in Haiti (UNSMIH) in operation.
1997	UN Transition Mission in Haiti (UNTMIH) in operation.
1997–2000	UN Civilian Police Mission in Haiti (MIPONUH) in operation.
2000–01	Civilian Support Mission in Haiti (MICAH) in operation.
2000	Aristide wins a second presidential election, amid allegations of irregularities.
2004	Aristide is forced into exile in South Africa; US forces restore order and are later replaced by the sixth UN mission, the UN Stabilisation Mission in Haiti (MINUSTAH). Severe floods kill more than 5,000 people, including 3,000 in the wake of tropical storm Jeanne; international donors pledge more than USD 1 billion in aid.
2006	René Préval is declared the winner of the first presidential elections after an internationally brokered deal over disputed results.

2008	A series of tropical storms devastate Haiti, killing more than 800 people and leaving nearly 1 million homeless or in need of aid.
2009	At least 95 people are killed when a school collapses on the outskirts of Port-au-Prince; authorities blame poor construction. The World Bank and International Monetary Fund cancel USD1.2 billion of Haiti's debt — 80 per cent of the total — after judging it to have fulfilled economic reform and poverty reduction conditions.
2010	More than 200,000 people are killed, 300,000 injured and over one million left homeless when a magnitude 7.0 earthquake hits Port-au-Prince and neighbouring towns, Jacmel and Léogâne in January. Effects of the earthquake were compounded by a cholera epidemic starting in October.

Source: Rencoret, N., et al.

The continuous political instability has prevented Haiti from establishing effective national political institutions and has perpetuated a situation of poor governance at all levels of the administration. Frequent interruptions in the parliamentary cycle have delayed or blocked legislation and hampered proper adoption of the national budget. Prolonged intransparency allowed corruption and nepotism to continue (for details see Box 2.2).

Box 2.2 *Haiti: political indicators*

Corruption Perceptions Index rank (2009)	168 out of 180 countries
Failed States Index rank (2009)	12 out of 177 countries
Index of State Weakness in the Developing World rank (2008)	129 out of 141 countries
Democracy Index rank (2008)	110 out of 167 countries
KOF Overall Globalisation Index rank (2010) ¹⁶	164 out of 208 countries
Ease of Doing Business Index rank (2010).	151 out of 183 countries

Source: Rencoret, N., et al.

¹⁶ This index measures the economic, social and political dimensions of globalisation in countries.

2.2 Economic and social conditions

Political instability was accompanied by economic decline. In the last 30 years Haiti's economy has shrunk: since the mid-1980s per capita Gross Domestic Product (GDP) has fallen by 50%.¹⁷ Traditionally, Haiti has been a predominantly agricultural country, but agricultural productivity has remained low and accounts for 25% of GDP. Continuing poor levels of returns from agriculture have resulted in a rural exodus and emigration. About 60% of Haiti's food requirements need to be imported. The country is very vulnerable to international price shocks; in 2008, high food prices sparked riots.

With some 75 per cent of its population living below the USD 2 threshold per day, Haiti ranked 149 out of 182 in the 2009 Human Development Index. The country is greatly dependent on remittances from Haitians living abroad and on fluctuating amounts of international aid. With remittances from an estimated 3 million Haitians living abroad amounting to almost 20% of the country's GDP in 2007, Haiti is considered the world's most 'remittance-dependent' country. In 2008 the official development assistance (ODA) per capita was USD 92. There is high unemployment – 49% – especially in the urban areas. Unemployment among young people is even higher. This situation has driven large numbers of people, especially women, to resort to employment in the informal sector. Box 2.3 provides further details on a large number of social and economic indicators.

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The formal private sector is small and fragmented and the majority of the population has to make a living in the informal sector, without guarantee of employment and income or access to capital. Public services such as health, education, transportation and water are privatised, so public goods are expensive and beyond the reach of a very large part of the population. Mistrust and lack of synergy between the public and private sectors have negatively impacted on the country's potential for economic growth, equitable income distribution and service delivery.

Haiti's most recent Growth and Poverty Reduction Strategy Paper (Ministry of Planning and External Cooperation, November 2007) stipulates economic growth as its main priority. Agriculture and rural development, tourism, infrastructure (including trade) and science, technology and innovation are highlighted as 'growth vectors'. As a second strategic priority, the Paper identifies human development, which is primarily expressed in necessary improvement of access to basic social services (education, health, and water and sanitation), protection of vulnerable groups, environmental protection and risk management. The third priority is a focus on investing in democratic governance, including the justice system, security, and modernisation of the State. Macroeconomic stability is seen as a prerequisite for growth and poverty reduction.

¹⁷ There were signs of a slight economic revival in 2009.

Box 2.3 *Haiti: Social and Economic Indicators*

Population (2010)	10.2 million
Population under the age of 15	36%
Urban population (2009)	50.6%
Percentage of urban population living in slums	86%
Access to improved sanitation (1980–2008)	51% (urban), 17% (rural)
Access to improved water facilities (1980–2008)	83% (urban), 48% (rural)
Government expenditure on health per capita (2006)	USD 65
Males over the age of 15 with 6 years of primary education (2009)	46%
Females over the age of 15 with 6 years of primary education (2009)	39%
Human Development Index rank (2009)	149 out of 182 countries
Human Poverty Index rank (2009)	97 out of 135 countries
GDP per capita (2008)	USD 729
GDP growth (2008)	1.3%
Inflation rate (2008)	15.5%
Ratio of the richest 10% to the poorest 10% (1992–2007)	54.4%
Population living below USD 2 a day (2000–2007)	72.1%
Remittance inflows (2008)	USD 1,300 million
Remittance inflows as a share of GDP (2007)	18.7%
ODA funding received (2008)	USD 912 million
Non-ODA funding for peacekeeping operations (for 2008)	USD 575 million
ODA per capita (2008)	USD 92

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Source: Rencoret, N., et al.

ODA to Haiti has fluctuated over the past 20 years. Since 2002 it has risen sharply, thanks to humanitarian aid flows in response to the tropical storms and the food riots in 2008 (humanitarian aid amounted to USD 175 million, about 20 per cent of total ODA). ODA has also supported development activities and peacekeeping.¹⁸ According to several sources referred to in Rencoret et al. (2010), there has been an absence of predictable financing and a coherent aid strategy for Haiti and this has adversely affected peace building, reconstruction and economic development efforts. Donors have mainly preferred to finance bilateral projects and to contract NGOs and other implementing partners instead of working through the government.

¹⁸ Major donors are United States, Canada, the Inter-American Bank and the European Commission.

2.3 Environment and natural hazards

Haiti is a mountainous country. Most of the natural vegetation has disappeared as a result of land being cleared for agriculture and the commercial exploitation of the forest areas, including charcoal production for cooking fuel. Deforestation of the slopes in combination with high population densities in the floodplains have resulted in high vulnerability to the hazards of natural disasters especially tropical storms. The hurricane season of 2008 was devastating. Four consecutive hurricanes in August and September caused the death of 800 people and resulted in the devastation of infrastructure and the loss of livelihood for tens of thousands of families.

As mentioned by Clermont et al. (2011), risk reduction efforts have focused mainly on the regular threat of flooding and other damage caused by hurricanes and little attention has been given to less frequent hazards such as earthquakes, even though the country is known to be seismically active.

Just over 50% of the country's 10 million inhabitants are urban and urban growth continues apace. About 2.3 million people live in the greater Port-au-Prince area, which has witnessed rapid population growth. Port-au-Prince and adjacent urban areas are characterised by unplanned expansion. The unplanned urban development has resulted in spontaneously growing densely inhabited slum settlements on steep hillsides, in ravines and close to the sea. These settlements are home to a very large part of the city's population who live on small plots in poorly constructed and crowded housing conditions and have to cope with inadequate physical and social infrastructural facilities and with high levels of vulnerability.¹⁹ The absence of building regulations and other legal requirements resulted in houses and other physical structures being unsafe: during the earthquake many collapsed wholly or partly.

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2.4 The earthquake of 12 January 2010

At 16.53 hours local time an earthquake with a magnitude of 7.0 struck Ouest Province (population of 2.2 million); its epicentre was 17 km south west of Port-au-Prince. The town of Léogâne was reported to be almost 90% destroyed and in the town of Jacmel almost half of all buildings were destroyed.²⁰ The disaster greatly exacerbated the plight of Haiti's already impoverished population and the country's weak economy. The earthquake (and a number of severe aftershocks) led to the death of over 220,000 people (2% of the country's

¹⁹ Settlements have continued to sprawl along unstable hillsides. The city is devoid of green open space; the absence of a sewage system renders the city vulnerable to flooding and leads to unsanitary conditions which are exacerbated by the absence of a solid waste management system. Neighbourhoods lack sufficient social and economic infrastructure, which results in people moving around in the city in search of basic services and livelihoods. The largely informal urban transport system has resulted in a congestion of the urban space.

²⁰ SHO First Joint Report 13 January- 31 March 2010, 'SHO-actie 'Help slachtoffers Aardbeving Haiti'.

population) including 30,000 children.²¹ The affected population was estimated at three million (30% of the Haiti's population), of whom some 1,300,000 were displaced and in immediate need of shelter and essential services.

The Post Disaster Needs Assessment²² revealed a total estimated value of damage and losses caused by the earthquake of USD 7.8 billion (USD 4.3 billion representing physical damage and USD 3.5 billion economic losses) – over 120% of Haiti's gross domestic product in 2009.

Clermont et al. have pointed out 'that the weakness of the state apparatus and decades of poor governance' are to be considered major factors explaining the very high levels of devastation caused by the earthquake (Clermont et al., 2011). The weakness of the state was compounded by the high casualties sustained by the civil service; furthermore, damage to public buildings severely affected the national capacity to immediately lead and coordinate the response.²³

The UN system and international and national non-governmental organisations were also thrown into disarray by the suddenness and immensity of the disaster, and scrambled to become operational as soon as possible.

The initial relief efforts in Haiti faced unprecedented challenges, as much of the physical infrastructure in and around the country's capital had been damaged or destroyed by the earthquake. There was an immediate need for extensive rehabilitation of the infrastructure and to organise logistics so that relief operations could begin.

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The immediate, medium- and longer-term catastrophic consequences of the earthquake²⁴ are not solely the result of the magnitude and impact of the earthquake itself. As mentioned above, with its very weak economic infrastructure and the lack of social security networks, Haiti is one of the poorest countries in the Western hemisphere. The country's weak government and administrative structures have resulted in very poor levels of governance. Historically, the State has been unable to deliver basic services, provide security to the majority of the population, safeguard basic human rights or facilitate sustainable social and

²¹ The earthquake, which destroyed very many school buildings, struck at a time when the children had already left school. If it had occurred earlier in the day, there would have been massive casualties among the school-age population. On the other hand, most civil servants were at their desks and the high level of damage to public buildings resulted in a very high casualty rate among this population group.

²² Republic of Haiti, Haiti Earthquake Post Disaster Needs Assessment: Assessment of damage losses, general and sectoral needs, Annex to the Action Plan for National Recovery and Development of Haiti, Republic of Haiti, March 2010.

²³ It is reported that during the course of 2010 national and local authorities became increasingly active as key partners in the relief effort.

²⁴ The earthquake has severely jeopardised people's livelihoods and food security. The loss of household effects and employment, coupled with the increased food prices have affected households' survival strategies and their means of subsistence.

economic development. The main impediments have been the enduring and high levels of corruption and long-term political instability. The political instability is exemplified by the recent national election process.²⁵

In the past, international aid has not been sufficiently conducive to help to change this overall picture, as pointed out by a recent report of Oxfam: 'Over the years, most donors have not done enough to help to resolve the lack of state capacity and action in Haiti. Instead some donors and governments have too often responded in ways that have exacerbated institutional weaknesses and bypassed the Haitian people'.²⁶

The effects of the earthquake were compounded by Hurricane Tomas,²⁷ which struck Haiti several weeks after a cholera epidemic had started in October 2010 in a region that had not been affected by the earthquake. The epidemic spread rapidly, also as a result of the effects of the hurricane, and quickly became a 'crisis in a crisis' (see below).²⁸

Some specific features of urban disasters

Referring to a number of studies, Rencoret et al. (2010) state that 'Past experience shows that urban disasters are different from those occurring in rural settings. They have distinctive features of scale, density, economic systems and livelihood strategies, resource availability, governance and public expectations, large informal settlements, likelihood for compound and complex disasters and potential for secondary impacts on rural or regional producers. Targeting is particularly challenging in urban settings, complicated by several factors such as cities' fluid demographics, economic inequity, higher costs of living compared with rural settings and a lack of official records related to land and property rights'.²⁹

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In Haiti, the lack of such records has been one of the many factors hampering the start of the reconstruction phase. Other factors were the lack of progress on the part of the Haitian authorities to advance and take policy decisions on critical issues for which they should assume responsibility, such as the settlement of legal issues (land, property and tenure rights), the removal of rubble hampering repairs to damaged buildings and the construction of new homes, and the construction of other physical infrastructure for public and private use.

²⁵ The election process was challenged by the cholera outbreak, attempts at voting fraud and violent incidents. The postponement of the February 2010 elections for the Chamber of Deputies and one third of the Senate contributed to a climate of political uncertainty because there was no quorum in the Parliament, as all deputies and one third of the senators had completed their mandates. The elections on 28 November 2010 were therefore essential to confirm the State's legitimacy and consolidate the country's stability. (See United Nations (2010). Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook, p. 48 - 49. www.onu-haiti.org).

²⁶ From Relief to Recovery – support to good governance in post-earthquake Haiti. Oxfam briefing paper 142, 6 January 2011, p.p. 11. See also SHO First Joint Report 13 January- 31 March 2010, 'SHO-actie 'Help slachtoffers Aardbeving Haiti'.

²⁷ Compared to the tropical cyclones of 2008, Hurricane Tomas caused relatively little damage but nevertheless resulted in severe flooding, thereby leading to the further spread of the cholera epidemic.

²⁸ UNICEF Children in Haiti One Year After – The long road from relief to recovery, January 2011.

²⁹ Rencoret, N., et al., p. 16.

2.5 Donor assistance and aid delivery in response to the earthquake

The UN Flash Appeal, requesting USD 562 million for immediate emergency humanitarian assistance, was launched on January 15. The Consolidated Appeal of 18 February raised this to USD 1.5 billion, 72% of which was funded by 15 November 2010.³⁰

In the immediate aftermath of the major disaster the massive international support, in which many donors attempted to base their funding on needs assessment as much as possible, helped avert further loss of life. The initial response involved the US military taking over operations at the damaged Port-au-Prince airport, which was handling large numbers of emergency flights. Many donors (including the Netherlands) fielded search and rescue teams trying to save lives.³¹ UN agencies as well as well-established international non-governmental organisations were part of the massive response; their ranks were swelled by even larger numbers of new actors who were unfamiliar with Haiti or even with disaster response.³² According to a recent report of the UN, the international response provided during the first months following the earthquake swamped a weakened government unable to take charge of the coordination of relief efforts.³³

In addition to the financial and other types of support provided by donors, there were large-scale fundraising campaigns in many donor countries to collect private donations to support victims of the earthquake.³⁴ To ensure maximum coordination among the different emergency aid efforts, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) was appointed as the main coordinating body of the humanitarian response in Haiti. In line with humanitarian assistance provided elsewhere, a cluster system has been established, in which different UN organisations are responsible for leading and

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³⁰ See annex IV, p. 149 of the Consolidated Appeal 2011 (<http://www.humanitarianappeal.net>). The Appeal included some USD 174 million for cholera response.

³¹ According to a recent evaluation of OCHA's response to the Haiti earthquake in 2010 (see Bhattacharjee, A. and R. Lossio, 2011) 26 search and rescue teams rescued 134 persons. Most of the people rescued from collapsed and damaged buildings, however, were saved by their fellow citizens.

³² Exact numbers of humanitarian actors remain unclear but three months after the earthquake were estimated at 2,000 by the Inter-agency real-time evaluation in Haiti (Grünnewald, F., Binder, A. and Georges, Y., 2010).

³³ United Nations (2010). Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook, p. 8. www.unu-haiti.org.

³⁴ In March 2010 donors subsequently pledged USD 2.1 billion for reconstruction and rehabilitation in 2010 at an international donor conference in New York, some 42% of which was actually received in 2010. Some donors argued that these pledges were supposed to cover subsequent years too (see Oxfam, 2011, *ibid.*). All in all the international community has pledged USD 8 billion (see SHO-rapportage Haiti 12 januari 2010 – 12 januari 2011 (SHO, 11 January 2011). The pledges include those of DAC donors and non-DAC donors (including a considerable number of developing countries). They have been augmented by funds donated by the general public and channelled through well-established international NGOs (INGOs) and the 'new' NGOs which, just as happened in the wake of the tsunami disaster in Southeast Asia, emerged after fundraising campaigns in donor countries, and by pledges from private-for-profit entities. It is unlikely that the magnitude of funding raised and in-kind contributions in support of Haiti will ever be known with any accuracy.

coordinating the aid in specific sectors (Cluster Leads). There are 12 clusters: Camp Coordination and Camp Management; Education; Emergency Shelter and Non-Food Items; Food; Logistics; Nutrition; Protection; Water, Sanitation and Hygiene (WASH); Agriculture; Early Recovery; Emergency Telecommunications; and Health.³⁵ For each cluster, agencies and organisations providing aid were to be mapped to ensure that there would be no overlaps and that the aid would be equally distributed among the different communities affected by the disaster.³⁶ At the time the evaluation was conducted, the various clusters were operating with sub-clusters³⁷ and ‘baby’ clusters; the latter were coordinating at regional and municipal levels.

The cluster system played an important role in gathering data and providing evidence on the severity of the humanitarian needs in the aftermath of the earthquake. The cluster members conducted assessments and coordinated the flow of information and data on needs, in order to assess the magnitude of the support required. The positions and usefulness of the different clusters varied substantially: some clusters already had needs assessment structures in place which could quickly be activated, others struggled to get going. This made it difficult to obtain a quick and reliable insight into cross-sectoral needs (see Stoianova, V.).

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At the international donors’ conference ‘Towards a New Future for Haiti’ held at the UN Headquarters in New York on 31 March 2010 a total of USD 9.9 billion was pledged in support of the Haitian government’s Action Plan for National Recovery and Development (PRND). Of this amount, USD 5.3 billion was to be spent over a period of two years.³⁸ The Office of the Special Envoy for Haiti (former US President Bill Clinton) has reported that USD 1.38 billion (about EUR 1 billion) provided as Official Development Assistance (ODA) was disbursed in 2010.³⁹

³⁵ Six clusters were initially established in and worked from the Dominican Republic: Logistics/ Telecommunications; Health; Emergency Shelter; Water, Sanitation and Hygiene (WASH); Nutrition; and Protection.

³⁶ ‘Cluster’ is the concept used to describe the group of agencies (UN, NGOs, etc.) working in a particular sector. Following the reform of the humanitarian system some years ago, it was decided that all major humanitarian operations would be organised in clusters which are considered to be inclusive structures for strategic decision-making rather than for providing possibilities for information sharing. The cluster approach was rolled out for the first time in Haiti in response to the 2008 hurricane season. At the time, ten clusters were established, led by the United Nations and international organisations in conjunction with the corresponding Haitian line ministries.

³⁷ Sub-clusters included among others the Gender-based Violence sub-cluster and the Child Protection sub-cluster, both involving UNICEF.

³⁸ Several recent reports have been critical of disbursements that appear to be lower than the sums donors have pledged and committed.

³⁹ The disbursement of the SHO Haiti campaign in 2010 amounted to EUR 41 million, i.e. some 4% of the total ODA disbursed in 2010. This share will be lower when the unofficial public and private aid flows to the country are taken into account. No accurate information on such flows is available.

Following the donors' conference, a multi-donor trust fund for the recovery of Haiti was set up. It is administered by the World Bank.⁴⁰ The Interim Haiti Recovery Commission (IHRC) which is co-chaired by Bill Clinton (UN Secretary-General's Special Envoy for Haiti) and Haitian Prime Minister Jean-Max Bellerive will oversee the implementation of the Government of Haiti's Action Plan for National Recovery and Development, thereby ensuring that international assistance is aligned with the priorities of the Haitian people and their Government and that there is accountability and transparency.⁴¹ IHRC's mandate includes bringing together donors, government and Haitian civil society, coordinating projects to avoid overlap, and monitoring and reporting on the 'high-level progress' of projects.

Various reports provide information on the magnitude of the humanitarian response in 2010 and the results to date. They also point out the enormous tasks still to be done, the need to continue to provide humanitarian assistance in 2011 and the challenges related to reconstruction and economic recovery.⁴²

In the year since the earthquake much has been achieved. However, the challenges are still very considerable. In March 2011 the International Organization of Migration (IOM) estimated that the number of Haitians living in camps had fallen to 680,000, which is about half the number at the peak of the crisis. People are leaving the camp in growing numbers for positive reasons: i.e. moving to transitional shelters and permanent housing and finding livelihood opportunities elsewhere. However, a number of negative factors are also at play, ranging from forced evictions, continuing insecurity, and declining services.⁴³ In any case, a very considerable group of those made homeless and jobless by the earthquake are still living in tents without much prospects of moving out of the camps in the near future. This is a perilous situation in a disaster-prone tropical climate. Lacking sufficient opportunities to develop their livelihoods and move to better shelter conditions, many still rely on humanitarian support for their survival.

⁴⁰ Management of the fund, including funding decisions, is by a Steering Committee, chaired by the Minister of Finance, and comprising representatives of the Government of Haiti, partners, donors contributing more than USD 30 million, and a representative of the International Development Association. The Interim Haiti Recovery Commission reviews project and programme proposals prior to endorsement (information provided by UNICEF).

⁴¹ The Commission's governing board consists of representatives of the Haitian government, parliament and judiciary; donors including Brazil, Canada, CARICOM, the European Union, France, Inter-American Development Bank, Norway, Spain, United States, Venezuela and the World Bank; Haitian labour unions and the private sector. In addition, representatives from the Diaspora, Haitian and international civil society organisations, and the Organization of American States participate as non-voting members.

⁴² See e.g. United Nations (2010). Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook. www.onu-haiti.org; Interim Haiti Recovery Commission (2011). Haiti One Year Later: The Progress to Date and the Path Forward. A report from the Interim Haiti Recovery Commission, January 12, 2011; Stoianova, V., Donor Funding in Haiti – Assessing humanitarian needs after the 2010 Haiti earthquake Briefing Paper, Development Initiatives, October 2010.

⁴³ Press release 18 March 2011 by the Office of the Special Envoy for Haiti (www.iomhaiti.com).

Humanitarian assistance principles and standards

All donors and agencies providing humanitarian assistance are supposed to comply with internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence (see box 2.4).⁴⁴ Agencies providing emergency relief should operate according to the so-called Sphere standards⁴⁵ which stipulate the minimum requirements which good humanitarian aid should satisfy. These generally applicable standards for the delivery of humanitarian assistance have been adjusted to the specific context of Haiti. The agencies should also adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organizations in disaster relief.⁴⁶

Coordination and engagement with local authorities and Haitian civil society

Lessons learned from previous responses to disasters⁴⁷ point to the importance of engaging with national and local authorities and civil society groups. Such partnerships are important to promote national ownership and coordination during and following a disaster, and they pave the way for sustainable recovery.⁴⁸

In Haiti, the agencies were faced with a dilemma: they needed to involve state actors in the response, but this would entail having to engage with a historically weak state apparatus insufficiently prepared to provide the immediate action the situation required.

Nevertheless, as mentioned in several evaluations, they could have collaborated more with national and local capacities.

⁴⁴ One implication of this is that the SHO organisations funded from the humanitarian aid budget of the Netherlands Ministry of Foreign Affairs should adhere to the overall objectives of Dutch humanitarian assistance, namely the guiding principle of humanity (or the humanitarian imperative).

⁴⁵ See Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Oxford: Oxfam Publishing. The Sphere standards define a minimum level of services to be attained in a given context; they also stipulate the good practice in the process of providing support. There are standards for water supply, sanitation and hygiene promotion; food security, nutrition and food aid; shelter, settlement and non-food items; and health services.

⁴⁶ The Code of Conduct establishes common standards for disaster relief and identifies the alleviation of human suffering as the prime motivation for humanitarian assistance which must be provided on the basis of need.

⁴⁷ See for instance O'Donnell, I., K. Smart, and B. Ramalingam. *Responding to urban disasters: Learning from previous relief and recovery operation*. ALNAP and ProVention Consortium, London, June 2009.

⁴⁸ Rencoret, N. et al. reiterate a number of lessons provided by evaluations and studies of past responses to disasters which are also relevant in the Haitian context. These include (i) the importance of coordination, leadership and national ownership in the response; (ii) the necessity of community participation in emergency, rehabilitation and reconstruction activities; (iii) the importance of social cohesion and community groupings for rebuilding after a disaster; (iv) the value of information from and communication with affected communities in shaping the support; and the positive role of early livelihood recovery through cash-for-work activities that also engage women in income-generating activities and cash transfers targeted at families that allow them to meet their immediate needs. In addition, the authors reiterate the following additional lessons from past responses to disasters in Haiti: the importance of planning and incorporating early recovery and disaster risk reduction activities at the beginning of the humanitarian emergency response, of adopting a long-term approach and of continuing international engagement.

Box 2.4 *The fundamental principles of humanitarian assistance*

The present fundamental principles are based on those of the Red Cross and Red Crescent Movement, most recently revised in 1965; they were designed to respond to both conflict-related and natural disasters. The Red Cross principles are: humanity, impartiality, neutrality, independence, voluntary service, unity and universality. Of these, the first four are widely used by other agencies and states. **Humanity** concerns the prevention and alleviation of human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for human beings. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples. **Impartiality** means no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress. **Neutrality** demands that agencies do not take sides in hostilities or at any time engage in controversies of a political, racial, religious or ideological nature. **Independence** requires that agencies be independent and always maintain their autonomy.

The statements of principle are here modified in an indicative way to make them more relevant to agencies other than the Red Cross. In 1994, the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief was developed and agreed upon by the world's largest disaster response agencies and has subsequently been widely endorsed by humanitarian agencies.

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Source: *After the fundamental principles of the Red Cross Movement* www.icrc.org.

A number of studies and independent evaluations have criticised the ways in which the humanitarian actors faced the challenges of the highly complex situation following the earthquake. For instance, referring to the Inter-Agency Real Time Evaluation in Haiti (F. Grünewald and A. Binder, June 2010) the independent evaluation of OCHA's response to the Haiti earthquake states that 'Coordination and leadership were challenges from the beginning in the chaotic circumstances where much of local capacity had been destroyed or disrupted, and thousands of humanitarian and faith-based organisations arrived on the scene to provide relief to the affected communities. The response to the earthquake in the first three months was successful in quickly mobilising aid, setting up cluster coordination and mobilising important resources in the form of funds, military assets and staff. However, weak humanitarian leadership and lack of local ownership, as well as a weak assessment of the humanitarian situation and needs delayed the response and led to important gaps in geographical and sector-based coverage' (A. Bhattacharjee and R. Lossio, 2011, p. 9).

Furthermore, in its 6-month report on the Haiti earthquake response the Inter-Agency Standing Committee points out that in general the international humanitarian community did not sufficiently engage with Haitian civil society organisations and local government authorities.⁴⁹ The latter parties were not sufficiently and systematically involved in the coordination mechanisms that include coordination at the cluster level (IASC, 2010, p. 2). Such involvement would have greatly enhanced the aid agencies' understanding of the context in which they were operating, would have contributed to local and national capacity building and would have led to more appropriate provision of assistance (ibid).

Similar criticism has been voiced by Schuller (2010), who in the summer of 2010 conducted a survey of the aid delivery process and its impact on those living in a random sample of large and small camps. Box 2.5 provides some of the salient findings of this study, which provide a snapshot some six months after the earthquake.⁵⁰

Box 2.5 *Results of Schuller's study of a hundred camps for internally displaced victims of the earthquake*

The study, which was conducted with assistance from Haitian researchers and graduate students, made the following observations:

- Six months after the earthquake, 40% of the camps still had no access to water, and 30% had no toilets of any kind. An estimated 10% of households had a tent; the rest were living under tarpaulin or other shelter material. Many tents were worn out and did not provide sufficient shelter;
- Twenty per cent of the camps did not have education⁵¹, healthcare, or psychosocial facilities on site;
- Camps not situated along major roads or situated far from the city had fewer services. Smaller camps, with 100 households or less and camps situated on private land were worse off than those on public land;
- Although many NGOs did empower camp committees to help select recipients and distribute aid, most 'official' committees were not actively involving the population. Less than a third of the camp residents were aware of the distribution strategy and did not know the names of the committee members. In several cases, the NGOs and self-proclaimed committees excluded extant grassroots organisations. In some cases NGOs constituted the committees;

⁴⁹ This partly resulted from the weak capacity of the Haitian government structures and that of Haitian NGOs.

⁵⁰ Schuller's report points out some weaknesses of the humanitarian system, without going into detail as to the contextual factors which proved challenging to the aid organisations.

⁵¹ According to UNICEF (information provided to the evaluation team) it has been the Government's policy not to permit schools to open within camps. Humanitarian agencies were asked to strengthen existing schools in adjacent communities to enable them to accept additional students, including those living in the (temporary) camps. It was further pointed out that the displacement tracking matrix of the International Migration Organization which surveyed 189 camps in July 2010 shows that some 77% of the displaced children aged 6-14 were attending school at the time.

- There were urgent security issues, including theft, gender-based violence, and forceful evictions by private landowners;
- Service delivery in NGO-managed camps proved to be more effective than that in camps managed by other institutions.

Source: Schuller, M. *Unstable Foundations: Impact of NGOs on Human Rights for Port-au-Prince's Internally Displaced Persons*. York College, City University of New York, October 2010.

Criticism has also been levelled at the Interim Haiti Recovery Commission for not adequately involving Haitian ministries, local government institutions and Haitian people or their representatives in the process of planning and implementation of projects and programmes.⁵²

Citing a number of studies and evaluations, Rencoret et al. (2010) point out a number of factors responsible for the failure of the international community to include national actors:

- The actors' ambivalence on how to engage with the clusters;
- Transport and other problems hampering the access of national actors to the main humanitarian hub (MINUSTAH's logistical base also referred to in Haiti as LogBase) where most national cluster coordination meetings were held;
- Many coordination meetings organised by international agencies were held in English, which proved to be a challenge for the largely French-speaking national actors. Coordination meetings among national actors were held in French; and
- The scarcity of useful coordination and information material in French and unavailability of such material in easily accessible formats.

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The cholera epidemic compounding the disaster and prolonging the emergency phase

In October 2010 cholera suddenly broke out in the Artibonite area in the rural north of the country. Cholera is not endemic in Haiti and was probably inadvertently brought into the country by UN peacekeepers from Nepal. It quickly swept through the country, affecting all of its departments at a time when the emergency period was considered to be gradually being replaced by rehabilitation and reconstruction.⁵³ The cholera spread quickly as a result of the lack of water and sanitation schemes and services in the rural areas, as well as a lack of knowledge of and capacity to practice proper hygiene. The heavy rains and flooding caused by Hurricane Tomas, which hit the country in early November, accelerated the transmission of cholera.

⁵² See e.g. *From Relief to Recovery – support to good governance in post-earthquake Haiti*. Oxfam briefing paper 142, 6 January 2011.

⁵³ Schools had re-opened in April and long-term development projects were gathering momentum again.

The epidemic threw the country into another crisis, prolonging the emergency phase and complicating the post-earthquake humanitarian assistance.⁵⁴ Haiti's overburdened, depleted and critically under-staffed health system was unprepared and lacked the know-how and experience to handle a public health crisis of this magnitude. Humanitarian actors on the ground responding to post-earthquake humanitarian needs were working to fill gaps. A number of humanitarian agencies quickly responded by modifying their ongoing health and water and sanitation programmes or undertaking new activities.⁵⁵

By mid-December 2010 the epidemic had affected more than 120,000 persons, resulting in more than 3,500 deaths by early January 2011.⁵⁶ The disease abated in the spring of 2011, but spiked again in mid-2011 with the start of the rainy season.⁵⁷ Overall mortality rates were very high when the outbreak started (around 4%) but during 2011 declined gradually to 2%. It was feared that the outbreak would severely affect greater Port-au-Prince, where more than one million people displaced by the earthquake were living in densely packed camps. Fortunately, these people were less affected, due to the generally better water and sanitary conditions.⁵⁸

⁵⁴ UNICEF (2011) Children in Haiti. One year after – The long road from relief to recovery.

⁵⁵ *ibid.*

⁵⁶ UNOCHA, <http://ochaonline.un.org/tabid/6412/language/en-US/Default.aspx>.

⁵⁷ Pan American Health Organization: Epidemiological Alert – update on the cholera situation in Haiti and the Dominican Republic, 22 June 2011. It is estimated that since the outbreak started in October 2010 the epidemic has affected some 370,000 persons and killed more than 5,500.

⁵⁸ Information provided by J. Heeger - former UNICEF staff on water and sanitation - at a presentation at the Netherlands Ministry of Foreign Affairs, 16 December 2010.



3

Dutch Cooperating Aid Agencies (SHO) support to Haiti

This chapter begins by presenting some background information on the Dutch Cooperating Agencies collaborating under the umbrella of the SHO Foundation (section 3.1). Section 3.2 provides information on the organisations involved in the Haiti campaign, including the allocation of the proceeds of the public fundraising campaign to the different partners, the expenditures in 2010 and the modes employed by the respective organisations to implement activities in Haiti. In addition, the sectoral distribution of the funds disbursed in 2010 is described. In the final section (3.3), the way in which the SHO Foundation and its organisations have reported the progress and results of the activities undertaken in 2010 is discussed.

3.1 Background information on SHO

The SHO Foundation (SHO = *Samenwerkende Hulporganisaties*, or Cooperating Aid Agencies) was statutorily established in 2007. The Foundation consists of Dutch non-governmental aid organisations that jointly engage in the organisation of national fundraising campaigns in response to major humanitarian crises in developing countries.⁵⁹ It consists of ten permanent partners: Cordaid Mensen in Nood; ICCO & Kerk in Actie; Netherlands Red Cross; Oxfam Novib; Save the Children; Stichting Vluchteling; Tear; Terre des Hommes; UNICEF Nederland; and World Vision. Fundraising campaigns may involve so-called 'guest organisations' that are committed to providing a specific contribution to the population or to institutions in the affected area.

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The SHO Foundation is governed by the SHO Board, which is composed of executive directors of the respective member organisations. The Foundation is accountable to a Supervisory Body (*Raad van Toezicht*) and operates according to a financial and administrative management plan.⁶⁰

The Foundation's aims are to raise as much money as possible to provide aid through its member organisations to those affected by a humanitarian disaster⁶¹, to inform the Dutch population about the magnitude of the effects of the disaster, and to ensure its member organisations are properly accountable for the expenditure and utilisation of the funds raised. This includes reporting the results of the activities (programmes and projects)

⁵⁹ Prior to 2007 the collaboration between these organisations was not institutionalised in a corporate entity (foundation). Most of the organisations that are currently member of SHO used to collaborate 'informally' in joint fundraising campaigns. Since 1987 there have been thirty campaigns and in total they have raised EUR 680 million.

⁶⁰ The current financial and management plan (*Beheersplan*), which was adopted by the Governing Board in March 2010, conforms with Dutch statutory and procedural requirements for not-for-profit charity organisations and the rules and regulations governing the subsidies provided by the Dutch Ministry of Foreign Affairs to non-government organisations that provide support to developing countries as part of the so-called 'Medefinancieringsstelsel 2010-2015' (Co-financing agreement MSF-II).

⁶¹ SHO's Statutes (26 April 2010) stipulate that funds donated to SHO are to be used to provide direct, effective and lifesaving support in the disaster area ('*Deze middelen worden aangewend voor het verlenen van directe, effectieve, levensreddende hulp in het rampgebied*'). If resources allow, assistance may also be provided to support reconstruction in the area at issue ('*Daarnaast kan – bij voldoende middelen – hulp verleend worden bij de wederopbouw in de getroffen gebieden*').

supported. As a rule, ninety per cent of the net proceeds of a campaign⁶² are distributed among the permanent members according to a predefined formula; ten per cent of the funds may be distributed among the guest organisations involved in the campaign. On the ground, the individual SHO organisations work together with their respective partner or ‘umbrella’ organisations in close coordination with the United Nations and the local authorities.

The organisations involved under the auspices of SHO in a particular campaign collaborate closely during the fundraising so as to ensure the campaign is effective and efficient. Once the funds have been allocated among the organisations participating in a certain campaign, each organisation is responsible for appropriating the funds in accordance with the rules and procedures defined in SHO’s regulations. These stipulate that each of the associated organisations is responsible for the quality of the planning and implementation of its interventions, which may be wholly or partly funded from the proceeds of the campaign. The individual organisations are responsible for ensuring that the support they provide is adequately financially and administratively organised. The interventions (projects and programmes or specific parts thereof) may be implemented either directly or by means of different funding and collaboration modalities involving network organisations, multilateral institutions or individual partners operating in the country at issue.⁶³

156 | The organisations are directly accountable to the SHO Foundation for the way they use the funds raised and the results obtained. They must submit programme or project proposals.⁶⁴ Once the programme or project is up and running they must regularly submit financial and substantive reports and also provide more general information about the campaign to the Dutch general public and to private and institutional donors.⁶⁵

For each campaign SHO establishes a front office and a back office. The front office operates under the Director for the campaign at issue (‘Campaign Director’), who is also the vice-chair of SHO. The Back Office is ‘permanently’ located in the Humanitarian Unit of Oxfam Novib.⁶⁶ The Front Office is responsible for communication with the Dutch public and institutional donors. The Back Office handles administrative and financial aspects of the campaign, including the joint SHO interim and final substantive and financial reporting to the Dutch public and any institutional donors.

⁶² These are the funds minus the costs of the campaign (setting up and managing the campaign, advertising, costs of television and radio broadcasts, etc.).

⁶³ This implies that the organisations participating in a certain campaign are responsible for the quality of their project proposals and that of the proposals of their implementing partners.

⁶⁴ ‘Op basis van een needs assessment, ‘nulmeting’ of een andere wijze van een inventarisatie ter plaatse door de deelnemers, dient iedere deelnemer het actievoorstel in bij de back office binnen een door het bestuur vastgestelde termijn. Voor de noodhulpfase en de wederopbouwfase gelden afzonderlijk vastgestelde formats die gebruikt moeten worden. De voorstellen behelzen de gedefinieerde doelstellingen evenals het benodigde budget.’ (Beheersplan SHO goedgekeurd door de Raad van Toezicht op 29 maart 2010, p. 10).

⁶⁵ The SHO organisations are required to submit an audited annual account to SHO. In the implementation of their activities the individual organisations have also committed to be accountable to their beneficiaries (downward accountability).

⁶⁶ The Humanitarian Unit supplies a programme officer and a financial officer to support the Back Office. See SHO Organisation Regulations, January 2010.

The SHO organisations are entitled to spend a maximum of 7% of the total funds provided as 'general overheads' (AKV).⁶⁷ This cost category differs from project management support costs (i.e. costs to be incurred to implement the activities) and includes expenditure on: i) identifying and appraising proposals; ii) establishing contracts with partner organisations and transferring funds to them; iii) providing technical advice to partner organisations; iv) monitoring, management and supervision; v) reporting; vi) general institutional overheads; and, vii) external contacts and viii) auditing and evaluation.

3.2 SHO organisations involved in the Haiti campaign

Nine permanent member organisations are taking part in the campaign for Haiti. Stichting Vluchteling (Refugee Foundation) is not involved since Haiti does not have a refugee problem. The campaign also involves the following guest organisations: Dorcas, Plan Nederland, CARE Nederland, Habitat for Humanity, Vereniging van Nederlandse Gemeenten (Netherlands Association of Municipalities – VNG International) and the Salvation Army Netherlands.⁶⁸

The public fundraising campaign ran from 13 January to 26 February 2010; funds donated after 26 March 2010 were allocated to the overall budget of SHO (*bestemmingsreserve SHO*). Taking into account the costs of organising the campaign and the SHO office costs⁶⁹ (together EUR 1,802,403)⁷⁰ the net proceeds to be distributed among the SHO organisations amounted to EUR 111,417,596.⁷¹ This sum will be disbursed during a period of three to five years, in two phases: the emergency relief phase initially planned to cover 2010 and the subsequent phase during which the emphasis will be on activities focusing on rehabilitation and reconstruction.⁷²

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In relative terms the total contribution by the SHO and its organisations, albeit important in its own right, represents only a modest part of the total support for relief, rehabilitation and reconstruction pledged by the international aid community. In terms of disbursements in 2010 (EUR 41 million), the SHO campaign represents 4.1% of the total external support disbursed by public sector donors (national governments and multilateral institutions)

⁶⁷ The 7% includes the administrative costs of the SHO front and back offices.

⁶⁸ Habitat for Humanity and Vereniging van Nederlandse Gemeenten are not supporting or implementing activities during the (immediate) relief phase, but will engage in the rehabilitation and reconstruction phase.

⁶⁹ The SHO office costs are a lump sum which is reserved to cover 5 years of SHO office costs.'

⁷⁰ This amount consists of costs of the fundraising campaign (EUR 993,298) and SHO office costs to be incurred during the entire programme period covering 2010 – 2014 (EUR 809,105). Because many organisations provide *pro bono* services to the SHO fundraising campaign, the costs of the campaign remained modest in relative terms, i.e. 0.9% of the total revenue.

⁷¹ The net proceeds of the Haiti campaign amounted to EUR 110,187,596. This amount was supplemented with unspent funds available from the Tsunami Campaign (EUR 730,000) and funds from the SHO reserve for office costs (EUR 500,000). See SHO Third Joint Report Haiti, period 13 January – 31 December 2010, SHO April 2011.

⁷² In practice the distinction between those two phases is blurred to some extent. Rehabilitation and reconstruction activities will already take place during the emergency relief phase and will then gain momentum.

which amounted to USD 1.38 billion, or about EUR 1 billion (Office of the Special Envoy for Haiti, International assistance to Haiti, key facts as of February 2011). This amount does not include disbursements by private donors, which cannot be known with any certainty.

Distribution of the funds of the Haiti campaign

SHO applies an annual distribution formula ('*verdeelsleutel*') which has been defined prior to the fundraising campaign(s) in that particular year. This entails informing all members about their percentage of the proceeds before the sum(s) raised by the campaign(s) are known. The SHO Board may decide to set aside a certain percentage of the proceeds of a fundraising campaign to be distributed among so-called guest organisations. These are Dutch non-governmental aid organisations with a demonstrable added value in the area or country in which the disaster has occurred. A guest organisation is 'hosted' by a member organisation. Each guest organisation is required to submit a funding proposal through one of the member organisations for review by the SHO Board.⁷³ Funds are allocated subject to the proposal being approved by the respective member organisation and the Board.⁷⁴

Figure 3.1 provides a detailed breakdown of the distribution of the funds generated by the Haiti campaign among the different partners for the entire programme period covering 2010 – 2014 (i.e. emergency aid, early rehabilitation and subsequent reconstruction).

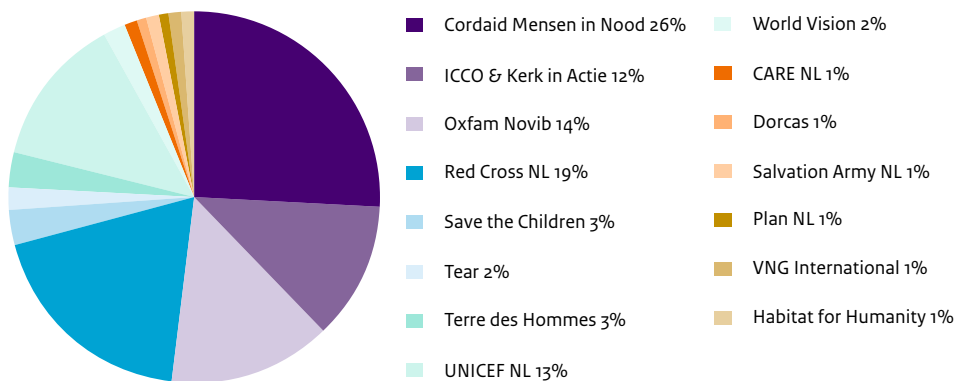
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The most important actors in the Haiti programme in terms of funding are Cordaid Mensen in Nood, Netherlands Red Cross, Oxfam Novib, ICCO & Kerk in Actie and UNICEF Nederland. Together these five members account for 82% of the funds (EUR 89.3 million – rounded figure), with the remaining 18% being distributed among the other ten organisations (four members and six guest organisations). The individual shares of these ten organisations range from one to three per cent of the total. In other words, the multi-annual Haiti campaign is dominated by five organisations, with the other ten organisations each being responsible for implementing relatively minor parts of the total funds raised.

⁷³ All SHO organisations are required to provide proposals to the SHO Back Office; the proposals of the member organisations are not reviewed by the SHO Board.

⁷⁴ A guest organisation may not receive more funding than a member organisation: hence the relatively low amounts allocated to the guest organisations.

Figure 3.1 Distribution of SHO funds for Haiti for the programme period 2010 –2014 (percentages)⁷⁵



Source: Table 3, *Distribution of SHO funds of the Haiti Campaign*, p. 45 of the SHO Third Joint Report on Haiti covering the period 13 January – 31 December 2010, SHO April 2011.

In 2010 a total of EUR 82,022,236 was transferred to the SHO organisations.⁷⁶ With the exception of Habitat for Humanity and VNG International, which did not commit to projects or programmes in 2010, total commitments in 2010 amounted to EUR 64,336,989. Of this total, EUR 48,564,846 has been transferred to implementing organisations. The actual expenditure on activities undertaken in Haiti amounted to EUR 41,048,123.⁷⁷ Any interest the organisations earn on funds received must be used only for activities undertaken in Haiti.

Table 3.1 provides information on the expenditure per organisation in 2010. Five organisations (Netherlands Red Cross, Cordaid Mensen in Nood, Oxfam Novib, UNICEF Nederland and ICCO & Kerk in Actie) account for 87% of the total expenditure. The remaining eight organisations account for a relatively small part of the expenditure in 2010.

Implementation modes

In the international humanitarian aid system, UN agencies operate through their implementing partners, which are mainly international and national non-governmental organisations (NGOs). The Red Cross and Red Crescent organisations and international NGOs receive funds from donors. These organisations often also deliver part of their aid through partners, who may include national NGOs. The involvement of national

⁷⁵ Information based on EUR 111,174,025 distributed. This amount consists of EUR 102,117,197 distributed among the permanent members, and EUR 9,056,828 distributed among the guest organisations. A total of EUR 243,571 remains unallocated.

⁷⁶ SHO Third Joint Report on Haiti, period 13 January – 31 December 2010.

⁷⁷ *ibid.* Two guest organisations, Habitat for Humanity and VNG Internationaal will implement activities in the post-emergency phase and did not disburse funds in 2010.

implementing partners allows external agencies to make use of locally available capacities, which may or may not be better positioned to implement the support. Involving national partners may also be conducive to building institutional capacities in the country at issue. The downside is that the system also leads to sometimes long aid management chains and sub-contracting among agencies, each with its own tasks and responsibilities, administrative systems and overheads.

Organisation	Expenditure (EUR)	%
CARE Nederland	107,274	0.3
Cordaid Mensen in Nood	10,024,886	24.4
Dorcas	624,581	1.5
ICCO & Kerk in Actie	3,493,357	8.5
Salvation Army Netherlands	454,080	1.1
Netherlands Red Cross	11,075,686	27.0
Plan Nederland	502,564	1.2
Oxfam Novib	6,551,998	16.0
Save the Children	953,756	2.3
Tear	584,638	1.4
Terre des Hommes Netherlands	1,537,310	3.7
UNICEF Nederland ⁷⁸	4,560,403	11.1
World Vision	577,590	1.4
Total	41,048,123	100.0

Source: SHO-actie Help slachtoffers aardbeving Haïti, SHO Third Joint Report on Haiti covering the period 13 January – 31 December 2010, SHO April 2011.

The SHO organisations also apply different funding arrangements or modes of contracting. The following modalities can be distinguished:

- The organisation is not operational in Haiti. It transfers the funds to an international agency and/or NGO which implements a multi-donor funded programme. The intervention (or part thereof) financed by the member is earmarked for administrative purposes only (leading to ‘administrative attribution’ of achievements). Three organisations operate in this mode: UNICEF Nederland, Terre des Hommes and Dorcas.
- The organisation is not operational in Haiti. It transfers the funds to a network organisation which implements a multi-donor funded programme. The intervention (or part thereof) financed by the organisation is earmarked, *and* the organisation is involved to a varying degree in making decisions about the earmarked intervention. Seven organisations operate in this mode: Oxfam Novib, CARE Nederland, Save the Children, World Vision, The Salvation Army Netherlands, Plan Nederland, ICCO & Kerk in Actie.

⁷⁸ It should be noted that this is not the expenditure rate of the programme of UNICEF Haiti. See also below.

- The organisation operates its own SHO-funded intervention in Haiti and also transfers part of its SHO funds to a network organisation which implements a multi-donor funded programme. The part of the programme financed by the member is earmarked for administrative purposes only. The only organisation operating in this mode is the Netherlands Red Cross.
- The organisation is operational in Haiti and bears responsibility for the implementation of the entire activity financed through SHO funding. The only organisation operating in this mode is Cordaid Mensen in Nood.
- The organisation is not operational in Haiti but finances parts of interventions or entire interventions of its national partner organisations. One organisation also operates in this mode: ICCO & Kerk in Actie.

The following examples provide more details:

- UNICEF Nederland has channelled its funds to UNICEF Headquarters in New York which in turn channelled the funds to UNICEF Haiti for the implementation of a large programme funded by many donors and involving a large number of partners including the Government of Haiti.⁷⁹ UNICEF Nederland informed the evaluation team that its SHO funds amounted to some 3.6% of the expenditure of UNICEF Haiti's programme in 2010.⁸⁰
- The Netherlands Red Cross has channelled part of its SHO funds (about 60%) through the International Federation of Red Cross and Red Crescent Societies (IFRC). The IFRC operates a very large programme, which is funded by a range of donors. The contribution of the Netherlands Red Cross funding in this larger programme is not known. Implementation occurs mainly through the Haitian Red Cross. The remainder of the SHO funds has been used for activities the Netherlands Red Cross is implementing directly or through its partner, the Haitian Red Cross. The Netherlands Red Cross has also deployed staff to Haiti to provide assistance.
- Cordaid Mensen in Nood has established an office in Haiti to directly implement its activities involving various Haitian partner organisations.
- ICCO & Kerk in Actie is not involved in direct implementation but operates an office in Haiti for coordination purposes and backstopping of its national partners. It has provided funds to the Action by Churches Together Alliance (ACT), has funded its sister organisation and ACT member Christian Aid, and has channelled funds to ICCO's fifteen Haitian partner organisations, which are implementing a variety of activities.
- The Salvation Army Netherlands has channelled its SHO funds through the coordinating office of the Salvation Army World Service Office in the USA to the Haitian Salvation Army. The Salvation Army Haiti, which has been active in Haiti for more than 60 years, is responsible for the implementation of the activities of a large Salvation Army

⁷⁹ UNICEF is implementing a negotiated, signed Country Programme of Cooperation with the Government of Haiti (2009-2011). The Government of Haiti is therefore a primary partner of UNICEF, receiving direct financial and material assistance and technical support from UNICEF (information provided by UNICEF Nederland).

⁸⁰ According to UNICEF Nederland, the expenditure of this programme in 2010 was USD 124,500,000.

programme; this programme includes activities financed with SHO funds.⁸¹

- Terre des Hommes (Netherlands) has channelled its funds through Terre des Hommes Foundation Lausanne. Terre des Hommes-Lausanne operates a programme which is also funded by other donors. The contribution of the funds provided by Terre des Hommes (Netherlands) amounts to 52% of the total programme expenditure in 2010.
- Oxfam Novib does not implement activities in Haiti, but has channelled its funds through Oxfam GB. In turn, Oxfam GB has used part of the funds to directly implement activities, whilst channelling the other part through Intermón Oxfam and Oxfam Quebec.

Table 3.2 Mode of implementation of Haiti emergency assistance, by organisation

SHO Organisation	Direct Implementation	Through international / network organisation	Through a member or members of the network organisation	Involvement of Haitian partner organisations
CARE Nederland			CARE Haiti	Various
Cordaid Mensen in Nood	Cordaid Haiti office			Various (e.g. Bureau de Nutrition et Développement ; Unité de Recherche et d'Action Médico)
Dorcas			Christian Reformed World Relief Committee (CRWRC)	CRWRC Haiti = Sous Eswpa
ICCO & Kerk in Actie		Action by Churches Together Alliance (ACT)	Christian AID	15 partners
Salvation Army Netherlands			Salvation Army World Service Office with implementation by Salvation Army Haiti	Various
Netherlands Red Cross	Netherlands Red Cross Haiti office	International Federation of Red Cross and Red Crescent Societies	Haitian Red Cross	Haitian Red Cross
Plan Nederland			Plan Haiti	Various
Oxfam Novib			Oxfam GB; Intermón Oxfam; Oxfam Quebec	Various
Save the Children			Save the Children	Various

⁸¹ The total financial support provided by The Salvation Army for its entire Haiti programme amounted to USD 39.8 million (information provided by The Salvation Army Netherlands following its review of the draft evaluation report).

SHO Organisation	Direct Implementation	Through international / network organisation	Through a member or members of the network organisation	Involvement of Haitian partner organisations
Tear Netherlands			Tearfund UK; World Relief; Action Contre La Misère / World Concern	Various
Terre des Hommes Netherlands			Terre des Hommes-Lausanne	Various
UNICEF Nederland		Funds are channelled through UNICEF (New York) to help cover the costs of UNICEF's Haiti programme	UNICEF Haiti	Various (contracts and memorandums of understanding with the Haiti Government, international and national NGOs)
World Vision			World Vision Haiti Earthquake Response Office	Various

Source: SHO Third Joint Report on Haiti covering the period 13 January – 31 December 2010, SHO April 2011 and interviews with the various organisations.

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Table 3.2 provides further details on how each of the organisations has arranged the way they fund and implement their activities. One common characteristic is that the support is always implemented through the involvement of Haitian partner organisations.⁸² The latter are government institutions, not-for-profit non-governmental organisations (these may include churches and other types of faith-based organisations), or private sector enterprises. Coordination of the various actors and activities is arranged through the cluster system which, as mentioned in Chapter 2, was expanded immediately after the earthquake. Whilst UNOCHA assumed the responsibility for overall coordination of the emergency response, at national level different UN organisations as well as IFRC (cluster leads) are responsible for coordinating the organisations involved in providing support to specific sectors.

In sum, the different SHO organisations operate a range of implementation modalities. Many of these are characterised by aid management chains involving contracting and sub-contracting. Each of the links in the chain has its own responsibilities, operates an administrative system and incurs handling costs which may result in considerable transaction costs or overheads.

⁸² The implementation process also includes informal community-based organisations such as camp committees and representatives of specific groups of beneficiaries.

3.3 Sectors supported

The first year of SHO support to Haiti has been mainly characterised by emergency relief, but a sizeable part of the activities have also focused on early recovery, rehabilitation and reconstruction. Box 3.1 provides definitions of emergency relief, rehabilitation, early recovery and reconstruction.

Box 3.1 Definitions of emergency relief, rehabilitation, early recovery and reconstruction

- **Emergency relief** can be defined as ‘the immediate survival assistance to the victims of crisis and violent conflict. Most relief operations are initiated on short notice and have a short implementation period (project objectives are generally completed within a year). The main purpose of emergency relief is to save lives’.⁸³
- **Early recovery** is ‘the application of development principles to humanitarian situations in order to stabilize local and national capacities from further deterioration so that they can provide the foundation for full recovery and stimulate spontaneous recovery activities within the affected population. Stabilizing and using these capacities in turn reduces the amount of humanitarian support required’.⁸⁴
- **Rehabilitation** is defined as ‘actions which enable the affected population to resume more or less ‘normal’ patterns of life. These actions constitute a transitional phase and can occur simultaneously with emergency relief activities, as well as further recovery and reconstruction activities’.⁸⁵
- **Reconstruction** commonly denotes tangible reconstruction of physical infrastructure.

The concept ‘wederopbouw’ (or in English ‘reconstruction’) as defined and applied by the SHO combines the different elements of these definitions.⁸⁶

⁸³ Definition provided in UNHCR’s Master Glossary of Terms (UNHCR 2006). Other agencies, including UNICEF, point out that humanitarian aid also aims to alleviate suffering, i.e. implying that relief work is more than saving lives. The SHO defines emergency relief (*noodhulp*) as follows: ‘tijdelijke hulp, direct volgend op een grote ramp of crisis, om de levensbedreigende situatie van de direct getroffen, mensen wier leven bedreigd wordt en die hun woon- en werkomgeving en waardigheid geheel of gedeeltelijk zijn kwijtgeraakt, weg te nemen. Het doel van noodhulp is het voorzien in basisbehoeften zoals onderdak, water, voedsel, sanitaire voorzieningen, onderwijs, gezondheidszorg, en bescherming. De noodhulpfase duurt gemiddeld zes maanden vanaf het ontstaan van de ramp’ (SHO Organisatiereglement 2010, p 1).

⁸⁴ UNDP Policy on Early Recovery. UNDP (2008). New York.

⁸⁵ This definition is applied by UNHCR; see UNHCR (2007), Handbook for the Protection of Women and Girls. Geneva.

⁸⁶ ‘Onder wederopbouw wordt hulp verstaan die getroffen helpt om het normale leven weer op te pakken en hun kwetsbaarheid te verminderen. Binnen wederopbouw gaat het onder meer om herstel van economische en inkomensgenererende activiteiten, opzetten van een werkend onderwijssysteem, het bouwen van huizen voor de langere termijn en het terugdringen van risico’s van herhaling van rampen’ (SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011).

There is no clear cut-off in time between the provision of activities focusing on emergency relief, early recovery, rehabilitation and reconstruction – all can occur simultaneously, depending on the type of disaster and its context. The issue of the transition from relief to development has been debated internationally for the past twenty years, initially in the hope that a smooth ‘continuum’ linking the phases of relief, rehabilitation/reconstruction and development in a linear fashion could be achieved (IOB, 2006, p. 38). It is now widely accepted that no such continuum exists or can be accomplished and that elements of all three phases could best be implemented simultaneously.

This is also reflected in the mix of activities implemented by the SHO organisations and their affiliates during 2010. Where appropriate and feasible, early recovery and rehabilitation activities have already been supported in the emergency phase.⁸⁷

The activities implemented by the organisations either directly or through financing and/or collaborating with their international and local partners cover eight sectors: Shelter (and non-food items); Water, sanitation and hygiene (WASH); Food security; Livelihoods; Healthcare; Education; Protection; and Disaster Management⁸⁸. These sectors largely coincide with the clusters through which the international response in Haiti is organised and coordinated. Details are provided in figure 3.2 and table 3.3, which also show the programme management support costs, i.e. direct costs incurred to implement the support activities. For a discussion of programme management support costs see chapter 4, section 4.1.

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The most important sector in monetary terms is Shelter and non-food items. Activities concern the provision of temporary/emergency shelter and transitional shelter. Various types of large- and small-scale programmes and projects have provided temporary shelter by supplying tents and other shelter materials (tarpaulins, plastic sheets) in the large or small camps – most of which were created spontaneously by people displaced by the earthquake. Many of these activities are still ongoing because the rehabilitation/reconstruction phase got off to a slow start and therefore people have had to remain in the tented camps. Continuous support to these camps was therefore warranted; it entailed, among other things, the replacement of tents and other materials which had deteriorated. In addition to emergency shelter, semi-permanent houses (transitional shelters, also known as T-shelters) have been constructed. The T-shelters, which can be modified into permanent structures at a later stage, form a practical ‘second best’ housing solution in the current conditions. These conditions are largely defined by the impoverished and largely unplanned urban setting in which the disaster struck, compounded by the absence of government plans and decision-making to solve issues to do with land and tenure rights and with removing debris and making public and private land available. All these factors have combined to create very challenging circumstances for the speedy construction of permanent housing and rehabilitation of damaged property and other physical infrastructure.

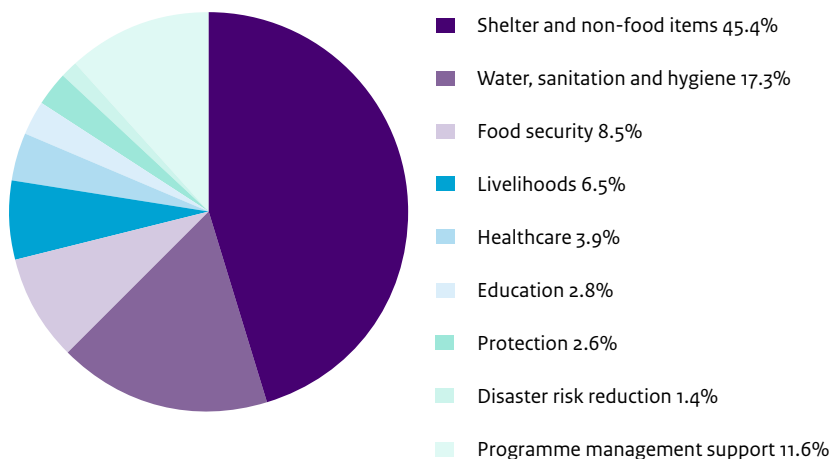
⁸⁷ In the aftermath of a major natural disaster such as occurred in Haiti, households (and institutions) often immediately begin with recovery efforts and it is important to provide them with the necessary support.

⁸⁸ The term ‘disaster management’ is used in the SHO reports. The appropriate term is disaster risk reduction.

Support for activities in the sectors Water and sanitation and hygiene (WASH), and Food security has also been important in terms of disbursements. Activities related to WASH have included trucking in emergency water to temporary storage facilities (water bladders) and emergency sanitation (portable and permanent latrines in camps⁸⁹), the (re)construction and rehabilitation of water and sanitary facilities, the organisation of hygiene awareness campaigns, the distribution of ‘hygiene kits’⁹⁰ and support to improve the capacity of local organisations or user groups to ensure the quality of water and sanitary facilities in the long-term. The cholera epidemic has further emphasised the necessity and urgency of carrying out activities in this sector. Programmes related to ensuring food security have focused primarily on the distribution of food packages and ready meals; where appropriate, food vouchers, cash-for-work programmes or cash distributions were organised to enable the population to buy food in the market. Food security has also been enabled by supporting livelihood activities (see below). During the first few months after the earthquake, food distribution programmes targeted all victims; subsequently food aid was provided only to vulnerable groups such as babies, young children, pregnant women and the elderly.⁹¹

Figure 3.2 Expenditure by sector (as at 31 December 2010)

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Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011.

⁸⁹ It should be noted that emergency latrines are not considered ‘rehabilitation’ or ‘reconstruction’ since they are erected in temporary settlements and are intended to be decommissioned after the population has been resettled.

⁹⁰ Hygiene kits can mean the difference between sickness and health for persons living in needy circumstances. A typical health kit would include a hand towel, a wash cloth, a comb, a nail clipper, a bar of soap, a tooth brush, toothpaste, and some standard-sized band aids. Prices of such kits differ, but are typically EUR 8.

⁹¹ In April 2010 the Haitian government called on agencies to stop delivering food items for free, since this practice distorted the market and created aid dependence.

Although the other sectors have been less important in budgetary terms, they cover essential activities such as:

- support for livelihood development (cash-for-work and food-for-work, rehabilitation of agricultural activities, trade and business);
- healthcare (clinics with in-patient and out-patient care, health awareness campaigns (including those focusing on reproductive health, and subsequently on cholera), support for pregnant women and young mothers⁹²);
- education (rehabilitation of schools, provision of school materials including school kits for children⁹³, and establishing temporary education facilities in camps);
- protection⁹⁴ (child protection, protection against gender-based violence, protection against abuse of housing and property rights, etc.); and
- disaster risk reduction (disaster preparedness planning, early warning systems, capacity building).

Sector focus of the different organisations

Most organisations have financed support in a multitude of sectors (see Table 3.3). However, the focus among the different SHO organisations has varied considerably, depending on their sectoral expertise and that of their partners.

Cordaid Mensen in Nood has been mainly involved in the provision of shelter and food security, with livelihoods and healthcare as relatively minor sectors. The Netherlands Red Cross has mainly focused on shelter and water, sanitation and hygiene. The funds provided by the UNICEF Nederland have been used by UNICEF to partially finance its nationwide programme covering a wide variety of sectors, with emphasis on water, sanitation and hygiene (WASH); education, food security and nutrition, child protection and primary healthcare. ICCO & Kerk in Actie has covered all sectors but one. This may be explained by the fact that this organisation has funded a large number of its Haitian counterparts working in different sectors. Tear Netherlands has spread its resources across five sectors. Each of the other organisations has disbursed its funds to a limited number of sectors. Some have focused their support on one or two sectors only (e.g. Save the Children, which has financed shelter activities and ‘disaster management’, World Vision which covered shelter activities, and CARE Nederland which funded health schemes).

It should be noted that most of the organisations have funded particular activities of larger programmes or projects. Such funding is – as indicated above – arranged either through deliberate ex-ante earmarking or through earmarking for administrative purposes only.

⁹² For instance, young mothers were provided with baby care kits for their new-born babies. A typical baby care kit would include 6 cloth diapers, 2 T-shirts/undershirts, 2 wash cloths, 2 gowns or sleepers, 2 diaper pins, a sweater and 2 blankets. Prices of such kits differ, but a typical kit may cost EUR 25.

⁹³ School kits provide children with the basic tools for learning. A typical school kit may include a pair of scissors, 3 spiral notebooks, a ruler, a manual prism pencil sharpener, a large eraser, 6 pencil erasers, a box of crayons and a lightweight canvas or cotton bag. Prices of such kits differ, but are typically EUR 10.

⁹⁴ ‘Protection of civilians is enshrined in international law, which defines legal obligations of states and other parties... to provide assistance to individuals or to allow it to be provided, as well as to prevent and refrain from behaviour that violates fundamental human rights. Ensuring protection of populations is a core objective of humanitarian action. In humanitarian crises, people need material assistance such as food, water, shelter and medical assistance, as well as physical integrity, psychological wellbeing and dignity.’ (see ECHO, Humanitarian Protection. DG ECHO’s funding guidelines. ECHO 0/1/ML D(2009). Brussels.

Table 3-3 Expenditure by sector (cluster) and organisation in EUR (as at 31 December 2010)											
Organisation	Shelter	Water, sanitation and hygiene	Food security and nutrition	Livelihoods	Health	Education	Protection	Disaster risk reduction	Programme management support costs	Total	
CARE Nederland	-	-	-	-	107,274	-	-	-	-	107,274	
Cordaid Mensen in Nood	6,065,461	43,269	1,726,569	173,493	622,337	-	-	-	1,393,757	10,024,886	
Dorcas	275,146	89,163	-	247,414	-	-	-	-	12,858	624,581	
ICCO & Kerk in Actie	1,751,250	58,075	541,677	573,159	191,526	19,472	-	28,815	329,383	3,493,357	
Salvation Army Netherlands	143,654	7,403	150,037	-	107,491	-	-	35,501	9,994	454,080	
Netherlands Red Cross	8,042,108	2,610,274	-	-	95,407	-	-	-	327,897	11,075,686	
Plan Nederland	171,344	-	-	-	-	82,714	-	193,743	54,763	502,564	
Oxfam Novib	724,024	2,955,367	-	1,525,278	-	-	-	97,348	1,249,981	6,551,998	
Save the Children	728,093	-	-	-	-	-	-	96,309	129,354	953,756	
Tear	45,977	138,226	93,520	84,454	55,115	37,000	-	-	130,346	584,638	
Terre des Hommes	172,492	318,509	280,605	80,032	-	-	430,708	-	254,964	1,537,310	
UNICEF Nederland	-	880,100	691,218	-	433,852	1,014,439	634,044	108,928	797,822	4,560,403	
World Vision	525,135	-	-	-	-	-	-	-	52,455	577,590	
Total	18,644,684	7,100,386	3,483,626	2,683,850	1,613,002	1,153,625	1,064,752	560,644	4,743,574	41,048,123	
Rounded percentage	45	17	8	7	4	3	3	1	12	100	

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011.

3.4 Reporting

The SHO regulations stipulate that the organisations participating in a certain campaign bear the responsibility for the quality of the monitoring of the implementation of the activities fully or partially funded by the SHO. The monitoring results form the basis for the reporting by the organisation to the SHO. The SHO Board stipulates the frequency of reporting. The reports must adhere to a predefined format (see box 3.2) and be submitted on time to the SHO Back Office to facilitate managing the campaign and joint periodic reporting. The Back Office reviews the individual agency's reports to ascertain their quality and completeness.⁹⁵ Subsequently, as in the case of the Haiti campaign, the reports are consolidated into a joint SHO report.

The generous sum donated by the Dutch public during the National Action Plan for Haiti and matched to a large extent by the Ministry of Foreign Affairs from the Dutch ODA budget resulted in the SHO periodically reporting to the public and the Ministry in 2010 on how the resources have been put to use.

Box 3.2 *Format of reports to be provided by individual organisations*

The individual organisations are to provide periodic financial and substantive reports to the SHO Back Office. The format of the substantive report has the following main features:

- Description of the humanitarian context in which the programme or project is operating, including relevant changes in this context;
- Progress in the implementation of the programme or project, including information on: i) effectiveness and possible adjustment of the strategy applied; ii) progress in the delivery of outputs, with outputs to be quantified in a separate table; iii) progress compared to previous reporting; iv) unplanned/unforeseen outputs; v) coordination with other humanitarian actors; and vi) advocacy and lobby activities;
- Monitoring and evaluation: description of monitoring and evaluation activities undertaken;
- Quality standards: i) description of 3 or 4 elements of the Code of Conduct and Sphere standards which were well addressed; ii) description of standards which were problematic to apply; iii) reporting on accountability to beneficiaries; iv) building local capacity; v) addressing specific needs of the most vulnerable groups; vi) coordination with other humanitarian actors;
- Transition strategy, linking with the rehabilitation phase;
- Constraints and lessons learned;
- Funding and expenditure, including reasons for changes in original planning; and
- Description of a human interest case (photographs may be provided).

Source: SHO, see also SHO Beheersplan.

⁹⁵ Any issues arising are to be solved between the Back Office and the individual organisation.

Up to the time of writing this report, the following joint reports had been issued:

- In 2010, SHO issued a 3-monthly progress report in June and a 6-monthly one in September.
- On 11 January 2011, the anniversary of the earthquake, it also published a brief narrative report covering major accomplishments in 2010.
- A third Joint report on the accomplishments in the period 13 January – 31 December 2010 was published in April 2011.⁹⁶

The two joint progress reports and the joint report on the accomplishments in 2010 have been based on the reports of individual SHO organisations. They provide information on the SHO and its administrative arrangements, the fundraising campaign, the effects of the earthquake and the challenging context in which the support was to be provided. The most important (accountability) part of these reports focuses on the ways in which the aid has been delivered and the achievements in terms of quantitative outputs and persons reached.

Observations on reporting

The present evaluation was to be based to a very large extent on secondary sources. The reports provided by SHO, in particular the joint report on the accomplishments in 2010, were to be used as a major source of information for the evaluation. Hence it was important to assess the quality of the reports in terms of their completeness and evidence base.

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The review of the different interim reports and the joint report on the accomplishments in 2010 has resulted in the following general observations:

- The individual agency reports underlying the joint reports adhere to the prescribed format. Both types of reports are informative.
- The individual and joint reports⁹⁷ provide information on achievements per sector (cluster). Results are reported in terms of output (outputs realised and beneficiaries reached per specific activity); outcomes are scarcely reported.
- In some instances, draft agency reports were used to compile the consolidated information. Furthermore, not all agency reports covered the entire period 13 January – 31 December 2010. The joint SHO report does not mention such cases.
- Results are reported in two ways: accomplishments of activities of larger interventions that were predetermined to be specifically undertaken using SHO funds (ex-ante earmarking), and accomplishments attributed in a purely administrative sense to SHO funding (funding is fungible).
- Results are not always reported under the appropriate sector (or cluster) heading, because of differences in the interpretation of sectors (clusters) by the respective organisations

⁹⁶ As stipulated by the subsidy agreement between the Ministry of Foreign Affairs and SHO, interim reports to the public are to be complemented by annual reports to the Ministry of Foreign Affairs covering the period 2010 – 2013/2015.

⁹⁷ The evaluation did not investigate how the Back Office scrutinised the information provided by the individual organisations in their reports to the Back Office. The Back Office, however, informed the evaluation team that obvious mistakes and omissions were discussed with the organisations during the compilation of the joint reports. It is assumed that the information on the accomplishments of the individual organisations in the joint SHO reports had been verified by these organisations.

- (e.g. results on protection are presented under 'disaster management'; results on non-food items are not always reported under the correct sector heading).
- Quantitative information in the joint reports does not always fully reflect quantities reported in the individual agency reports, and occasionally results are reported twice, i.e. under different sector headings;
 - The relationship between planned and realised objectives and outputs is difficult or impossible to trace.
 - Information on services and commodities provided may give a misleading impression of precision and reliability: for instance, what is the actual accuracy in terms of coverage of the statement 'four water purification plants delivered with a reach of 14,147 persons' reported by one of the organisations?
 - Results of larger programmes or projects are reported without making sufficiently clear to what extent these can be attributed to the support provided by SHO funding. This is particularly the case with programmes and projects which are also funded from sources other than the SHO. Such non-proportional or 'inflationary' reporting distorts the results attained by the support of the SHO organisations.
 - There is some duplication in the reporting of results as outputs realised and beneficiaries reached. This is for instance the case for commodities such as tents and tarpaulins to replace those supplied earlier that have deteriorated. Also, it is not always clear whether commodities supplied have been funded from SHO sources or have been funded or supplied free of charge by another organisation to be distributed by the SHO organisations or their partners. The issue of duplication is pointed out in the SHO reports, but without analysing the underlying reasons or providing adjusted estimates of beneficiaries reached.
 - The attribution of disbursements on emergency support and support provided for rehabilitation or reconstruction activities is questionable. This is because, as rightly mentioned in the joint report on the accomplishments in 2010, it is virtually impossible to make a distinction between these different activities during the emergency phase. It is not clear which activities have been defined as emergency support and which are considered to be supporting rehabilitation or reconstruction (for instance, the unclear definition of support in kind or in cash to rehabilitate or start small businesses, or the rehabilitation of schools and medical facilities).
 - The reporting of numbers of beneficiaries reached is not easy to understand because the categories differ: families, households, and 'beneficiaries' (the latter might be 'individuals').
 - The definition of programme management support costs is unclear, leading to organisations reporting these costs in accordance with their own administrative definitions, however without making explicit which particular cost elements are included.
 - The SHO joint report on accomplishments in 2010 published in April 2011 did not provide information on the totality of programme management support costs and 'general overheads' (AKV).⁹⁸

⁹⁸ A revised report provided to the Humanitarian Aid Division of the Ministry of Foreign Affairs contained – at the request of this division – information on the percentage of general overheads incurred in 2010, i.e. 7.4%.

The above observations indicate that caution must be exercised when attempting to infer the accuracy of the attribution of the results to the activities undertaken with SHO funding. In the next chapter (section 4.2), an attempt is made to interpret or rather re-interpret the reported results as best as possible. To do this, the achievements reported for large multi-donor funded programmes and projects were recalculated in proportion to the financial contribution to these activities provided by the relevant SHO organisation.⁹⁹ In addition, cases of highly unlikely relationships between outputs reported and beneficiaries covered are identified.

⁹⁹ For UNICEF's Haiti programme this amounted to 3.6% of the total expenditures of the programme (information provided by UNICEF Nederland); for IFRC the contribution of SHO funding provided by the Netherlands Red Cross was calculated as a percentage of the overall IFRC budget for 2010.



4

Implementation and Achievements

4.1 Managing the support

This section provides general information on the ways in which the SHO organisations and their partner organisations in Haiti have organised their response. The evaluation did not analyse all steps of the programme or project cycle in great detail, nor did it study the programme or project files kept by the individual organisations. Instead, it scrutinised the proposals underlying the interventions, which were made available by the SHO Back Office and – as mentioned earlier – it reviewed the various reports provided by these organisations to the Back Office as well as the joint reports prepared by this office. Finally, the information provided in this section is also based on interviews conducted at headquarters and in Haiti.

Below is a presentation of a number of key aspects of the manner in which the SHO organisations and their partners managed the support provided in 2010. The emphasis is on those aspects prescribed by the SHO and which also form the essence of ‘good practice’ in humanitarian action. Illustrative examples are provided in section 4.2 of this chapter.

4.1.1 Needs assessment and planning

Given that humanitarian aid is to be needs-based, needs assessment is an essential element of the programme cycle of humanitarian assistance. Other important elements are joint planning and coordination of activities, balanced resource allocation, and monitoring and evaluation for lesson-learning and accountability reporting.

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It proved very difficult to coherently link needs assessments with planning, funding and the implementation of the response. The sheer magnitude of the disaster which struck Haiti precluded a well-informed and coordinated needs assessment. It was clear, however, that the immediate needs for medical support, food, water and shelter were massive, as were the needs to rescue people from the collapsed buildings, recover and bury the bodies, and provide counselling wherever needed. As described in Chapter 2, getting the initial response organised proved to be an enormous challenge. A real-time evaluation conducted during the first three months after the event and other evaluative studies reported that most organisations conducted assessments by applying their own approaches and tools because of the lack of acceptable common approaches for assessment (see for instance Grünewald and Binder, 2010 and Bhattacharjee and Lossio, 2011).

While the agencies were carrying out assessments at the onset of the response there was limited or no coordination among them and within clusters and across clusters to facilitate these assessments. This made it impossible to quickly ascertain gaps in the coverage in humanitarian needs. Although some clusters clearly demonstrated a capacity to undertake rapid needs assessments, the multi-sectoral needs and capacity assessments proved inadequate in the initial stages of the response. The UNOCHA multi-cluster needs assessment published on 25 February 2010 was not useful for designing the first response because it did not provide the required information about the actual needs on the ground, the assessment tools were considered cumbersome and the report was too late for the revised United Nations Flash Appeal (Bhattacharjee and Lossio, 2011).

In general, the weak and incomplete assessment of the humanitarian situation, the enormity of the disaster and the context in which the aid providers had to operate delayed the response and led to significant gaps in geographical and sector-based coverage. This situation improved only gradually over time.

Similar to other humanitarian actors, the SHO Foundation requires its organisations to analyse the nature and the estimated scale of humanitarian needs, expressed in terms of number of people affected and their main emergency needs. These needs assessments and analyses are ideally based on information provided in the field by well-informed parties: the government, UN agencies, including those leading the different clusters, as well as local organisations having intimate knowledge of the context. As described above, in the context of Haiti it proved very challenging to assess needs in a coordinated manner.

The SHO organisations and their affiliates also conducted their initial needs assessments during the days and weeks immediately following the earthquake. At the same time they were improvising, using their own resources to provide initial support. Trying to get to grips with the situation as best they could, the organisations represented at field level responded during the initial stage by improvisation and adaptation whilst calling for additional support from their partners abroad or from their overseas headquarters. A number of partner organisations and the staff and their relatives were also severely affected by the disaster. Restoring the capacity of these organisations and helping the affected staff obviously took time.

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During the weeks that followed, the SHO organisations and their affiliates prepared funding proposals which were based as much as possible on assessments of the humanitarian situation in the localities in which they were planning to provide their response. In part, these assessments were facilitated by more general assessments being done under the leadership of international organisations actively involved in setting up and operating the cluster system through which the overall support was to be coordinated. This coordination was severely challenged for some time, as described in Chapter 2; this also influenced how the different SHO organisations and their partners could operate.

All the SHO organisations involved in the emergency phase of the Haiti campaign managed to develop their plans and proposals for funding within three weeks after the disaster.¹⁰⁰ The proposals were submitted to the SHO Back Office by early February. Each organisation was allocated a share of the funds raised by the public fundraising campaign on the basis of the annual distribution formula (*'verdeelsleutel'*). By the time the funds for 2010 were transferred, a number of organisations had already tapped into their own financial resources to pre-fund the response they provided during the weeks immediately following the earthquake. These resources were supplemented with or replaced by the money raised by the public campaign.

¹⁰⁰ CARE Nederland's proposal was finalised later.

The evaluation did not analyse the separate needs assessment underlying the funding proposals. However, its review of the proposals has revealed that they differed greatly in their approach and comprehensiveness. Some were sufficiently detailed in terms of objectives and the steps to be undertaken to realise them. Others were rather general in nature. In addition, objectives were often confused with planned outputs. Furthermore, some proposals did not include information on the arrangements which were to be made to implement the various activities – i.e. which partner organisations were responsible for the implementation of specific activities and how these partners were to be funded as part of the overall funding channelled through the SHO organisation. Consequently, the proposals did not provide a solid enough basis to enable proper understanding of subsequent reporting on progress and the results accomplished.

The evaluation was informed that needs assessments that were done later in 2010, including those for early rehabilitation and reconstruction activities, were better organised than those done in the period immediately after the disaster. For the later needs assessments, agencies, including the SHO organisations and their partners, followed a more inclusive approach, characterised by better consultation among agencies and between them and national institutions, as well as consultations with representatives of the affected population.

4.1.2 Coordination

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In the very early stages of the response, the UN system undertook to establish preliminary coordination initiated from UN headquarters in New York and Geneva. The coordination of the initial response also involved the US military. For instance, US air controllers handled the country's air traffic, including humanitarian flights.¹⁰¹ Although deemed very necessary in view of the need for speedy actions and the lack of state capacity, these steps resulted in an overly international domination of the coordination of the response. English was the dominant language used by external actors engaged in the response. These conditions resulted in French- and Creole-speaking actors facing serious challenges in their communication with the international organisations, which exacerbated the coordination problem. This situation gradually improved over time.

The cluster system has been in operation in humanitarian responses for a number of years, in order to improve coordination and the assigning of responsibility for activities taking place in particular sectors to designated agencies. Through this system, UN agencies, the IFRC and international NGOs work together with national actors. This is also the case in Haiti, where the system was established in the beginning of 2009 by the UN's Inter-Agency Standing Committee (IASC) in order to better address emergencies regularly arising from cyclones and floods.

As mentioned in Chapter 2, initially twelve clusters were established following the earthquake. When the response gained momentum, this number expanded to fourteen. The following clusters (or sub-clusters) were operational in 2010: agriculture; camp

¹⁰¹ This initial domination of the US military was described in a number of the evaluations referred to in chapter 2.

coordination and management; early recovery; education; emergency telecommunication; food; health; logistics; nutrition; protection; child protection; shelter and non-food items; water, sanitation and hygiene; and information management. The membership of the clusters varied greatly, both in number of organisations and during the year, ranging between fifteen to over one hundred organisations.

Immediately following the earthquake, the clusters active at the time initiated coordination meetings which were held at the logistical base of the United Nations Stabilization Mission in Haiti (MINUSTAH), also called 'Log Base'. This UN coordination centre happened to be located outside Port-au-Prince, near the international airport. The inconvenient location and the fact that transport was hampered by the destruction of the road infrastructure, caused severe logistical problems for agencies located elsewhere wishing or required to attend the coordination meetings. Initially, numerous (as many as 70 to 80) cluster meetings were held weekly. After some time this number decreased to a more manageable number (40 to 50 meetings per week). Although these coordination meetings were deemed necessary, also for exchanging information, the sheer number of them occupied a substantial number of staff. Inter-cluster meetings at national level were held weekly or once every two weeks. In due course, ten regional clusters were established covering Haiti's departments, whilst at field level so-called baby clusters were established, covering certain geographical areas, including municipalities.

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Each of the clusters operating at the different administrative levels is led by a designated agency – the cluster lead. Its task is to bring together government institutions, UN agencies, IFRC, national and international NGOs and civil society to arrange the coordination of the support to be provided. Box 4.1 provides an illustration of the involvement of UNICEF Haiti in various clusters.

Box 4.1 *Involvement of UNICEF Haiti in coordination activities*¹⁰²

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 Nation's 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);¹⁰²

¹⁰² Oxfam has also been a co-lead of this cluster.

- 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.

As outlined in Chapter 2, the cluster system did not operate adequately in the period immediately following the earthquake. In particular, it proved not sufficiently inclusive. This situation improved only gradually.¹⁰³ Reportedly, inter-cluster coordination was weaker at national level than at the regional and local levels; this was because fewer actors were involved in these lower levels.

At the implementation level, the SHO organisations and their local partners have been committed to be coordinated by cluster leads or, where appropriate, to lead in coordination. The latter has been the case at the sub-cluster and 'baby' cluster levels. Examples of coordination involving SHO organisations are provided in section 4.2. The initial operational weakness of the cluster system as a whole, however, had an effect on how the SHO organisations and their local partners could engage in coordination activities.

Where the SHO organisations and their partners conducted similar kinds of activities they exchanged 'good practices'. This was for instance the case with regard to the design of transitional shelters.

4.1.3 Involving stakeholders and beneficiaries

As mentioned in section 4.1.1 the first needs assessments and initial support activities were undertaken without much, if any, consultation with local stakeholders. Over time the involvement of national stakeholders at the national and sub-national level (government institutions and non-government organisations) gradually improved. This applied in particular to the involvement of some of the stronger government bodies, such as the National Directorate for Water Supply and Sanitation (DINEPA) and the Ministry of Public Health and Population, who were more empowered to help manage the support in their sector.

¹⁰³ Many non-governmental aid agencies, including a number of SHO-funded organisations, experienced difficulties in registering at the Ministry of Planning. As a consequence some unregistered organisations took part in cluster meetings. Ultimately, however, whether or not an organisation was registered had no consequences on the organisation's implementation of its programme.

All SHO organisations reported that they had been working closely at the local level with government representatives and local authorities such as mayors and local councils. Again, examples are provided in section 4.2. Besides working closely with official representatives, the SHO organisations and their partners have applied a 'community-based approach' in their interventions in the camps as well as elsewhere. This approach is characterised by collaboration with camp committees, community mobilisers and other categories of community representatives.

In the section of its Humanitarian Accountability report on 2010 dealing with Haiti, the Humanitarian Accountability Partnership (HAP) stated that 'the camp committees in Haiti had taken on the role of representing the community and interacting with the aid agencies. In many cases these committees represented the primary point of contact between the aid agencies and the affected population. This created a situation where responsibility was given to these committees by the humanitarian agencies to effectively manage the delivery of aid.' It was reiterated that these committees were not always representative of the community but 'mostly consisted of middle-aged men in positions of authority within the community'. Some residents complained that the organisations met only with committee members and hardly at all with the individual residents. The legitimacy of some camp committees was also undermined because of poor governance and corruption. The latter hampered impartial distribution of aid.¹⁰⁴

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The various SHO organisations and their partners pursued downward accountability. Different approaches were applied, ranging from beneficiary surveys to setting up toll-free phone lines and bulletin boards so beneficiaries could voice their opinion or lodge complaints. These consultations with beneficiaries elicited very useful feedback on whether the support was meeting their needs.

4.1.4 Linking relief, rehabilitation and development – LRRD

In general, linking relief, rehabilitation and development continues to be a major methodological and operational problem because the nature of humanitarian and development programmes is different. The respective interventions pursue different objectives, have different foci, require specific know-how and apply different implementation modalities.

As mentioned earlier, there is no clear cut-off in time between the provision of activities focusing on emergency relief, early recovery, rehabilitation and reconstruction: all can take place simultaneously, depending on the type of disaster and the context in which the disaster has occurred. Consequently, many of the humanitarian aid organisations active in Haiti, including the SHO organisations and their partners, undertook steps to support early recovery, and rehabilitation, where possible and appropriate while at the same time providing emergency relief. The relief included support to households and individuals with

¹⁰⁴ These issues were also reported in Schuller, M. *Unstable Foundations: Impact of NGOs on Human Rights for Port-au-Prince's Internally Displaced Persons*. York College, City University of New York, October 2010.

a view to enabling them to restore their ability to engage in economic activities (i.e. by providing inputs and cash grants to small formal and informal businesses and farmers, and engaging people in food-for-work or cash-for-work programmes). In addition, support was provided to reinstate and rehabilitate the infrastructure for education, healthcare, and water and sanitation. Another approach focused on the construction of transitional shelters (T-shelters) to enable people to move out of the tented camps. As mentioned in Chapter 2, as a result of the conditions prevailing in Haiti immediately after the earthquake it was not easy to accomplish reconstruction and rehabilitation activities.

The SHO organisations were involved in providing support to development activities prior to the earthquake, either directly or through financing partner organisations or network members. Often an emergency component was built into the regular development programmes or projects. In other words, the organisations could switch from a development mode to an emergency mode without major difficulties, although – as mentioned earlier – the magnitude of this particular disaster and the scale of the necessary response was difficult to grasp. Following the earthquake, all organisations committed their full capacity to assisting the affected people as best they could, whilst others also continued their support to development programmes in the regions affected by the disaster indirectly or not at all. However, many regular development interventions were adjusted to also cater for the effects of the migration of those affected by the earthquake seeking refuge with and support from relatives living outside the affected areas.

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As a result of the cholera epidemic which started in October 2010, most of the aid agencies had to scramble with additional resources to mitigate the disaster within a disaster; this prolonged the emergency situation. The same applied to the SHO organisations and their partners, thus hampering the start of the implementation of any major plans for rehabilitation and reconstruction. Nevertheless, these plans were developed and they have been included in the overall plan for rehabilitation and reconstruction which the SHO organisations drew up in early 2011.¹⁰⁵

4.1.5 Adherence to standards

Humanitarian actors providing assistance are assumed to adhere to the internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence. They should also comply with operate according to the Sphere standards, which define a minimum level of services which adequate humanitarian aid should satisfy.¹⁰⁶ These global standards for the delivery of humanitarian assistance are to be adjusted to the specific context in which the support is provided. The agencies should also adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organisations in disaster relief. Some organisations subscribe to the standards

¹⁰⁵ The subsidy arrangement concluded between the Netherlands Ministry of Foreign Affairs and the SHO stipulates that the submission of such a plan would be conditional on the provision of the remainder of the funds reserved by the Ministry to match the proceeds of the SHO Haiti fundraising campaign. The content of this plan has not been reviewed by the current evaluation.

¹⁰⁶ They include technical standards for items to be provided as well as standards for the process of delivery.

of accountability and quality management defined by HAP International.¹⁰⁷ In addition, organisations have developed their own sector-specific standards and modes of operation.

The following paragraphs elaborate the experience of the SHO organisations and their partners and others, with the application of the Sphere standards in the Haitian context.

Applying the Sphere standards is an expression of commitment to quality and accountability. Since the Sphere handbook is prescriptive and comprehensive, the implementers of the emergency, relief and transition programmes need to contextualise the indicators according to the local situation and the specific needs of the affected people. Ideally, this contextualisation occurs in a participatory manner, involving the affected population or their representatives. In this case, the aid organisations were facing a disaster of huge size and needed to act immediately. Some organisations were heavily affected and were therefore preoccupied with helping themselves, their staff and relatives first. Due to the chaos, many organisations operated pragmatically and did not or could not always opt for participatory processes with Haitian authorities and beneficiaries to contextualise the Sphere handbook.

The standards were contextualised and modified during the course of 2010. Where necessary, newly recruited international and national staff were informed about the standards and trained in applying them.¹⁰⁸ A training programme on the Sphere standards was established in 2010. Training was also provided to a number of SHO organisations and their partners. The Sphere project was initially hosted by the NGOs RedR and Bioforce, with funding from ACT member Dan Church Aid; subsequently it was hosted by World Vision Haiti Response Office, with continued funding from Dan Church Aid, ICCO & Kerk in Actie and World Vision. At the time of the evaluation, Sphere staff were still investigating to what extent the standards had been applied, could be further applied in the Haitian context, and whether their application had any impact.¹⁰⁹ Sphere training¹¹⁰ has been provided free of charge; during tailor-made courses covering specific sectors, the challenges to apply the standards are discussed with agency staff.

Interviews with agency staff and the Sphere coordinator in Haiti for Sphere revealed that it had proved difficult to meet the standards for water supply, waste management, excreta disposal, and emergency and transitional shelter. This was because of prominent contextual challenges to do with the urban character of the disaster, issues of land and property rights,

¹⁰⁷ Established in 2003, HAP International is the humanitarian sector's first international self-regulatory body. Members of HAP are committed to meeting the highest standards of accountability and quality management.

¹⁰⁸ All agencies in Haiti, including the partners of the SHO organisations, experienced an exponential growth of their staff. In addition, staff turnover was relatively high.

¹⁰⁹ The results of this investigation were not available at the time of writing this report, but Sphere has voiced concern about the shortcomings of the minimum standards in the Haitian context (see Iraola, R. (2010), *The Sphere Project – Response to the Haiti Earthquake – report covering 19 June to 17 October 2010*).

¹¹⁰ Sphere training was complemented by the translation of the Sphere handbook into Creole and its distribution among national NGOs and other national institutions involved in the response.

the very crowded nature of the camps resulting from lack of space, etc. Organisations working in semi-urban or rural areas experienced fewer problems.

The SHO organisations and their partners as well as other organisations have struggled to implement their support in adherence with the Sphere standards. These difficulties and how they were being overcome are documented in the agencies' progress reports as well as in the joint reports issued by the SHO. Unfortunately, the reports do not provide a comprehensive insight into whether the respective organisations were able to fully comply with the standards and, if not, to what extent they did comply. This has to do with the format of the reporting, which requires only the provision of illustrative information on standards realised and challenges restricting their achievement. During the field visit, the evaluation team requested the organisations visited to provide integral information on the realisation of the standards, but such information proved to be unavailable. Thus there is a lack of information on the overall quality of the support provided by the SHO organisations.

4.1.6 Cost effectiveness

It proved to be very difficult to obtain information on unit costs for services and commodities delivered by the SHO organisations and their partners. Neither the reports issued by the individual organisations in 2010 nor the joint SHO reports provide detailed information on cost effectiveness. With some exceptions, unit costs are not provided for tents, tarpaulins, school kits, hygiene kits and kitchen kits, neither is the cost per litre for different water supply modalities.¹¹¹ Furthermore, the organisation reports do not include a break-down specification of the programme management support costs.

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In general the costs of aid delivery were high, but high costs do not necessarily imply inefficiency, since they depend greatly on the prevailing contextual factors. In Haiti, the following factors determined the costs of delivery: a very large proportion of the commodities to be supplied, including food, needed to be imported; the country's infrastructure, which was already weak before the earthquake, was severely damaged; the chaotic situation, at least during the initial weeks following the earthquake, meant that working conditions were far from optimal manner; there was an absence of well-functioning government institutions to provide part of the support needed; and last but not least, the customs procedures reinstated by the Haitian government during 2010¹¹² negatively affected the speed and costs of importing commodities, vehicles and office equipment.

¹¹¹ Cordaid and Dorcas provided information on the unit costs for temporary shelters; CARE Nederland supplied information on the unit costs of medical supplies or other health-related commodities.

¹¹² Initially, imports were handled by the US military and were duty free; after some time the Haitian customs took over, which reportedly led to delays and an increase in transaction costs.

Below are some examples of factors that influenced the price levels of commodities provided:

- One of the partners of ICCO & Kerk in Actie mentioned that the unit price for tents and the costs of transporting them to the camp proved lower than those initially budgeted in the project plan. As a result, more tents could be supplied than originally foreseen. However, the agency indicated that the costs of other materials and equipment had increased.
- Intermón Oxfam stated that the gradual rise of the price of gasoline affected the costs of trucking in water. However, in general the price of water remained relatively stable throughout 2010.
- Save the Children mentioned that the efficiency of the emergency response was under pressure, due to the exponential growth of their field staff (largely expatriates), which caused an increase in staff-related costs, such as salaries, housing, importing and renting cars, etc. When preparing the intervention's budget, the very high costs of renting cars was not foreseen. Since importing cars took a very considerable time (sometimes up to 6 months) many agencies had to resort to renting cars in a small market, which obviously raised the price.

Programme management support costs and general overheads

Programme management support costs are expenditures that the organisations and their implementing partners incur to implement their project and programme activities. Such expenditure includes i) staff; ii) office equipment and variable office costs; iii) travel and transportation; iv) costs of needs assessments, project reviews and evaluations, surveys and audits. SHO's administrative plan (*beheersplan*) gives general guidance on how the organisations should administer and account for their programme support costs. Each of the organisations and their affiliates may account for programme management support costs by applying their own accounting principles. General overheads (AKV) are to be reported separately (see below).

The SHO Third Joint Report provides information on the level of programme management support costs for each of the SHO organisations. Details are provided in table 4.1.

Table 4.1 Overview of programme management support (PMS) costs		
SHO Organisation	PMS costs in EUR	PMS costs in % of programme budget
CARE Nederland	0 ¹¹³	0
Dorcas	12,858	2.1
Salvation Army Netherlands ¹¹⁴	9,994	2.2
Nederlandse Rode Kruis	327,897	2.9
World Vision	52,455	9.1
ICCO & Kerk in Actie	329,388	9.4
Plan Nederland	54,763	10.1
Save the Children	129,354 ¹¹⁵	13.6
Cordaid Mensen in Nood	1,393,757	13.9
Terre des Hommes	254,964	16.6
UNICEF Nederland	797,822	17.5
Oxfam Novib	1,249,981	19.1
Tear	130,346	22.3

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011.

The average programme management support costs reported by SHO amounted to 12% of the total expenditure in 2010. Including CARE Nederland's programme management costs, the average comes to 16%. There are considerable variations among the organisations.¹¹⁶ The proportion of programme management costs is influenced not only by the accounting procedure followed by the organisation in question, but also by the nature of its interventions. For example, health education, training and awareness-raising and psychosocial counselling may require much more expenditure on staff costs than interventions to distribute commodities such as food, tents, household items, and drinking water, or to construct infrastructure for health services or water and sanitation.

¹¹³ The SHO Third Joint Report did not include programme management support costs for CARE Nederland separately under the correct heading: all project costs were reported under health. Programme management support costs were, however, included in the third financial report which CARE Nederland provided to its 'host organisation' Cordaid. This report dated 3 February 2011 classified EUR 27,118 of the total project expenditure of EUR 107,274 as direct project costs, whereas EUR 80,156 EUR consisted of costs related to equipment (computers, printers), travel and transport (purchase of vehicles, maintenance and fuel); various office expenditure (including communication), and staff. This implies that 75% of the total project expenditure consisted of programme management support costs, partly because these costs were incurred at the beginning of the project, which started in the last months of 2010.

¹¹⁴ The Salvation Army Netherlands reported costs of medical staff as health-related project expenditure as well as programme management support costs.

¹¹⁵ The costs include the costs for the emergency phase (EUR 111,598) and for the rehabilitation phase (EUR 17,756), which started in 2011. The expenditure in 2010 on programme management support costs for rehabilitation was probably incurred for the preparation needed to start the latter.

¹¹⁶ Neither the reports of the individual organisations nor the SHO Third Joint Report state in detail how the programme management support costs have been calculated.

The programme management costs of all the organisations include the costs of mobilising the surge capacity required to address an emergency of this scale and to build the capacities of partners. The mobilisation resulted in considerable initial capital investments costs that were incurred in the first year of the operation. These investments are not written off over a period of several years, which distorts the picture of the level of programme management costs in 2010.

General overhead costs (AKV)

The SHO Third Joint Report for 2010 points out that expenditures related to 'preparation and coordination'¹¹⁷ for the implementation of the activities are to be classified as general overheads (Dutch abbreviation AKV). The SHO administrative plan states that the respective member organisations may claim a maximum of 7% of general overheads as part of their total project costs. This percentage may be allocated to 'downstream organisations' in the delivery chain. For instance, a member organisation may allocate the entire percentage or a part thereof to its umbrella organisation or to a partner that implements the programme. SHO members that 'host' and bear administrative responsibility for a SHO guest organisation receive one seventh of the general overheads allocation for that organisation, as compensation for their support.¹¹⁸

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The SHO Third Joint Report did not include an overview of the general overheads per organisation, nor did it state the total amount of general overheads.¹¹⁹

4.1.7 Monitoring, evaluation and reporting

Most of the SHO organisations reported that during 2010 they or their partners had monitored the progress of the interventions, conducted surveys among their beneficiaries and more generally had regularly assessed the contextual situation. Some organisations had deployed innovative electronic monitoring and registration systems to track the delivery of commodities to their beneficiaries. During 2010 a few organisations commissioned evaluations, some of which were made available to the evaluation team and have been taken into account in the current report.

As a result of monitoring and frequent assessments, the interventions have been modified and this has been described in the agencies' progress reports and in the SHO joint reports. Detailed observations on the comprehensiveness and quality of these reports were provided

¹¹⁷ The costs which may be included under this category are: costs incurred to identify, prepare and appraise an intervention, including the costs incurred by guest organisations, administrative costs incurred to draw up arrangements, cost of transferring funds and costs incurred for the provision of technical advice and project monitoring.

¹¹⁸ In practice the overheads (AKV) calculated on the basis of the budget of the activity to be financed through or implemented by the guest organisation (i.e. a maximum of 7%) are divided as follows: 6% for the guest organisation and 1% for the host organisation.

¹¹⁹ According to subsequent information received (SHO Back Office sent a revised report to the Ministry of Foreign Affairs), the overall level of general overheads (AKV) in 2010 amounted to 7.4%. This relatively high percentage results from SHO members and guest organisations having to start up their multi-annual programmes. The general overheads covering the entire programme period are not supposed to exceed 7%.

in section 3.4. These need not be repeated here, other than to reiterate that the reports do not provide sufficient information to give sufficient insight into what extent the original objectives of the interventions have been achieved, other than in terms of outputs and approximate numbers of beneficiaries reached.

4.2 Achievements in 2010

In this section, the achievements of the emergency relief support in 2010 are presented by sector (cluster). The information is based on three sources: the SHO Third Joint Report on Haiti 13 January – 31 December 2010; the reports by the individual organisations provided to the SHO Back Office covering the same period; and information gathered during fieldwork in Haiti in March – April 2011. The sequence followed is the same as in the SHO Third Joint Report: shelter and non-food items (4.2.1); water, sanitation and hygiene (4.2.2); food security and nutrition (4.2.3); livelihoods (4.2.4); healthcare (4.2.5), education (4.2.6); protection (4.2.7); and disaster risk reduction (4.2.8).

4.2.1 Shelter and non-food items

The earthquake instantly destroyed and severely damaged tens of thousands of houses, resulting in some 1.3 million homeless, including over 300,000 children, all of whom had to seek refuge on the streets, in parks and open areas in Port-au-Prince and surrounding areas. Large numbers also fled to relatives living elsewhere in Haiti.

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Providing emergency shelter for this enormous number of people was one of the key priorities immediately following the earthquake. Agencies supported displaced people living in a multitude of spontaneously established large and small camps. The initial support included emergency shelter (tents, tarpaulins and plastic sheets) for immediate use. As soon as the immediate needs had been met, plans were made to provide transitional and semi-permanent shelter for the short- to medium-term, and to assist house repairs for permanent shelter. In order to draw up such plans, there had to be detailed stocktaking of the damage to houses.¹²⁰ Besides being provided with shelter, people were supported with essential non-food items (blankets, mattresses, mosquito nets, lockable boxes, basic kitchen utensils, etc.).

Accounting for 45% of the total expenditure in 2010, shelter was the most important sector in financial terms. In 2010 SHO-supported organisations spent a total amount of EUR 18.7 million on shelter and non-food items¹²¹, including emergency shelter and non-food items (EUR 12.8 million), and transitional and semi-permanent shelter (EUR 5.9 million). With the exception of CARE Nederland and UNICEF Nederland, all organisations funded the provision

¹²⁰ The houses were colour-coded after technical inspection (green=safe, yellow=unsafe but repairable and red=unsafe and beyond repair).

¹²¹ SHO Third Joint Report on Haiti, period 13 January – 31 December 2010.

of shelter and/or non-food items to the earthquake victims.¹²² The provision of transitional and semi-permanent shelter was funded mainly by Cordaid and ICCO & Kerk in Actie, and to a lesser extent by the Netherlands Red Cross and Dorcas. IFRC was leading the coordination in the shelter cluster.

Shelter

Table 4.2 presents an overview of the results for emergency and transitional/semi-permanent shelter.

SHO Organisation	Tents	Tarpaulins and plastic sheets	Transitional and semi-permanent shelters	Coverage (persons) ¹²³
Cordaid Mensen in Nood	1,250		923 ¹²⁴	Tents: 6,250 T-shelter: 4,615
ICCO & Kerk in Actie	2,564		290	Tents: 12,820 T-shelter: 1,450
Oxfam Novib ¹²⁵	Number not specified	Number not specified		7,761
Netherlands Red Cross ¹²⁶	1,590	17,850		Tents: 7,950
Save the Children	1,000	4,670		Tents: 5,000
Tear		4,000		
Terre des Hommes NL ^{127*}	719	634	46	Tents: 3,595 T-shelter: 230
World Vision ¹²⁸		17,318 tarpaulins		

¹²² UNICEF Nederland commented that UNICEF Haiti distributed tents for community purposes (education facilities, medical treatment, child-friendly spaces). It also provided a very substantial amount of non-food items to its international and national partners. However, these items were funded from sources other than the SHO.

¹²³ Most organisations receiving SHO funding reported an average of 5 persons per household and it is assumed that each tent and temporary shelter houses one household. Tarpaulins and plastic sheets were used either as additional cover material for tents or to provide roofing or walls for damaged houses.

¹²⁴ In total, Cordaid’s intervention produced 923 transitional shelters, 458 of which were delivered to CARE Haiti. It is assumed that the total number was realised by using SHO funding.

¹²⁵ Oxfam has trained 10 engineers to investigate the safety of houses, and reported that 545 houses were investigated.

¹²⁶ These numbers are reported in the report of the Netherlands Red Cross to SHO Back Office as the items funded by SHO (page 4). Different, substantially higher, numbers are reported in the SHO Third Joint Report, period 13 January – 31 December 2010, but these are probably for the overall IFRC programme.

¹²⁷ Calculated in proportion to the financial contribution of Terre des Hommes to the overall budget of Terre des Hommes-Lausanne’s shelter programme (i.e. 58%).

¹²⁸ Late 2010, the World Vision Haiti Response Office started an activity called ‘Home Improvement Kits’ which aims to assist people in making their damaged houses habitable again. Home Improvement Kits are part of a larger camp transition project of World Vision which aims to assist camp dwellers to return to their original place of residence or to host families. Since this is an ongoing activity, the results were not included in the report on 2010 that World Vision submitted to SHO Back Office.

SHO Organisation	Tents	Tarpaulins and plastic sheets	Transitional and semi-permanent shelters	Coverage (persons) ¹²³
Dorcas		1,000	70	<i>T-shelter: 350</i>
Salvation Army Netherlands	1,094			5,470 ¹²⁹
Plan Nederland	650			3,900 ¹³⁰
Total	8,867	45,472	1,329	

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

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

With SHO support, more than 8,800 tents and over 45,000 tarpaulins and plastic sheets were distributed. The construction of semi-permanent and transitional shelters started a few months after the earthquake and by the end of 2010 a little over 1,300 transitional and semi-permanent shelters had been constructed with SHO support. It is estimated that about 44,300 people were helped by being given tents for temporary (i.e. emergency) shelter; some 6,600 people were assisted with more durable transitional and semi-permanent shelter.¹³¹ In addition, several organisations provided shelter kits and tool kits, which included different sets of tools and materials to repair or reconstruct houses. In addition, alternative shelter solutions were explored: see box below.

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Box 4.2 Shelter provision in Annexe de la Marie, Cité Soleil

After the earthquake approximately 1,400 families (about 70% of whom had been in rented accommodation before the earthquake) congregated on swampy terrain next to the office of the municipality of Cité Soleil; the area is called Annexe de la Marie. The involvement of IFRC started in February 2010, when rubble was collected from the city to raise the land; subsequently, emergency shelter material (tents and tarpaulins) was distributed, to be erected on the terrain.

The Mayor of Cité Soleil agreed to make the area available for the construction of transitional shelters: initially 500 shelters were to be constructed, but later this was reduced to 350, due to limited land availability. IFRC is also supporting families who own a house that can be repaired with shelter material after the owner has been trained on how to repair the damage. It is reported that some 300 families have

¹²⁹ Updated information provided to the evaluation team by The Salvation Army Netherlands.

¹³⁰ Updated information provided to the evaluation team by Plan Nederland.

¹³¹ The proportion of tents handed out more than once to replace tents supplied earlier is unknown.

made use of this opportunity. Families who had previously been in rented accommodation are encouraged to find their own housing solution. When they have found accommodation to rent, IFRC pays the rent for one year, up to a maximum of USD 500. By encouraging and providing support to camp dwellers to find shelter elsewhere, IFRC is actively attempting to 'decongest' the camp. This appears to be having some success.

When the evaluation team visited the camp some 250 T-shelters had been constructed. These transitional shelters are constructed of wood, with plywood walls. The frame is designed to withstand a hurricane. The T-shelters are 18m², following the Sphere standards. The total space available in the camp is approximately 30m² per person, in accordance with the revised standards, but less than the original Sphere standards (45 m²).

Source: interviews with IFRC staff and evaluation team observations.

The evaluation team visited a number of camps and locations with emergency and transitional shelters. Almost all beneficiaries who had received tents and/or tarpaulins stated that these had served the purpose and met their immediate needs for temporary shelter directly after the earthquake. Those supported with transitional shelter were satisfied with the house they received. Box 4.3 provides some examples of opinions of beneficiaries.

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Construction of semi-permanent and transitional shelters is complicated by the lack of space, uncertainty about land tenure, and the general lack of urban planning. Many of the large numbers (70% of those displaced by the earthquake) who had previously been living in rented accommodation are finding it difficult to find an appropriate site on which to construct a transitional or semi-permanent shelter. It has therefore been necessary to customise the planning and construction of transitional or semi-permanent shelter. The absence of effective land registration and the weakened capacity of the Government slowed down the allocation of plots for construction of these shelters. Construction was also hampered by the need to import most of the construction materials, and by logistical and procedural constraints.

Discussions held with representatives of the SHO organisations and their implementing partners indicate that the quality of the tents provided was variable. To meet the huge demand, tents were supplied from all corners of the world. To quickly solve the pressing need for shelter, all tents available were purchased, regardless of quality. Problems with the quality of tents were the main reason why Save the Children changed to the distribution of tarpaulins.

Box 4.3 *Beneficiary views on shelter*

IFRC: camp residents and camp committee members

Discussions of the evaluation team with some camp residents in Cité Soleil indicated that the transitional shelters have satisfied 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. Representatives of the camp committee stated that camp residents are satisfied with the assistance provided so far. Most were slum dwellers, and hence their living conditions before the earthquake were poor. Overall their living conditions have improved.

Cordaid: female inhabitant of a temporary shelter

‘I and my husband got the first house which was built during the pilot phase in May 2010. Although I wasn’t as involved as many others after me I could still choose from three model houses. Since then I have resumed my small business, selling rice and maize.’

Dorcas’ partner Christian Reformed World Relief Committee: female beneficiaries

Five women (not related) are living in a T-shelter provided by the Christian Reformed World Relief Committee. The oldest is about 90 years and is living with her neighbours, who lost their house and relatives during the earthquake. The old lady owned a house of relatively good quality which was almost completely destroyed together with her furniture. Her relatives were killed in the earthquake. She received her new wooden house in May 2010; it stands next to the remains of her former house. In the meantime a porch and a fence have been built around her house and a little garden has been established. She is happy with her house, even though it is very basic. Access to water and sanitation remains a problem.

Source: interviews evaluation team.

Cost efficiency

During the first two to three months following the earthquake the SHO organisations spent more than EUR 7.5 million on the provision of temporary shelter and non-food items. Most of the commodities had to be obtained from abroad at very short notice. Key informants pointed out that this resulted in relatively high costs per item and, in some cases, material of dubious quality.

It is difficult to compare the costs of the transitional shelters provided in Haiti with those constructed elsewhere, for example in Aceh (Indonesia) following the tsunami, because the contexts are very different. Nevertheless, the cost of USD 3,500 to construct a ‘Cordaid designed’ house of 18-22 m² is considered to be reasonable, given that much of the building

materials have to be imported.¹³² Cordaid indicated that the programme management costs for its temporary shelter activities are very substantial. These costs are particularly high (i.e. 23%) in densely populated urban areas; costs in rural areas are substantially lower (16%). Cordaid expects that its programme management costs will decrease once the production of temporary shelters has been scaled up.

Transitional shelters: a sustainable solution?

There is an ongoing debate among agencies in Haiti about whether temporary or transitional shelters should be provided. Some argue that it is unacceptable to leave people in tents for a prolonged period, and that because it takes time to implement permanent housing schemes, transitional shelters provide the only feasible option to improve living conditions in the short- to medium-term. Others believe that providing temporary shelters may reduce the urgency to provide a permanent housing solution to those affected by the earthquake. They also think that the provision of temporary shelter is a costly and wasteful solution which does not solve longer-term vulnerability and does not suit people's long-term needs. A study for the British Disasters Emergency Committee (DEC) points out the advantages of transitional shelters in terms of providing better living conditions than tents in crowded camps. But it also indicates the challenges in the implementation of transition shelter programmes that have resulted in far fewer being built than originally planned (Clermont, et al., 2011).

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The transitional shelters constructed with SHO support take into account people's needs, and organisations work closely with the communities to overcome the different issues related to the urban context, including the land titles and plot sizes (See box 4.4). Obviously, transitional shelters are a temporary solution, but the way in which they are designed and can be modified and improved by the inhabitants will provide many people with housing solutions for several years. This does not preclude the need to give priority in the coming recovery period to constructing more permanent housing.

Box 4.4 *Cordaid's transitional shelter programme*

In February 2010, Cordaid selected localities where it could provide transitional shelters. Criteria were the magnitude of damage to houses (data were provided via the shelter clusters by the Ministry of Public Works) and the availability of partner organisations having close relations with the affected communities. After an initial technical feasibility study focused on the suitability of the terrain to rebuild houses, eligible households are identified with the assistance of community leaders, committees and local government officials, giving priority to the most vulnerable

¹³² The costs are slightly higher than the costs in Indonesia after the tsunami (approximately USD 3,000 – 3,500 for a 36 m² semi-permanent house. The difference is probably mainly because most of the building material in Haiti must be imported and unit labour costs are higher. See: Van de Putte, B. (2007) *Reconstruction and Rehabilitation after the Tsunami, Evaluation of the support provided by Terre des Hommes Netherlands in Aceh and Sri Lanka. Terre des Hommes.*

families. Subsequently, discussions are held with those eligible for a transitional or permanent shelter. Before construction starts, land tenure issues have to be settled. When the shelter has been built it is formally handed over to the future occupants. Subsequently, arrangements are made for water and sanitation and to facilitate the construction of other small-scale neighbourhood infrastructure. After construction and neighbourhood improvements, the needs for livelihood support are assessed.

The prototype of the Cordaid shelter was designed by Cordaid's shelter experts taking into account earlier experiences with T-shelter in Aceh and a number of basic technical (earthquake- and hurricane-proof) and cultural specifications. The initial design was a simple transitional shelter with an expected lifespan of several months. However, following discussions with community-based organisations, the homeless people and organisations involved in the Shelter cluster, Cordaid decided that a more sturdy and durable transitional shelter lasting at least a number of years would be a more appropriate solution. The Sphere standards were taken into account, but could not be applied in full in the densely populated urban areas, where very many plots are either too small or too narrow for a house that meets the Sphere standards (i.e. 18 m²). The wooden frame house was designed together with a private construction company in Port-au-Prince. This company and other private construction companies import the necessary materials, produce the components and build the houses on the spot, with local labour. An average transition shelter includes 40% of locally obtained inputs (material and labour) and costs about USD 3,500.

The revised design consists of a structure of 18-22 m² (depending on plot size), with a wooden frame secured to a concrete slab by metal anchors, ferro-cement walls, a roof of galvanised sheets, and a porch of 5 m². This 'starter' home may be adjusted according to the wishes and financial means of the residents (e.g. in an urban setting, the modular frames can be alternated to vary positions of doors and windows, and sheds and veranda enlargements can be added). Cordaid's design has been adopted (sometimes slightly modified) by other organisations.

To allocate shelters and monitor their distribution, Cordaid's regional office in Léogâne applies the Filemaker system for storing beneficiary data (name, gender, former owner of a house or not, identity documents, etc.), on-the-spot assessments and GPS data. This allows progress to be tracked for management purposes and for accountability to donors.

Coordination

The shelter cluster involves a multitude of organisations, including those focusing on rubble removal, testing and supplying equipment, providing training on how to use the equipment, designing transitional and more permanent shelters. The initial lead of this cluster, IFRC was succeeded by UN-Habitat in November 2010.¹³³ Cordaid Mensen in Nood reported that the coordination in the clusters which were established at the local level proved to be effective. The organisation leads the shelter cluster in Léogâne and Grand Goâve, two focal areas of Cordaid's shelter programme.

Non-food items

The non-food items category includes a wide variety of basic household necessities such as blankets, mattresses, mosquito nets, jerry cans, kitchen utensils, hygiene kits¹³⁴, buckets, baby kits, tools, etc. It also includes cash transfers or cash vouchers which people can use to purchase these items. SHO mentioned that the data presented in its 2010 report included a certain degree of double counting. Having reviewed these data, the evaluation team estimates that some 90,000–100,000 persons have received non-food items from the various organisations using SHO funds.¹³⁵ For achievements see table 4.3.

Being provided with non-food items has been important for those who lost their basic household goods in the earthquake and has enabled them to manage their household whilst living in the camps.

Community-based approach

Both when providing temporary shelter and non-food items and when designing transitional shelters, organisations have reverted to community-based approaches where appropriate and feasible.¹³⁶ For instance, when designing their transitional shelter programmes, Cordaid and Christian Reformed World Relief Committee consulted communities and local authorities.

Sphere standards

The SHO organisations involved in providing shelter and non-food items have not systematically reported whether they were able to attain the Sphere standards. However, when reviewing the reports of the respective organisations and the joint SHO reports for

¹³³ In its report to the SHO Back Office, Cordaid Mensen in Nood pointed out that this handover was not particularly smooth.

¹³⁴ The organisations apply different definitions for non-food items. For instance, Save the Children has included hygiene kits in its distribution of non-food items; CARE Nederland, on the other hand, classifies hygiene kits as health-related support.

¹³⁵ This estimate has been adjusted in proportion to SHO's financial contributions to IFRC (through the Netherlands Red Cross) and Terre des Hommes-Lausanne (through Terre des Hommes) for 2010.

¹³⁶ The initial distribution of tents, tarpaulins and non-food items was through community-based approaches in the sense that the communities or their representatives were consulted about what they thought was necessary and acceptable. This situation changed gradually, as demonstrated by some organisations revising their strategy from distribution of non-food items to the provision of cash or cash vouchers which people could use according to their own needs.

2010, it became clear that achieving the Sphere standards on shelter and non-food items had proved very challenging because of the specific context in which the aid had to be delivered.

Lack of space in the often very congested makeshift IDP camps resulted in the Sphere standards for temporary shelter not being attained in many instances. In the densely populated urban environment of the greater Port-au-Prince area a high percentage of plots are either too small or too narrow for houses to be constructed according to the Sphere standards. As explained earlier, it was therefore decided to design alternatives which are in line with the agreed shelter cluster strategy for urban areas.

SHO Organisation	Types of non-food items provided	Coverage (persons)
ICCO & Kerk in Actie	<ul style="list-style-type: none"> • Distribution of 1,200 blankets • Distribution of 8,100 stretcher beds • Provision of survival kits (candles, batteries, lamps, etc.) and kitchen sets 	<ul style="list-style-type: none"> • 1,200 • 8,100 • 6,000
Netherlands Red Cross ¹³⁷	<ul style="list-style-type: none"> • 6,421 jerry cans • 747 pcs soap • 1,860 buckets • 15,740 blankets • 32,450 kitchen sets • 135,000 hygiene parcels • 10,000 condoms • 50,000 pcs rope • 7 million chlorine tablets • 3,700 mosquito nets • 1,000 crutches 	<ul style="list-style-type: none"> • No information
Save the Children	<ul style="list-style-type: none"> • Distribution of 4,000 blankets • Distribution of 8,000 jerry cans • Distribution of 2,500 hygiene kits 	<ul style="list-style-type: none"> • 4,000 • 8,000 households • 12,500
Terre des Hommes* ¹³⁸	<ul style="list-style-type: none"> • 1,433 hygiene kits • 616 jerry cans • 306 kitchen sets • 139 stoves • 7,164 mosquito nets 	<ul style="list-style-type: none"> • 15,258

¹³⁷ These numbers are reported in the Netherlands Red Cross report to SHO as the items funded by SHO (page 4). In the SHO Third Joint Report Haiti, period 13 January – 31 December 2010 different, and sometimes substantially higher, numbers are reported, but these are probably for the overall IFRC programme.

¹³⁸ The proportional funding by Terre des Hommes Netherlands for the non-food component in the overall project of Terre de Hommes-Lausanne amounted to 47%.

SHO Organisation	Types of non-food items provided	Coverage (persons)
World vision	<ul style="list-style-type: none"> • 2,808 kitchen sets¹³⁹ • 2,914 blankets • 9,523 mosquito nets • 3,756 mattresses • 2,147 lockable boxes • 18,080 sheets 	<ul style="list-style-type: none"> • 2,808 households • 2,808 households • 4,400 households • 3,756 households • 970 households • 2,200 households
Dorcas	<ul style="list-style-type: none"> • <i>Distribution of toolkits to 1,400 households to assist them to remove rubble and debris</i> • <i>Cash distributed to 2,331 households. Each household received USD 100 which was partially used to purchase non-food items¹⁴⁰</i> 	<ul style="list-style-type: none"> • 7,000 • 11,655
Plan Nederland	<ul style="list-style-type: none"> • 650 family packs (incl. plastic sheets, lights, jerry cans, kitchen items, food, detergents, etc.) 	<ul style="list-style-type: none"> • 3,900¹⁴¹

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

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

Organisations applied the general Sphere norm of ‘consultation with and participation of the community’ when they distributed shelter material and non-food items. One organisation specifically mentions that the Sphere standards for temporary shelter were met in the allocation of plastic sheeting and rope. The plastic sheeting helped host families to cope with additional persons living in their house. Another organisation pointed out that those in need of shelter had been identified and targeted on the basis of needs, equity and impartiality. Finally, an agency reported that their kitchen sets were similar to those recommended by the IFRC.

In the reports provided by the organisations and by SHO it is not clear to what extent non-food items also include clothing. Yet as a result of the earthquake, many people lost most of their personal effects, including clothing. Individuals should have sufficient clothing to ensure a minimum level of comfort, dignity and safety. Sphere standards stipulate that clothing must be made available when needed and that additional changes of clothing should be provided where possible to people with specific problems (people with HIV/AIDS and associated diarrhoea, pregnant and lactating women, older people, disabled

¹³⁹ Each kitchen kit contains the recommended IFRC contents list: a 7-litre stainless steel cooking pot with handles, a 2.5-litre 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, report submitted to SHO covering the period 12 January – 12 April 2010).

¹⁴⁰ A post-distribution survey among the beneficiaries indicated that households spent 14% of their cash grant on kitchen items and 8% on hygiene items (see also box 4.11).

¹⁴¹ Updated information provided to the evaluation team by Plan Nederland.

people and others with impaired mobility).¹⁴² Apparently the SHO organisations did not include clothing in the support financed with SHO funds. However, they may have covered these items by other sources of funding, which would explain why these items were not reported to SHO.

4.2.2 Water, sanitation and hygiene

With the lowest coverage levels for water and sanitation in the Western hemisphere, Haiti already faced major challenges in water supply and sanitation prior to the earthquake. It is estimated that only 30% of the population of Port-au-Prince had access to the municipal water supply, 50% had access to toilets; 52% of the waste in the city was collected.¹⁴³ Water was supplied to most of the population by water trucking, usually through a system of water kiosks. Drinking water was expensive, especially for the poorer segments of the population, and as a consequence many people used unsafe water. Despite foreign support to the two state-owned water supply enterprises, the public institutional structure for water and sanitation remained weak until the establishment in 2009 of the National Directorate for Water Supply and Sanitation (DINEPA). Historically, international and national NGOs have played an important role in the sector, particularly in the rural areas and urban slums.

In the days immediately after the earthquake, safe drinking water was the main problem – even more than food or shelter. Many aid organisations, including those subsequently supported with funds from SHO, started to distribute drinking water as soon as they could. This was mainly done by trucking water to the camps, and later to areas selected for transitional and semi-permanent settlement. The water was usually provided free of charge. The distribution of water was followed by repairing and constructing water supply systems and establishing wastewater infrastructure and latrines. Table 4.4 summarises the main results achieved with SHO funding in the water, sanitation and hygiene sector.

In many locations the construction of wastewater infrastructure and latrines is complicated by land tenure problems. In most cases the owners of land on which makeshift camps have been spontaneously established do not allow more permanent infrastructure to be constructed because they fear that this will result in the temporary camps turning into permanent slum areas. The resulting great uncertainty about future settlement is hampering the provision of adequate facilities for water supply and sanitation.

¹⁴² Sphere project (2004) *Humanitarian Charter and Minimum Standards in Disaster Response*, p. 230-231.

¹⁴³ Oxfam Briefing Paper. *From relief to recovery, supporting good governance in post-earthquake Haiti*, 6 January 2011.

Table 4.4 Overview of achievements in the water, sanitation and hygiene (WASH) sector		
SHO Organisation	Types of activities accomplished	Coverage (persons)
Cordaid Mensen in Nood	<ul style="list-style-type: none"> 4 water treatment plants set up and 3 water storage tanks installed 8,125 hygiene kits distributed 	<ul style="list-style-type: none"> 14,200¹⁴⁴ 40,625
ICCO & Kerk in Actie	<ul style="list-style-type: none"> 2 water sources rehabilitated; 1 source installed Water purification tablets distributed 600 water containers distributed 2 water treatment plants with a daily capacity of 10,000 gallons each established 3 drainage/sewerage systems constructed 5,000 hygiene kits and 84 baby kits distributed wheelbarrows, gloves, spades and plastic bags provided to inhabitants of two camps for waste removal 6,000 hygiene kits 	<ul style="list-style-type: none"> 150 families¹⁴⁵ 1,200 3,000 10,000 2,850 5,084 600 households No information
Oxfam Novib ¹⁴⁶	<ul style="list-style-type: none"> 285 latrines established 108 communal wash places constructed Provision of a daily supply of 35,000 m³ drinking water, including daily testing of water quality Waste disposal points established and operated 120 hygiene awareness-raising sessions organised Distribution of hygiene kits (quantity unknown) 	<ul style="list-style-type: none"> 45,600 (for all activities together)¹⁴⁷
Netherlands Red Cross through IFRC ^{148*}	<ul style="list-style-type: none"> Daily water supply at 5 communal water points 88 latrines constructed Hygiene promotion campaigns drainage kits distributed 136 latrines constructed in camps 	<ul style="list-style-type: none"> 16,509 13,800 29,364 No information No information

¹⁴⁴ Rounded figure. According to Cordaid Mensen in Nood the actual number of beneficiaries was not counted. Its report to the SHO Back Office contains the number of 14,147 which is based on the 'catchment population' of the treatment plants and water tanks.

¹⁴⁵ Correct information provided by ICCO & Kerk in Actie after their review of the draft evaluation report.

¹⁴⁶ Oxfam was co-lead of the WASH cluster at the national level and provided support to DINEPA.

¹⁴⁷ Information provided by Oxfam Novib following their review of the draft evaluation report.

¹⁴⁸ Figures represent the proportional output, taking into account that the financial contribution of the Netherlands Red Cross to the IFRC water and sanitation programme amounted to 5.2% of the total budget of the activities implemented by IFRC in 2010. EUR 2,148,354 was contributed by the Netherlands Red Cross for a programme of CHF 21.2 million + CHF 38.0 million (= EUR 41.4 million). Data from IFRC, one-year progress report 2010.

SHO Organisation	Types of activities accomplished	Coverage (persons)
Netherlands Red Cross (direct) ¹⁴⁹	<ul style="list-style-type: none"> • 335 toilets constructed in Jacmel and Léogâne • 2 water supply projects started 	<ul style="list-style-type: none"> • 1,675 • 2,500
Tear	<ul style="list-style-type: none"> • Preparatory work on water wells, one well completed • 264 latrines constructed in schools • 74 latrines constructed in houses • 12 water points constructed • Drinking water for households for 26 weeks • Water filters 	<ul style="list-style-type: none"> • No information • 12,000 pupils • 74 households • No information • 20,000 households • 2,000 households
Terre des Hommes ¹⁵⁰	<ul style="list-style-type: none"> • Access to safe drinking water • 648 toilets constructed • 2 water tanks installed and supplied • 17 hygiene meetings organised. 	<ul style="list-style-type: none"> • 6,462 • 3,240 • No information • No information
UNICEF Nederland* ¹⁵¹	<ul style="list-style-type: none"> • Coordination of Water, Sanitation and Hygiene (WASH) cluster. • Supply of safe drinking water • 393 latrines and washing places constructed • Hygiene awareness meetings • kits for 3,240 families • Established water and sanitation infrastructure in 7 schools • Distribution of soap to school children 	<ul style="list-style-type: none"> • Not applicable • 24,408 • 28,944 • 25,524 • 16,200 • 878 • 54,000
Dorcias	<ul style="list-style-type: none"> • 12 water sources repaired/constructed 	<ul style="list-style-type: none"> • 15,000
Salvation Army Netherlands	<ul style="list-style-type: none"> • 2 water treatment plants constructed 	<ul style="list-style-type: none"> • 20,000

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

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

Beneficiary satisfaction

The beneficiaries interviewed by the evaluation team were generally satisfied with the water and sanitation facilities in the camp areas, as is shown in the following box, which describes water supply and sanitation interventions by Oxfam.

¹⁴⁹ Figures from the Netherlands Red Cross Annual Report Haiti 2010, p. 3.

¹⁵⁰ Figures representing the proportional output, taking into account that the financial contribution of Terre des Hommes NL to the larger Terre des Hommes-Lausanne project. For WASH this amounted to 42%.

¹⁵¹ Proportional to the SHO funding provided through UNICEF Nederland: 3.6% of reported achievements.

Box 4.5 *Water and sanitation in the Golf Course camp in the Port-au-Prince metropolitan area*

The Golf Course camp is crowded, but well organised. It is divided into blocks, there are spacious paths/roads and it has 11 water points, latrines, showers and bins for waste disposal, etc. People have access to these facilities as well as to healthcare and education. According to one Oxfam employee, most beneficiaries now have to walk less far to get water than they did before the earthquake. Beneficiaries are satisfied with the facilities established by Intermón Oxfam at Gressier. Water kiosks and bladders are monitored by committee members. In Gare du Sud the quality of the water in the bladder is tested three times every day. The water kiosk in Bois Ganmon is next to a river. A stone wall separates the water site from the river, to prevent contamination as a result of flooding during the rainy season. Camp committee members check the water system regularly, and report back to Intermón Oxfam.

Source: Field visit to Golf Course camp and Gressier.

Another key problem with regard to the supply of drinking water and sanitation is the limited availability of good quality and safe drinking water in and near the Port-au-Prince metropolitan area. Some of the water has to be trucked in from a considerable distance, which is costly. In certain areas (for example Léogâne) the shallow groundwater table made it necessary to modify the design for latrine construction, as is reported in the following box.

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Box 4.6 *Development of adapted latrine design in Léogâne*

Time was spent on the design and pre-testing of a durable solution for latrines in Léogâne, which had posed a lot of concerns because the water table is very high (at a depth of one metre). The project team had to find a solution that was both sustainable and affordable. Two types of latrines were pre-tested: the ventilated improved pit latrine (VIP latrine), available as a pit-lined or unlined model, and the pour flush latrine with a septic tank. After testing it was discovered that the septic tank model was appropriate for the Léogâne area, while the VIP latrine was suitable for Jacmel, because there the water tables are lower.

Source: Adapted from the Netherlands Red Cross Annual Report Haiti, 2010.

The role of the Government

The National Directorate for Water Supply and Sanitation (DINEPA) did not suffer much from the earthquake. DINEPA proved to be one of the most effective government services after the earthquake and has actively taken part in leading the coordination of the aid agencies collaborating in the WASH cluster.

Sphere standards

The SHO organisations involved in water and sanitation have attempted to respect the Sphere standards but not all reported their achievements in sufficient detail. Box 4.7 shows some examples of standards attained.

Box 4.7 *Observations on the adherence to Sphere standards in WASH*

Oxfam Novib: Oxfam measures WASH achievements not only through records of litres of water supplied to camps and numbers of latrines, but also through water use surveys and sanitation monitoring. The Sphere standard ‘People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night’ was problematic to attain, particularly given the urban context of the humanitarian response. It was very difficult to attain the prescribed ratio of people per latrine.

ICCO & Kerk in Actie: The limitations of both space and local resources slowed down progress to attain the standards. One of the partners provided 160,000 litres per day or about 9 litres per person. This is above the 7.5 litres for emergency relief but not up to the 15 litres for long-term relief. Despite working continuously to increase the supply, access to water remained limited and it took time to find new sources.

Netherlands Red Cross: The daily delivery is 7 litres per person against the Sphere standard of 7.5 for emergency relief.

Terre des Hommes Netherlands: During the period when water had to be trucked, 5 water bladders were installed in Léogâne, covering a total 4,635 people. They were refilled twice a day (leading to an average quantity of 12 litres per person per day).

Tear Netherlands: It was not possible at this stage to provide 3 litres of water for washing per child at the latrines constructed at the schools. Most of the schools are on ridges and a water supply project would have required some significant and unsustainable investment. Tearfund provided hygiene promotion/education at schools to encourage local solutions, and project proposals have been written for subsequent rainwater harvesting projects.

Transition strategies

Before the earthquake, most people obtained their drinking water from water kiosks that were supplied by water trucks. The costs of this supply system are relatively high, and Haitians are used to paying for drinking water. Aid organisations, including the SHO partners, have provided drinking water free of charge, which was an understandable approach immediately following the disaster. However, the continued supply of water for free has undercut existing water distribution businesses and is not sustainable in the medium and long run. Sustainability of water supply requires a progressive return to previously existing practices. This appears to be a complicated issue: see box 4.8.

Box 4.8 *Oxfam's transition strategy*

In January 2011 Oxfam GB developed a transition strategy for its support to water supply. Whereas water supply was initially free of charge, camp residents will have to start paying for water. The price is HTG 1 per gallon, the same price as before the earthquake. Paying for water prevents people from taking free water for granted, and also prevents people from outside the camp coming to the camp to take advantage of free services. Oxfam communicated this approach to the camp residents in mid-March 2011. Community workers (paid by Oxfam GB) explained the upcoming changes to each household, followed by a general meeting per block and finally for the entire camp. Oxfam GB immediately experienced an emotional reaction among camp residents. In order to maintain calm in the camp, the community leaders who agitated among the larger camp population were approached by Oxfam individually. It was explained to them why Oxfam would stop supplying water for free and which other arrangements were to be made. For instance, Oxfam will continue monitoring the water supply and has reserved a budget for emergency repairs. Monitoring will be done by a Maintenance, Monitoring Quick Reaction Response Team which covers other camps as well.

Source: Reports of Oxfam Novib to the SHO Back Office.

4.2.3 Food security and nutrition

Agricultural productivity is low and Haiti is very dependent on food imports. The widespread poverty among the population has resulted in high levels of food insecurity. As a consequence, prior to the earthquake a large part of the Haitian population was already dependent on food aid.

Together with the lack of shelter and water, food insecurity was one of the main problems in the period immediately following the earthquake. After the rapid needs assessments which took place in the days immediately after the disaster, a more comprehensive emergency food security assessment was conducted in February. This national assessment was led by Haiti's Coordination Nationale de la Sécurité Alimentaire (CNSA), in partnership with several international organisations.¹⁵² The assessment indicated that in the areas directly affected by the earthquake, 9% of households were facing severe food shortages and 30% were experiencing malnutrition.¹⁵³ Food was on sale in the markets and shops of Port-au-Prince and prices had increased slightly. However, the income situation of many households affected by the earthquake was too precarious to pay for food. The preparation of food also posed a problem; after the earthquake most families no longer had a kitchen, a fireplace or pots and pans.

Many aid organisations, including those subsequently supported with SHO funding, started to distribute food as soon as they could in the first few months after the disaster, mostly in the form of ready meals and food packages, which were provided by means of distribution schemes (food coupons). In the first six months an estimated 4 million people received food aid. A second emergency food security assessment conducted in June 2010, again led by CNSA, showed that the prevalence of severe food shortages and malnutrition had dropped only slightly: 6% of households were still experiencing severe shortages and the average malnutrition rate was 27%.¹⁵⁴

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Achievements

Six SHO-funded organisations spent EUR 3,483,626 on food security in 2010, i.e. 8% of the total expenditure in 2010. Table 4.5 summarises the main achievements.

¹⁵² WFP (2010) *Global Update Food Security Monitoring January - June 2010*. Issue no. 3 (August, 2010).

¹⁵³ The WFP survey covered the communes of Pétienville, Delmas, Tabarre, Cité Soleil, Grand Goâve, Croix-des-Bouquets, Carrefour, Port-au-Prince, Léogâne, Gressier, Jacmel, and Petit Goâve. The sample included households living in camps (IDPs) and those living in non-camp areas. The data were collected from February 5-12, 2010.

¹⁵⁴ WFP, *ibid.*

Table 4.5 Support for food security and nutrition provided with SHO funding in 2010		
SHO Organisation	Types of activities accomplished	Coverage
Cordaid Mensen in Nood	<ul style="list-style-type: none"> Provision of hot meals to 5,510 vulnerable persons during one month in greater Port-au-Prince and Léogâne Distribution of 50,000 food packages covering 256,850 persons in greater Port-au-Prince, Léogâne, Anse-a-Veau and Petit Goâve 	<ul style="list-style-type: none"> 5,510 persons¹⁵⁵ 256,850 persons
ICCO & Kerk in Actie	<ul style="list-style-type: none"> Provision of food rations and cash vouchers covering food needs of 2,660 persons for one month Provision of hot meals during 16 weeks to 400 children aged between 3 and 15 years old Provision of hot meals (on 'women's day') to 2,115 persons including 1,228 women, 87 men and 800 children Provision (by The Salvation Amy Haiti) of 1.5 million¹⁵⁶ ready meals covering 15,000 persons (100 meals per person)¹⁵⁷ 	<ul style="list-style-type: none"> 2,660 persons 400 children 2,115 persons 15,000 persons
Netherlands Salvation Army	<ul style="list-style-type: none"> Provision of 594,000 meals to persons living in St. Martin camp 	<ul style="list-style-type: none"> No information¹⁵⁸
Tear	<ul style="list-style-type: none"> Food and kitchen kits distributed to 1,607 households (through ACLAM) Seeds and tools distributed to 1,500 farmers (through Tearfund UK) 	<ul style="list-style-type: none"> 1,607 households 1,500 farmers

¹⁵⁵ It is unclear how many meals were provided per person or for how long.

¹⁵⁶ As no unit prices were indicated in the individual reports of the SHO organisations or in the joint SHO reports, the evaluation team used the unit prices of MRE Star's food packages as a basis. MRE Star is an American company whose ready-meal packs have also been used as emergency food relief in Haiti. A pack consists of 12 ready meals and costs USD 69.95. The unit price of a meal amounts to USD 5.8, or EUR 4. See <http://www.mre-meals.net/index.php>. Taking this unit price, it is highly unlikely that 1.5 million ready meals could have been distributed by ICCO's partners with SHO funds only, since the total SHO expenditure in 2010 for the food security and nutrition sector amounted to EUR 3.5 million. In a reaction to the draft evaluation report The Salvation Army Netherlands pointed out that a total of 8 million meals were provided by a third party and that SHO funds were used only for their distribution.

¹⁵⁷ It is not clear when the ready meals were distributed, for how long and how many were supplied per household or person.

¹⁵⁸ The costs of distributing 594,000 meals were covered by SHO funding (the meals were provided for free by a third party). The meals consisted of rice and beans, or rice soup. At the time of the distribution approximately 20,000 internally displaced persons were living in St Martin camp, which initially counted some 12,000 persons (information provided by The Salvation Army Netherlands). It is not known how many people received meals, how many meals were provided per day, and how long the distribution lasted.

SHO Organisation	Types of activities accomplished	Coverage
UNICEF Nederland* ¹⁵⁹	<ul style="list-style-type: none"> • 4 Baby-Friendly Tents /spaces in facilities established¹⁶⁰ • Infants under 12 months receiving breastfeeding support and nutrition counselling to pregnant, young mothers • Children with severe acute malnutrition treated • Coordination of support through the UNICEF-led cluster nutrition enabled the provision of ready-to-use infant formula • Vitamin A supplements distributed to children (9 months-7 years old) 	<ul style="list-style-type: none"> • Unknown number • 3,674 infants & 1,761 women • 405 children • 1,188 infants • 6,696 children
Terre des Hommes* ¹⁶¹	<ul style="list-style-type: none"> • Provided medical consultations, nutrition-oriented, via mobile clinics to pregnant and lactating women and malnourished / undernourished children. • Special nutrition for undernourished children or admission to the Stabilisation Unit 	<ul style="list-style-type: none"> • 6,545 children < 5 y; 2,600 children > 5 y; 686 pregnant women • 409 children

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

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

Two of the six organisations – UNICEF Nederland and Terre des Hommes and their partners, respectively UNICEF Haiti and Terre des Hommes-Lausanne – supported young malnourished children with special foods or therapeutic feeding.¹⁶² The other four contributed to overall food security. Tearfund collaborated with FAO to distribute bean and corn seeds and agricultural tools to 1,500 farmers in Gressier and Léogâne in the April – May planting season.¹⁶³ The food packages distributed by Tearfund consisted of rice, sugar, beans, oil and butter. Box 4.9 illustrates the approach of the Salvation Army Netherlands and ICCO & Kerk in Actie with regard to food distribution arranged by their local partners.

The distribution of large quantities of food to the affected people who were scattered throughout the greater Port-au-Prince metropolitan area was hampered by the enormous amount of rubble, damaged road infrastructure and congested traffic. In addition, the distribution was complicated by insecurity in the camps. The distribution methods applied by the organisations could not always prevent abuse of food vouchers. When food is in short supply, tensions may run high when deliveries are made.

¹⁵⁹ Proportional to the SHO funding provided through UNICEF Nederland: 3.6% of reported achievements.

¹⁶⁰ The same number of child-friendly spaces was also reported under 'Protection' (double counting).

¹⁶¹ The financial contribution of Terre des Hommes Netherlands to the food security and nutrition component in the overall programme of Terre des Hommes-Lausanne amounted to 50%.

¹⁶² Therapeutic feeding is supplied to severely malnourished children; supplementary feeding is provided to moderately malnourished children.

¹⁶³ This achievement should have been reported under the category 'Livelihood support'. Obviously, supporting farmers to re-engage in agricultural activities (livelihood support) will stimulate agricultural production, which contributes to food security for them and others.

Women, children, elderly people and people with disabilities may be unable to obtain their entitlement, or food may be taken from them by force. Reportedly some beneficiaries sold food vouchers to other people, or informed friends and relatives living outside the camp that distributions were imminent.¹⁶⁴ Some families sent members to different camps to maximise their chances of getting food. After the government's restriction on general food distribution, sexual exploitation associated with food distribution increased. During the course of 2010, local food production resumed, but was disrupted when Hurricane Tomas struck Haiti in the beginning of November, severely damaging the farming areas of the Grand' Anse and the northern parts of the country. The outbreak of cholera also negatively influenced the local production and transportation of food.

Box 4.9 *Different approaches to food distribution*

Food distribution by the Salvation Army Haiti in the internally displaced persons camp at St. Martin, Port-au-Prince

Initially, the Salvation Army distributed food to the entire camp population. In April the government instructed agencies to target food distribution exclusively at the vulnerable (mothers, young children, the ill and elderly), because general food distributions attracted those who were not in need of such support. The final general food distribution took place in October 2010. An elaborate system of registration of inhabitants had been set up in collaboration with the United Parcel Services (UPS).¹⁶⁵ Each head of household was issued with a photo ID card with a bar code, to be used to register receipt of aid. This greatly facilitated the targeting and distribution of food and other commodities.

Experience with food distribution by one of the partners of ICCO & Kerk in Actie

One of ICCO's partners encountered difficulties in changing from the distribution of hot meals to providing cash so recipients could purchase their meals. Logistically, the distribution of cash is easier. However, 'beneficiary fatigue' had set in because so many organisations had conducted censuses in the area, with the result that potential recipients of cash grants were initially uncooperative and provided incorrect information to field staff. The cash transfers were also slowed down by a breakdown in communications with the company responsible for transferring cash. The company's agents were unable to cope with the number of people expected to withdraw cash, especially around Easter.

Source: Reports of ICCO & Kerk in Actie and Salvation Army Netherlands to SHO Back Office and interviews.

¹⁶⁴ The 2010 Humanitarian Accountability Report published by the Humanitarian Accountability Partnership (HAP) points out several instances of corruption in camp committees.

¹⁶⁵ One of the staff members of the Salvation Army Haiti is an employee of United Parcel Service (UPS). In collaboration with UPS planes to bring in food and other supplies were arranged immediately after the earthquake.

Adherence to standards

'Food security exists when all people have physical and economic access at all times to sufficient, safe and nutritious food for a healthy and active life'.¹⁶⁶ The SHO organisations did not report on the attainment of individual Sphere standards related to food security or nutrition. UNICEF Nederland reported constraints experienced by UNICEF Haiti such as the lack of trained staff of implementing partners, insufficient facilities, and shortcomings in harmonising treatment protocols for the malnourished, which influenced the attainment of Sphere standards for nutrition programmes.

Coordination

UNICEF Haiti led the Nutrition cluster, at times coordinating more than thirty aid organisations. As mentioned, this cluster organised rapid screening of the nutritional status of the Haitian population during the first months of the emergency, moving to standard nutrition surveys in May and June. Subsequently, it set up a database to enable the Ministry of Health's Nutrition Unit to plan interventions. The organisation also provided technical and financial support to the Ministry of Health for the development, implementation and distribution of a national protocol for managing cases of severe acute malnutrition. With the help of UNICEF Haiti feeding centres for malnourished children were established. To support the ongoing cholera response, UNICEF Haiti and the World Health Organization (WHO) collaborated to develop specific guidelines for the rehydration of severely malnourished children. They also developed protocols for feeding infants and young children, and promotional material on breastfeeding.

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At its peak, the WFP-led Food Security cluster included over a hundred organisations. The revised Humanitarian Appeal of February pointed out that 'the Cluster has aimed to meet the immediate food needs of the most vulnerable populations through the provision of ready-to-eat foods. Following this, and running in tandem with relief efforts, the Cluster aims to provide targeted food assistance to vulnerable communities in hospitals and orphanages through mobile distributions and organised community kitchens for the provision of wet feeding. A gradual transition from general food distributions to food-for-work and cash-for-work activities is planned, as relief gives way to recovery'.¹⁶⁷ Gradually, the cluster adjusted its strategy of providing emergency food assistance to an approach to ensure longer-term food security, which was in line with the Government's plans for recovery and development.

4.2.4 Livelihood support

Haiti is the poorest country in the Western hemisphere. Prior to the disaster an estimated 75% of the population were living on less than USD 2 per day. A considerable proportion of the population are not in formal employment and the unemployment rates are very high, especially in the urban areas and among youth.

¹⁶⁶ World Food Summit Plan of Action, paragraph 1, 1996.

¹⁶⁷ UNOCHA, 18 February, 2010.

The total economic cost of the earthquake, including lost income, has been estimated to exceed USD 3 billion.¹⁶⁸ The earthquake destroyed much of the formal and informal economic infrastructure in the greater Port-au-Prince area. As described above, the response in the weeks following the disaster aimed to implement activities to alleviate the immediate survival needs of the affected population. Subsequently, agencies, including the SHO organisations and their partners in the field, also focused on livelihood support.

Achievements

In 2010 five SHO organisations and their partners spent EUR 2,683,830 on livelihoods, the fourth sector in terms of its share in the total expenditure in 2010 (7%). Table 4.6 summarises the main achievements.

SHO Organisation	Types of activities accomplished ¹⁶⁹	Coverage
Cordaid Mensen in Nood	<ul style="list-style-type: none"> Support to livelihood recovery for persons in agriculture/livestock and in small enterprises 	<ul style="list-style-type: none"> 20,000 persons
ICCO & Kerk in Actie ¹⁷⁰	<ul style="list-style-type: none"> Distribution of 1,500 cockerels and 15,000 hens & 1,508 bags of poultry feed Construction of 30 poultry sheds Training sessions on livestock and poultry rearing (food, reproduction, animal health) Training sessions on economic activities Recapitalisation of small businesses of 350 female and 53 male entrepreneurs, providing each of them with a cash gift of HTG 10,000¹⁷¹ Purchase of seeds and tools for small farmers Distribution of livestock (one cow or two goats) to 104 female and 153 male farmers Provision of cash grants (USD 900 each) to young entrepreneurs, to start a micro-enterprise Provision of cash grants to households (USD 60 each) to purchase food (one month's ration) 500 toolkits 	<ul style="list-style-type: none"> 1,215 households No information No information 357 persons 403 persons 117 men and 83 women 257 persons 30 persons 1,934 households No information

¹⁶⁸ Government of the Republic of Haiti (2010) *Annex to the Action Plan for National Recovery and Development*, referred to in *Oxfam Briefing Paper. From relief to recovery. Supporting good governance in post-earthquake Haiti*. Oxfam GB (2011).

¹⁶⁹ Under the heading 'livelihood support unrelated to livelihood development' the SHO Third Joint Report also mentions various non-food items (survival kits, hygiene kits, jerry cans and mosquito nets) which have been excluded from the table, but are included in the table on non-food items.

¹⁷⁰ The information provided for ICCO & Kerk in Actie in this table is based on its report on 2010 provided to the SHO Back Office, not on the SHO Third Joint Report, because this report is more detailed.

¹⁷¹ Equivalent to EUR 170

SHO Organisation	Types of activities accomplished	Coverage
Oxfam Novib ¹⁷²	<ul style="list-style-type: none"> • Cash-for-work programmes: 2,886 days of work for USD 5 per day • Provision of cash grants of USD 125 – 150 for small businesses • 28 canteens established in ‘quarters’ to provide food to vulnerable people • Basic needs grants of USD 175 • Recapitalisation of small business • Distribution of seeds and agricultural toolkits 	<ul style="list-style-type: none"> • 2,270 persons • 2,666 households • No information • 335 families • 164 persons • 3,100 persons
Tear ¹⁷³	<ul style="list-style-type: none"> • Distribution of ‘small’ cash grants for immediate household needs • Distribution of ‘larger’ cash grants to re-establish small businesses • Four weeks of labour paid to persons working on projects chosen by the community 	<ul style="list-style-type: none"> • 1,342 households • 191 traders • 2,162 persons
Dorcas	<ul style="list-style-type: none"> • Provision of emergency funds/livelihood assistance through cash grants to households (USD 100 per household) enabling them to purchase food and non-food items and cover other expenses to satisfy basic needs • Distribution of toolkits to households to assist them to remove rubble and debris 	<ul style="list-style-type: none"> • 2,331 households • 1,400 households

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

In addition to the activities reported in table 4.6 some organisations reported achievements of livelihood activities without quantifying outputs realised and beneficiaries reached. Examples are: IFRC employing camp residents for camp maintenance and providing security – an approach followed by many organisations, and Terre des Hommes-Lausanne, which provided cash grants to enable individuals to restart economic activities.

A distinction can be made between different types of livelihood support activities: basic needs grants, cash-for-work projects, cash grants, vocational training, and recapitalisation of small-scale formal and informal businesses. These activities empower individuals or small entrepreneurs and contribute to restoring human, social, and physical capital. As can be seen from the table, the SHO funds have been used for the full range of such livelihood activities. Cash-for-work activities have been a common approach and have included waste clearing in camps, clearing and maintenance of drainage canals, clearing rubble from

¹⁷² Oxfam did not provide details on recapitalisation of small businesses, or what can kinds of agricultural tools and types of seed were distributed.

¹⁷³ The amounts of ‘small’ and ‘large’ cash grants and the daily payments to those working on community projects are unknown.

streets or on private or public land, and stabilisation of slopes to avoid landslides and flooding. Recapitalisation of small businesses included, for example, the distribution of business start-up kits and the training of plumbers, masons, carpenters and other workers involved in building or repair activities. Another form of livelihood development was support for the establishment of small-scale canteens or kiosks producing and selling ready-made food or other marketable products.

Livelihood support and interventions focused on food security are closely interrelated in Oxfam's response. According to Oxfam, most recipients of cash grants opted to invest the funds in productive assets for livelihood recovery. Oxfam noted, however, that these investments were not sufficient to enable pre-earthquake socio-economic conditions (education, transport and health) to be quickly re-attained.¹⁷⁴

Box 4.10 provides an illustration of support provided by one of ICCO's partners (Groupe d'Appui aux Rapatriés et Réfugiés – GARR) to enable beneficiaries to start rebuilding their livelihoods.

Box 4.10 *An example of livelihood rehabilitation by Groupe d'Appui aux Rapatriés et Réfugiés funded through ICCO & Kerk in Actie*

Camp inhabitants 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 succeeded in setting up their own shops or workshops.

Source: Report by ICCO & Kerk in Actie provided to the SHO Back Office covering activities in 2010.

Christian Reformed World Relief Committee – the partner of Dorcas – changed from its initial handing out of household goods to beneficiaries in the Léogâne area to giving cash hand-outs. This approach was considered more appropriate, as it empowers households to decide their own priorities. At the same time it provided an opportunity to reinvigorate the businesses of local small traders and shop owners. Cash grants were provided to some 2,000 households, each receiving USD 100. A post-distribution survey was conducted to determine how the grants were spent (see box 4.11).

The damage caused by the earthquake to the already very weak Haitian economy, combined with the widespread lack of purchasing power among the majority of the people affected by the disaster called for large-scale livelihood programmes covering a considerable time span. However, most of the livelihood activities reported by the various SHO organisations have been relatively modest in terms of coverage. Although important in assisting individuals and particular population groups, these injections of aid into the community have not yet succeeded in mitigating the overall poverty situation. During the visits of the evaluation

¹⁷⁴ Report by Oxfam Novib provided to the SHO Back Office covering activities in 2010.

mission to a number of camps, the residents and other interviewees pointed out that restoring livelihoods was one of the most pressing needs to be addressed by the aid organisations. It was noted that women, who have few livelihood options and are particularly vulnerable to exploitation and abuse when they have to engage in unsafe activities, such as prostitution or travelling to unsafe areas to find work.

Box 4.11 *Expenditure pattern of households receiving cash grants from Christian Reformed World Relief Committee*

The 2,000 households covered by the intervention have allocated their cash grants as follows.

- 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%

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Source: Report by Dorcas covering activities in 2010, provided to the SHO Back Office.

Coordination

The evaluation was informed by various respondents that the absence of a designated cluster for livelihood support resulted in poor coordination of livelihood activities. For example, Oxfam's planned cash-for-work activities were aborted, to avoid duplication with similar activities undertaken by other agencies in the same locality. Instead, Oxfam provided basic needs grants to families. Oxfam later had to fill the gap when other agencies discontinued their cash-for-work activities.

Adherence to standards

The Sphere handbook does not specify minimum standards for interventions that focus on livelihood development. It does, however, point out that livelihood development is to be considered as a means to achieve food security. Issues to do with livelihood development have therefore been incorporated in the handbook's chapter on food security, food aid and nutrition.¹⁷⁵

¹⁷⁵ This could be an indication that the Sphere standards are largely geared to emergencies that differ from this specific earthquake emergency which affected the impoverished urban region of greater Port-au-Prince.

Table 4.7 shows how Oxfam has interpreted its livelihood activities as a contribution to food security. None of the other organisations reported on quality standards with respect to livelihoods.

Table 4.7 Applying Sphere standards in the sector food security, food aid and nutrition by supporting livelihood activities		
Organisation	Standard	Implementation
Oxfam	Standard 4: access to markets <i>People's safe access to market goods and services as producers, consumers and traders is protected and promoted.</i>	Through market support activities targeting boutique owners and small-scale professionals, safe access to market goods and services has been protected and promoted. All beneficiaries selected for livelihood recovery grants and professionals and boutique owners have access to appropriate income-generating opportunities, which generate fair remuneration and contribute towards food security without jeopardising the resources on which their livelihoods are based. Through canteens, beneficiaries have had access to a range of foods including rice (staple), beans, meat and vegetables.

Source: Oxfam Novib report on activities in 2010, provided to the SHO Back Office.

Involvement of stakeholders

Some organisations have conducted surveys among beneficiaries, both at the onset of the response and subsequently, to obtain information about food security needs. In addition, surveys have been conducted to investigate the need for and possibilities of re-establishing commercial services at community level, such as grocery stores. In order to make the necessary adjustments, Oxfam's monitoring team regularly visited the communities supported, to obtain beneficiary feedback on the ways in which the interventions evolved, so that adjustments to the intervention could be made if necessary.

4.2.5 Healthcare

The Haitian healthcare system has been chronically underfunded for decades, consistently receiving less than 5% of the national government budget per annum. Prior to the earthquake, only 40% of the population, mainly in the urban areas, was served by any kind of health service. Compared with other countries in Latin America, the country has the lowest number of health workers per 100,000 inhabitants. The health system is fragmented. Prior to the earthquake about one third of the services were provided by public health institutions, another third by private-for-profit institutions and the remainder by non-profit organisations such as international and national NGOs and including faith-based institutions. Poor career prospects, gaps in supplies and equipment and the failure to pay wages on time meant that the public health system was continuously losing staff; many left for better paid jobs in private or non-profit institutions. Overall coordination of the health system by the Ministry of Health was weak and no disaster risk reduction plans were in place to enable effective and timely crisis response. The earthquake damaged the healthcare

infrastructure catastrophically. In the worst affected departments, more than half of the hospitals, including the only national teaching hospital, were destroyed or severely damaged. In other words, the national healthcare system was simply overwhelmed by the earthquake (MERLIN, 2010).

Achievements

In 2010, the SHO organisations and their implementing partners supported healthcare interventions with a total amount of EUR 1,613,002 – equal to 3.9% of the total SHO expenditure that year. Activities funded included preventive and curative care, psychosocial care, and response to the cholera epidemic. Table 4.8 provides an overview of activities and results achieved.

SHO Organisation	Types of activities accomplished	Coverage
CARE Nederland	<ul style="list-style-type: none"> Daily health education in 10 localities in Carrefour and Léogâne 10 local Sexual and Reproductive Health committees, 10 Mothers Clubs, 10 Youth Clubs, 10 Pregnant Women Clubs and 10 Lactating Women Clubs educated on relevant health topics Activism against violence towards women Birth classes Health education, various topics NFI distribution including hygiene kits, condoms Partnerships with six healthcare facilities including rehabilitation/construction, to training and provision of supplies 	<ul style="list-style-type: none"> 80,000 persons No information No information 400 women 8,200 persons No information No information
Cordaid Mensen in Nood	<ul style="list-style-type: none"> Training of 93 community level health workers in mental health issues.¹⁷⁶ Four teams of Dutch surgeons conducted 864 medical consultations and 160 operations Provision of 300 medical consultations daily in Port-au-Prince 	<ul style="list-style-type: none"> 18,592 persons No information 160,000 persons ^{**177}
ICCO & Kerk in Actie	<ul style="list-style-type: none"> Provision of salaries of 10 medical specialists for a period of 7 weeks¹⁷⁸ Psychosocial support Medical support for displaced persons (including surgery) Support provided at the delivery of babies 	<ul style="list-style-type: none"> 3,000 persons 572 persons 1,000 persons 18 babies

¹⁷⁶ Cordaid Mensen in Nood informed the evaluation team that its psychosocial programme (co-funded by ECHO, Trocaire and SHO) entails a wide range of psychosocial support, including support to children (information provided after Cordaid's review of the draft evaluation report).

¹⁷⁷ Cordaid Mensen in Nood informed the evaluation team that this figure is an error. It estimates the total 'catchment population' of the primary healthcare and information campaigns to be about 80,000. In six months some 27,000 consultations were held (information provided after Cordaid's review of the draft evaluation report).

¹⁷⁸ 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. Moreover, it is not clear which organisation funded their deployment. Both ICCO & Kerk in Actie and Salvation Army Netherlands reported covering the costs of ten medical doctors: ICCO & Kerk in Actie for 7 weeks and Salvation Army Netherlands for 6 weeks. Also, both organisations indicate that 3,000 persons were treated.

SHO Organisation	Types of activities accomplished	Coverage
Salvation Army Netherlands	<ul style="list-style-type: none"> Costs of 10 medical doctors covered for 6 weeks¹⁷⁹ Volunteers (camp dwellers) were trained to provide hygiene and first aid education, HIV/AIDS prevention, detection of and response to tuberculosis, and general disease surveillance. 	<ul style="list-style-type: none"> 3,000 persons No information
Netherlands Red Cross*	<ul style="list-style-type: none"> Mobile medical clinics Community-based healthcare Vaccination against measles, diphtheria and rubella Sms messages on health awareness (cholera prevention) Dissemination of health messages 288,000 messages on health awareness sent out Non-food aid for vulnerable families¹⁸⁰ 	<ul style="list-style-type: none"> 3,904 persons 5,188 persons 2,742 persons 9,000 persons 208 persons No information 34 families
Tear	<ul style="list-style-type: none"> 1,607 hygiene kits distributed 1,607 first aid kits distributed Health messages delivered to the community during latrine construction and to children in children's clubs 	<ul style="list-style-type: none"> 1,607 households 1,607 households 8,178 households, and 16,357 children
UNICEF Nederland* ¹⁸¹	<ul style="list-style-type: none"> Different vaccinations and vitamin A supplementation 12,960 mosquito nets in four departments 1 Cholera Treatment Centre and 2 Cholera Treatment Units received supplies and technical assistance for cholera response. 90,000 sachets Oral Rehydration Salts (ORS) with Diarrhoea Disease Kits; 1,368,000 Zinc tablets and Ringers Lactate 	<ul style="list-style-type: none"> 69,840 children 5,889 households No information No information

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

** 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 given organisation submitted to the SHO Back Office.

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

At the onset of the emergency response to the health sector, the aid agencies, including those supported by SHO funds, concentrated on life-saving interventions: mainly taking care of people injured in the earthquake. Soon, the focus changed to providing psychosocial

¹⁷⁹ The results stated in the SHO Third Joint Report do not correspond with the results stated in the third report submitted by the Salvation Army Netherlands to the SHO Back Office. The Salvation Army Netherlands has since pointed out that the costs of the medical team were partly funded by The Salvation Army Netherlands from the project it was implementing as SHO guest organisation and from the funds it obtained as a partner organisation of ICCO & Kerk in Actie. In total the medical team was funded for a period of 13 weeks following the earthquake.

¹⁸⁰ This output is not clear; moreover it should have been reported under 'Non-food items'.

¹⁸¹ Proportional to the SHO funding provided through UNICEF Nederland: 3.6% of reported achievements.

support, sexual and reproductive healthcare, improving access to basic services, and the prevention of diseases and epidemics, including cholera.

Cholera

In October 2010 the sudden outbreak of cholera in Artibonite in the north of the country threw the country back into crisis just when the emergency situation was stabilising and slowly giving way to longer-term development activities which were gathering momentum through the work of the Interim Haiti Recovery Commission. The epidemic affected all of Haiti's departments; the disease spread rapidly after the country was struck in early November by Hurricane Tomas and heavy rainfall resulted in flooding. This was the first cholera outbreak in the country.¹⁸²

Box 4.12 *UNICEF Haiti's cholera response*¹⁸³

UNICEF Haiti's response to the cholera epidemic consisted of several activities, such as:

- Within 24 hours, staff were deployed and supplies were sent to save lives and to build capacity of first-level responders, to train teachers and children on safe hygiene practices and promote safe child-feeding practices, as well as to provide technical assistance for local health departments to coordinate the response, set up facilities, and ensure referrals and services are accessible even in the most remote and hard-to-reach areas.
- Advocacy with counterparts, to ensure epidemiological data properly disaggregated by age so that the impact on children could be mapped.
- Supporting Cholera Treatment Centres, Cholera Treatment Units and a network of distribution points where people can quickly access Oral Rehydration Therapy.
- Distribution of sachets of Oral Rehydration Salts at the community level; Diarrhoea Kits; Ringers Lactate; Zinc tablets to reduce the severity and duration of diarrhoea episodes in children; chlorine to disinfect health facilities; tents to set up Cholera Treatment Centres and Cholera Treatment Units in all ten departments; soap and water purification tablets to ensure safe water.
- Supporting the Ministry of Health in defining and disseminating messages on cholera response and prevention — both to promote health-seeking behaviours and safe hygiene practices, with support from the WASH cluster in defining messages.

UNICEF Haiti recognised the value of community networks (especially those of young people as agents of change), to establish channels for social mobilisation, and leveraged these networks in the response to cholera. The organisation also worked with national and international partners.

Source: UNICEF Nederland report on 2010 provided to the SHO Back Office.

¹⁸² Cholera is not an endemic disease in Haiti.

¹⁸³ The response was part of the health component of UNICEF Haiti's programme in 2010. UNICEF Nederland reported that 3.6% of the expenditures of the total programme was covered by SHO funding, but it is not clear which specific activities were implemented with this funding.

Haiti's health system was unprepared and there was insufficient knowledge or experience to handle a public health crisis of this magnitude. Inexperienced and insufficiently skilled local health workers were not up to the task of reacting swiftly to the epidemic.¹⁸⁴ This situation, also identified as 'a disaster in the disaster' prompted many humanitarian agencies, including a number receiving SHO funding, to modify their work plans. For some of them it meant starting a new emergency phase rather than switching to reconstruction work. Cholera treatment and prevention became a priority in most sector programmes, with organisations quickly responding to this new crisis by providing advice on prevention through awareness-raising and, first and foremost, by providing curative care. Box 4.12 illustrates the response of UNICEF Haiti.

Coordination

The Health cluster, which was led by the World Health Organization (WHO), was established in Port-au-Prince at UN Log base within five days of the earthquake. The cluster ultimately involved a very large number of national and international NGOs which registered as partners.¹⁸⁵ A special Sexual Reproductive Health (SRH) working group, led by UNFPA and the Ministry of Public Health and Population (MSPP), was established under the Health cluster within two weeks of the earthquake. A coordination mechanism for reproductive health activities at the sub-national level was not established until four months later. The cluster maintains good contact with the government. However, the limited resources of the Ministry of Health at the national and regional levels constrained investment in the health infrastructure.

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During the cholera response, which required a massive scaling-up of efforts to reach the population, coordination between the WASH and Health clusters was crucial.¹⁸⁶ According to Tear, inter-cluster coordination between Health and Education, facilitated by UNICEF Haiti (the Education cluster lead) had positive effects on results in the health sector. With many schools destroyed and education suspended, teachers were recruited to reinforce the capacities of health education and health promotion teams. These teams focused on preventing diarrhoea and malaria, and boosting health awareness: safe water, personal hygiene at schools (often makeshift) and children's clubs. This proved very important during the cholera epidemic. Teachers were also trained how to provide psychosocial care to traumatised children.

Stakeholder involvement

At the onset of the emergency response there was no disaster protocol, nor was there an overarching emergency plan to guide health workers' response to the crisis. Since many hospitals and clinics had been destroyed or severely damaged, large numbers of health workers who could not report to work took the initiative of providing *ad hoc* support to people injured by the earthquake.

¹⁸⁴ UNICEF (2011), *Children in Haiti. One year after – The long road from relief to recovery.*

¹⁸⁵ PAHO. *Earthquake in Haiti, PAHO/WHO situation report on health activities post earthquake, May 18 2010.* An Interagency MISP assessment conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission.

¹⁸⁶ Information provided by UNICEF.

Many international medical teams (often not French-speaking) moved in and started activities without sufficient consultation with other local healthcare providers. Initial assessments were mostly conducted at a local scale and focused exclusively on needs without paying sufficient attention to the health worker capacity present.

Over time, international NGOs and UN agencies enhanced their involvement with stakeholders. The SHO organisations and their partners followed a community-based approach in their health interventions. For instance, CARE Haiti worked with several partners and stakeholders at the community level, such as in hospitals with outreach clinics, community health centres, and camp committees.

Adherence to standards

In their reports to the SHO Back Office, all SHO organisations mentioned the challenges involved in complying with the Sphere standards, including those for healthcare interventions. However, they did not report systematically on the attainment of the standards. Table 4.9 illustrates how a number of SHO-funded organisations applied the standards.

Cordaid Mensen in Nood, ICCO & Kerk in Actie and UNICEF Nederland did not provide examples of Sphere standards that were attained (or not attained). Some organisations did report generic problems that were hampering their interventions. For instance, UNICEF Nederland pointed out the weaknesses in the health infrastructure that still need to be resolved. CARE Nederland mentioned the following constraints: its dependency on UNFPA for the supply of sexual and reproductive health (SRH) kits to CARE Haiti for subsequent distribution; distribution was disrupted because UNFPA did not always have sufficient kits in stock. CARE Haiti's internal procurement system was unable to keep up with purchasing the necessary commodities, and the organisation experienced staff recruitment problems. The organisation also pointed out that camp committee members were insufficiently aware of gender equity which meant that they were largely unsuccessful in promoting gender awareness among the recipients of its interventions.

Table 4.9 Applying Sphere standards in the health sector		
SHO Organisation	Standard	Reporting on achievement of standards
CARE Nederland	Control of non-communicable diseases standard 2: reproductive health People have access to the Minimum Initial Service Package (MISP) to respond to their reproductive health needs.	The Minimum Initial Service Package, adopted by the Ministry of Public Health and Promotion, is used by CARE Haiti as the framework for responding to the reproductive health needs of the population.
Salvation Army Netherlands	No specific standards were mentioned.	Salvation Army Haiti has been involved in capacity building in first aid/primary healthcare. Health workers have been trained to educate the community on hygiene, and common diseases related to living in camp settings. ¹⁸⁷ Health volunteers conduct home visits. They keep a record of illnesses and help ensure people attend the clinic when they are sick (or have access to proper hygiene supplies).
Netherlands Red Cross	Hygiene promotion standard 1: programme design and implementation. Hygiene promotion messages and activities address key behaviours and misconceptions and are targeted at all user groups. ¹⁸⁸	Over 16 million key community health awareness text messages were sent in cooperation with IFRC. Street theatre (health messages in song and dance) to reach half a million earthquake-affected people by end 2010.
Tear Netherlands	Hygiene promotion standard 1: (see above)	Tearfund has run training events on hygiene promotion for specific groups (teachers, adults, youngsters) and mass community training events. In addition it has trained local community leaders, to ensure that they are able to provide information on hygiene awareness to the members of their constituencies.

Source: Information from reports of the organisations provided to the SHO Back Office.

Transition strategies

According to a recent NGO study (MERLIN, 2010), at the end of 2010, healthcare in Port-au-Prince was more accessible and of better quality than before the earthquake. There are fears, however, that the dominance of the international NGOs in service delivery might provide a disincentive to the long-term recovery of Haiti's health system. The Ministry of Health is still struggling to coordinate the large numbers of international agencies active in the sector.

¹⁸⁷ The emergency clinic supported by The Salvation Army Haiti using SHO funds was located on the Salvation Army's compound adjacent to St. Martin Camp. The clinic formed part of Haiti's healthcare system prior to the earthquake. Its staff were temporarily augmented by a team of expatriate health workers in order to deal with the emergency situation.

¹⁸⁸ This is actually a standard for Water, Sanitation and Hygiene (WASH).

With many international NGOs continuing to provide health services free of charge, there is an issue with sustainability in the medium and long term. The Government has recognised this issue and has proposed to reinstate the system whereby consumers pay for at least some of the services provided. The evaluation found examples of consumers paying for health service. For instance, the Help Hospital in Léogâne supported by CARE Haiti with SHO funding already requests patients to pay for the healthcare they receive. In the words of one of the health staff, this is 'to prevent people from abusing healthcare'. The costs are not high and people treated may pay in instalments. Another concern for the future is that there are only a few signs of strategies and partnerships designed to build local health worker capacity in the long term. Last but not least, many local healthcare workers have left the national system for better paid jobs with international NGOs. Their job security after the NGOs leave the country is uncertain.

4.2.6 Education

Before the earthquake the public education system in Haiti was weak. The great majority (approximately 90%) of the educational facilities were run by non-governmental organisations (including churches) and private institutions. The government could not fulfil its responsibility to assure children's rights to education. As a consequence, a considerable proportion of the children did not attend primary or secondary schools.

The earthquake damaged and sometimes completely destroyed almost 5,000 schools. Some 38,000 school-age children and approximately 1,500 teachers perished.¹⁸⁹ The buildings of the Ministry of Education collapsed and there were severe casualties among the ministry's staff. As a consequence, immediately after the earthquake the entire education system shut down and schools were closed.

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Many aid organisations, including those subsequently supported with funds from SHO, started to contribute to the rehabilitation of the educational system as soon as they could. On 5 April the schools reopened, mostly in tents or under tarpaulins. Resurrecting schools from the rubble and resuming education is important for the often traumatised children, who find refuge in schools, get a sense of returning normalcy and may also receive psychosocial care as part of the regular education activities.

Achievements

In 2010 the partners of four SHO organisations were implementing activities in support of education to an amount of EUR 1,153,625 EUR, i.e. 3% of the total SHO expenditure that year. Two of these organisations, UNICEF and Plan are child-oriented organisations. Similar child-oriented agencies, World Vision¹⁹⁰, Save the Children, and Terre des Hommes did not implement activities funded through SHO during the emergency phase.¹⁹¹ Table 4.10 summarises the main results achieved with SHO support for the rehabilitation of the educational system.

¹⁸⁹ See Iraola, R. (2010), *The Sphere Project – Response to the Haiti Earthquake – report covering 19 June to 17 October 2010*.

¹⁹⁰ Reportedly, World Vision did spend USD 890,000 on activities in the education sector, but did not use SHO funds.

¹⁹¹ They may have implemented such activities using other financial sources.

Table 4.10 Education support provided with SHO funding in 2010		
SHO Organisation	Types of activities accomplished	Coverage
ICCO & Kerk in Actie	<ul style="list-style-type: none"> Cash grants of USD 20 for school-related costs¹⁹² 	<ul style="list-style-type: none"> 1,346 internally displaced children
Tear	<ul style="list-style-type: none"> 92 schools supported to reopen through a combination of training, distribution of teacher and student kits, provision of emergency shelter and rubble clearance¹⁹³ 	<ul style="list-style-type: none"> 8,637 children
UNICEF Nederland*	<ul style="list-style-type: none"> Provision of learning materials¹⁹⁴ 58 emergency classroom tents set up 5 semi-permanent schools set up teachers trained in giving psychosocial support to children <i>Distribution of Early Childhood Development (ECD) kits¹⁹⁵</i> Clearing of school compounds (no information about the number) Coordination activities within the cluster education 	<ul style="list-style-type: none"> 25,920 children 7,920 children 25,920 children** 216 teachers 1,927 children 1,927 children No information
Plan Nederland	<ul style="list-style-type: none"> 10 semi-permanent classrooms 10 semi-permanent schools equipped and (re) opened¹⁹⁶ Teachers trained in psychosocial support methods¹⁹⁷ 	<ul style="list-style-type: none"> 450 children 3,000 children Numbers unknown

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

** 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 given organisation submitted to the SHO Back Office.

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

ICCO & Kerk in Actie's partner Christian Aid cooperating with the Haitian NGO Groupe d'Appui aux Rapatriés et Réfugiés (GARR) provided a cash grant of USD 20 each to 1,346 displaced children in different communities in Port-au-Prince and surrounding areas, to cover costs for education.

UNICEF Nederland reports UNICEF Haiti's achievements in terms of improving access to and enhancing the quality of education. Details of these achievements are provided in table 4.10. UNICEF Haiti has collaborated with the Ministry of Education to contribute to the quality of

¹⁹² Partially covered by SHO funds, proportion unknown.

¹⁹³ Tear did not define the content of the school kits, class room facilities, or described what kind of training has been given to whom.

¹⁹⁴ It is unclear what kind of learning material UNICEF Haiti provided.

¹⁹⁵ No information is available about the number of the kits, or their content.

¹⁹⁶ Plan Nederland informed the evaluation team of these achievements realised with SHO funding which were not included in Plan's report covering 2010 and hence were not mentioned in the SHO Joint Report for the same period.

¹⁹⁷ *ibid.*

the educational system by training educational personnel how to apply a modified curriculum based on the Guidelines on Minimum Standards for Education in Emergencies. It also trained education staff on how to provide psychosocial care for children. The Early Childhood Bureau in the Ministry of Education was supported with staff training and the provision and distribution of Early Childhood Development kits. UNICEF Haiti also seconded experts to the Ministry of Education and the Ministry of Planning, to support staff to develop the Operational Response Plan for Education Sector Reform piloted by the Presidential Commission on Education. These experts also assisted in writing the proposals for the education sector for the Government to submit to the Interim Haiti Recovery Commission, for funding. Finally, UNICEF Haiti also facilitated the training of school inspectors, directors and teachers on disaster risk reduction and education in emergencies. Part of the effort included establishing local emergency coordination cells to help identify needs, organise training and sensitisation, monitor the distribution of learning material in schools, and coordinate partners, with the overall aim of ensuring continuity of education during the emergency phase.

Box 4.13 *Relaunch of education at the Ecole Nationale Notre Dame du Rosaire*

Two schools in Croix-des-Bouquets benefitted from support by Plan Haiti financed through Plan Nederland using SHO funds. At one of them, Ecole Nationale Notre Dame du Rosaire, six semi-permanent modules, each consisting of a wooden unit of two classrooms, had virtually been completed and were already in use at the time of the evaluation team's field visit. The situation at this school can be summarised as follows:

- The school suffered no casualties among children or staff. The earthquake completely destroyed 7 classrooms and damaged 4 others which could be repaired.
- Construction of the semi-permanent classrooms started in October 2010 and was completed in November. This added 6 classrooms. The 4 lightly damaged classrooms were repaired with support from Plan Haiti. Plan Haiti provided the following other support:
 - Water point
 - School furniture
 - Mobile library
 - 491 school kits
 - Metal cupboard
 - 10 tables, chairs and 10 school boards
 - 12 filing cabinets for teachers
 - Training in psychosocial aspects and child protection (May 2010)
- Before the earthquake 300 children attended this school. This number had increased to 719 at the time of the field visit. The increase results from children moving from educational facilities in other communities to this school which, like similar church-run schools, has a good reputation.

Loss of infrastructure proved a significant barrier to the immediate restoration of educational activities. School reconstruction was identified as one of the country's highest priorities not only in the Post Disaster Needs Assessment and the Action Plan for National Recovery and Development (PRDN) but also in the Operational Plan of the Ministry of Education for the period 2010-2015. However, the process was delayed by rubble clearance and the lack of a building code for schools. Despite the absence of established national building codes – for all buildings, not just schools – international building standards were also often not adhered to in Haiti.¹⁹⁸

Coordination

UNICEF Haiti (cluster lead) and Save the Children (co-lead) have coordinated the relief efforts of many (at times about 200) organisations active in the Education cluster. One of the important contributions of the cluster was to support the Ministry of Education to reopen the schools on 5 April 2010. Guidelines on minimum standards for Education in Emergencies (applied to modify the curriculum) were disseminated in the aftermath of the earthquake. More information about standards applied in the response of SHO organisations and their partners will be provided below.

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The Education cluster members, which comprise representatives of the Ministry of Education, UN agencies, international and national NGOs, created four thematic sub-clusters: school reconstruction; teacher training and psychosocial support; early childhood development; protection. The frequency of meetings differed per sub-cluster.

The ACT Alliance representing more than 100 churches and faith-based organisations, including ICCO & Kerk in Actie and its partners, took part in the cluster meetings. Local partner organisations of the alliance were also involved, but found it difficult to participate in all meetings because the meetings were not always very relevant and took up a lot of staff time. As a consequence, organisations increasingly reduced or ended their participation in large coordination meetings at national and regional levels. Instead they attended local level coordination meetings which cover all sectors simultaneously. This became a more effective and efficient way of coordinating with local government institutions and other actors such as churches, private sector and community leaders.¹⁹⁹

Plan Haiti participates actively in the Education clusters at national and sub-national levels. An example of local-level coordination is the organisation's participation in the Education cluster in Jacmel, where it shared the list of schools in which temporary classrooms were to be constructed with other agencies, and where it has been working with these agencies (e.g. Save the Children and UNICEF Haiti) to agree on common standards for these classrooms.

Sensitisation programmes targeting teachers and children about hygiene promotion, cholera prevention, or rehabilitation of schools required coordination with UN agencies and NGOs in other clusters (e.g. WASH, nutrition) and with government institutions such as

¹⁹⁸ Plan Haiti (2011) *One year after the earthquake. Response and priorities for the future.*

¹⁹⁹ ICCO & Kerk in Actie (2011) third report submitted to SHO Back Office.

DINEPA, the Ministry for Public Health and Population and the Ministry for Public Works, Transportation and Communications. Collaboration with the WASH cluster was necessary specifically in response to cholera, to distribute soap to schools and provide hygiene training.

Adherence to standards

As mentioned previously, the Sphere standards should direct the aid organisations' humanitarian response. However, there are no specific standards for education in the Sphere handbook; instead, the handbook refers users to standards found elsewhere. In the case of education rehabilitation efforts, these are the Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction and Guidance Notes on Safer School Construction.²⁰⁰ These Minimum Standards are based on the Convention on the Rights of the Child and the Dakar 2000 Education for All goals, and also refer to general standards such as the community-based approach found in the Sphere handbook. They are intended to help achieve a minimum level of educational access and quality in emergencies and early reconstruction, as well as to ensure the accountability of the workers who provide these services. The INEE Minimum Standards are generic, so they can be applied to a broad range of contexts. They are meant to serve as a guideline to practitioners and policy makers, who must first contextualise them to each individual setting. All SHO partners active in the Education cluster have adopted these standards. However, it is not clear whether the contextualisation took place at the onset of the response or later. One of the important aspects is involvement of stakeholders. Interestingly, none of the SHO organisations has reported on this aspect, or on their adherence to these standards.

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4.2.7 Protection

Ensuring protection of populations is a core objective of humanitarian action. In humanitarian crises, people need material assistance, such as food, water, shelter and medical assistance. At the same time they also need to be assured of physical integrity, psychological wellbeing and dignity.²⁰¹ Protection can be defined as the challenge of making states and individuals meet their humanitarian responsibilities to protect people in crisis situations and, when they do not, of taking over these responsibilities on their behalf as much as possible. Key to this is respecting the human rights of individuals and conducting activities to protect these rights in an impartial manner and not on the basis of race, national or ethnic origin, language or gender.²⁰²

Haiti has been plagued by human rights problems and high levels of violent crime for many years. The ineffectiveness of the police and abuse by individual officers have contributed to overall insecurity and have eroded institutional and social protection mechanisms. The

²⁰⁰ The Guidance Notes on Safer School Construction were developed jointly by the Inter-Agency Network for Education in Emergencies (INEE) and the Global Facility for Disaster Reduction and Recovery at the World Bank, together with the Coalition for Global School Safety and Disaster Prevention Education, the IASC Education Cluster and the International Strategy for Disaster Risk Reduction.

²⁰¹ ECHO (2009) *Humanitarian Protection. DG ECHO's funding guidelines. ECHO 0/1/ML, D (2009)*. Brussels.

²⁰² ICRC (2001) *Strengthening protection in war: a search for professional standards*. Geneva; ALNAP (undated) *Humanitarian protection, a guidance booklet, pilot version*.

effects of the earthquake have further weakened these mechanisms and exacerbated Haiti's chronic human rights problems, which include violence against women and girls, inhumane prison conditions, and vulnerability of children. Most of the prisoners who escaped from jails during the earthquake are still at large. Already weak, the diminished capacity of the State since the disaster continues to undermine its ability to safeguard fundamental human rights. The precarious safety situation in the congested camps affects the most vulnerable inhabitants, particularly women and children.

The population census of 2003 revealed that more than 80 per cent of the population had a birth certificate. However, in reality these certificates, were often not valid, as they had not been formally registered and issued through a legal registration process. This led to the denial of the rights of citizens, particularly children, who faced enormous challenges to register in schools, participate in the official exams, inherit property or have access to a passport.²⁰³ The Protection cluster reported in May 2010 that as a result of the earthquake, 70 per cent of people living with relatives and 50 per cent of people living in camps had lost their documents (birth certificates, identity papers and driving licences, etc.). The Government, with support from the Organization of American States, had to make extra efforts to ensure citizens were registered to vote in the elections of November 2010.²⁰⁴

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Confronted with the scale of the disaster, people all over the world expressed their desire to adopt a Haitian child. In cases where the screening for international adoption was completed before the earthquake, the benefits to speeding up the travel arrangements for these children were evident and the process was fast-tracked. Where due process was in doubt, it was imperative to prevent trafficking and to take corrective actions to return children to their families, to families known by the child or to residential care centres. UNICEF Haiti supported the Haitian government with the aim of upgrading its child protection and international adoption procedures so that it would become party to the Hague Convention of 1993 on Protection of Children and Co-operation in Respect of Inter-country Adoption.²⁰⁵

*Achievements*²⁰⁶

In terms of disbursements, protection was not a very important sector, representing 3% of the total expenditure. UNICEF Nederland and Terre des Hommes have financed activities in the sector, spending EUR 1,064,752. The activities focused on the most vulnerable groups, especially children.²⁰⁷

²⁰³ Plan (2010) *Haiti earthquake, one year on. Plan's response to the January 2010 earthquake and priorities for the future.*

²⁰⁴ *ibid.*

²⁰⁵ The Hague Convention was signed by the Haiti Government, but not ratified; according to UNICEF, Haitian legislation does not yet honour the international standards for protection and adoption (information provided by UNICEF Nederland).

²⁰⁶ This does not cover the organisations' protection (security) arrangements for their field staff.

²⁰⁷ Oxfam Novib informed the evaluation team that Oxfam integrated protection activities into its sectoral activities (WASH, Shelter and Livelihoods). It was not made clear which specific protection activities were undertaken.

Table 4.11 provides information on activities and achievements included in the SHO Third Joint report on 2011.²⁰⁸

Table 4.11 Protection support provided with SHO funding in 2010		
SHO Organisation	Types of activities accomplished	Coverage
Terre des Hommes ^{*209}	<ul style="list-style-type: none"> • Awareness-raising about child rights among local authorities, local and community leaders • Protection and psychosocial activities in 4 child-friendly spaces, to enhance the feeling of security and to refer cases in order to provide protection to individual children and/or their families • Intensive coaching of very vulnerable children (orphans and children abandoned by parents) • Advocacy for revision of the Adoption Law 	<ul style="list-style-type: none"> • 362 children • 1,683 children & 1,663 parents • No information • Not applicable
UNICEF Nederland*	<ul style="list-style-type: none"> • Coordination in sub-cluster Child Protection • 14 child-friendly spaces with psychosocial support • Identification and registration of children separated from their parents • baby-friendly tents²¹⁰ for feeding support to infants and counselling of mothers • 23 early childhood development kits and 5 play kits for infants • 59 child protection kits with clothing, soap, blankets, etc. • sports and games kits • Improvement of 19 child centres • Communication material in the fight against child trafficking, exploitation and violence 	<ul style="list-style-type: none"> • Not applicable • 3,413 children • 238 children registered and 61 reunited • 3,672 infants, 1,760 mothers • No information • No information • No information • No information • No information • No information

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

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

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011; reports on 2010 provided by the organisations to the SHO Back Office.

²⁰⁸ The table does not include results reported by a number of organisations on protection activities which the SHO Third Joint Report inadvertently includes under other sectors. For instance, the report classifies human rights training funded by ICCO & Kerk in Actie and Oxfam Novib as 'disaster management'. In addition, the activities funded by CARE Nederland focusing on raising awareness among camp dwellers of gender-based violence and mitigation of interpersonal conflicts should also have been classified as protection. Finally, in its third interim report, Plan Nederland reports on the establishment of child-friendly places, which are activities similar to those reported by UNICEF Nederland under the heading 'protection'.

²⁰⁹ Terre des Hommes Netherlands contributed half (51%) of the funding of the protection interventions included in the budget of the overall programme implemented by Terre des Hommes-Lausanne.

²¹⁰ The establishment of the same number of child-friendly spaces was also reported under 'food security/nutrition'.

In the aftermath of the earthquake UNICEF Haiti worked in partnership with other agencies to register and reunite unaccompanied children, and collaborated with national and international partners to establish child-friendly spaces in the camps and elsewhere. The third report of UNICEF Nederland submitted to SHO also mentions activities to build capacity on protecting children's rights in government institutions. Capacity was enhanced by seconding national and international technical experts to government institutions like the ministries of Education, Health, and Social Affairs; the Institut du Bien Etre Social et de Recherches, the Brigade de Protection des Mineurs and the Direction Nationale de l'Eau et de l'Assainissement (DINEPA).

In the West region, Terre des Hommes-Lausanne conducted a survey to assess the impact of its protection activities. A brief description of these activities and a summary of the survey findings are in box 4.14.

Box 4.14 *Summary of Terre des Hommes-Lausanne's protection interventions*

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Child protection (including international adoption of children) is a very sensitive issue. Special attention was given to child protection after the earthquake, because of the large numbers of unaccompanied children. Unaccompanied children are a structural phenomenon of Haiti society, but the problem was magnified by the earthquake. The protection activities include raising community awareness about child protection, strengthening community members' role in child protection mechanisms, establishing a referral system, training community workers and local authorities, advocacy at national level, establishing child-friendly spaces, psychosocial activities for children, and handling cases directly.

In the West, Terre des Hommes-Lausanne established and continued to support nine social community centres primarily catering 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 community centres volunteer teams act as focal points for referral and support of individual cases. Three local organisations have been trained to become involved in dissemination of child protection messages at community level.

The relevance and effects of these interventions can be summarised as follows:

- A minority (97 out of 240) of the children live in two-parent families. In most cases the fathers have abandoned the family.
- 77% of the children and 79% of parents are aware of children's rights.
- 77% of the children who have received support consider that this has helped them.
- 78% of the parents stated that the protection support provided by Terre des Hommes-Lausanne has had positive results for their children (better relations with parents, less turbulent behaviour, more respect for parents and more initiative taken by the children).

From what has been reported, and from the field observations of the evaluation team, it is evident that protection activities were specifically focused on children. Examples are: training teachers on how to provide psychosocial support to children; the establishment of child-friendly spaces; measures taken to institute anti-child trafficking activities. It was harder to find activities focusing on adults, except those related to gender-based violence.

Even though not reported separately, organisations also paid attention to protection in a more generic sense, while implementing other types of emergency support. Examples are ensuring that vulnerable groups in the camps such as the elderly, women and children are not pushed aside during food distributions, and employing camp residents as security officers. Moreover, the physical presence of the humanitarian organisations and staff has already helped reduce or prevent insecurity. In other words, although individual humanitarian organisations cannot protect all those in need, their field presence represents a form of humanitarian protection.

Coordination

The Protection cluster is led by UNHCR, with UNICEF Haiti coordinating the child protection sub-cluster. Information on this sub-cluster is provided in box 4.15 below. UNICEF Haiti and Terre des Hommes-Lausanne are both active in providing support to prevent trafficking of women and children.

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Stakeholder involvement

All the SHO organisations mention that in general they and their affiliates apply a community-based approach. In camps this may include cooperating with camp committees, and facilitating communication between camp management and camp residents. As mentioned above, Terre des Hommes-Lausanne surveyed its programme beneficiaries (parents and children participating in protection and psychosocial activities) and community leaders involved in the programme, to gather their views on the programme and map the results of the intervention. The survey information was used to modify and reinforce some of the ongoing activities and to plan the second phase of the programme.

Box 4.15 *The Child Protection sub-cluster*

The UNICEF-coordinated Child Protection sub-cluster (co-led with the Ministry of Social Affairs) comprised a total 130 organisations; the NGOs People in Need and Save the Children were co-leading coordination outside Port-au-Prince. Terre des Hommes-Lausanne is member of the sub-cluster at the national level and runs the sub-cluster in Les Cayes and in Léogâne. During 2010, the sub-cluster organised training events for its member organisations on family tracing and reunification, and played an advocacy role to ensure a preventive presence of Brigade de Protection des Mineurs and the UN Mission for the Stabilization of Haiti

(MINUSTAH) in various camps with a total population of over 236,000. The cluster also worked to improve case referrals, and facilitated coordination of activities undertaken by the government, the UN and NGOs. It also mapped child protection initiatives in the camps and at the Dominican border, to prevent child trafficking. Finally, the sub-cluster mainstreamed child protection in other sectors.

Source: UNICEF Nederland third report submitted to the SHO Back Office on activities in 2010.

Several partners of SHO organisations, such as Oxfam GB, CARE Haiti, Save the Children and UNICEF Haiti, have set up toll-free phone lines to enable beneficiaries to provide their views or voice their concerns on the safety situation in the camps, the type of support provided by the NGOs, or other information they may wish to share. UNICEF Haiti and Save the Children have used information gathered by this means to trace unaccompanied children. Cases are referred to mobile teams operating throughout the country which register and reunite unaccompanied children with their relatives or guardians.

Adherence to standards

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The Sphere handbook considers ‘children’ and ‘protection’ as cross-cutting themes. The handbook does not provide detailed descriptions of protection strategies or mechanisms, or of how agencies should fulfil their protection responsibilities. However, it refers to protection aspects or rights issues – such as the prevention of sexual abuse and exploitation, and the need to ensure adequate registration of the population – which agencies must take into account when providing humanitarian assistance. The generic reference to protection in the handbook may explain why SHO-funded organisations that supported protection activities did not report results achieved in relation to the Sphere standards.

UNICEF Nederland has reported on the weaknesses in the Haitian protection system that need to be addressed. Terre des Hommes mentioned that they follow the procedures and guidelines for protection defined by the Inter-agency Standing Committee (IASC) and the Interagency Working Group for Child Protection in Emergency. These are: i) Mental health and psychosocial support in emergency situations (Inter-agency permanent committee Directives - 2006); ii) Inter-agency principles for separated and unaccompanied children and their families (Inter-agency working group - 2004); and iii) Gender-based violence support in humanitarian crises (Inter-agency permanent committee Directives - 2005). Terre des Hommes, however, has not systematically reported results achieved.

4.2.8 Disaster risk reduction

Haiti is located in a region susceptible to hurricanes and it has periodically suffered serious hurricane damage, including flooding. Risk reduction efforts have focused on the regular threats. No attention has been given to less frequent disasters such as earthquakes.

Disaster risk reduction was a theme of many development agencies prior to the earthquake. It re-emerged as a component of the post-earthquake response of organisations, including

SHO.²¹¹ Disaster risk reduction is important in linking emergency preparedness, contingency planning and other risk reduction initiatives with recovery and reconstruction, to reduce vulnerability to future disasters.

Box 4.16 *Definition of disaster risk reduction*

Disaster risk reduction is the conceptual framework of elements considered within the broad context of sustainable development, in terms of possibilities to minimise vulnerability and disaster risks throughout a society, in order to avoid (by preventing) or limit (by being prepared and mitigating) the adverse impacts of hazards. The disaster risk reduction framework is composed of the following fields of action:

- Risk awareness and assessment, including hazard analysis and vulnerability/capacity analysis;
- Knowledge development, including education, training, research and information;
- Public commitment and institutional frameworks, including organisational, policy, legislation and community action;
- Application of measures, including environmental management, land-use and urban planning, protection of critical facilities, application of science and technology, partnership and networking, and financial instruments; and
- Early warning systems, including forecasting, dissemination of warnings, preparedness measures and reaction capacities.

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Source: Based on United Nations Secretariat of the International Strategy for Disaster Reduction (ISDR) (2002) Living with Risk: a global review of disaster reduction initiatives, p. 23.

The SHO Third Joint Report on Haiti 13 January – 31 December 2010 points out that ‘disaster management’, i.e. disaster risk reduction (DRR), entails being prepared for disasters which may occur in the long run, through deploying early warning systems, providing capacity building²¹², monitoring, protecting interests, and information. These activities largely correspond with those described by ISDR. Various SHO-supported organisations have paid heed and provided support to disaster risk reduction, spending EUR 560,644 on various interventions (1.4% of total 2010 expenditures).

The evaluation’s review of the activities and results described found indications that neither the respective organisations nor the SHO Back Office applied a strict definition of disaster reduction interventions. Such interventions are correctly described by ICCO & Kerk in Actie, whose partner Christian Aid organised training on disaster risk reduction for its own staff, staff of its implementing partners and representatives of the community. In total, 32 persons were involved. Plan Haiti also provided training on disaster preparedness for its field staff.

²¹¹ In its reports the SHO uses the incorrect term ‘disaster management’.

²¹² Capacity building of whom and capacity for what is not made explicit.

Table 4.12 Expenditure on disaster risk reduction activities in 2010	
Organisation	EUR
ICCO & Kerk in Actie	28,815
Oxfam Novib	97,348
Save the Children	96,309
UNICEF Nederland	108,928
Salvation Army Netherlands	35,501
Plan Nederland	193,743

Source: SHO Third Joint Report 13 January – 31 December 2010. SHO, April 2011.

The other interventions described in the SHO Third Joint Report on Haiti do not correspond with SHO's own description of 'disaster management' or with the ISDR definition. Interventions under the heading 'disaster management' include protection, water and sanitation, infrastructure maintenance, programme management support costs, coordination, the establishment of a system of post-disaster needs assessments, and monitoring and evaluation of the quality of services and camp security.

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As a result of the diffuse nature of the type of activities included under the heading 'disaster management', no information is presented here on the outputs achieved.



5

Conclusions and Issues for Consideration

The earthquake that hit Haiti on 12 January 2010 was a calamity of unprecedented proportions. The international community reacted quickly and very generously. The organisations that combined their fundraising under the umbrella of SHO succeeded in getting considerable support from the Dutch general public and Government. Despite the substantial sum involved, the Dutch contribution to Haiti to be channelled through SHO constitutes a very small proportion of the total aid effort of the international community in terms of commitments and expenditure realised in 2010. As observed in Chapter 3, the SHO contribution was about 4% of the total Official Development Assistance (ODA) disbursed in Haiti in 2010.²¹³

The previous chapters have presented the context of the emergency, the background of SHO and its constituent members, the process of aid delivery by these organisations, and the evaluation team's findings about the results achieved in 2010.

The information contained in these chapters form the basis for the conclusions presented below. In section 5.1 the conclusions are presented for each of the main evaluation questions which in the Terms of Reference for the evaluation were grouped under the four OECD/DAC evaluation criteria of relevance, effectiveness, efficiency, and connectedness – linking relief, rehabilitation and development. These conclusions are summarised under the evaluation's two overarching questions. This is followed by a brief concluding section (5.2) outlining some issues for consideration by the SHO and its constituent organisations.

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5.1 Conclusions

Relevance

1. *Why did the SHO organisations decide to provide support to Haiti?*

The decision to provide support to those affected by the earthquake in Haiti was based on the objective of the SHO Foundation and that of its constituent organisations: to provide humanitarian assistance across the globe to support the victims of humanitarian disasters. SHO organisations and their affiliates working in Haiti also had capacity to engage in the humanitarian response. SHO therefore decided to launch the public campaign in the Netherlands to raise funds to enable its members and guest organisations to respond to the humanitarian crisis caused by the earthquake.

Most of the SHO organisations have experience in development work; all have engaged in humanitarian assistance across the globe. They collaborate with international and national partner organisations to fund and implement aid.

²¹³ The amount of Official Development Assistance (which includes humanitarian aid) expended in Haiti in 2010 was estimated at USD 1.38 billion (about EUR 1 billion). This amount does not include considerable disbursements by private donors, the exact levels of which are not known with any certainty.

All the organisations that were funded by the SHO organisations were present in Haiti before the earthquake. Most of them had experience with providing support in emergency situations that regularly occur as a result of natural disasters (hurricanes) or because of social and political unrest. As part of their development work they engaged in humanitarian assistance, albeit often on a small scale.

All the multilateral organisations and international NGOs involved in the implementation of the SHO Haiti campaign have capacity dedicated to addressing humanitarian emergencies. For some, for instance the Red Cross, this is their main sphere of activity. Most of them have specialised stand-by emergency units staffed by personnel with considerable experience and expertise in humanitarian work. Others can call upon a network of humanitarian experts which can be quickly mobilised to engage in the support. Some national counterparts of the SHO organisations which lacked experience were not engaged in the SHO-funded response. Where needed, the SHO organisations provided support to build and strengthen the capacities of other partners to fully engage in the humanitarian response.

2. Was the needs assessment adequate, and did it take into consideration the specific context of the disaster?

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The SHO organisations and their affiliates conducted rapid needs assessments in the first days and weeks immediately following the earthquake. The sheer magnitude of the disaster and the multitude of humanitarian actors entering the stage to provide response made it difficult to arrange well-organised and coordinated needs assessments. The clusters' initially weak coordination of needs assessments negatively influenced the way in which the SHO organisations and their partners could engage in coordinated needs assessments. This situation gradually improved. From the programme or project proposals of the respective SHO organisations it is clear that they paid due attention to the very complex context in which the disaster took place and that this influenced the ways in which the response could be provided.

The sheer magnitude of the disaster which struck Haiti precluded well-informed and coordinated needs assessment. While the agencies were carrying out assessments at the onset of the response, there was insufficient coordination among them, within the clusters and in particular across the clusters, and therefore the assessments were not optimal. This, in turn, made it very difficult if not impossible during the first phase of the response to avoid gaps in covering humanitarian needs.

On the other hand the immediate needs were very clear. The requirements for medical support and the supply of food, water and emergency shelter were massive, as was the need to rescue people from the rubble, recover and bury the bodies, and provide counselling wherever needed.

At the same time as the SHO organisations and their affiliates were conducting their needs assessments during the weeks immediately after the earthquake, they were providing initial support by using their own resources. Trying to get to grips with the situation as best they could, the organisations represented at field level responded during the initial stage by adapting to the situation whilst calling for reinforcement from their partners abroad or from their overseas headquarters. A number of partner organisations and their staff and relatives were also severely affected by the disaster. It obviously took time for them to restore their capacity.

During the weeks that followed, the SHO organisations and their affiliates prepared funding proposals based as much as possible on assessments of the humanitarian situation in the localities they were planning to target with their response. In part, these assessments were facilitated by more general assessments being carried out under the leadership of international organisations that had become active in setting up and operating the cluster system through which the overall support was to be coordinated.

3. Was the involvement of Haitian actors in needs assessment, design of interventions and implementation adequate, and in accordance with good practice?

In general, the involvement of the Haitian population and of Haitian government and non-governmental organisations in the initial needs assessments and shaping the emergency operation was very limited. Over time the role of Haitian organisations increased. The SHO organisations mainly relied on their affiliates present in Haiti to conduct needs assessments.

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In conducting assessments the SHO organisations mainly relied on their affiliates, most of which have intimate knowledge of the locality in which they were working prior to the earthquake. The design of the interventions was based on these initial assessments.

Needs assessments done later during 2010, including those related to early rehabilitation and reconstruction activities, proved to be better organised than the early assessments. The SHO organisations and their partners followed a more inclusive approach, with better consultation across agencies and with national institutions, as well as consultations with representatives of the affected population. With the exception of a few institutions, the role of the central government remained weak. At the municipal level, local government organisations were more effective in collaborating with SHO-funded organisations to further shape and coordinate the support.

Many of the SHO-funded organisations have applied a community-based approach in the implementation of the response. This approach has allowed representatives of groups of beneficiaries, their representatives and national institutions to gradually become directly involved in the detailed operational planning and implementation of the response.

4. Were the interventions appropriate in relation to the specific characteristics of the disaster: scale, urban setting, weak governance, damage to institutional structures (government as well as NGOs)?

In relative terms the financial contribution of the SHO through its organisations in 2010, albeit important in its own right, represents a very modest part of the total support for relief, rehabilitation and reconstruction disbursed by the international aid community that year. Overall the interventions supported with SHO funds were appropriate, given the specific context of Haiti and the scale and nature of the effects of the disaster.

The first year of SHO support to Haiti was mainly characterised by emergency relief. A number of organisations integrated early recovery in their emergency relief response. A sizeable (and gradually growing) part of the activities also focused on rehabilitation and reconstruction. The support was a relevant response both to the immediate needs and to those that gradually emerged during 2010.

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The activities directly implemented by the SHO organisations or through financing their international and local partners cover eight sectors: Shelter (and non-food items); Water, sanitation and hygiene (WASH); Food security and nutrition; Livelihoods; Healthcare; Education; Protection; and Disaster Risk Reduction. These sectors largely coincide with the main thrust of the overall response in Haiti necessitated by the scale of the disaster. They also coincide with the way in which the response has been organised and coordinated in the different clusters.

The sectors receiving the largest disbursements in 2010 for their activities were Shelter and non-food items, Water and sanitation and hygiene (WASH), and Food security and nutrition; this reflected the high-priority immediate needs of the population. Activities related to WASH included the (re)construction and rehabilitation of water and sanitary facilities, the organisation of hygiene awareness campaigns, the distribution of 'hygiene kits', and support to improve the capacity of local organisations or user groups to ensure the quality of water and sanitary facilities in the long term. The cholera epidemic amplified the necessity and urgency of carrying out activities in this sector. The programmes related to ensuring food security focused primarily on the distribution of food packages and ready-made meals; where appropriate, food vouchers, cash-for-work programmes or cash distributions were organised, to enable the population to purchase food in the market. During the first few months after the earthquake such programmes targeted all victims; subsequently²¹⁴ food aid was provided only to vulnerable groups such as babies, young children, pregnant women and elderly.

²¹⁴ In April 2010 the Haitian government called on agencies to stop delivering food items for free, since this practice distorted the market and created aid dependence.

Although less important in budgetary terms, the other sectors covered essential activities such as: i) support for livelihood development (cash and food for work, rehabilitation of agricultural activities, trade and business); ii) healthcare (clinics with in-patient and out-patient care, health-awareness campaigns, support for pregnant women and young mothers); iii) education (rehabilitation of schools, provision of school materials including school kits for children, and establishing temporary education facilities in camps); iv) protection (child protection, protection against gender-based violence, protection against abuse of housing and property rights, etc.); and v) disaster risk reduction (disaster preparedness planning, early warning systems, capacity building).

The interventions supported with SHO funding included both immediate emergency support to the people affected by the earthquake and support to help reinstate the capacities of institutions involved in providing the support. The SHO organisations have also been instrumental in providing capacity building to their national non-government partner institutions.

SHO-supported organisations also adapted to the scale of the disaster and the weak governance in the disaster area by bringing in relatively high numbers of their own staff and expanding national staff levels. This surge capacity, which meant that staff numbers in many organisations more than trebled in a very short period, was necessary because services had broken down almost completely. In cases where their own capacity or that of their partners was affected by the earthquake, the SHO organisations needed to first focus on quickly rebuilding their own capacities, in order to be able to respond adequately to the people affected by the disaster.

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The implementation of the various interventions was severely challenged by the specific context of Haiti, which included very weak government structures which had been further impaired by the earthquake, and the largely unplanned and impoverished urban setting in which the disaster took place. The cholera epidemic which started in October 2010 threw the country into another crisis, prolonged the emergency phase and complicated the post-earthquake humanitarian assistance. Haiti's overburdened and critically understaffed health system was unprepared for a public health crisis of this magnitude and had no knowledge or experience to handle it. Humanitarian actors on the ground, including those supported with SHO funding, responded by adapting their ongoing health, and water and sanitation programmes or undertaking new activities.

The urban context of the earthquake-affected area was multi-dimensional; it compounded the enormity of the disaster and challenged the relief efforts across sectors. It also called into question the usefulness of rigidly applying standards for humanitarian aid regardless of the specific circumstances; in Haiti, some adaptation of the standards proved necessary. The urban setting translated first and foremost into limited availability of land not only for the establishment of camps for the displaced but also for large-scale reconstruction of houses. A further complication affecting the possibilities for constructing or reconstructing homes was that most of the people made homeless by the earthquake had not owned the houses they used to live in or the land on which these houses were built. This contrasts with the

experience of reconstructing physical infrastructure in recent tsunami disaster areas elsewhere in the world, where the problems tended to be less constraining. For instance, each of the many housing projects in Aceh, Indonesia and in Sri Lanka often involved simultaneous construction of several hundreds if not thousands of houses. Rebuilding homes in Haiti, however, has often meant finding individual solutions. The resulting customised approaches required a much longer and more complex planning process. SHO-supported organisations have therefore followed different approaches for providing medium-term shelter solutions, specifically in the case of transitional and semi-permanent shelters. For example, transitional shelters have been constructed, building material and shelter repair kits have been provided to beneficiaries to enable them to repair or rebuild their houses, and people have been given financial support to enable them to rent a house. The diverse tailor-made solutions are evidence of appropriate adaptation to the specific urban context.

A final point is that the economic situation in urban areas is different from that in rural areas. In urban areas there is a greater diversity of economic activities and opportunities; furthermore, the dynamics of urban people are different from those of rural dwellers. The evaluation found evidence that the organisations took the economic dynamics in the urban areas into account in their response. However, the fact that beneficiaries very often cited the development of livelihood activities as a major obstacle to getting their life back to normal may indicate that organisations might not have sufficiently linked their support to the economic potential of the urban area. More attention should have been given to livelihood support.

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5. Were the relevant technical/professional standards that are agreed in the humanitarian system applied?

The SHO organisations and their affiliates have adhered to internationally accepted humanitarian principles. In their response they have striven to apply technical and professional standards, among others the Sphere Minimum Standards in Disaster Response and the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organizations in disaster relief. In common with other agencies involved in the response, they have struggled to implement their support in adherence with the Sphere standards, which needed to be modified to fit the response to the challenges provided by the Haitian context. The evaluation team found it impossible to ascertain the compliance with all standards.

The SHO organisations and their affiliates are committed to complying with the Sphere Minimum Standards in Disaster Response and the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organizations in disaster relief. In addition, they kept in mind the HAP Standards in Humanitarian Accountability and Quality Management and the sector-specific standards for education developed by the Inter-Agency Network for Education in Emergencies; these have practical links with the Sphere standards.

The Sphere standards ought to be contextualised in light of the local context and the needs of the affected people and to ensure these people's participation. In practice, the scale and urgency of the needs forced organisations to act immediately. Many organisations including those involved in SHO-funded activities operated pragmatically and did not always organise participatory processes with Haitian authorities or beneficiaries to contextualise the standards. However, during the course of 2010 contextualisation and modification did take place. Where necessary, newly recruited international and national staff were informed about the standards and trained to apply them. Sphere training was provided free of charge; during the tailor-made courses for specific sectors the challenges of applying the standards were discussed with agency staff.

The SHO-funded organisations' reporting about their adherence to Sphere standards is not comprehensive; at best it is illustrative. However, it is clear that the organisations have struggled to comply with the standards.

From the available information it is impossible to draw conclusions about the extent to which the standards have been met in the interventions supported. However, in interviews, agency staff and Sphere's humanitarian coordinator in Haiti pointed out that it had proved difficult to meet the standards for water supply, waste management, excreta disposal, and emergency and transitional shelter. This was primarily because of the challenges of the urban setting of the disaster: issues of land and property rights, the overcrowded camps resulting from lack of space, etc. Organisations working in semi-urban or rural areas encountered fewer problems.

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At the local level, the SHO organisations and their affiliates have worked closely with government representatives and local authorities such as mayors and local councils. In addition, they have applied a 'community-based approach' in their interventions in the camps and elsewhere. This approach entailed collaborating with camp committees, community mobilisers and other categories of community representatives. In addition, consultations were held with beneficiaries, to obtain feedback about whether the support had met their needs. The various SHO organisations and their partners have pursued downward accountability.

6. Were the humanitarian efforts supported with SHO funding coherent with national development plans and strategies?

The immediate emergency response, including the interventions supported with SHO funding, was undertaken largely without the benefit of national plans and strategies. Where appropriate and feasible, the organisations involved in SHO-funded activities worked closely with government representatives and authorities at the local level.

Governance and planned development in Haiti were weak before the earthquake, and the scale of the damage caused by the disaster made all existing development plans and strategies instantaneously irrelevant. The damage to its capacity crippled the Government of Haiti, preventing it from quickly formulating effective and detailed strategies for the immediate relief response and for longer-term recovery and development. In effect, initially there was no overall government-initiated framework for the ongoing relief operations. This situation gradually improved during 2010.

The agencies, including those supported with SHO funding, were faced with a dilemma: they needed to involve state actors in the response to the disaster, but the state apparatus was historically weak and insufficiently prepared to provide the immediate action necessary to cope with the situation.

The SHO organisations and their affiliates did engage sufficiently with other Haitian civil society organisations, including community-based institutions and community representatives. They also engaged with local government representatives while implementing their interventions. Where possible, private sector entrepreneurs were involved in the response.

Effectiveness

7. Did the SHO support achieve the envisaged outputs?

It proved difficult to assess effectiveness by comparing achievements with plans, because of the weakness of proposals and inconsistencies in reporting. Nevertheless, the available information, observations in the field and interaction with beneficiaries led the evaluation team to conclude that substantial outputs have been achieved, and that the support provided generally succeeded in meeting the basic survival needs of beneficiaries targeted by the SHO-funded activities.

The quality and detail of the proposals, all of which were compiled within a short time following the disaster, varied substantially: some were sufficiently detailed in terms of objectives, envisaged outputs and activities, whilst others were more general in nature. Also, objectives were sometimes confused with envisaged outputs. A number of proposals did not present information on the arrangements to implement the various activities: it was not sufficiently clear which partner organisations were responsible for implementing specific activities. The same applied to the relationship between these partners and the SHO organisations. Nor was it clear how these partners were funded from the overall flow of funds to the different SHO organisations.

Moreover, in many cases the reporting by the SHO organisations was inconsistent, especially in relation to the links with the proposals formulated at the outset of the Haiti

operation. The joint SHO reports providing a consolidated picture of accomplishments also proved to be not fully consistent with the underlying agency reports. These shortcomings in planning and reporting hampered the evaluation team's assessment of the effectiveness of the interventions of most of the organisations.

Despite these shortcomings, the evaluation team concludes that considerable results have been achieved. Observations in the field indicate that substantial outputs were accomplished in the different sectors, in terms of commodities distributed, shelter provided and services rendered. Interviews and discussions with beneficiaries and their representatives revealed that their basic needs were met. The beneficiaries and others indicated that certain of the services provided, notably health services and sometimes education, were better than those most people experienced before the earthquake.

8. Did the SHO support address the immediate needs of victims as defined in the needs assessments and as subsequently appeared?

Activities undertaken with SHO funds in 2010 did address the immediate needs of those affected by the earthquake; other longer-term needs were also gradually addressed. As the emergency was protracted, most of the support focused on meeting basic needs, to enable beneficiaries to cope with the situation. The emergency relief provided focused on the most important sectors in which basic needs had to be met immediately: shelter, water, sanitation and hygiene, food and health care. During the year, a sizeable and growing part of the activities also included rehabilitation and reconstruction through livelihood support and the provision of transitional shelters.

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In monetary terms the SHO-funded support constitutes a relatively minor part of the total support provided by the international community. The SHO-funded activities have helped mitigate the immediate effects of the disaster. They have resulted in tens of thousands of people being provided with commodities and services which are essential for their survival. By the end of 2010 it had become clear that the direct needs of those affected by the earthquake were largely being met, albeit at a very basic level and with varying degrees of coverage.

Overall progress realised in 2010 is exemplified by the periodic displacement surveys conducted by the International Migration Organisation (IOM). The IOM points out that the population living in camps declined steadily during the second half of 2010: from 1,500,000 persons in July 2010, to 1,050,000 in November 2010. In January 2011 it was estimated that the number of Haitians living in camps had fallen to 810,000 – some 46% lower than the number at the peak of the crisis. The numbers of people leaving the camps have continued to grow, as a result of positive factors, i.e. people moving to transitional shelters and durable houses and finding livelihood opportunities elsewhere. However, there are some negative factors at play, such as forced evictions, continuing insecurity and declining

services. A very considerable group of those made homeless and jobless by the earthquake are still living in tents, with few prospects of moving out of the camps in the near future. This is a perilous situation in a disaster-prone tropical climate. Lacking sufficient opportunities to develop their livelihoods and move to better shelter conditions, many still rely on humanitarian support for their survival.

As well as continuously providing emergency relief, many humanitarian aid organisations active in Haiti, including the SHO organisations and their partners, undertook steps to support early rehabilitation where possible and appropriate. This included support to households and individuals (i.e. providing inputs and cash grants to small businesses and farmers and engaging people in food-for-work or cash-for-work programmes), to restore their ability to engage in economic activities. These livelihood development programmes were implemented on a relatively small scale in 2010. In addition, support was provided to reinstitute and rehabilitate the infrastructure for education, healthcare, and water and sanitation. Part of the support provided with SHO funding focused on providing transitional shelters; this enabled a growing number of people to move out of the tented camps or other temporary shelter.

9. Were the beneficiaries reached satisfied with the support provided?

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Very few rigorous investigations have been done on the outcomes of the humanitarian support provided in 2010. A number of evaluations covering the response as a whole have been critical about the results achieved in terms of outcome. The present evaluation obtained only illustrative information on beneficiary satisfaction about a number of SHO-funded interventions. The picture that emerged is that the beneficiaries are generally satisfied with the support provided, whilst acknowledging that this support has met only their most basic needs.

No structured assessments were available of the outcomes of the support delivered in 2010 with SHO funding. The evaluation team visited eight interventions or parts thereof in the field. A number of individual interviews and focus group discussions were held with beneficiaries or their representatives. The information collected is not representative of the beneficiaries reached by the SHO-funded interventions as a whole, nor is it statistically representative of the beneficiaries reached by the eight interventions visited.

The following general picture emerged from the interviews and discussions. Immediately after the earthquake it took a considerable time to provide those affected with the basics that they immediately required: shelter, healthcare, food, and – especially – safe drinking water and sanitation. With the infrastructure destroyed and the organisational capacity of many of the organisations present in the area impaired, it proved to be a great challenge to provide the necessary relief goods and services to the affected population quickly and at the required scale. As the emergency operation got up to speed, however, the basic needs of the

victims were gradually met. The overwhelming impression the evaluation team obtained from its discussions with beneficiaries and their representatives is that the basic needs of victims in terms of shelter, water and sanitation, health services and education were indeed being met and this was appreciated by the beneficiaries. However, beneficiaries raised the issue that the support did not sufficiently include attention to restoring livelihoods, assistance with protection, and psychosocial support.

Efficiency

10. Were the SHO partner organisations and their affiliates (e.g. network organisation, international organisation, Haitian partner) sufficiently equipped to provide the required support?

In general, the organisations involved in the SHO Haiti campaign are sufficiently able to provide the required support. All the implementing organisations that received funding through the SHO organisations were already present in Haiti before the earthquake. Most had experience with providing support in the emergencies which regularly occur as a result of natural disasters or social and political unrest. Many of them had been engaged in humanitarian assistance as part of their development activities, albeit often on a small scale. Where needed, the capacities of implementing organisations were strengthened, so that they were sufficiently equipped to provide the support required.

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As soon as the scale of the emergency became apparent, and with that the scale of the operation required to address the needs of the victims, organisations that were later supported through SHO funding mobilised their available capacities to respond.

In general, the organisations were able to switch from a development mode to an emergency mode, though some did so more rapidly than others. The staff of the organisations which operated at the field level were considerably expanded by expatriates as well as by Haitians. A few months after the earthquake the organisations reached their full capacity and were thus better able to initiate, plan and implement their emergency interventions. Many organisations had difficulty finding capable French-speaking staff. As a result, much of the work was conducted in English, especially in the beginning; this led to problems of communication with local affiliates, other institutional actors and the affected population and their representatives. Increasingly, however, organisations managed to deploy French-speaking staff, often reassigned from operations in West and Central Africa.

A number of SHO organisations provided considerable support to re-establish the capacities of their national affiliates. Where necessary, capacities of the latter were strengthened in order to enable them to meet the prerequisites of proper aid delivery. Newly recruited international and national staff were informed about and trained in applying the Sphere standards and adhering to the Code of Conduct for the International Red Cross and Red

Crescent Movement and non-Governmental Organizations in disaster relief. Finally, in a number of instances, headquarters staff of SHO organisations were temporarily seconded to implementing organisations, to strengthen their ability to plan and implement the support.

Besides strengthening the human resources of the SHO partner organisations, the infrastructure of some of the partners had to be re-established as well, which took time. As a consequence, operations were directed from temporary offices (generally tents or barracks) until the organisations could move into new offices. These conditions added to the challenges in the organisations' humanitarian work. The financial and technical support provided enabled the national partners of the SHO organisations to gradually step up their contributions in the overall humanitarian response and enhance the quality of their work.

11. Were activities cost-efficient in terms of financial and human resources – taking into consideration the context in which the intervention had to be implemented, e.g. costs to be incurred to reach the beneficiaries, and application of benchmarks for the costing of support items?

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The generally high costs of aid delivery in Haiti were also experienced by the SHO organisations and their partners. However, high costs do not necessarily imply inefficiency in the implementation of support, since these costs can be greatly influenced by the prevailing context in which the aid needs to be delivered. This was the case in Haiti, where enormous needs were to be met in a very challenging context. The evaluation team found it difficult to obtain sufficient information on actual unit costs for services and commodities delivered by the SHO organisations and their partners. The difficulty was compounded by the organisations' different definitions of programme management support costs and their different accounting procedures.

The SHO organisations and their partners had to cope with high costs in delivering their support. These costs were largely determined by a number of interrelated factors: i) a very large proportion of the commodities including food needed to be imported; ii) the already weak infrastructure of the country and that of the greater Port-au-Prince metropolitan area had been severely damaged by the earthquake; iii) the chaotic situation during the initial weeks of the response hampered operations; iv) there were no well-functioning government institutions at the national and sub-national levels; v) customs procedures reinstated by the Haitian government during 2010 negatively affected the speed and costs of importing commodities and vehicles; and vi) the need to coordinate with many actors involved in the response resulted in unavoidable costs.

The regulations for SHO funding allow SHO organisations a standard reimbursement of overheads for 'preparation and coordination' up to a maximum of 7% of the total project or programme costs. In addition, the organisations and their implementing partners are

allowed to incur programme management costs, i.e. expenditure (staff, investment and variable office costs, etc.) to implement project or programme activities. The programme management costs varied considerably between the different organisations as a result of differences in interventions and variations in definitions and ways of recording these costs. The evaluation team ascertained that on average, the programme management costs of the implementing organisations funded through the SHO in 2010 represented 16% (in terms of cash) of their total project or programme costs. A substantial proportion of these costs, however, were investments (offices, vehicles, computers, etc.) which will be used for several years – and should be depreciated over those years. The actual average annual programme management costs for the entire Haiti campaign are likely to be lower.

It should also be borne in mind that the implementation modalities of many of the SHO organisations involve aid management chains which include contracted and sub-contracted intermediate and implementing agencies. Each of these organisational links in the chain has its own responsibilities, operates an administrative system and incurs handling costs which result in transaction costs or overheads. The value added by the different organisations and the administrative costs involved in this cascade implementation could not be established.

The evaluation team was provided with insufficient information to be able to assess the cost effectiveness of the emergency operations by individual organisations. With some exceptions, unit costs incurred by the implementing organisations for the supply of different types of commodities such as food, medicine, tents, tarpaulins, school kits, hygiene kits and kitchen kits as well as the cost per litre for different water supply modalities were not readily available. A comparison between the costs of transitional shelters in Haiti and the costs of transitional shelters provided in Aceh (Indonesia) after the tsunami revealed that they were roughly comparable, bearing in mind that in Haiti most of the building material had to be imported and the labour unit costs are higher than in Indonesia.

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12. Were activities of SHO partners adequately coordinated in the cluster system?

The SHO organisations and their local partners were committed to having their implementation coordinated by cluster leads. They were actively involved in coordination at various levels, some of them leading one or more clusters or sub-clusters. The cluster system did not operate adequately in the period immediately after the earthquake, and this also affected the way in which the SHO organisations and their partners could engage in coordination. This situation gradually improved, with the result that the activities of the SHO organisations and their partners became adequately coordinated.

The cluster system was established in Haiti in the beginning of 2009 by the UN's Inter-Agency Standing Committee (IASC) in order to be able to better address the emergencies regularly resulting from cyclones and floods. Immediately after the earthquake the cluster system was expanded to twelve clusters. When the response gained momentum this number increased to fourteen.

All SHO organisations and their affiliates became involved in the cluster system at different levels. Their roles differed, depending on the nature of the organisation and the type and scale of its intervention.

The cluster system did not operate adequately in the period immediately after the earthquake. In particular, it proved to be insufficiently inclusive (lacking appropriate Haitian representation). Furthermore, the effectiveness of coordination varied per cluster. These circumstances affected the way in which the SHO-funded organisations could engage in coordination. Over time, this situation improved, but only gradually. Inter-cluster coordination was weaker at national level than at the regional or local levels because fewer actors were involved in the latter.

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Coordination in clusters was generally adequate when it came to assigning localities for intervention; less successful was the coordination of intervention approaches and working standards. Haitian representation was more prominent in the clusters ('baby clusters') which operated at the sub-national level. At this level it was also easier to make concrete arrangements for setting priorities, division of labour and coordination with representatives of the municipalities, and to engage communities and groups of beneficiaries represented by their committee members.

SHO organisations and affiliates which had conducted similar kinds of activities exchanged experiences and good practices, for example about the design of transitional shelters.

13. Was an adequate system for monitoring and evaluation in place in organisations receiving SHO support (SHO partners and their national partners in Haiti)?

The evaluation did not investigate in detail the monitoring and evaluation systems deployed by the various organisations. It did, however, ascertain that the SHO organisations and their partners monitored the progress of the interventions and regularly assessed the contextual situation, which resulted in them adjusting their interventions. A few organisations commissioned evaluations.

Most of the SHO organisations reported that during 2010 they or their partners had monitored the progress of the interventions, conducted surveys among their beneficiaries and more generally regularly assessed the contextual situation. Some organisations deployed innovative electronic monitoring and registration systems to track the delivery of

commodities to beneficiaries. During 2010 a few organisations commissioned evaluations and made the reports available to the evaluation team. The results of these evaluations were taken into account when drafting this report.

The monitoring and frequent assessments led to interventions being modified, as demonstrated in the agencies' progress reports and the SHO joint reports. See point 7 above for observations on the comprehensiveness and quality of these reports. Here, suffice it to say that the reports do not provide sufficient information to give sufficiently detailed insight into the extent to which the original objectives of the interventions have been achieved, except in terms of outputs and approximations of the numbers of beneficiaries.

Linking relief, rehabilitation and development (connectedness)

14. Did the design of the interventions contain a transition strategy to recovery and development?

From the proposals submitted at the start of the relief phase it is clear that at that stage the SHO organisations and their affiliates were already contemplating and planning the subsequent recovery and development phases. When they provided emergency relief, the SHO organisations and their partners took into account the possibilities for early recovery and rehabilitation where feasible and appropriate.

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In general, linking relief, rehabilitation and development is a major methodological and operational issue. Humanitarian relief programmes differ in nature from development programmes. Their respective interventions pursue different objectives, have different foci, require specific know-how and apply different implementation modalities and time frames.

There is no clear cut-off in time between the provision of activities focusing on emergency relief, early recovery, rehabilitation and reconstruction. All can – and should – occur simultaneously. Their relative importance at any moment in time depends on the type of disaster and the context in which it has occurred. Many humanitarian aid organisations active in Haiti, including the SHO organisations and their partners, took steps to support early recovery and rehabilitation where possible and appropriate, at the same time when they were providing emergency relief. This included support to households and individuals to enable them to restore their ability to (re)engage in economic activities, and the provision of temporary shelters to enable people to move out of the camps or other types of temporary shelter. In addition, support was provided to reinstitute and rehabilitate the infrastructure for service delivery (education, healthcare, and water and sanitation).

The various reconstruction and rehabilitation activities were not easy to accomplish as a result of the conditions prevailing in Haiti right after the earthquake. As mentioned, the SHO organisations were providing support to development activities prior to the earthquake, either directly or through their partner organisations or network members.

As outlined above, the organisations switched from a development mode to an emergency mode without major difficulty, despite the overwhelming magnitude of the disaster. Following the earthquake, all organisations committed their full capacity to assist the affected people as best they could, whilst some of them also continued their support to development programmes in the regions affected only indirectly or not at all by the disaster. These development activities were mostly implemented without direct SHO funding, but where appropriate they were adjusted to also cater for the effects of the migration of those affected by the earthquake who sought refuge with and support from relatives living outside the affected areas. In a number of cases, SHO funding was used to implement the additional activities (e.g. livelihood support to internally displaced persons living with host families).

As a result of the cholera epidemic in October 2010, most of the aid agencies had to scramble additional resources to mitigate this disaster within a disaster which prolonged the emergency situation. The SHO organisations and their partners were also affected by this: it delayed the implementation of major plans for rehabilitation and reconstruction. Nevertheless, these plans were developed and were included in the multi-annual plan for rehabilitation and reconstruction drawn up jointly by the SHO organisations in early 2011. The content of this plan was not subjected to the current evaluation.

15. Answering the evaluation's two key questions:

To what extent has the humanitarian assistance provided by the SHO organisations been in line with the internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence and with the needs, priorities and rights of the affected population?

From the available documents and information gained from key informants and field observations it can be concluded that the approach followed by the SHO organisations and their partners has been consistent with internationally accepted humanitarian practices. The response covered sectors where the needs of those affected by the disaster were greatest. Some qualifications can be made, however. The scale of the disaster and the urgency to quickly respond made proper consultation of beneficiaries and national authorities generally difficult – at least at the beginning of the operations. This situation gradually improved. Assisted by their networks of national counterparts, the SHO organisations tried to be as consultative as possible.

To what extent has the assistance provided been relevant for the affected population and achieved its purpose, i.e. has it met the immediate material and non-material needs of the beneficiaries?

The evaluation team concludes that the assistance provided with SHO funding has contributed to meeting the immediate basic material and non-material needs of the tens of thousands of people affected by the earthquake. Where possible and appropriate, attention has been given to including activities focusing on early rehabilitation. These activities included livelihood development and rehabilitation of infrastructure. They were implemented on a relatively modest scale (compared to the needs), in parallel with the continued provision of emergency relief. The relief activities had to be prolonged due to

the protracted nature of the emergency, which was caused by the cholera epidemic and the inability of the international community to quickly start large-scale rehabilitation and reconstruction activities largely due to other contextual factors, including the lack of planning by the Haitian government.

5.2 Issues for consideration

A number of issues that need further attention from the SHO and its organisations in future humanitarian campaigns have emerged from this evaluation. They relate to i) the aid provided in emergency situations and ii) the ways in which the SHO and its constituent agencies have organised their support, including the current way in which the achievements of aid campaigns such as the one for Haiti are reported to the Dutch public and institutional donors.

The aid provided

The enormity of the disaster was compounded by the urban context in which the earthquake struck, weak governance and severely affected state structures. This challenged the relief efforts across sectors. The global standards for humanitarian aid had to be adapted to the specific circumstances. In general, the aid provided in 2010 addressed the immediate basic needs of those affected by the earthquake. At the same time there are indications that not all immediate and emerging needs could be addressed to the extent required. The most noteworthy issues are:

- In a protracted emergency, as occurred in Haiti, it is important to pay attention to engaging more fully in supporting livelihoods as early as possible, as this enables individuals and households to rebuild their lives faster, on their own. An urban environment like the greater Port-au-Prince metropolitan area offers many opportunities for livelihood activities. Not only are these important in contributing to the revival of the economy of the affected area, they also diminish the risk of victims becoming dependent on expensive humanitarian aid for their day-to-day survival.
- Much of the psychosocial support targeted children. The findings from the field indicate that many adults also need such assistance, however. Attention should therefore be paid to widening the coverage of psychosocial support.

The organisation of the SHO support

The following aspects related to the organisation of SHO support need further attention:

- *The current aid management chain.* This should be reviewed: currently there can be as many as five organisational or administrative entities involved before the ultimate beneficiaries are reached. Each entity involves procedures and these may differ among the organisations, require time to process and lead to 'transaction costs'. Efficiency might be improved if each SHO organisation reviewed the added value of and costs incurred by the different links in their implementation chains.
- *Programme management costs.* These should be better defined and their accounting should be standardised.
 - Each organisation applies its own definition of programme management support

costs. A standard definition of this cost category would enhance transparency, but may be an unrealistic aspiration due to the fact that the SHO Foundation cannot influence the ways in which international NGOs administer these costs. However, it is reasonable to expect the organisations to at least report on the components of the programme management support costs.

- Currently, programme management support costs are accounted for on a cash basis for the year they have been incurred. This way of accounting should be adjusted to properly reflect the investment component in this cost category. A more realistic way of presenting programme management costs might be as depreciating investments over a number of years.
- *Procedure for reporting achievements.* The current approach of reporting achievements should be reviewed, to make the joint SHO reports fully consistent with those issued by the individual organisations. Each SHO organisation should report comprehensively on its adherence to all Sphere standards, and should ensure its reporting of progress and achievements is consistent with its programme or project plans. In addition, achievements should be reported in proportion to the level of SHO funding of projects or programmes which are also funded from other sources. This manner of reporting will better satisfy the expectations of contributors to the fundraising campaign and strengthen SHO's accountability.
- *Innovative procedures.* Various interventions supported with SHO funds have applied innovative and experimental information and communication technologies (ICT) techniques and digital systems to plan and track aid distributions. SHO could review these experiences and disseminate good practices among its organisations and beyond.

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Other organisational aspects

The evaluation did not specifically investigate the organisational aspects of the Haiti fundraising campaign. Nor did it cover the ways in which the respective SHO organisations have collaborated in jointly organising their response, other than examining their involvement and that of their partners in coordination at field level. Nonetheless, it is important to point out some generic organisational issues:

- With regard to fundraising, the value of collaborating under the auspices of SHO is evident. Economies of scale keep the costs of the public funding campaigns very low. The costs of the Haiti campaign were only 0.9% of the total revenue.
- There is also value in SHO issuing joint reports to account for the accomplishments of a specific campaign: the general public and institutional donors are better served by joint (consolidated) reports rather than by reports from individual organisations. Issues regarding the current manner of reporting were raised above. The joint reports could also include more information on how the SHO Foundation functions, and the ways in which its constituent organisations have organised the implementation of their relief and rehabilitation activities in support of those affected by humanitarian disasters. Such additional information enhances accountability and will safeguard public trust in the SHO Foundation and its members.
- The relevance or merit of carrying out other administrative processes under the auspices of the SHO is not obvious. Several interviewees at the headquarters of the SHO organisations raised the issue of the formula for distributing the funds raised in a

particular campaign among the participating organisations. This predefined proportional distribution does not take into account the specific strengths or weaknesses of particular SHO members or guest organisations which may influence their capacity to deliver aid in a particular country. Another issue is the rationale for the submission of project or programme proposals to SHO by members and guest organisations. Proposals submitted by the member organisations play no role in determining the appropriateness of specific programmes or projects, or their level of funding. Only the proposals submitted by guest organisations are reviewed for quality by the SHO Board. Finally, there is no consistent link between achievements reported and the original proposals. The evaluation team therefore suggests that SHO reviews the current procedure of handling proposals.

Annexes

Annex 1 About IOB

Objectives

The Policy and Operations Evaluation Department (IOB) aims to increase insight into the implementation and effects of Dutch foreign policy. IOB meets the need for independent evaluation of policy and operations in all policy fields belonging to the Homogenous Budget for International Cooperation (HGIS). IOB also advises on the planning and implementation of evaluations for which policy departments and embassies are responsible.

Its evaluations enable the Minister of Foreign Affairs and the Minister for Development Cooperation to account to parliament for policy and the allocation of resources. In addition, the evaluations aim to derive lessons for the future. Therefore, efforts are made to incorporate the findings of evaluations into the Ministry of Foreign Affairs' policy cycle. Evaluation reports are used to provide targeted feedback, with a view to improving both policy formulation and implementation. Insight into the outcomes of implemented policies allows policymakers to devise measures that are more effective and focused.

Organisation and quality assurance

IOB has a staff of experienced evaluators and its own budget. When carrying out evaluations, it calls on the assistance of external experts with specialised knowledge of the topic under investigation. To monitor the quality of its evaluations, IOB it sets up a reference group for each evaluation, which includes not only external experts but also interested parties from within the ministry and other stakeholders. In addition, an Advisory Panel of four independent experts provides feedback and advice on the usefulness and actual use of evaluations. The reports of the panel are publicly available and also address topics requested by the ministry or selected by the panel.

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Programming of evaluations

IOB consults with the policy departments to draw up a ministry-wide evaluation programme. This rolling multi-annual programme is adjusted every year and included as into the Explanatory Memorandum to the ministry's budget. IOB bears final responsibility for the programming of evaluations in the field of development cooperation and advises on the programming of foreign policy evaluations. The selection of themes for evaluation is based on demands from parliament, requests from the ministry and issues of societal concern. IOB is actively coordinating its evaluation programming with that of other donors and development organisations.

Approach and methodology

Initially IOB's activities took the form of separate project evaluations for the Minister for Development Cooperation. As of 1985, evaluations became more comprehensive, taking in sectors, themes and countries. Moreover, IOB's reports were submitted to parliament, thus entering the public domain. The review of foreign policy and a reorganisation of the Ministry of Foreign Affairs in 1996 resulted in IOB's mandate being extended to the Dutch government's entire foreign policy. In recent years, it has extended its partnerships with similar departments in other countries, for instance through joint evaluations and evaluative activities undertaken under the auspices of the OECD-DAC Network on Development Evaluation.

IOB has continuously expanded its methodological repertoire. This includes greater emphasis on robust impact evaluations implemented through a mixed-method approach which includes quantitative and qualitative methods. IOB also undertakes policy reviews as a type of evaluation. Finally, it conducts systematic reviews of available evaluative and research material regarding priority policy areas.

Annex 2 Terms of Reference

Introduction

The earthquake that hit Haiti on 12 January 2010 killed more than 220,000 people, injured a further 300,000 and displaced 2.3 million people, 1.3 million of whom were left homeless. With its epicentre only ten kilometres below ground and close to the urban centres of Port-au-Prince, Léogâne and Jacmel, the earthquake was the most powerful and devastating the country had experienced in 200 years. In response, a massive relief and recovery effort – one of the largest since the Indian Ocean tsunami of December 2004 – was undertaken by a complex array of national and international actors.

Immediately after the disaster, the Foundation of Dutch Cooperating Aid Organisations (SHO) – a consortium of Dutch non-governmental organisations specialising in humanitarian assistance – set up a national plan of action to raise funds to provide immediate emergency relief and recovery activities for the victims of the earthquake. The “Giro 555” fundraising campaign culminated on the evening of 21 January in a national televised appeal for funds for Haiti earthquake relief, during which the Dutch Minister for Development Cooperation announced that he would match the total amount provided by the Dutch public at the close of the broadcast. This contribution, to be provided as a subsidy to SHO, amounted to EUR 41.7 million. The campaign ultimately resulted in a total of EUR 111.4 million.

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In the second progress report it issued to the Dutch public in late September 2010, SHO stated that in the first 6 months after the disaster EUR 23 million (i.e. 20.7% of the total funds raised) had been spent. More than 90% of this amount was spent on direct emergency relief activities such as shelter, health, water and sanitation facilities and food security.²¹⁵ It was pointed out that activities geared towards recovery would gradually become more prominent. However, recent events such as the cholera epidemic as well as the effects of Hurricane Tomas have made it necessary to extend the emergency relief phase. In its third report to the Dutch public in January 2011, SHO indicated that by the end of 2010 the amount transferred to the different organisations be spent on emergency relief, that includes activities related to the cholera epidemic and the effects of Hurricane Tomas had reached about EUR 43 million.²¹⁶

The subsidy agreement between the Ministry of Foreign Affairs and SHO stipulates that SHO will commission a ‘meta evaluation’ in 2015 upon completion of its Haiti programme, in which the results of evaluations the individual SHO members have conducted on their projects and programmes will be synthesised. In addition the Ministry of Foreign Affairs

²¹⁵ The Ministry of Foreign Affairs has earmarked EUR 12 million of its contribution to SHO as funds for immediate relief. This amount was transferred to SHO in April 2010. The remainder of the contribution is earmarked for rehabilitation and reconstruction and will be transferred to SHO in instalments in accordance with SHO’s multi-annual plan for reconstruction activities, which will be submitted to the Ministry of Foreign Affairs in February 2011.

²¹⁶ See Press release SHO, 25 November 2010 and SHO-rapportage Haiti 12 januari 2010 – 12 januari 2011, SHO, 11 januari 2011.

intends to conduct evaluations of the emergency phase and of the rehabilitation/reconstruction phase. The Dutch Court of Audit will also separately report on how the SHO accounts for the funds spent and will investigate the results of the activities implemented or supported by each SHO organisation.

The Humanitarian Aid Division (DMH/HH) of the Department for Human Rights, Good Governance and Humanitarian Aid (DMH) of the Ministry of Foreign Affairs has requested the independent Policy and Operations Evaluation Department (IOB) to evaluate the emergency relief and recovery activities SHO organisations implemented in 2010. The evaluation is to serve a dual purpose. By providing an insight into the effects of these activities²¹⁷ it will provide lessons that can be taken into account during the remaining period of the Haiti programme of the SHO organisations. It also serves an accountability purpose, by providing insight into how the SHO organisations have spent the funds and to what effect. The published evaluation report will be submitted to the Dutch Parliament together with the policy reaction from the Secretary of State for Development Cooperation. It will also serve as one of the building blocks for the abovementioned meta evaluation that SHO will commission after the Haiti Programme of its partner organisations has been concluded in 2015.

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To facilitate the donor agencies' joint evaluation efforts, enhance the coherence of their evaluations, and to minimise the burden on operational agencies and local communities, the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP), the OECD-DAC Network on Development Evaluation and the United Nations Evaluation Group have jointly produced a context analysis paper. It includes a framework containing overarching questions for evaluating the humanitarian support to Haiti.²¹⁸ The Terms of Reference for the current evaluation draw largely on this framework.²¹⁹

Haiti – Background to the current crisis and donor assistance

Background to the current crisis

The earthquake struck the poorest country in the Western hemisphere and hugely exacerbated the plight of the country's already impoverished population and its weak economy. It struck Ouest Province (which has a population of 2.2 million). Its epicenter was 17 km south-west of Haiti's capital, Port-au-Prince. The town of Léogâne was reported to be almost 90% destroyed and in Jacmel almost half of all buildings were destroyed.²²⁰

²¹⁷ Effects occur at three levels: output, outcome and impact.

²¹⁸ Rencoret, N., A. Stoddard, K. Haver, G. Taylor and P. Harvey (2010), *Haiti Earthquake Response. Context Analysis*, ALNAP, OECD/DAC Evaluation Network, United Nations Evaluation Group, July 2010.

²¹⁹ The framework also provides a useful structure for a future system-wide report on the Haiti response. It is envisaged that ALNAP will be instrumental in preparing such a synthesis report, making use of evaluation reports produced by individual donors and agencies who are invited to submit their reports to ALNAP's, for inclusion in ANLAP's inventory.

²²⁰ SHO First Joint Report 13 January- 31 March 2010, 'SHO-actie 'Help slachtoffers Aardbeving Haiti'.

According to the Haitian government, the earthquake resulted in over 220,000 fatalities (2% of the country's population). The affected population was estimated at three million (30% of the Haiti's population), over 1,200,000 of whom were in immediate need of shelter. The findings of the Post Disaster Needs Assessment²²¹ reveal that the total value of damage and losses caused by the earthquake was estimated at USD 7.8 billion (USD 4.3 billion for physical damage and USD 3.5 billion for economic losses); this is over 120 per cent of the 2009 gross domestic product. The initial relief efforts in Haiti faced unprecedented challenges, as much of the physical infrastructure in and around the country's capital had been damaged or destroyed by the earthquake. Extensive rehabilitation of the infrastructure was necessary and the logistics had to be organised before operations could begin. Initially, the level of casualties sustained by the civil service and the damage to public buildings severely affected national capacity to lead and coordinate the response. However, it has been reported that national and local authorities have increasingly become key partners in the relief effort.

The immediate, medium and longer term catastrophic consequences of the earthquake²²² are related not only to the magnitude and impact of the earthquake itself. Before the earthquake, Haiti was one of the poorest countries in the Western hemisphere, coming 149 out of 182 countries in the Human Development Index Score. The country's economic and physical infrastructure is weak, its social security networks are non-existent and its weak government and administrative structures have resulted in very poor governance. Historically, the State has been unable to deliver basic services, provide security to the majority of the population, safeguard basic human rights, or facilitate sustainable social and economic development. The main reasons for this are enduring and endemic corruption and long-term political instability. The latter is exemplified by the events during the recent national election process.²²³

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In the past, international aid was not sufficiently conducive to help to change this overall picture, as pointed out in a recent Oxfam report: 'Over the years, most donors have not done enough to help to resolve the lack of state capacity and action in Haiti. Instead some donors and governments have too often responded in ways that have exacerbated institutional weaknesses and bypassed the Haitian people'.²²⁴

²²¹ Republic of Haiti, *Haiti Earthquake Post Disaster Needs Assessment: Assessment of damage losses, general and sectoral needs, Annex to the Action Plan for National Recovery and Development of Haiti*, Republic of Haiti, March 2010.

²²² The earthquake has severely jeopardised the people's food security. Households' survival strategies and their means of subsistence have been affected by the loss of possessions, loss of jobs, migration, and higher food prices.

²²³ The election was challenged by the cholera outbreak, alleged voting fraud and violent incidents. The postponement of the February 2010 elections for the Chamber of Deputies and one third of the Senate contributed to a climate of political uncertainty as there was no quorum in the Parliament because all deputies and one third of the senators had completed their mandates. The elections on 28 November 2010 were therefore essential to confirm the State's legitimacy and consolidate the country's stability. (See United Nations (2010). *Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook*, p. 48 - 49. www.onu-haiti.org).

²²⁴ From Relief to Recovery – support to good governance in post-earthquake Haiti. Oxfam briefing paper 142, 6 January 2011. See also SHO First Joint Report 13 January- 31 March 2010, '*SHO-actie 'Help slachtoffers Aardbeving Haiti'*'.

Haiti has to cope frequently with natural disasters. It is hit periodically by hurricanes such as the devastating series of hurricanes in 2008, and Hurricane Tomas, which struck Haiti in November 2010, several weeks after a cholera epidemic had started in a region unaffected by the earthquake. As a result of the effects of the hurricane, the epidemic also spread rapidly, quickly becoming a 'crisis in a crisis'.²²⁵

Donor assistance to Haiti

The UN Flash Appeal, which requested USD 562 million for immediate emergency humanitarian assistance, was launched on January 15. The subsequent Consolidated Appeal raised this to USD 1.5 billion, 72% of which had been funded by 15 November 2010.²²⁶

Further loss of life immediately after the earthquake was averted to some extent by massive international support; many of the donors attempted to base their funding on needs assessment which was carried out wherever possible immediately after the major disaster. The initial response was mainly US-led, with the US military taking over operations at the damaged Port-au-Prince airport, which was handling large numbers of emergency flights. Many donors (including the Netherlands) fielded search and rescue teams in an attempt to save lives.²²⁷ UN agencies as well as well-established international non-governmental organisations were part of the massive response; they were outnumbered by new actors which were unfamiliar with Haiti or even disaster response.²²⁸ According to a recent report of the UN, the international response provided during the first months following the earthquake swamped a weakened government that was unable to take charge of the coordination of relief efforts.²²⁹

As well as providing financial and other types of support, many donor countries launched large-scale fundraising campaigns to collect private donations in order to support the victims of the earthquake.²³⁰ To ensure maximum coordination among the different

²²⁵ UNICEF Children in Haiti One Year After – The long road from relief to recovery, January 2011.

²²⁶ See annex IV, p. 149 of the Consolidated Appeal 2011 (<http://www.humanitarianappeal.net>). The Appeal included some USD 174 million for cholera response.

²²⁷ According to a recent evaluation of OCHA's response to the Haiti earthquake in 2010 (see Bhattacharjee, A. and R. Lossio, 2011) 26 SAR teams rescued 134 persons. Most of the people rescued from collapsed and damaged buildings, however, were saved by their fellow citizens.

²²⁸ There are no exact figures for the numbers of humanitarian actors; the Inter-agency real-time evaluation in Haiti estimated there were 2,000 three months after the earthquake (Grünwald, F., Binder, A. and Georges, Y., 2010).

²²⁹ United Nations (2010). Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook, p. 8. www.onu-haiti.org

²³⁰ At an international donor conference in New York in March 2010, donors subsequently pledged USD 2.1 billion for reconstruction and rehabilitation in 2010; some 42 per cent of this was actually funded in 2010. Some donors argued that these pledges were supposed to also cover subsequent years (see Oxfam, 2011, *ibid*). All in all the international community has pledged USD 8 billion (see SHO-rapportage Haiti 12 januari 2010 – 12 januari 2011 (SHO, 11 January 2011). The pledges include those from DAC donors, non-DAC donors (including a considerable number of developing countries), funds donated by the public and channelled through well-established international NGOs (INGOs) and 'new' NGOs (just as in the case of the tsunami disaster in Southeast Asia, these emerged after fundraising campaigns in donor countries), and also private-for-profit entities. It is unlikely that the magnitude of funding raised and in-kind contributions in support of Haiti will ever be accurately established.

emergency aid efforts, the United Nation's Office for the Coordination of Humanitarian Affairs (UNOCHA) was appointed as the main body coordinating the humanitarian response in Haiti. In accordance with previous humanitarian assistance elsewhere, a cluster system has been established in which different UN organisations have been made responsible for leading and coordinating the aid in specific sectors (Cluster Leads). There are 12 clusters: Camp Coordination and Camp Management; Education; Emergency Shelter and Non-Food Items; Food; Logistics; Nutrition; Protection; Water, Sanitation and Hygiene (WASH); Agriculture; Early Recovery; Emergency Telecommunications; and Health. Six of these were initially based in and operate from the Dominican Republic: Logistics/Telecommunications; Health; Emergency Shelter; Water and Sanitation (WASH); Nutrition; and Protection. The agencies and organisations providing aid were to be mapped per cluster, to ensure that there are no overlaps and that the aid is equally distributed among the different communities affected by the disaster.²³¹ This implies that the current evaluation will investigate whether and to what extent the SHO organisations have adhered to the cluster approach (see evaluation questions below).

At the international donors conference 'Towards a New Future for Haiti' held at the UN Headquarters in New York on 31 March 2010 a total of USD 9.9 billion was pledged to the Haitian government's Action Plan for National Recovery and Development. Of this amount, USD 5.3 billion was to be spent over a period of two years.²³²

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After the donors conference, a multi-donor trust fund was set up. It is administered by the World Bank but managed by the Interim Haiti Recovery Commission (IHRC) which is co-chaired by former US President Bill Clinton (UN Secretary-General's Special Envoy for Haiti) and Haitian Prime Minister Jean-Max Bellerive. The Commission will oversee the implementation of the Government of Haiti's Action Plan for National Recovery and Development, to ensure that international assistance is aligned with the priorities of the Haitian people and their Government and to ensure accountability and transparency.²³³ IHRC's mandate includes bringing donors, government and Haitian civil society together, coordinating projects to avoid overlap, and monitoring and reporting on 'high-level progress' of projects. In its report 'Haiti One Year Later: The Progress to Date and the Path Forward', IHRC points out the various achievements and the challenges that remain.²³⁴

²³¹ The cluster approach was rolled out for the first time in Haiti in response to the 2008 hurricane season. Then, ten clusters were established, led by the United Nations and international organisations in conjunction with the corresponding Haitian line ministries.

²³² Recently there has been criticism that disbursements appear to be lower than the sums donors have pledged and are committed to.

²³³ The Commission's governing board consists of: representatives from the Haitian government, parliament and judiciary; donors including Brazil, Canada, CARICOM, the European Union, France, Inter-American Development Bank, Norway, Spain, United States, Venezuela and the World Bank; Haitian labor unions and the private sector. In addition, representatives from the Diaspora, Haitian and international civil society organisations, and the Organization of American States participate as non-voting members.

²³⁴ Interim Haiti Recovery Commission (2011). *Haiti One Year Later: The Progress to Date and the Path Forward*. A report from the Interim Haiti Recovery Commission, January 12, 2011.

The IHCR has been criticised for not adequately involving Haitian ministries, local government institutions and representatives of the Haitian people in the process of planning and implementation of projects and programmes.²³⁵

All donors and agencies providing humanitarian assistance are expected to adhere to internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence.²³⁶ Agencies providing emergency relief should operate according to the so-called Sphere standards²³⁷ which stipulate the minimum requirements which good humanitarian aid should satisfy. These are global standards for the delivery of humanitarian assistance, but have been adjusted to the specific context of Haiti. The agencies should also adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organisations in disaster relief.²³⁸

Lessons learned from previous responses to disasters²³⁹ point to the importance of engaging with national and local authorities and civil society groups. Such partnerships are important to promote national ownership and coordination during and following a disaster, and they pave the way for sustainable recovery.²⁴⁰

Referring to a number of studies, the Haiti Earthquake Response Context Analysis states that ‘Past experience shows that urban disasters are different from those occurring in rural settings. They have distinctive features of scale, density, economic systems and livelihood strategies, resource availability, governance and public expectations, large informal

²³⁵ See e.g. *From Relief to Recovery – support to good governance in post-earthquake Haiti*. Oxfam briefing paper 142, 6 January 2011.

²³⁶ This implies, among other things, that the SHO organisations receiving a subsidy from the humanitarian aid budget of the Netherlands Ministry of Foreign Affairs should adhere to the overall objectives of Dutch humanitarian assistance, namely the guiding principle of humanity (or the humanitarian imperative).

²³⁷ See Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response*. Oxford: Oxfam Publishing. The Sphere standards define a minimum level of services to be attained in a given context. There are standards for 1) water supply, sanitation and hygiene promotion; 2) food security, nutrition and food aid; 3) shelter, settlement and non-food items; 4) health services.

²³⁸ The Code of Conduct establishes common standards for disaster relief and identifies the alleviation of human suffering as the prime motivation for humanitarian assistance which must be provided on the basis of need.

²³⁹ See for instance O’Donnell, I., K. Smart, and B. Ramalingam. *Responding to urban disasters: Learning from previous relief and recovery operations*. ALNAP and ProVention Consortium, London, June 2009.

²⁴⁰ Rencoret, N. et al. reiterate a number of lessons provided by evaluations and studies of past responses to disasters which are also relevant in the Haitian context. These include (i) the importance of coordination, leadership and national ownership in the response; (ii) the necessity of community participation in emergency, rehabilitation and reconstruction activities; (iii) the importance of social cohesion and community groupings for rebuilding after a disaster; (iv) the value of information from and communication with affected communities in shaping the support; and, (v) the positive role of early livelihood recovery through cash-for-work activities that also engage women in income-generating activities and through cash transfers to enable families to meet their immediate needs. In addition, the authors reiterate the following additional lessons from past responses to disasters in Haiti: the importance of planning and incorporating early recovery and disaster risk reduction activities at the beginning of the emergency humanitarian response, and the importance of adopting a long-term approach and of continuing international engagement.

settlements, likelihood for compound and complex disasters and potential for secondary impacts on rural or regional producers. Targeting is particularly challenging in urban settings, complicated by several factors such as cities' fluid demographics, economic inequity, higher costs of living compared with rural settings and a lack of official records related to land and property rights'.²⁴¹ This lack of records has been one of the many factors responsible for the slow start of the reconstruction phase. Other factors are the lack of progress on the part of the Haitian authorities to go ahead and take policy decisions on critical issues for which they should assume responsibility, such as the settlement of legal issues (land, property and tenure rights) and the removal of rubble that hampers the repair of damaged buildings and the construction of new ones, and the construction of other physical infrastructure for public and private use.

Various reports provide information on the magnitude of the humanitarian response provided in 2010 and their results to date. They also point out the enormous tasks still at hand, the need to continue to provide humanitarian assistance in 2011 and the challenges related to reconstruction and economic recovery.²⁴²

Dutch Cooperating Aid Agencies (SHO) support to Haiti

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Background information on SHO

The SHO (*Samenwerkende Hulporganisaties*, or Cooperating Aid Agencies) Foundation, established in 2007, consists of Dutch non-governmental aid organisations that jointly organise national fundraising campaigns in response to major humanitarian crises in developing countries.²⁴³ The Foundation is accountable to a Supervisory Body (*Raad van Toezicht*) and operates a financial and administrative management plan.²⁴⁴ Since 1987 thirty campaigns have taken place, raising a total amount of EUR 680 million.

SHO's objectives are to raise as much money as possible to provide aid to victims of a humanitarian disaster²⁴⁵, to inform the Dutch population about the scale and severity of the

²⁴¹ Rencoret, N., et al., p. 16.

²⁴² See e.g. United Nations (2010). Report of the United Nations in Haiti 2010 – Situation, Challenges and Outlook. www.onu-haiti.org; Interim Haiti Recovery Commission (2011). Haiti One Year Later: The Progress to Date and the Path Forward. A report from the Interim Haiti Recovery Commission, January 12, 2011.

²⁴³ Prior to 2007 the collaboration between these organisations was not institutionalised in a corporate entity (foundation).

²⁴⁴ The current financial and management plan, which was adopted by the Governing Board in March 2010, conforms with Dutch statutory and procedural requirements for not-for-profit charity organisations and the rules and regulations governing the subsidies provided by the Dutch Ministry of Foreign Affairs to non-government organisations providing support to developing countries as part of the so-called 'Medefinancieringsstelsel 2010-2015' (Co-financing agreement MSF-II).

²⁴⁵ SHO's Statutes (26 April 2010) stipulate that funds donated to SHO are to be used to provide direct, effective and life-saving support in the disaster area ('*Deze middelen worden aangewend voor het verlenen van directe, effectieve, levensreddende hulp in het rampgebied*'). In addition, assistance may be provided to support reconstruction in the area at issue ('*Daarnaast kan – bij voldoende middelen – hulp verleend worden bij de wederopbouw in de getroffen gebieden*').

disaster and to ensure its members are accountable for the expenditure of the funds raised and the results of the programmes and projects supported. The SHO Foundation is governed by the executive directors of the respective member organisations. The individual member organisations work together on the ground with their respective partner or 'umbrella' organisations, coordinating with the UN and the local authorities.

The SHO consists of ten members: Cordaid Mensen in Nood; ICCO & Kerk in Actie; Rode Kruis Nederland; Oxfam Novib; Save the Children; Stichting Vluchteling; Tear; Terre des Hommes; UNICEF Nederland and World Vision. Fundraising campaigns may involve so-called 'guest organisations' that are committed to providing a specific contribution to the stricken area or population.

As a rule, ninety per cent of the net proceeds of a campaign²⁴⁶ are distributed among the permanent members according to a pre-defined formula, with ten per cent distributed among the guest organisations.

According to SHO's Management Plan, each member organisation is responsible and accountable for the adequate financial and administrative organisation of all activities it implements directly or via partner organisations in the country at issue.²⁴⁷

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The organisations involved in a particular campaign collaborate in fundraising and account for the allocation of the funds to specific activities and for the results. They also collaborate when providing information to the general public and donors, and in publicity in a more general sense. For each campaign SHO establishes a Front and Back Office to coordinate these activities.²⁴⁸

SHO organisations involved in the Haiti campaign

Nine permanent member organisations are taking part in the campaign for Haiti; Stichting Vluchteling (Refugee Foundation) is not involved, for obvious reasons. The campaign also involves the following guest organisations: Dorcas; Plan Nederland; Care Nederland; Habitat for Humanity; Vereniging van Nederlandse Gemeenten (VNG); and The Salvation Army Netherlands (Leger des Heils Nederland).²⁴⁹

The public fundraising campaign ran from 13 January to 26 February 2010; funds that were donated after 26 March 2010 were allocated to the overall budget of SHO (*bestemmings-reserve SHO*). Taking into account the costs of organising the campaign (EUR 993,000) the net

²⁴⁶ These are the funds minus the costs of the campaign (advertising, costs of television and radio broadcasts, etc.).

²⁴⁷ Member organisations are to submit an audited annual account to SHO.

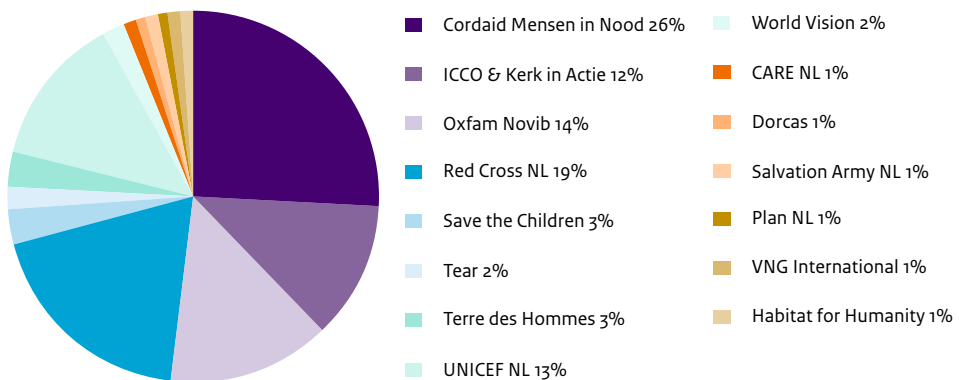
²⁴⁸ The Front and Back Offices are located in the SHO member organisation that has the overall responsibility for the campaign at issue. Oxfam Novib is responsible for Haiti campaign. The front office takes care of communication with the public; the back office handles administrative and financial aspects of the campaign, including interim and final reporting.

²⁴⁹ Habitat for Humanity and Vereniging van Nederlandse Gemeenten will not be supporting or implementing activities during the immediate relief phase, but will be engaged in the rehabilitation and reconstruction phase.

proceeds to be distributed among the SHO members and guest organisations amounted to EUR 112,200,000. This sum will be disbursed during a period of three to five years, which is made up of the emergency relief phase initially planned to cover 2010 and the subsequent phase during which the emphasis will be on activities focused on rehabilitation and reconstruction.²⁵⁰ It should be stressed that the contributions from the SHO organisations, albeit important in their own right, represent a relatively small part of the total support from the international aid community to Haiti.

Figure 1 provides a detailed breakdown of the distribution of the total amount among the different partners for the entire programme period covering 2010 – 2014 (i.e. emergency aid, early rehabilitation and subsequent reconstruction). The most important actors in terms of funds allocated are Cordaid, Rode Kruis Nederland, Oxfam Novib, ICCO & Kerk in Actie and UNICEF Nederland. Together these organisations account for 82 per cent of the funds (EUR 89.3 million – rounded figure). The individual shares of the other permanent SHO members and the guest organisations range between 1 – 3 per cent.

Figure 1. Distribution of SHO funds for Haiti over the total programme period 2010 – 2014²⁵¹



Source: SHO-actie 'Help Slachtoffers Aardbeving Haïti', First Joint Report 13 January–31 March 2010.

²⁵⁰ In practice, the distinction between those two phases is blurred to some extent. Rehabilitation and reconstruction activities may already take place during the emergency relief phase and gain momentum in the subsequent period.

²⁵¹ EUR 4,318,053 has not yet been distributed.

As indicated in figure 2 below, the activities implemented by the SHO members and guest organisations either directly or through financing and/or collaborating with their international and local partners²⁵² cover eight sectors: Protection; Disaster Management; Education; Livelihoods; Food Security; Water and Sanitation Facilities; Health Care; Shelter, as well as Programme Management.

During the first 6 months following the earthquake 96% of the activities implemented were related to emergency relief. Most of them concerned the provision of shelter (temporary or emergency).

By May 2101 temporary shelter had been provided in large or small camps through various types of large- and small-scale programmes and projects. Many of these activities are still ongoing, as materials already need replacing. Not only emergency shelter but also semi-permanent housing (temporary T-shelters) have been constructed; these can be modified into permanent structures at a later stage. The construction of more permanent housing and the rehabilitation of damaged property and infrastructure face challenges because of the urban setting in which the disaster struck, and the absence of government plans and decision-making on land rights and tenure rights, debris removal and making land available.

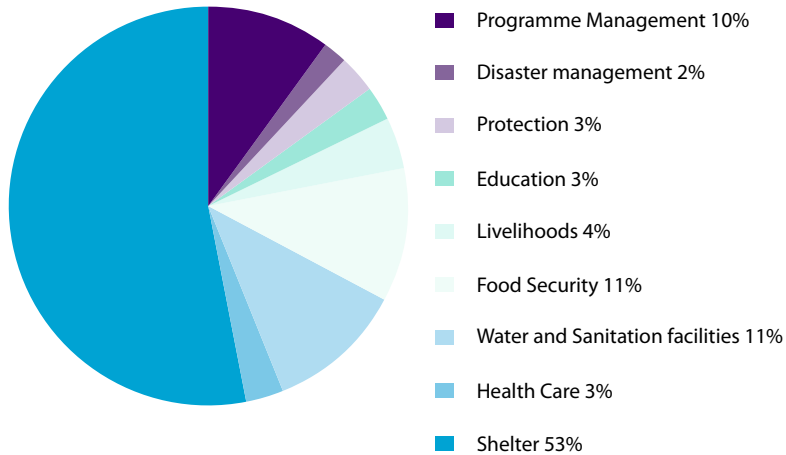
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Substantial disbursements have also been made to assure the provision of water and sanitation and food security. Activities in the Water and Sanitation cluster include (re) constructing water and sanitary facilities, organising awareness-raising campaigns on the importance of hygiene, and improving the capacity of local organisations to ensure the quality of water facilities in the long-term. The recent cholera epidemic underlined the necessity and urgency of carrying out activities in this sector.²⁵³ Programmes related to ensuring food security focus primarily on the distribution of food packages and ready meals. In the first few months following the earthquake such programmes targeted all victims; subsequently, food aid was provided only to vulnerable groups such as babies, young children, pregnant women and the elderly.

²⁵² E.g. UNICEF Nederland has channelled its funds through UNICEF New York. Its contribution amounted to 4.4 per cent of UNICEF's total budget for 2010 (see www.haitinu.nl); Rode Kruis Nederland has channelled its funds through the International Federation of the Red Cross and Red Crescent (IFRC) with implementation through the Haitian Red Cross. However, Rode Kruis Nederland has also sent its own staff to Haiti to assist.

²⁵³ The cholera outbreak which started in October 2010 had affected more than 120,000 persons by the middle of December 2010, resulting in more than 3,500 dead by early January 2011 (UNOCHA, <http://ochaonline.un.org/tabid/6412/language/en-US/Default.aspx>). It is reported that the people in camps have been less affected by the epidemic due to the generally better water and sanitary conditions (information provided by J. Heeger - former UNICEF staff on water and sanitation - at a presentation at the Netherlands Ministry of Foreign Affairs, 16 December 2010).

Figure 2. Expenditure per sector (as at 30 June 2010)²⁵⁴



Source: SHO-actie 'Help Slachtoffers Aardbeving Haïti', Second Joint Report 13 January-30 June 2010.

The other sectors have been less important in budgetary terms. They cover essential activities such as livelihood development (cash and food for work, rehabilitation of agricultural activities, trade and business), education, protection (child protection, protection against gender-based violence, and housing and property rights), and disaster management (disaster preparedness planning, early warning systems, capacity building).

As shown in table 1, the 'programme focus' among the different SHO organisations varies considerably. Cordaid is the largest donor in terms of the provision of health care and food security. The Dutch Red Cross (Nederlandse Rode Kruis) is the largest donor in the area of shelter. UNICEF is the largest donor in providing water and sanitation facilities and protection, ICCO in livelihood programmes, Save the Children in education and Plan Nederland in disaster management.

²⁵⁴ These figures will be updated by IOB on the basis of additional information to be provided by SHO. Consolidated (audited) figures will become available in the report of SHO covering January – December 2010 due in April 2011.

Table 1 Expenditure in EUR by sector and organisation (as at 30 June 2010)											
	Health care	Water & sanitation	Food security	Livelihoods	Education	Shelter	Disaster Management	Protection	Programme management	Total	
Cordaid	334,636	-	1,198,092	-	-	954,003	-	-	633,328	3,120,059	
ICCO & Kerk in Actie	127,598	9,928	541,677	431,422	-	1,120,014	9,059	-	147,542	2,387,240	
Oxfam Novib	-	829,865	-	266,188	-	638,722	14,370	-	250,855	2,000,000	
Nederlandse Rode Kruis	46,520	25,200	-	-	-	7,821,015	4,000	-	163,500	8,060,235	
Tear	55,115	138,226	47,726	41,283	981	-	-	-	39,609	322,940	
Terre des Hommes	-	301,964	104,350	98,583	-	73,090	-	321,710	213,314	1,113,011	
UNICEF Nederland	129,933	956,776	397,521	-	626,493	-	24,078	362,539	705,088	3,202,428	
Save the Children	-	-	-	-	-	728,093	96,309	-	109,818	934,220	
World Vision	-	-	-	-	-	525,135	-	-	52,455	577,590	
Dorcas	-	187,064	-	195,292	-	144,157	-	-	12,667	539,180	
Leger des Heils	107,491	7,403	150,037	-	-	143,654	35,501	-	9,994	454,080	
Plan Nederland	-	-	-	-	-	171,344	193,743	-	54,763	419,850	
Total	801,293	2,456,426	2,459,403	1,032,768	627,474	12,319,227	377,060	684,249	2,392,933	23,130,833	

Source: SHO-actie Help slachtoffers aardbeving Haiti, Tweede Voortgangsrapportage 13 januari – 20 juni 2010, September 2010.

²⁵⁵ These figures will be updated by IOB on the basis of information provided by SHO. Audited figures will become available in the report of SHO covering January – December 2010, due in April 2011.

Reporting on progress and results

SHO's management plan for the Haiti Action stipulates that the individual member and guest agencies are to periodically report to SHO on the progress and results of their individual activities, applying a standard reporting format. This facilitates both the management of the entire programme and the joint periodic reporting on the programme.

In response to the generous amount of funds donated by the Dutch public during the National Action Plan for Haiti and largely matched by the Ministry of Foreign Affairs from the Dutch ODA budget, SHO has already reported to the public and the Ministry on how the resources have been put to use.

In 2010, SHO issued two joint progress reports: a 3-monthly one in June and a 6-monthly one in September. On 11 January 2011, the anniversary of the earthquake, it also published a brief narrative report covering major accomplishments in 2010. As stipulated by the subsidy agreement between the Ministry of Foreign Affairs and SHO, these interim reports to the public are to be complemented by annual reports to the Ministry of Foreign Affairs covering the period 2010 – 2013/2015.²⁵⁶ The report for 2010 is to be published before 30 April 2011.

Rationale for the evaluation

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The subsidy agreement between the Ministry of Foreign Affairs and SHO (19 April 2010) covering the subsidy of EUR 41.7 provided by the Ministry from Dutch ODA funds stipulates that SHO will commission a 'meta evaluation'²⁵⁷ covering the entire period of the Haiti Action, i.e. January 2010 – December 2014. In addition, the agreement contains a number of stipulations to do with administration: these include the submission of a plan for the reconstruction phase, and substantive and financial reporting covering the relief and reconstruction stage. It also states that the Ministry may undertake or commission specific studies or research.

With reference to the latter, the Ministry's Department of Human Rights, Good Governance and Humanitarian Aid (DMH) and SHO agreed that the Ministry's Policy and Operations Evaluation Department would undertake an independent evaluation of the activities implemented by SHO during 2010; most of these activities are interventions focused on emergency relief. The evaluation will serve two purposes. Firstly, it will allow lessons about the implementation and results of the emergency relief activities to be learnt without having to wait for the results of the abovementioned meta evaluation.²⁵⁸ Secondly, it will serve as one of the inputs for the meta evaluation.

²⁵⁶ In its administrative plan for the Haiti Action, SHO assumes that its activities will cover a period of 3 to 5 years. The annual report covering 2010 is to be issued in the first quarter of 2011.

²⁵⁷ This meta evaluation is to be based on and will synthesise the results of evaluations and/or evaluative studies conducted or commissioned by individual SHO organisations.

²⁵⁸ Such lessons will be valuable because the activities are implemented in a complex urban context which provides challenges to SHO organisations, many of whom have been providing emergency assistance in rural rather than in urban settings.

Objective of the evaluation

The main objective of the evaluation is to provide insight into the effects of the support provided by the SHO organisations to Haiti during 2010, with the intention of providing lessons for them, for the SHO as a whole and for the Ministry of Foreign Affairs. The evaluation also serves an accountability purpose by reporting how the funds provided by the Ministry and the general public in the Netherlands have been put to use and to what effect. In order to serve its accountability function for the Haitian stakeholders, a French version of the final report may also be issued.

The evaluation will provide a comprehensive overview of the activities which have been implemented in 2010 and will assess their results. The different SHO organisations are part of an international network organisation (e.g. Oxfam Novib) or channel their contributions to an international organisation (e.g. UNICEF Nederland channels its contribution to UNICEF International and Nederlandse Rode Kruis channels its contribution through the International Federation of the Red Cross and Red Crescent Societies (IFRC)). This implies that these SHO organisations have been contributing to the larger programmes implemented by these international organisations and their affiliates. Other SHO organisations provide direct support in collaboration with their national counterparts which are implementing activities (e.g. Cordaid and ICCO & Kerk in Actie). The evaluation will take these different modalities into consideration.

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The bulk of the support provided by the SHO organisations throughout 2010 has been focused on emergency relief interventions with a small – but growing – share of recovery activities, such as the rehabilitation and reconstruction of houses, support for livelihood development, etc. However, in view of the fact that the relief phase has been extended, it is expected that it will be difficult to meaningfully cover the aspect ‘linking relief, rehabilitation and development – LRRD’ at this juncture.

In principle, the evaluation will cover activities in all sectors supported by the various SHO organisations. In scoping the evaluation, the relative importance of sectors covered will be taken into account, as well as the relative importance of the distribution of funds among the SHO organisations. For instance, in terms of sector focus, data on expenditure in the period January – June 2010 indicate that the bulk of the support has been directed towards shelter, with food security and water and sanitation also being very important. This relative weight of sectors will be expressed in the programmes/projects activities selected to be reviewed in more detail (see also scope of the evaluation).

Use of the evaluation

Taking into account the objectives as stated above, the following primary users are identified:

- the SHO Foundation and its organisations and their implementing partners in Haiti;
- other organisations providing support to Haiti (non-governmental and multilateral organisations);

- the Netherlands Ministry of Foreign Affairs, and in particular its Humanitarian Aid Division (DMH/HH);
- the Dutch Parliament and the general public;
- the Government of Haiti and national stakeholders; and
- the wider development community involved in humanitarian and reconstruction assistance in Haiti and other contexts.

To ensure the usefulness (and use) of the evaluation findings and (possible) recommendations, IOB has engaged the key stakeholders i.e. the SHO organisations and DMH/HH in the design of the evaluation. The interpretation of the evaluation findings will be based on the particular circumstances in Haiti and the way in which the SHO organisations and their affiliates have had to deal with the challenges and opportunities defined by this context. If recommendations are provided, they will be actor-specific and actionable.

In order to ensure wide dissemination, the final evaluation report and its summary (policy brief) will be published in English and French. Dissemination will take place through printed reports as well as electronically by posting the report on the websites of the Netherlands Ministry of Foreign Affairs, SHO and ALNAP.

Scope, approach and methodology

Scope of the Evaluation

After the earthquake, despite the difficult conditions prevailing in Haiti, many activities were carried out across the country by a range of different actors. The evaluation will examine the programmes/projects implemented in 2010, taking 31 December 2010 as a cut-off point. This is also the period covered by SHO's 2010 report, which is expected in April 2011.

As mentioned above, the evaluation will include all SHO organisations and their affiliates active in Haiti. Specific attention will be given to partners with the largest share of the expenditure in 2010. The evaluation will also cover all sectors receiving support, with emphasis on the sectors which have been the most important in terms of disbursements. Within the respective sectors, specific interventions (projects) will be selected for in-depth investigation at field level.

As mentioned, the evaluation covers the first year of SHO support to Haiti, which is mainly characterised by protracted emergency relief. The boundary between emergency relief and early recovery/rehabilitation is not always clear; support to early recovery/rehabilitation activities should already be being provided in the emergency phase.²⁵⁹ Consequently, the evaluation will also cover activities related to recovery/rehabilitation, such as education (e.g. rebuilding schools) and livelihood programmes (e.g. food-for-work and cash-for-work programmes and the provision of small loans to families and small enterprises). Finally,

²⁵⁹ In the aftermath of a disaster such as occurred in Haiti, people commonly begin recovery efforts immediately and it is important to investigate how and to what effect they have been supported.

whilst the evaluation will mainly focus on activities in urban areas, it will also cover some interventions in rural areas (e.g. projects/programmes focusing on rural livelihoods and agricultural production).

Approach and methodology

Humanitarian interventions are inherently difficult to evaluate with any degree of rigour beyond measuring basic inputs and outputs (tonnes of food delivered, numbers of water pumps installed, etc.). Key challenges include the lack of baseline data, the absence of universally agreed overall results objectives, constraints of time and of human resources for dealing with the task, and the problem of attribution. In a fluid and chaotic post-disaster environment in which circumstances change critically and rapidly, affecting people's lives, it is difficult to establish the impact of specific interventions and the causal link between the programme/project at issue and beneficiaries' wellbeing.

The evaluation will apply the OECD-DAC evaluation criteria modified for evaluating humanitarian action (relevance, effectiveness, efficiency, impact, connectedness / sustainability, coherence, coordination, and coverage).²⁶⁰ It will take into account the specific context of Haiti, the perspectives of different stakeholder groups and indicators in relation to the goals of the interventions at issue. Attention will be paid to ascertaining the views of different stakeholders including beneficiaries, about the interventions concerned.²⁶¹

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The evaluation will apply a two-stage approach: a desk study stage followed by field investigations of a sample of interventions that will be investigated in detail.

Stage 1 will involve:

- (I) updating information on expenditures;
- (II) inventorying projects and programmes implemented in 2010;
- (III) analysing relevant information pertaining to these interventions (project/programme plans, progress and completion reports, reviews and evaluations, to obtain answers to the evaluation questions. This information will be obtained from each of the SHO organisations and/or through the SHO Back Office. In order to be able to triangulate the findings of the current evaluation and put them into context, the desk

²⁶⁰ Beck, T. *Evaluating humanitarian action using the OECD-DAC criteria – an ALNAP guide for humanitarian agencies*, ALNAP Overseas Development Institute, London 2006. Sustainability – of particular importance for development aid – is concerned with assessing whether an activity or its results is/are likely to continue after the external (donor) support has ended. In contrast to development activities, many humanitarian interventions are not designed to be sustainable. However, they still need to be assessed, to ascertain whether in responding to immediate needs their strategy takes into account the longer term. For example, effective and efficient food distribution that goes on for too long may negatively impact on local food producers whilst also creating dependency among recipients of food aid.

²⁶¹ Information from multiple viewpoints will help fill in the picture when linear causality between intervention and outcome cannot be demonstrated. See Rencoret, N., A. Stoddard, K. Haver, G. Taylor and P. Harvey (2010), *Haiti Earthquake Response. Context Analysis*, ALNAP, OECD/DAC Evaluation Network, UNEG, July 2010.

phase will also include an analysis of reviews and evaluations which have been conducted or commissioned by other agencies; and

- (IV) Interviews with the Haiti coordinators of each of the SHO organisations, to discuss issues emanating from the analysis of the documentation mentioned under III.

On the basis of the insights obtained in the first stage, a purposive (i.e. non-random) sample of activities will be selected for more detailed investigation at field level (Stage 2). The evaluation team will inform the SHO organisations which activities will be covered in the field investigations. It will also liaise with the headquarters of these organisations, in order to ensure the investigations are well coordinated with their field offices.

Stage 2 will entail a 3-week mission to Haiti aimed at probing deeper into the effects on the ground, looking at the ways in which the activities have been implemented, as well as gathering the on-the-ground perspectives of a wide range of stakeholders.

The investigations will include on-site focus group discussions with the affected population, face-to-face interviews and group discussions with the local partners of the SHO organisations, as well as interviews with selected key stakeholders involved in emergency relief and recovery activities in Haiti (for example: Cluster Leads, international NGOs, national institutions, including local government, national NGOs/CBOs, including churches). When eliciting the views of programme and project beneficiaries, specific attention will be given to those who are extremely vulnerable, such as children (including orphans), women and the elderly.

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At the end of the field visit the evaluation team will hold a debriefing meeting, to discuss and verify its preliminary findings with the various stakeholders.

The evaluation will be carried out in close cooperation with the SHO organisations which were invited to contribute specific issues to the evaluation's Terms of Reference. Whenever possible it will make use of existing data sets, progress reports, reviews and evaluative studies of the SHO organisations and others. Finally, to avoid duplication or overlap with the abovementioned investigation of the Court of Audit, IOB will liaise with the Dutch Court of Audit.

Methods and limitations

The evaluation will be based on an analysis of secondary sources and field verification of selected interventions.

- The contents of the progress reports produced by all SHO organisations will be analysed. The three available periodic reports (January – March; January – June; January – December), each with a similar format, will enable progress to be charted and results to be described. The quality of these reports (in terms of completeness and evidence base) will be assessed;
- Where available, information will be gathered from baseline studies and beneficiary surveys produced by the agencies implementing the respective interventions. Time and budgetary constraints will preclude the evaluation from conducting its own surveys, but

it will use statistics made available by the implementing organisations (e.g. information on the adherence to the Sphere Minimum Standards in Disaster Response²⁶², the number of beneficiaries supported and data on their well-being, etc.). It is not specifically intended to compare the effectiveness of the organisations involved in implementing activities funded or co-funded by the SHO organisations; nevertheless, quantitative and qualitative information on the support provided (e.g. type and quality of services such as healthcare, water supply and education, as well as materials provided, such as temporary shelter and more permanent housing) may provide opportunities for benchmarking;

- Use will be made of the information provided by internal and external evaluations and reviews conducted by or for the agencies involved in implementing the activities funded through the SHO organisations. In addition, information on the context and on the challenges influencing the overall progress and success of the international support provided will be gathered from evaluations conducted by other agencies. The evaluation reports gathered thus far are listed in the annexed references; the evaluation will be able to include the findings of UNICEF's Evaluation Office's evaluation covering part of UNICEF's 2010 support programme, which is due to be published in March 2011;
- The information gathered through secondary sources will be complemented and verified by conducting interviews at the headquarters level of each SHO organisation. Amongst other things, these interviews will provide a perspective on how the interventions have evolved and how the organisations implementing the support have managed to overcome the challenges related to the specific context in Haiti and its dynamics (e.g. the cholera epidemic which struck the country nine months into the emergency operations);
- A number of activities will be verified in the field. As indicated above, these activities will be a purposive (i.e. non-random) sample. Nevertheless, they will illustrate the most important sectors of aid provided. Methods to be applied during field investigation include focus group discussions with selected population groups (e.g. women); face-to-face and/or group interviews with selected institutional stakeholders; the collection of quantitative data; and observations at project sites.

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Prior to the fieldwork stage, a note outlining more detailed approaches and methods to be applied in the field investigations, and an overview of interventions / activities to be studied at field level will be prepared and shared with the SHO organisations.

Evaluation questions

The evaluation will address the following central questions:

1. To what extent has the humanitarian assistance provided by the SHO organisations been in line with the internationally accepted humanitarian principles of humanity, impartiality, neutrality and independence and with the needs, priorities and rights of the affected population?

²⁶² These standards define a minimum level of services to be attained in a given context. Standards are developed for water supply, sanitation and hygiene promotion; food security, nutrition and food aid; shelter, settlement and non-food items; health services.

2. To what extent has the humanitarian assistance provided been relevant for the affected population and achieved its purpose, i.e. has it met the immediate material and non-material needs of the beneficiaries?

Below, these two overarching questions have been broken down into a number of subsidiary questions which follow the common OECD-DAC evaluation criteria adapted for evaluating humanitarian action and are based on a set of questions contained in the Haiti Earthquake Response Context Analysis document.²⁶³ More details on the questions below are given in an evaluation matrix.

Relevance

- Why did the SHO organisations decide to provide support to Haiti?
- Was the needs assessment adequate, and did it take into consideration the specific context of the disaster?
- Was the involvement of Haitian actors in needs assessment, design of interventions and implementation adequate, and in accordance with good practice?
- Were the interventions appropriate in relation to the specific characteristics of the disaster: urban setting, scale, weak governance, damage to institutional structures (government as well as NGOs)?
- Were the relevant technical/professional standards that are agreed in the humanitarian system applied?
- Were the humanitarian efforts supported with SHO funding coherent with national development plans and strategies?

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Effectiveness

- Did the SHO support achieve the envisaged outputs?
- Did the SHO support address the immediate needs of victims as defined in the needs assessments and as subsequently appeared?
- Were the beneficiaries reached satisfied with the support provided?

Efficiency

- Were the SHO organisations and their affiliates (e.g. network organisation, international organisation, Haitian partner) sufficiently equipped to provide the required support?

²⁶³ These questions were formulated to provide a framework for evaluations of humanitarian and reconstruction support to Haiti. See Rencoret, N., A. Stoddard, K. Haver, G. Taylor and P. Harvey (2010), *Haiti Earthquake Response. Context Analysis*, ALNAP, OECD/DAC Evaluation Network, UNEG, July 2010.

- Were activities cost-efficient in terms of financial and human resources – taking into consideration the context in which the intervention had to be implemented, e.g. costs to be incurred to reach the beneficiaries, and application of benchmarks for the costing of support items?
- Were activities of SHO organisations and their implementing partners adequately coordinated in the cluster system?
- Was an adequate system for monitoring and evaluation in place in organisations receiving SHO support (SHO organisations and their national partners in Haiti)?

Connectedness/Sustainability

- Did the design of the interventions contain a transition strategy to recovery and development?

Organisation of the evaluation

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The evaluation will be coordinated by IOB evaluator Ted Kliest. IOB researcher Rafaëla Feddes will be involved in the desk research, the field investigations and in writing the final report. Two external experts (Bert van de Putte and Hans Bruning) will be contracted to elaborate the evaluation's approach and methodology, participate in the desk research, conduct the field investigations, analyse the findings of the evaluation and participate in writing the final report. The two external experts will engage local support staff to provide assistance during the field investigations (e.g. translate into Creole during interviews with beneficiaries).

The evaluation will be guided by a reference group consisting of Madelon Cabooter (Head of the Childrens Rights and Programmes Department of UNICEF Nederland) representing SHO; Margriet Koeleman, senior policy officer from the Human Rights, Gender Equality, Good Governance and Humanitarian Aid Department (DMH) of the Netherlands Ministry of Foreign Affairs; and Mariska van Beijnum (Deputy Head of the Conflict Research Unit, Netherlands Institute of International Relations Clingendael). The reference group is chaired by Director IOB (Ruerd Ruben) and is responsible for reviewing and providing comments on the draft Terms of Reference for the evaluation and on the draft final report. The reference group will convene twice during the course of the evaluation.

As part of IOB's quality assurance process, IOB evaluators Hans Slot, Max Timmerman and Henri Jorritsma will be involved as 'internal readers', providing comments on the draft ToR and the draft final report.

Deliverables

The evaluation will produce the following deliverables aimed at reaching different stakeholder groups:

- A final report in English (about 50 pages excluding annexes);
- Possibly a final report in French (about 50 pages excluding annexes); and
- A policy brief (Dutch and possibly English, French, and Creole) summarising the evaluation's results.

It is also envisaged that a workshop will be organised in the Netherlands, to discuss the evaluation report with the SHO organisations, staff of the Ministry of Foreign Affairs and other interested parties. Possibilities for a feedback event in Haiti will be investigated.

Projected timetable

The evaluation will be conducted in the period February – May/June 2011 according to the timetable below.

Table 2 Timetable	
Activity	Timing/completion date
Preparation of ToR	January 2011
Review of draft ToR by SHO and reference group	February 2011
Finalisation of ToR	9 March 2011
Desk study phase (incl. interviews in the Netherlands)	15 February – 24 March 2011
Provision of information to SHO on the field work stage (activities selected and field work approach and methods)	Last week of March 2011
Field study phase	In the period 29 March – 16 April 2011 (NB. fieldwork will take place after the 2 nd round of the presidential elections currently planned for 20 March)
Analysis and preparation of report	26 April – mid May 2011
Draft report for review by SHO and reference group	20 May 2011
Final report	Beginning of June 2011 followed by printing and publication (late June)

Budget

The evaluation will be financed from the budget of IOB with DMH/HH contributing 50 per cent of the total costs, i.e. EUR 56,175. DMH/HH will transfer its contribution to the budget of IOB for 2011 after the evaluation has been completed.

Budget category	Estimated Costs (EUR)
IOB evaluator T. Kliet (3 person months, travel and DSA Haiti)	not applicable
Team of external consultants (R.A. van de Putte & H. Bruning: 55 person days, travel and DSA Haiti, including in-country field assistance)	59,500 (incl. VAT)
IOB research assistant R. Feddes (3 person months, travel and DSA Haiti)	22,000
Report production including costs of translation/language correction (English & French report; policy brief in English and French)	24,500
Reference Group (4 person days external expert M. van Beijnum)	1,000
Subtotal	107,000
Contingency (5%)	5,350
Total	112,350

Table 4 Evaluation matrix				
Evaluation questions	Detailed questions	Data sources		
Relevance		Desk study	Interviews at HQ	Field study
Why did the SHO organisations decide to provide support to Haiti?	<ul style="list-style-type: none"> • What were the grounds for the decision to engage? • How was the decision taken? 		X	
Was the needs assessment adequate, and did it take into consideration the specific context of the disaster?	<ul style="list-style-type: none"> • Were the interventions supported based on a methodologically sound, comprehensive and prioritised assessment of needs? Who conducted the needs assessment? 	X	X	X
Was the involvement of Haitian actors in needs assessment, design of interventions and implementation adequate, and in accordance with good practice?	<ul style="list-style-type: none"> • Were beneficiaries and local stakeholders consulted about their needs and the design of the activity? • Were the staff involved in the consultations and design of the intervention French or Creole speakers? • Was ongoing participation and consultation of beneficiaries and local or national stakeholders built in throughout the 'project cycle'? • Were there trade-offs between the need for coordination and local ownership, and the need for quick results/impacts? 	X X X X	X X X X	X X X X
Were the interventions appropriate in relation to the specific characteristics of the disaster: urban setting, scale, weak governance, damage to institutional structures (government and GOs)?	<ul style="list-style-type: none"> • Was the design of the interventions tailored to and appropriate for the urban setting? • Was the design grounded in a solid contextual understanding of the Haitian socio-economic context pre-earthquake and experience of sudden onset disasters (particularly in the peri-urban environment of Port-au-Prince)? • Were the interventions appropriately designed for the 'mega disaster' conditions in Haiti? • To what extent were the interventions designed to be flexible and thus able to adapt to the changing priorities and needs of the beneficiaries and changes in the context? • Were the interventions timely (i.e., how soon after earthquake did activities begin)? 	X X X X X	X X X X X	X X X X X

Evaluation questions	Detailed questions	Data sources		
Were the relevant generally accepted technical/professional standards of humanitarian assistance applied?	<ul style="list-style-type: none"> • Were the relevant technical standards (e.g. Sphere Standards) applied and met, taking into account the context in which the interventions had to take place? Did the SHO organisations and their affiliates adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and non-Governmental Organisations in disaster relief? • Were protection activities and measures included in or integrated with the intervention? • Did the interventions apply the principle of 'do no harm' and assist early recovery and reconstruction by strengthening livelihoods, community stability, or civil society or by addressing the psychosocial needs of the earthquake victims? 	X	X	X
Were the humanitarian efforts supported with SHO funding coherent with national development plans and strategies?	<ul style="list-style-type: none"> • Were the different humanitarian efforts provided by the respective SHO organisations and implemented through their counterparts on the ground coherent with each other and with those of other humanitarian actors, as well as with national strategies? • Were the interventions linked explicitly with pre-earthquake development objectives and activities? 	X	X	X
Effectiveness		Desk study	Interviews at HQ	Field study
Did the SHO support achieve the envisaged outputs?	<ul style="list-style-type: none"> • Were specific output targets met? • What percentage of the beneficiaries targeted by the interventions has been reached? 	X X	X X	X X
Did the SHO support address the immediate needs of victims as defined in the needs assessments and as subsequently appeared?	<ul style="list-style-type: none"> • Were the objectives of the interventions (outcomes) achieved on the basis of outputs realised? • Did the interventions contribute to saving lives (reduce mortality, morbidity or the risk of disease)? • Did the interventions directly relieve suffering by addressing acute human needs in the aftermath of the earthquake and did they contribute to restoring the dignity of the affected population? • What were the unintended consequences – positive and negative? 	X X X X	X X X X	X X X X

Evaluation questions	Detailed questions	Data sources		
Were the beneficiaries reached satisfied with the support provided?		X	X	X
Efficiency		Desk study	Interviews at HQ	Field study
Were the SHO organisations and their affiliates (international partners, national partners) sufficiently equipped to provide the required support?		X	X	X
Were activities cost-efficient in terms of financial and human resources – taking into consideration the context in which the intervention had to be implemented, e.g. costs to be incurred to reach the beneficiaries?	<ul style="list-style-type: none"> Were activities cost-efficient in terms of financial and human resources – taking into consideration the context in which the intervention had to be implemented, e.g. costs to be incurred to reach the beneficiaries? Were benchmarks applied for the costing of support items? 	X	X	X
Were the activities of SHO organisations and their implementing partners adequately coordinated in the cluster system?	<ul style="list-style-type: none"> Did all SHO organisations and affiliates work within the cluster system? Was coordination effective between (i) the SHO organisations and their counterparts and (ii) other actors, including the organisations which were Cluster Leads? Did it identify and fill gaps in the support provided, enhance strategic prioritisation of activities and timeliness in implementation? Was it accomplished with a minimum of administrative burden? 	X	X	X
	<ul style="list-style-type: none"> Did the SHO organisations manage operational information effectively? Were coordination and management decisions made on the basis of information generated by the humanitarian system in Haiti? 	X	X	X
	<ul style="list-style-type: none"> What have been the effects of the SHO assistance on their local partners (enhancing capacities)? 	X	X	X

Evaluation questions	Detailed questions	Data sources		
Did the organisations receiving SHO support (SHO organisations and their national partners in Haiti) have an adequate system for monitoring and evaluation?	<ul style="list-style-type: none"> • Have the interventions been properly monitored to ensure (i) adjustments are made when necessary and (ii) periodic reporting as stipulated in the SHO management plan? 	X	X	
	<ul style="list-style-type: none"> • Have SHO organisations and/or their counterparts evaluated ongoing and/or completed activities. If so, how have these evaluations been used? 	X	X	
	<ul style="list-style-type: none"> • Have SHO organisations been involved in conducting specific studies and or lesson-learning exercises (e.g., investigations focused on the ways in which the international community has engaged in Haiti, or the behaviour of specific groups of donors and agencies)? If so, how have such studies been used? 	X	X	
	<ul style="list-style-type: none"> • How did the SHO organisations communicate and report on accomplishments? 	X	X	
Connectedness/Sustainability		Desk study	Interviews at HQ	Field study
Did the design of the interventions contain a transition strategy to recovery and development?	<ul style="list-style-type: none"> • To what extent has a longer-term horizon been adopted in the 'programme/project' strategy (in terms of continuation of recovery activities after the activity has ended) – linking relief, rehabilitation and development (LRRD) and/or exit strategy? 	X	X	
	<ul style="list-style-type: none"> • Did the design of the interventions contain a transition strategy to recovery and development? 	X	X	

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Reports provided to SHO Back Office by the individual SHO organisations:

Report 1: January – March 2011

Report 2: January – June 2011

Report 3: January – December 2011

Annex 3 Persons consulted

Representatives of SHO organisations in The Netherlands

CARE NL	<ul style="list-style-type: none">• Guus Eskens: Executive director• Nok van de Langenberg: Programme director• Martje van Raamsdonk: Programme officer
Cordaid Mensen in Nood	<ul style="list-style-type: none">• Edith Boekraad: Haiti project leader• Paul Borsboom: Senior programme officer, emergency aid• Henk Meijerink: Shelter advisor
Dorcas	<ul style="list-style-type: none">• Iris Brouwer-Vink: Interim relief & rehabilitation coordinator
ICCO & Kerk in Actie	<ul style="list-style-type: none">• Dick Loendersloot: Programme officer• Els Hortensius: Programme officer• Anne Zijsling: Finance officer
Netherlands Red Cross	<ul style="list-style-type: none">• Marie Louise Fillekes Murekatete: Haiti programme coordinator• Jeroen Bolhuis: Financial and operations controller• Eelko Brouwer: Disaster management advisor and coordinator of international relief
Oxfam Novib	<ul style="list-style-type: none">• Anne Pieter van Dijk: Coordinator of humanitarian programmes• Kirsten Tinnemans: Advisor on quality and control in planning, monitoring and evaluation
Plan Nederland	<ul style="list-style-type: none">• Ismène Stalpers: Resource mobilisation manager, Plan Nederland• Chris Soebroto: Programme information coordinator
Salvation Army Netherlands	<ul style="list-style-type: none">• Wim Kanis: Officer/team leader
Save the children	<ul style="list-style-type: none">• Goossen Hoenders: Haiti programme manager
Tear	<ul style="list-style-type: none">• Roeland Boes: Disaster management officer for Haiti• Jaap Boersma: Regional director for Asia and Latin America

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| Terre des Hommes | <ul style="list-style-type: none">• Kirsten Oosterbroek: Project officer, humanitarian aid• Michel van der Hoeven: Head, financial unit |
| UNICEF Nederland | <ul style="list-style-type: none">• Martijn Engels: Senior programme officer• Madelon Cabooter: Head, Childrens Rights and Programmes Department |
| World Vision | <ul style="list-style-type: none">• Fred Rietkerk: Coordinator, humanitarian & emergency affairs |

The evaluation team reported the preliminary findings of its field visit of 29 March – 16 April 2011 to representatives of the SHO organisations and the SHO Back Office at a debriefing on 25 May 2011.

Other respondents in The Netherlands

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|---|--|
| SHO | <ul style="list-style-type: none">• Farah Karimi: SHO Haiti campaign director, Director of Oxfam Novib• Elselijnn Mulder: SHO Back Office• Hans van der Hoogen: SHO Back Office, Manager of humanitarian and external funding units, Oxfam Novib |
| Netherlands Ministry of Foreign Affairs | <ul style="list-style-type: none">• Margriet Koeleman: Senior policy officer, Humanitarian aid division• Annelies Ellerman: First secretary at the Royal Netherlands Embassy in Santo Domingo, assigned to Haiti (contacted by e-mail) |

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Representatives of SHO organisations and their partner organisations in Haiti

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|------------------------|--|
| CARE Haiti | <ul style="list-style-type: none">• Glen Bouchard: Health sector coordinator• Stéphanie Maurissen: Programme development advisor• Yvonne Uwimane: Programme manager, sexual and reproductive health• Reginald Estriplet: Project manager, Léogâne |
| Christian Aid Haiti | <ul style="list-style-type: none">• Anthony Morton-King: Senior emergency manager• Focus group of staff of Christian Aid Haiti |
| Cordaid Mensen in Nood | <ul style="list-style-type: none">• Piet Spaarman: Country director• Michiel Mollen: Manager, shelter programme, Léogâne• James Morgan: Architect and ICT, Léogâne• Lesley Fourcand: Security officer• Focus group of Cordaid staff, Léogâne |

<p>Christian Reformed World Relief Committee (partner of Dorcas)</p>	<ul style="list-style-type: none"> • Willys Geffrard: Programme manager in Léogâne • Philip Westra: Coordinating engineer/ construction manager
<p>Groupe d'Appui aux Rapatriés et Réfugiés (partner of ICCO & Kerk in Actie)</p>	<ul style="list-style-type: none"> • Colette Lespinasse: Director • Focus group of staff of Groupe d'Appui aux Rapatriés et Réfugiés
<p>ICCO & Kerk in Actie</p>	<ul style="list-style-type: none"> • Evelyn Margron: Haiti country manager • Vincent Panzani: Responsible for Haiti and humanitarian response in ICCO's regional office in Managua, Nicaragua • Focus group of staff of ICCO Haiti
<p>International Federation of Red Cross and Red Crescent Societies</p>	<ul style="list-style-type: none"> • Mr S. McAndrew: Chief of emergency operations • Mrs B. Gaillis: Coordinator • Xavier Genout: Manager, shelter programme • Ascunción Martinez: staff member, shelter programme
<p>Netherlands Red Cross</p>	<ul style="list-style-type: none"> • Mr H. Meyer: Delegate, Netherlands Red Cross, Head of Mission
<p>Oxfam GB</p>	<ul style="list-style-type: none"> • Roland van Hauwermeiren: Haiti country director • Sunny Pereiram: Engineer • Paul Patrick: Engineer • Jean Gansley: Senior staff member
<p>Intermón Oxfam</p>	<ul style="list-style-type: none"> • Sandrine Robert: Emergency manager • Clarence Pierre: Gressier, Assistant WASH officer • Louis Pierre Lobo: Gressier, Field manager
<p>Plan Haiti</p>	<ul style="list-style-type: none"> • Mr J. Chaloner: Country director • Dario Lopez Desvars: Director of grants mobilisation • Emmanuel Exavier: Education officer • Compte Nativite: Director, École Nationale de Notre Dame de Rosaire • Mr C. Soebroto: Programme information coordinator • Focus group of staff of Plan Haiti's programme unit in Croix des Bouquettes
<p>Salvation Army Haiti</p>	<ul style="list-style-type: none"> • Major Ron Busroe: Director, recovery and development office • Grettel Mejia: Project officer, Salvation Army Netherlands

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| Save the children | <ul style="list-style-type: none">• Lisa Laumann: Programmes director |
| Tearfund | <ul style="list-style-type: none">• Kate Beck: Area coordinator, Tearfund Disaster management team• Janet Whalley: Programme support officer, Tearfund Disaster management team• Caroline Kassel: Country director, Tearfund Disaster management team |
| Terre des Hommes
Lausanne | <ul style="list-style-type: none">• Mr O. le Guillou: Country director, Haiti• Mr D. Dandres: Emergency desk officer• Mr Benoit: Field coordinator, Léogâne• Mr B. Lacossade: Agent de protection• Mr S. Garçon: Travailleur social |
| Unicef Haiti | <ul style="list-style-type: none">• Mrs F. Gruloos-Ackermans: UNICEF representative• Mrs S. Kleschnitzki: Reports and contributions manager• Dr J.C. Mubalama: Chief of health |
| World Vision | <ul style="list-style-type: none">• Annika Mueller: Programme development team leader |

Other respondents in Haiti

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| Representative of
Belgium | <ul style="list-style-type: none">• Gerrit Desloovere: Vice consul of Belgium |
| Representative of
The Netherlands | <ul style="list-style-type: none">• Rob Padberg: Honorary consul of the Netherlands |
| Fondefh | <ul style="list-style-type: none">• Dr B. Morose: Fondefh |
| Help Hospital, Léogâne | <ul style="list-style-type: none">• Eloi Berius, Director• Dr Rulx Narcisse, Obstetrics and gynaecology |

Beneficiaries

CARE	<ul style="list-style-type: none">• Eric Jean Baptiste IDP Camp, Carrefour, committee members:• Pierre Florès: President, Club Jeunes• Chrisla Jourdain: Délégué, Club des Femmes• Vera Blanfort: Secrétaire, Club des mères• Marie-Flore: Secrétaire, Club d'enfants• Sabrina Smyrne: Vice president, Club Jeunes• Elysée: Secrétaire du Comité• Guilaime: Club des Femmes• Carson Good: President of the committee• Mie Mande: President of the Club des Femmes• Gladis: Délégué, Club des Femmes• Michel: Logistics• Francoeur: Responsible for security in the camp
Cordaid Mensen in Nood	<ul style="list-style-type: none">• Wisner Blaise: beneficiary, Lompre (Léogâne)• Lena Bien-Aime: beneficiary, Lompre (Léogâne)• William Jean Edouard Volmou: beneficiary, Lompre (Léogâne)
Dorcas	<ul style="list-style-type: none">• Committee member and a focus group of female residents of Masson, housing project (Léogâne)
ICCO & Kerk in Actie	<ul style="list-style-type: none">• Four focus groups covering 40 beneficiaries in total
Plan	<ul style="list-style-type: none">• Focus group of staff of the school 'Le Bon Samaritan' in Croix des Bouquettes
Oxfam	<ul style="list-style-type: none">• Lumbert Perus: Golf course camp Port-au-Prince, President camp committee JPR• Famevy: Golf course camp Port-au-Prince, President of children's protection association• Anty Laurisse: Golf course camp Port-au-Prince, Community mobiliser Block B• Female beneficiary at camp 'Bois Ganmon', Gressier• Focus group of four female residents at camp 'Merger', Gressier• Sensibilisateur at camp 'Merger', Gressier on hygiene education employed by Intermon Oxfam on a day-to-day basis• Community mobiliser at camp 'La Colline', Gressier

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| International Federation of Red Cross and Red Crescent Societies | <ul style="list-style-type: none">• Jean Jerome Dilhomme: President of the camp committee of camp 'Annexe de la Mairie' in Cité Soleil• Posy Jean Hayrold: Counsellor of camp committee of camp 'Annexe de la Mairie' in Cité Soleil• Toussaint Emmanuel: Responsible for security of camp 'Annexe de la Mairie' in Cité Soleil• Focus group of four residents of camp 'Annexe de la Mairie' in Cité Soleil |
| Salvation Army Haiti | <ul style="list-style-type: none">• Focus group of 7 residents of camp committee in Delmas 2 |
| Terre des Hommes | <ul style="list-style-type: none">• Two social workers from Grand Goâve community centre |

Circumstances (among them the elections) prevented the evaluation team from consulting with government representatives.

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Front cover: Raising marsh land with rubble prior to reconstructing transitional shelters,
Cité Soleil, Port-au-Prince

Page 36: The devastated Presidential Palace in Port-au-Prince

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shelters, Cité Soleil, Port-au-Prince

Page 132: Replacing make-shift shelters with transitional houses, Port-au-Prince

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The earthquake that devastated Port-au-Prince in Haiti in January 2010 led to widespread human suffering. The international community responded by launching a massive relief and recovery effort of which a small part was funded through a public fund-raising campaign organised by the Netherlands SHO Foundation. The campaign, plus a substantial financial contribution by the Netherlands Ministry of

Foreign Affairs, resulted in a sum of EUR 111.4 million. This evaluation covers EUR 41 million of humanitarian aid provided by the SHO organisations in 2010. The aid was effective in meeting the immediate basic needs of the victims. It was consistent with international humanitarian principles and largely adhered to the standards humanitarian aid delivery.

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