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Final Evaluation Report

Evaluation of DG ECHO Financed Actions in Haiti

Country: Haiti

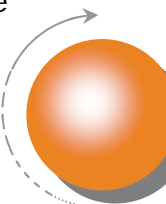
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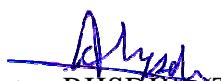
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FOREWORD

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LIST OF ACRONYMS

AAA	Agro Action Allemande
ACF	Action Contre la Faim
AIDCO	EuropeAid Co-operation Office
AMI	Aide Médicale Internationale
CAMEP	Centrale Autonome Metropolitaine d'Eau Potable
CNSA	Coordination Nationale de la Sécurité Alimentaire
CORDAID	Catholic Organisation for Relief and Development Aid
CRS	Catholic Relief Services
DCA	Danish Church Aid
DFID	UK Department for International Development
DG DEV	European Commission's Directorate-General for Development
DPP	Disaster Preparedness and Prevention
EC	European Commission
DG ECHO	European Commission's Directorate-General for Humanitarian Aid
EDF	European Development Fund
FAO	Food and Agriculture Organization
FPA	Framework Partnership Agreement
GDP	Gross Domestic Product
HDI	Human Development Index
ICRC	International Committee of the Red Cross and Red Crescent
ICT	Information and Communication Technology
IFAD	International Fund for Agricultural Development
IFRC	International Federation of Red Cross and Red Crescent Societies

IMC	International Medical Corps
IO	International Organisation
IRC	International Rescue Committee
LRRD	Linking Relief, Rehabilitation and Development
MCH	Mother and Child Health
MDM	Médecins du Monde
MOPH	Ministry of Public Health
MSF	Médecins Sans Frontières
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OCHA	UN Office for the Coordination of Humanitarian Affairs
PHC	Primary Health Care / Primary Health Centre
PRODEVA	L'Association Haitienne pour la Promotion d'un Developpement Autonome
RELEX	European Commission's Directorate-General for External Relations
SNEP	Service National de l'Eau Potable
SPC	Socio-political Crisis
TA	Technical Assistant
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VOICE	Voluntary Organisations in Cooperation in Emergencies
WatSan	Water & Sanitation
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

1. From 2nd May to the 4th June 2005, at the request of the European Commission's Directorate-General for Humanitarian Aid (DG ECHO), a team of two external consultants (WatSan Expert Anton Rijdsijk and Public Health Expert Dr. Michael Andreini), evaluated DG ECHO financed actions in Haiti for 2004. The consultants discussed the projects with both DG ECHO's staff, representatives of DG ECHO partners, as well as beneficiaries. As a result of this close cooperation, the evaluation visited nearly all the field project sites in Haiti.
2. Haiti, one of the poorest and most unstable countries in the world, has suffered from a series both man-made and natural disasters in recent years. In December 2003, Haiti suffered from floods. In January 2004, a revolt against President Jean-Bertrand Aristide, who was forced into exile at the end of February, caused a great deal of disturbance and violence in the country. In May, torrential rains in the south of the island destroyed about 5,000 homes and killed more than 2,000 people. On top of this hardship, Haiti was struck a few months later by hurricane Jeanne, which caused extensive flooding, and left 3,000 people dead in Ennery and Gonaïves. At present, Haiti has an interim government and the UN force MINUSTAH provides its security.
3. DG ECHO, with a budget of nearly EUR 13 million (the second largest donor of emergency relief funds for 2004), supported a wide variety of projects ranging from water and sanitation to agriculture, health and nutrition, and communications and co-ordination. This approach was well justified in view of the complex emergency in Haiti.

DG ECHO'S POSITION IN HAITI

4. Emergency aid in 2004 made up only a small portion of the total aid to Haiti. At present Haiti needs most development projects, however well-targeted emergency project may quickly alleviate the most urgent needs of the local population. In addition, the humanitarian situation still justifies the presence of DG ECHO. There is a clear need in the water and sanitation sector, but due to the complexity of these projects and the requirements to make these project sustainable, emergency projects are not the preferred option in this sector.
5. The health interventions might continue, as interruption of these projects might effect the most vulnerable population. The relevance of both health and food security is unclear as there are no reliable data available.
6. Although DG ECHO staff did a good job and had a realistic view of the situation, they were, due to the lack of a staffing, in no position to carry needs assessments or taken action if projects had difficulties. Apparently no one had given early warning to DG ECHO in view of the impending political crisis, as DG ECHO's decision was two weeks after the departure of Aristide.

RELEVANCE

7. In general, the projects were appropriate to the situation. Most relevant water projects were the responses to the floods in the south-west of Haiti and the Jeanne Floods. The same applies

to the small-scale rehabilitation and food security project in the agricultural areas near Gonaïves and Ennery. The projects in response to the political crisis in the northern towns of Cap Haitian and Port-de-Paix had a lower relevance, as the situation was not as disastrous as after the floods. In particular, the Oxfam-GB response in both cities might have been a bit excessive. The support given to the water supply company CAMEP in Port-au-Prince would have been relevant if it had targeted emergency repairs, rather than the replacement of worn-out equipment. The DG ECHO-sponsored telecommunications and OCHA co-ordination projects were very relevant during the chaos of the civil unrest.

8. The DG ECHO financed actions tried to understand the health and nutrition situation, control excess disease and injuries, and provide well-coordinated health care services to the most vulnerable segment of the population. The projects evaluated were highly relevant and addressed these well-identified basic emergency needs. However, incorporating the projects into action plans was not successful in all accepted projects. Proposals that did not use the logical frame matrix planning did less well than they could have.

EFFICIENCY

9. The efficiency of the DG ECHO projects was reasonable, as the input of staff (expensive expatriates) was modest and the methods used appropriate. Only Oxfam-GB in the northern cities could probably have used methods that are somewhat more efficient and fewer expatriate staff. The Cost/Beneficiary Ratios of the water delivery projects, varied from EUR 5 to EUR 8, while the projects with mainly emergency rehabilitations ranged from EUR 9 to EUR 86 for the FAO rehabilitation of the irrigation infrastructure. However, in view of the respective and expected achievements, these costs are not excessive.

10. Organisations performing similar activities had similar cost. Therefore, the determination of the health and nutrition projects' 'Value for Money' is difficult, as the line items for different projects varied according to the activities carried out. Operations were carried out correctly by most organisations, but poor institutional health resources and an inadequate ability to manage the available human resources reduced the operational capacity of some projects.

EFFECTIVENESS

11. The water delivery projects were effective as they prevented the outbreak of diseases during the floods. Most projects were carried out punctually and appropriately, and were flexible enough to adapt to the changing external factors of the diverse crises. The effectiveness of the emergency rehabilitation projects was reasonable. However, the quality of construction should have been better in several cases.

12. Poor estimates of the organisations' capacity to successfully undertake several health and nutrition projects meant that a few projects failed to be most effective at a time when they were most needed. PAHO was unable to receive sufficient human resources on the ground to produce needed outputs, UNICEF was held back by internal management delays, and the IFRC were not able to respond on time due to logistical and management problems.

13. The coordination and communication projects by IFRC and OCHA were less effective than they should have been. Especially, the IFRC project has put constraints on DG ECHO's partners. But, thanks to the resolution of the political crisis, no staff member was harmed and no project had to be cancelled.

IMPACT

14. The impact of the Oxfam-GB project in Cap Haitian and Port-de-Paix was high but short-lived, as people returned to the contaminated water sources, and the situation remained difficult at the end of the project. The effectiveness of the ACF project rehabilitations in Port de-Paix was higher, but was compromised by the poor water supply network. The greatest impact was achieved by organisations that focused on areas of Primary Health Care and emergency response to victims of natural disaster or violence, which reduced human suffering to a large extent. For the most part however, although the coverage was commendable, this positive impact was short-lived.

SUSTAINABILITY

15. The real emergency relief projects left few sustainable elements behind, or had little impact on the development of Haiti. A good degree of sustainability was achieved by those organisations whose programmes were tied into existing Haitian structures. In addition, several projects had some after-care activities (Oxfam-GB and ACF), teamed-up with a development partner (Oxfam-GB with LWF in the South East Haiti), or had a follow-up project by other donors. However, the sustainability of some rehabilitation projects is compromised by the poor quality of constructions, such as important water pipelines.

HORIZONTAL ISSUES

16. Security had been a problem for most of the NGOs, especially during the Jeanne floods in Gonaïves. OCHA reports the looting of aid convoys, harassing of staff and violent demonstrations. A reliable radio network, an early co-ordination and information policy and no constraints on OCHA staff would have benefited the NGO's operations. DG ECHO's partners paid sufficient attention to gender issues as most projects targeted directly or indirectly vulnerable people like women with children.

17. In view of sustainability, some DG ECHO partners maintain long-term cooperation with Haitian ministries and institutions, while others organised aftercare activities of their projects. These development strategies should be further pursued.

CONCLUSIONS

- I. DG ECHO supported a wide variety of projects, not only the more conventional health, nutrition and water and sanitation projects, but also agricultural and communication projects. In view of the complex and extended crisis in Haiti, this wider view was well justified and the vast majority of the projects are considered to be appropriate and reasonably successful;
- II. In general, most NGOs and IOs acted professionally in their operations. The progress under difficult security situations in an extremely poor country is greatly recognized by this evaluation team. However, the technical quality of some of the constructions leaves room for improvement. Occasionally NGO's did some work on structures, unrelated to the disaster, and this should have been done in development, not emergency projects;
- III. DG ECHO field experts have a realistic picture of the capacities and performances of the NGOs. DG ECHO's monitoring of the Haiti funding at the time (well done under

the circumstances) acknowledged a few problem projects, but was unable to facilitate solutions. More DG ECHO presence could have made needs assessments more independent, and could have improved quality control and DG ECHO's visibility during the crisis;

- IV. Although DG ECHO reacted two weeks after Aristide left Haiti, DG ECHO could have been more proactive in view of the rapidly deteriorating situation in the period before Aristide's downfall. It is possible that, if OCHA had been in place from the beginning of January, early warning signals might have sped up the reaction of DG ECHO. As MINUSTAH has taken over, it is likely that future crises will be better monitored;
- V. The lack of a reliable radio network (IFRC) and the constraints on OCHA staff did hamper to some extent the operations of NGO's but no staff members were endangered. However, the problems might have been more serious if the political crisis had lasted longer;
- VI. The Logframe approach in the project documents was not done consequently. Thus, NGOs often failed to discuss the OVIs in their final report. Impact assessment of projects for final reports will improve monitoring and self-evaluation. For example, in 14 health and nutrition projects evaluated, only RC-FR and CARE completed internal evaluations of the projects. In the WatSan sector, only ACF and Oxfam-GB consequently used this method. In those examples, the NGOs were better able to assess crosscutting issues such as gender and security. The degree of ownership beneficiaries and other stakeholders had in the projects, the level of institutional capacity, and financial and technical issues, were much easier to gauge in terms of the impact the intervention had on the crisis;
- VII. The link with development of most DG ECHO projects is weak or non-existent. This is not a failure, but inherent to the nature of most projects (emergency relief with some short emergency rehabilitation). However, some projects could have been more sustainable if the NGO's had followed the right approach. Fortunately this is a minor issue, as some organisations (like ACF and Oxfam-GB) tried to organise aftercare, or prepared follow-up projects. It is appreciated that the organisations had good co-operation with the local authorities (SNEP, MOPH, CNN to name just a few), which will add to the sustainability of the projects and will improve DG ECHO's status in Haiti. In this respect, the visibility of DG ECHO could be better as the name of DG ECHO is largely unknown among local authorities; and
- VIII. The lack of good quality humanitarian data in most of the sectors made it difficult to assess the need for further involvement (under present conditions) of DG ECHO in Haiti. Obviously, there is an urgent need in nearly all of the sectors in which DG ECHO was already involved in 2004, but the question is if emergency projects are the right approach in this situation. Projects in the water sector and agricultural reconstruction projects are probably less feasible as they require long-term involvement and (for water projects) an approved country strategy. Due to the lack of data it is unknown if emergency food aid projects are required. However, the results of a survey on nutrition will be available soon. In the health and nutrition sector only RC-FR, CARE, and to some extent UNICEF, had programming that could be continued in development aid, based on the needs understood by the emergency projects. Other

partners have reproduced an improved version of their first emergency project (ID and PSF), and have continued managing the outputs implemented during the crisis (PAHO), or developed another emergency response project (MSF's evaluation project).

RECOMMENDATIONS

- I. Despite some shortfalls in their performance, DG ECHO should continue with well established NGOs which are not only well prepared for a disaster, but could offer a sensible aftercare strategy and have relations with Haitian counterparts;
- II. Although the staff of the DG ECHO Office for the Caribbean did a remarkable job monitoring the many projects, the complexity of Haiti warrants that there should be an DG ECHO staff member especially for Haiti if major crisis reoccurs. It also could be useful to carry needs / impact assessments by DG ECHO staff rather than leave this to NGOs and IOs. As DFID has similar programmes, one could consider joint studies with them;
- III. The use of a log frame matrix in planning a project, with its ability to improve monitoring and self-evaluation of activities during implementation, is recommended to all partners. Of about half of the NGO projects evaluated (e.g. MSF, PSF, CARE, ID, RC-FR, and ACF) all took advantage of a log frame matrix and profited, especially in the areas of project effectiveness and impact. Because of these projects' improved monitoring and evaluation ability, each could easily follow up their projects with an impact assessment in the final report;
- IV. In the case of Haiti, emergency rehabilitation activities after an emergency should be sustainable and fit in with the development strategy as much as possible. Even without a strategy, organisations should put emphasis on issues such as ownership, cost recovery (except for the very vulnerable) and availability of spare parts. The emergency rehabilitation should be restricted to disaster-damaged items, and not include worn-out equipment, as these items are not included in the DG ECHO mandate, and may hamper the self-reliance of the local population. The co-operation with local institutes and authorities should be continued; and
- V. Data collection and preparing strategies (WatSan, Health, Poverty, etc) should have priority in the near future as the lack of these limits the relevance and impact of (proposed) projects, could weaken the existing (semi-) government institutes in Haiti and will negatively effect the sustainability. Limited (assuming that the situation does not worsen) assistance of DG ECHO funding could continue. The continuations of health projects make more sense than WatSan or agricultural rehabilitation projects. Food aid projects might be relevant too, but it is recommended to wait until the results of the forthcoming nutrition survey are available.

1. INTRODUCTION

18. Between 2nd May and 4th June 2005, a team of two external consultants evaluated, at the request of the European Commission (EC), its Directorate-General for Humanitarian Aid's (DG ECHO) actions in Haiti 2004. The objective of the evaluation was:

“To assess the appropriateness of DG ECHO’s actions in accordance with DG ECHO’s mandate, in order to establish whether they have achieved their objectives and to produce recommendations for improving effectiveness of future, albeit reduced operations, in Haiti”. The Terms of Reference (ToR) of this mission can be found in Annex IX.

19. At the briefing at DG ECHO’s headquarters in Brussels on 2nd May, the following additional priority points were discussed:

- Attention was to be paid to proposals and actions taken regarding Disaster Preparedness and Prevention (DPP), especially that of the Risk Mapping in the community programmes;
- Examine closely the results of the decision to end programmes and the effects and timing of the pullout. Also, the need for emergency donors to stay should be assessed;
- Assess the link between the emergency and re-construction phase of programmes;
- Take a closer look at the capacity of the potential strategic partners of DG ECHO;
- Analysis of the coordination role played by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), as well as the Red Cross Network - Swiss Red Cross (SRC), French Red Cross (RC-FR), and the Haitian National Red Cross Society (HRC) - in the areas funded by DG ECHO; and
- Assess the DG ECHO-Haiti mandate.

20. This report addresses the methodology of the evaluation (Chapter 2) and its background (Chapter 3). Chapter 6 discusses DG ECHO’s position in Haiti, and the assessment of DG ECHO’s projects in 2004 according to the evaluation criteria as mentioned in the ToR (Annex IX) are outlined in Chapter 5. Consequently, Chapter 6 discusses the horizontal and other issues, and the conclusions and recommendations are presented in Chapters 7 and 8. The appraisals of the individual projects and Non-Governmental Organisations (NGOs) and International Organisations (IOs) are to be found in Annex III and IV.

2. METHODOLOGY

21. As part of the preparation for this evaluation, a briefing took place in Brussels with the various persons involved in the Haiti programme. The list of projects (see Annex I) and essential background documentation (see Annex VIII) were also provided at this meeting. In addition, the team attended a security briefing for Haiti on May 4th, 2005 by DG ECHO's Security Advisor.

22. In Santo Domingo, Dominican Republic, the team had ample discussions with the head of the DG ECHO Office for the Caribbean, as well as with the technical and administrative assistant. The team was also provided with all documents about the DG ECHO operations of 2004. After this, the team departed to Port-au-Prince, Haiti, where interviews were held with the staff of the NGOs and IOs concerned, as well as with the EC Delegation in Haiti.

23. In view of the diverse operations of DG ECHO in Haiti, the evaluators approach was to get a broad picture of DG ECHO's activities by visiting as many projects as possible, instead of getting a detailed view of only a limited number of projects.

24. The evaluators visited projects in the towns in northern Haiti (Gonaïves, Ennery, Port-de-Paix and Cape Haitian), the central region (Saint Marc, Mirebalais and Hinche), as well as the south-west (Mapou) and in Port-au-Prince itself (see Annex V). In total, the team evaluated 12 health, two nutrition, and 10 water projects. Some projects (OCHA 3004, IFRC 4001, ICRC 3002, ID 4006, and MDM 5002) were not site-visited as nothing was left and interviews with the organisation's representatives were held instead. In view of the time constraints, the projects ECHO/HTI/BUD/04011 and ECHO/CR/BUD/1002 were not evaluated, as they were very small. For further details, please see Annexes III and IV.

25. In the evaluation meeting with ICRC in Port-au-Prince, little could be learned about the project from the staff available for interviews. The copy of the final report for the ICRC 3002 project was neither available from the DG ECHO Office for the Caribbean in Santo Domingo, nor from the office in Port-au-Prince at the time of the evaluation interview. The Haitian office notified the International Committee of the Red Cross and Red Crescent (ICRC) External Resources Department, and Headquarters (HQ) in Geneva, but information regarding the whereabouts of the reports on this project became available only after this evaluation report was duly completed. Also, despite various requests, the Spanish Red Cross did not send project documents (RC-ES 5004) to the evaluation team.

26. The field visits proved to be extremely useful, since community leaders, beneficiaries, local authorities, and local NGOs could be interviewed. The technical quality of the construction paid by DG ECHO could also be inspected. Most important was the assessment of the local situation in the towns where the intervention had taken place. It should be noted that the situation could have changed between the time of the emergency and the field visits, since most projects were completed several months before the visits of the consultants.

27. The last days in Haiti and Santo Domingo were spent with the preparation of the summaries and debriefing to the EC Delegation and DG ECHO, and the partner NGOs and IOs (including those not site-visited). Back in Europe, the team studied background information on the political situation and development issues in Haiti. In addition, a brief questionnaire was submitted to the NGOs/IOs to assess the impact of the OCHA 3004 and IFRC 4001 coordination and communication projects.

3. CONTEXT AND HUMANITARIAN SITUATION

3.1 BACKGROUND

28. Haiti is the poorest country in the Americas. Once a French colony, freed African slaves established independence from France (first black republic in history) in 1804, which at one time controlled a national territory that nowadays comprises Haiti and the Dominican Republic (the latter also previously owned by Spain). Haiti's history has been one of continual political instability, which led in 1915 to a United States of America (US) military occupation, which ended in 1934.

29. Recent Haitian history has been dominated by the dictatorship of Francois 'Papa Doc' Duvalier. Duvalier was elected president in 1957, and was later self-declared president-for-life in 1964. He died in 1971 and was succeeded by his teenage son Jean-Claude 'Baby Doc' Duvalier. 'Baby Doc' Duvalier was eventually forced to flee to France in 1986 following another wave of popular unrest.

30. Unlike its Caribbean neighbours, Haiti continues to face longstanding economic, social and political challenges. Progress towards democracy slowed following 'Baby Doc' Duvalier's escape, leaving Haiti with the lowest social and health indicators in the western hemisphere. Haiti can be compared to some of the poorest African countries; dysfunctional institutions, poor governance, corruption, crime, drug trafficking and environmental vulnerability have all undermined the country's political, economic and social stability. Dangerous and illegally armed groups are present throughout the country.

31. A former priest, Jean-Bertrand Aristide, was elected president in December 1990. Although his victory marked the first democratic elections in Haitian history, he was deposed in September 1991 in a coup led by General Raoul Cedras. Haiti was subjected to a brutal military regime and human rights violations which forced the Organisation of American States (OAS) and United Nations (UN) to impose sanctions on the country (see Annex VII).

32. Both organisations tried to return Jean-Bertrand Aristide to power, however it took force by the UN Security Council to reinstate Aristide in July 1994. Local military forces were overcome using the threat of US military intervention. Some 20,000 US troops arrived in Haiti in September 1994 and allowed Aristide's return to power. The US-led Multi National Force (MNF) withdrew in 1995 and since that time five UN Peacekeeping Missions have been dispatched to Haiti.

33. Legislative elections took place in May 2000, but were rife with irregularities. Consequently, international donors – including the US and EU – suspended most of their aid to Haiti. Hence, suspended aid and loan disbursements totalled more than USD 500 m at the beginning of 2003.

3.2 SOCIO-POLITICAL CRISIS (SPC)

34. Jean-Bertrand Aristide remained in power until February 29th, 2004 when he was forced to resign and flee into exile. His departure was prompted after an armed group called Front de Résistance took control of the main northern cities and threatened to enter the capital Port-au-Prince. Boniface Alexandre, the Supreme Court Justice, took over as interim president.

35. Alexandre requested that the UN Security Council authorise rapid deployment of the Multinational Interim Force (MIF) to stabilise the country (see Figure 1). The political transition process, backed by the international community, culminated in the installation of the current government, led by Prime Minister Gérard Latortue in March 2004. By June 2004, the MIF transferred its authority to the UN peacekeeping force MINUSTAH.

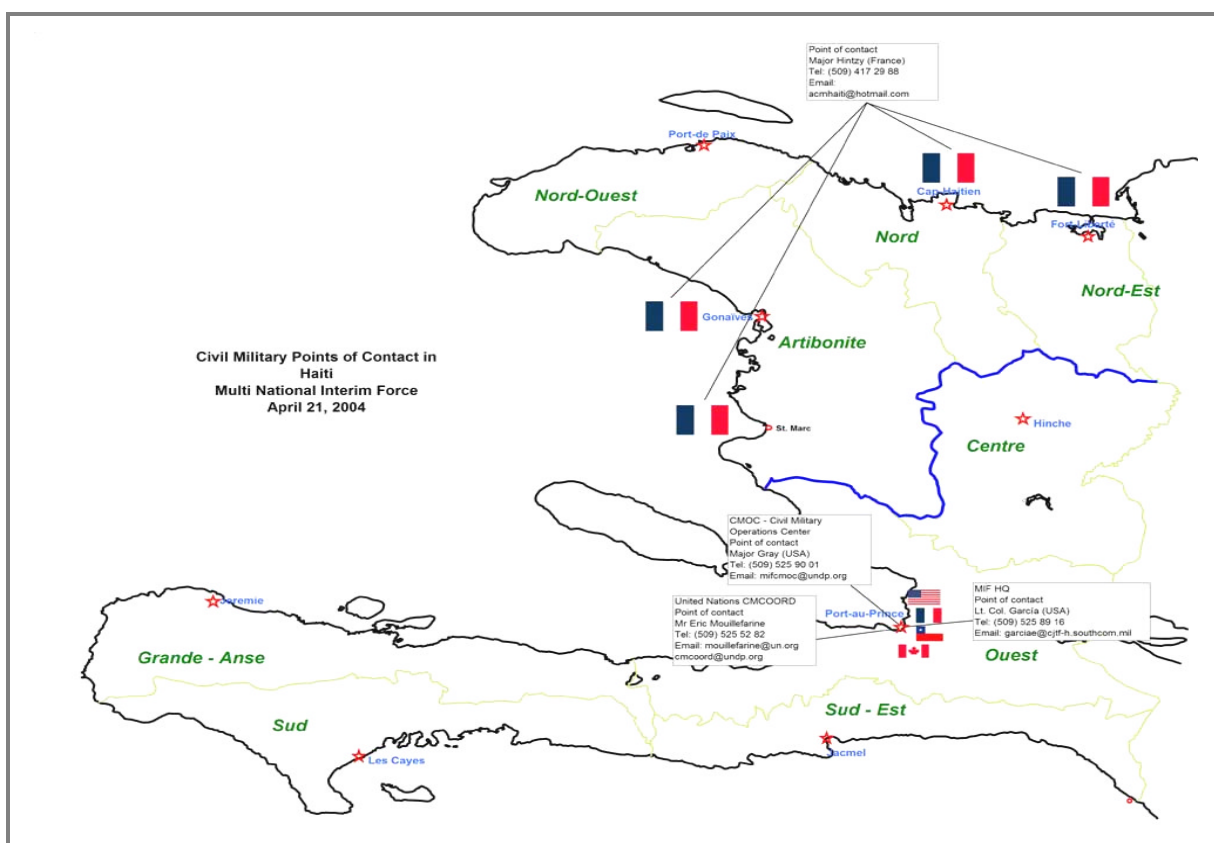


Figure 1: The deployment of the Multi National Interim Force – MIF (Source: Civil Military Operations Centre – CMOC)

3.3 NATURAL DISASTERS

36. That same year, 2004, in addition to political unrest, Haiti was afflicted by a string of natural disasters. Torrential rain hit the island of Hispaniola (Haiti and Dominican Republic) on May 23rd and lasted three days. This caused rivers in the southern, western and eastern areas of the island to breach their banks, leading to the deaths of approximately 2,000 people and the destruction of more than 5,000 homes in Haiti. It was estimated that the mudslides and flooding left more than 50,000 people in need of assistance. Hundreds of people were missing, and the roads were destroyed, complicating relief efforts. Deforestation and poverty were major

contributors to the high loss of life, as mudslides buried homes and victims, and poorly constructed houses were swept away. The regions worst hit were the southern, western and south-eastern departments. In Mapou and Fonds Verettes, in the South East Department, hundreds of homes were destroyed and the local water sources were contaminated by thousands of human and animal corpses.

37. The following month, in April 2004, large-scale relief efforts (funded by DG ECHO and other donor organisations) were committed to the region. A United Nations Disaster Assessment and Coordination (UNDAC) team was constituted in Port-au-Prince. After consultations with most stakeholders, the team was deployed to the affected areas in order to coordinate the ongoing evaluations and deliveries. The team was at the same time running an operations room in the UN offices in the capital to consolidate information and improve communications and coordination.

38. Later, on September 17th and 18th, tropical storm Jeanne swept over Hispaniola, wreaking havoc on Haiti's Artibonite and north-western departments. The hurricane-like storm and the ensuing rains buried half the city of Gonaïves under 1.5 to 2.5 metres of water; lives, property and infrastructure were devastated. Estimates of the total affected population ranged from 200.000 to 300.000 people, including up to 200.000 in Gonaïves and its immediate environs. Three thousand deaths were confirmed.

3.4 CURRENT SITUATION

39. Today however, the country is looking more unstable than ever. It has been a year since the UN Stabilisation Force was sent to Haiti. The 7.400-strong MINUSTAH force has been criticised for a lack of aggressiveness in cracking down on militants since the February 2004 armed uprising that forced President Jean-Bertrand Aristide to flee Haiti.

40. One UN security source did admit that the mission had not been a success. Warring gangs still dominate much of the slums of Port-au-Prince and receive varying degrees of political and criminal support. Factions sympathetic to former President Aristide and his Lavalas Movement manipulate many persons. Other warring factions are anti-Aristide groups comprising elements of the business elite, drug-traffickers or other criminal organisations. All factions, however, have a clear interest in continued destabilisation and in delaying the up-coming elections scheduled for this autumn in 2005.

41. Clashes between pro- and anti-Aristide gangs, Haitian police, and the peacekeepers have killed hundreds of people since September 2004, when Aristide supporters stepped up calls for his return from his exile in South Africa. Human right groups have warned that voters could be too fearful to vote in the elections.

42. In a recent report, the Brussels-based International Crisis Group (ICG) describes the situation as “*explosive*”. Port-au-Prince and some of the surrounding suburban areas have been out of control for months. Many of the businesses in the capital city have been forced to close, and the gangs have grown increasingly bold carrying out kidnappings, carjacking, home invasions, rapes, and murder. The gangs seem to be terrorising the private sector, attacking middle-income families, many who have sent their relatives abroad.

4. DG ECHO'S POSITION IN HAITI

4.1 INTERNATIONAL AID TO HAITI

43. By most indicators, Haiti is one of the poorest countries in the world (see Table 4.1). The majority of the more than 8 million inhabitants live in poverty, and natural disasters frequently sweep the nation. Two-thirds of all Haitians depend on agriculture for their livelihood, which consists mainly of small-scale subsistence farming. International aid to Haiti was suspended following the 2000 elections, after which time the recovery of the country's declining economy was further complicated. Haiti also suffers from uncontrolled inflation, a lack of investment, and a severe trade deficit¹.

Table 4.1: Basic Indicators for Haiti (Sources: UNICEF and UNDP)

Development Indicators	
Human Development Index (HDI) Value – 2002	0.463
Classification according to Human Development Index (out of 177)	153
Human Poverty Index (HPI-1) Value (%)	41.1%
Human Poverty Index (HPI-1) Rank	68
Health Indicators	
Life expectancy at birth (in years) – 2002	49.4
Undernourished people (% of total population) – 1999/2001	49%
Children underweight for age (% under age 5) – 1995-2002	17%
Infant mortality rate (per 1,000 live births) – 2002	79
Under-five mortality rate (per 1,000 live births) – 2003	128
WatSan Indicators	
Percentage of total population using improved drinking water sources – 2002	71%
Percentage of urban population using improved drinking water sources – 2002	91%
Percentage of rural population using improved drinking water sources – 2002	59%
Percentage of total population using adequate sanitation facilities – 2002	34%
Percentage of urban population using adequate sanitation facilities – 2002	52%
Percentage of rural population using adequate sanitation facilities – 2002	23%

44. The government of Haiti will be rather weak for many years to come, even after successful elections. Beside this, the country is badly organised and the population will remain vulnerable to natural and man-made disasters. In addition, the UN is unable to take over responsibilities in policy making or in the implementation of projects. This mission (see Chapter 5, findings of UN projects) could confirm the conclusions of UK Department for International Development (DFID) on the UN presence in Haiti. (DFID 2005):

“The UN agencies remain weak and most have not decentralised. Moreover, there does not appear to be a plan to decentralise. Given the poor transport infrastructure in Haiti, projects cannot efficiently be run from Port-au-Prince. Although a small number of UN initiatives are underway in difficult and volatile environments, UN agencies lack basic equipment to sustain these interventions. Communication and transportation are their most obvious weaknesses, which also include inadequate security equipment. Given the poor condition of water and sanitation infrastructure in Haiti, it is surprising that there is no lead in this sector from the

¹

Country Commercial Guides, Chapter 2, National Technical Information Service (NTIS), US Department of Commerce's Trade Information Center, ID 126466, Report on Economic situation in Haiti from 2001 to 2004, by Ghislaine SIMON.

international community. UNICEF, which traditionally leads in WatSan elsewhere, has shown no interest in engaging in this area”

45. The resumption of aid (more than USD 4.5 billion, see Table 4.2) flowing from donors is alleviating, but not ending, Haiti’s bitter economic problems. Civil strife in 2004, combined with extensive damage from flooding in southern Haiti in May 2004 and tropical storm Jeanne in north-western Haiti in September 2004, further impoverished Haiti. Emergency aid commitments to Haiti from various donor sources in 2004 totalled about USD 72 million or 2 % of the total aid. Nearly USD 13 million was committed to Haiti on behalf of DG ECHO, making it the second largest single emergency donor in 2004 (see fig. 2). In addition, there are numerous Haitian exiles mainly living in the US and Canada, who committed a large sum to Haiti in 2004.

46. So far in 2005, aid totalling nearly USD 5 million has been committed to emergency relief efforts in Haiti. Switzerland, Canada, France, and DG ECHO have funded all the emergency aid to Haiti this year. The largest commitment, however, comes from DG ECHO (USD 1.5 million).

47. The US, the largest donor for emergency aid to Haiti last year, has not yet (d.d. June 2005) committed financial means to emergency aid to Haiti this year², However, the United States Agency for International Development (USAID) announced that it will be increasing its total commitments to developmental assistance (Food Security, Health, Education, Democracy and Governance, and Institutional Development) programmes to Haiti for the year 2005.

Table 4.2: Total Aid to Haiti in 2004 (Source: OCHA)

Total Aid to Haiti in 2004	
Food	27.4
Multi-sector	27.0
Sector (not yet specified)	9.0
Health	8.9
Coordination and Support Services	6.9
Agriculture	5.3
Family Shelter and Non-Food Items	3.5
Economic Recovery	3.1
Water and Sanitation	2.8
Protection / Human Rights / Rule of Law	1.7
Mine Action	1.5
Education	1.5
Security	1.4
TOTAL (USD 4.547.465.095):	100%

4.2 EUROPEAN COMMISSION’S DEVELOPMENT AND EMERGENCY AID PROGRAMME

48. In view of the difficult humanitarian situation in Haiti, the amount of emergency aid (2% of the total aid in 2004, see above) and also DG ECHO’s contribution both in 2004 and 2005 was quite modest (see Table 4.3) and in line with the contributions of other donors (see Figure 2). The precarious humanitarian situation, the vulnerable population and the

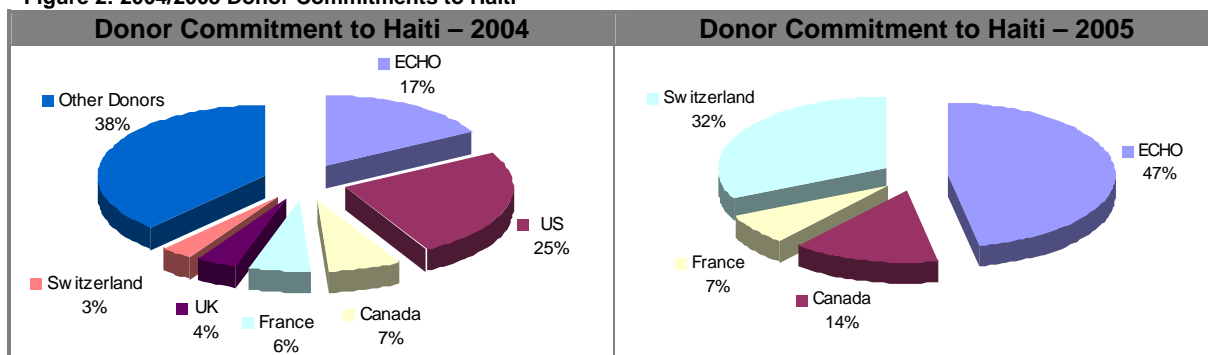
² Financial Tracking Database (Managed by OCHA).

unstable political situation would justify in principle, more DG ECHO presence. The effects of development assistance will be slow in view of the low absorption capacity of Haiti, caused by the weak organisational structure in the country. In contrast to this, emergency assistance might quickly alleviate the most pressing needs. On the other hand, these projects have clear disadvantages, as they are relatively expensive (large input of international staff) and could disturb long-term development by making people (and counterpart institutions) dependent on free gifts. For this reason, caution is essential when awarding emergency response in a more or less stabilised environment. The feasibility of emergency projects for 2005 for each of the four main types of humanitarian responses (WatSan, Agricultural Rehabilitation, Nutrition and Food Aid, and Health) will be discussed afterwards).

Table 4.3: Overview of DG ECHO financed projects from 2003 to 2005 (Source: DG ECHO)

Year	Amount (EUR)	Organisation	Purpose
2002	400,000	RC-NL	General Aid to Victims of Flood
2003	80,000	RC-NL	General Aid to Victims of Flood
2004	13,000,000	Diverse	Health, Nutrition, WatSan, Agricultural Rehabilitation and Food Security
2005	1,524,000	CARE/MSF-F/PSF	Health and Nutrition

Figure 2: 2004/2005 Donor Commitments to Haiti



4.2.1 WATSAN

49. Concerning the water projects in Haiti there are arguments in favour for the continuation of these projects:

Pro	There is clearly a need for water projects at the moment. According to the UNICEF indicators, the average coverage of safe water supply is 71% while the 34% coverage rate of adequate sanitation is much worse (table 1). According to UNDP ³ 20% of the child death is caused by diarrhoea. Also the 'water NGOs' indicated that the need is huge and recommended to further work in this sector (personal communications from Oxfam-GB, and ID to the evaluators).
Pro	In view of the constraints, the water and sanitation sector is not over-represented, neither in development assistance (see Table 4.2) nor in emergency projects (see Table 4.4). In 2004, just 3% of all aid went to the water sector (see Table 4.2). There is no overlap with European Development Fund (EDF) projects as the forthcoming EDF 9 has set the priorities on education, nation building and infrastructure (roads). There are only a few large projects, DFID has one project in Cap Haitian, ACF continues with their co-operation with SNEP in Port-de-Paix and the Port-au-Prince based CAMEP has donors such as PAHO, the French Government (support to CAMEP through the French NGO, GRET) and the Inter-American Development bank (loan to CAMEP). According to OCHA, from the 60 active development organisations in Haiti only 11 are involved in WatSan projects.

³

<http://www.undp.org/regions/latinamerica>

50. Concerning the water projects in Haiti there are arguments against the continuation of these projects:

Con	Meaningful and sustainable water projects are complicated as they involve many issues such as sense of ownership, cost-recovery, availability of spare parts, hygiene promotion etc. It is unlikely that all these conditions can be fulfilled in a relatively short period of 6 months as the numerous failures of water projects in Africa show.
Con	The lack of guidance and policy (there is still no official water and sanitation strategy paper) ⁴ hampers the development of the water sector in Haiti. For example, it is known from other countries that the maintenance issue of hand pumps is the essential factor in any water supply strategy. Without an approved approach on this issue, the sustainability of the recently installed water structures is questionable. In addition, as no clear policy exists for urban water supply, some towns (e.g. Port-de-Paix) take the issue of cost recovery serious; others (e.g. Ennery) provide water for free. The position of the SNEP in the Haiti water sector seems to be unclear. An approved water strategy, and an authority to implement this, is essential for sustainable progress in the water sector.
Con	Presently, the principal water NGOs, such as Oxfam-GB and ACF are mainly dealing with urban areas (Gonaïves, Cap Haitian, and Port-de-Paix), while the WatSan situation in rural areas under 'normal' circumstances is worse. For example the coverage of improved water supply in urban areas is 91%, while this is only 59% for rural areas. Adequate sanitation coverage ranged from 52 to respectively 29% (see Table 4.1).
Con	The past emergency projects Oxfam-GB (1005 and 4007) and ACF (4013 and 6002) are completed satisfactorily, while the aftercare / follow-up is ensured by their own funds or by teaming up with other NGOs.

51. In short, there is a strong need for a comprehensive water and sanitation programme involving all aspects rather than a series of short projects. Based on these considerations the team concludes that DG ECHO should be cautious in financing new WatSan projects, unless the situation worsens.

Table 4.4: Distribution of Emergency Aid in 2004 (Source: OCHA)

Aid to Sectors (%)	SPC	SE Floods	Jeanne Floods
Health	30	20	14
WatSan	2	14	15
Nutrition and Food Aid	14	21	29
Other Sectors	54	45	42

4.2.2 AGRICULTURAL REHABILITATION

52. Regarding the water projects and the agricultural rehabilitation projects, the Food and Agriculture Organization (FAO), Agro Action Allemande (AAA) and ID, were useful and new projects in this sector are recommended as the present irrigation systems are not sustainable and soil erosion is a major problem. However, it is questionable if this should be done within the framework of DG ECHO.

53. The FAO project (FAO 6005) in Gonaïves does not need a follow up project as CARE has already committed itself to the complete rehabilitation of the irrigation infrastructure. Both ID and AAA have requested funds for new projects in the area around Ennery. However, the situation around Ennery is, according to Haiti standards, not extremely poor and the emphasis is on long-term issues as rehabilitation of water structures, agricultural

⁴ The World Bank recently signed a grant for USD 855.000 (i.e. EUR 655.000) to support community managed rural water supply and sanitation in Haiti. The grant will assist the Service National de l'Eau Potable to develop a national strategy for rural water supply and sanitation in co-ordination with governmental and non-governmental organisations (IRC website).

training and soil conservation measure. Hence, these projects will better fit into development programmes rather than in an emergency approach.

4.2.3 NUTRITION AND FOOD AID

54. In 2004, food aid comprised nearly 28% of the USD 4.5 billion in aid (USD 1.26 billion) to keep acute famine at bay (less than 5% according to WFP⁵), although malnourishment is still widespread. According to WFP, 23% of children in the country suffer from chronic malnutrition as measured by stunting (Height/Age). More recent studies done by ACF show that chronic malnutrition affects up to 42% of children in certain areas while five and more than a quarter of the child mortality can be attributed to malnourishment related diseases.

55. Since the reintroduction of aid focused on Haiti, much more is known about the nutrition status of the country, and the coping strategies the population uses in hard times, however no information on areas with severe constraints is available at present as OCHA⁶ complains: “*One striking element is the absence of many indicators; Haiti appears to be a non-data land.*” DG ECHO does not consider chronic malnutrition an emergency⁷. However, according to WFP⁸, a new study on malnutrition will be published and the results of this report might justify new DG ECHO initiatives in this matter.

4.2.4 HEALTH

56. The policy of ‘free health access to all’, was appropriate during the recent humanitarian crisis, but under normal circumstances this unsustainable approach is not recommended. However, it is difficult to reduce these services, without the risk of limiting the access to health care for the most vulnerable in the population, as long as the health and nutritional status of this at-risk population is not clear. Therefore, some funding to Public Health Centre (PHC) intervention projects should continue, until key-health and key-nutritional indicators are determined and analysed.

57. The Ministry of Public Health (MOPH), in co-operation with international health partners, has adopted the National Strategic Plan for Health Sector Reform. Objectives in the plan include an analysis of the global population health situation, and an overview of the current situation. But, the data thus far is neither as reliable nor representative as the international health community would like⁹. A complementary effort by all stakeholders to develop the tools for this analysis is needed. Coherence to this national plan in forming specific strategies to address priority health problems and improve access to health is necessary once the National Plan is developed.

⁵ WFP Food Security Overview 14/06/2005 and personal communications from deputy representative.

⁶ OCHA Situation Report, No. 15.

⁷ Internal guidelines regarding DG ECHO entry and exit strategy.

⁸ Personal communication with WFP Programme Officer on August 2nd, 2005.

⁹ Plan Stratégique National en Haïti 2002-2006, le Ministère de la Santé Publique et de la Population a été exécuté par l’Institut Haïtien de l’Enfance (IHE), suite à un contrat passé avec l’ONUSIDA. De nombreux partenaires des secteurs public et privé ont contribué à sa réalisation. Le financement a été assuré par l’ONUSIDA, l’OPS/OMS et l’USAID (Projet HS-2004 et Policy Project).

58. Until that time, monitoring Haiti's health care needs and intervening where necessary in co-ordination with the MOPH and other stakeholders should be the focus for DG ECHO and other international donors. Examples of DG ECHO funded projects that might continue health and nutrition monitoring include Médecins Sans Frontières (MSF) Belgium's health evaluation project (MSF 4008), Action Contre la Faim's (ACF) nutrition survey, and the Pan American Health Organization (PAHO) surveillance project. National counterpart institutions, for example the MOPH, Coordination Nationale de la Sécurité Alimentaire (CNSA), and MOPH, exist and have already developed a working relationship with many DG ECHO partners.

59. In view of above arguments the team concludes that a limited involvement of DG ECHO in 2005 is appropriate as long as the humanitarian situation in Haiti does not deteriorate significantly.

4.3 DG ECHO'S PRESENCE

60. As will be discussed in Chapter 5.1, relevance of the vast majority of DG ECHO partner projects in 2004 were appropriate and are in agreement with the conclusions of the Madrid Conference and International Meeting on Good Humanitarian Donorship in Stockholm. From the project documents and interviews with DG ECHO and NGO staff, the team could conclude that the staff of the DG ECHO Office for the Caribbean had a realistic view of the situation and the capacities of DG ECHO partners.

61. According to internal DG ECHO correspondence, the funding decision on humanitarian crisis was taken on March 15th, 2004. Although this was only 2 weeks after the departure of Aristide, there had already been much internal disruption from early January onwards. These could have been early warnings for the impending crisis and DG ECHO could intervene to prevent the worsening of the situation¹⁰. Unfortunately, organisations such as OCHA were not able to provide political analysis and needed a 'wake up call' before they could take action. (see Annex III: OCHA 3004)

62. DG ECHO had no permanent delegation in Haiti during the political disturbance and the floods. As one of the major donors with a budget that exceeded EUR 12 million, one could argue that DG ECHO should have had a full-time presence in Haiti. Furthermore, several organisations mentioned that representatives of DG ECHO appeared only a month after the start of the projects; too late if the projects had suffered major setbacks. On the other hand, as the projects in general received good marks, apparently it was not a major constraint for the operations. Still, the situation could have been worse if the political crisis had taken more time to be resolved.

63. As the present political and economical situation in Haiti is (and will remain) very complex, with unclear boundaries between emergency and development, another major crisis might be stretching the limit too far for the DG ECHO Office for the Caribbean. Needs assessments and in some cases impact assessments were carried out by the NGOs/IOs, but it might have been better if DG ECHO staff could have done this, as they are supposed to have a wider and more independent view of the situation. For this reason, the assignment of an additional expert might be worth considering for during a future crisis. As DFID is also involved in emergency activities in Haiti and has similar projects, it could be useful to have joint need assessment and evaluation teams.

¹⁰ Internal guidelines regarding DG ECHO's Entry and Exit Strategy.

5. APPRAISAL OF DG ECHO FINANCED ACTIONS IN HAITI

5.1 IN GENERAL

64. DG ECHO supported a wide variety of projects, not only the more conventional health, nutrition and water and sanitation projects, but also agricultural and communication projects. In view of the complex and extended crisis in Haiti, this wider view was well justified and the vast majority of the projects are considered to be appropriate and reasonable successful. See Annex I for the overview, Annex II for the time-schedule of the operations and Annex III for the detailed findings of this mission.

65. However, it should be mentioned that the needs assessment and (at the end of the project) the occasional impact assessment studies were carried out by the organisations themselves. As the situation is completely different a few months after a crisis, it is difficult to assess the quality of these studies and hence the actual performance of the NGOs/IOs (see also Chapter 4.3).

5.2 SOCIO-POLITICAL CRISIS (SPC)

5.2.1 RELEVANCE

66. In response to the political crisis that started in February 2004, DG ECHO approved three WatSan projects (Oxfam-GB 4007, PAHO 4005, and later ACF 4013) as well as two communication projects (OCHA 3004 and IFRC 4001) and eight health or nutrition-focused projects. The situation for the population in Cap Haitian and Port-de-Paix deteriorated after the December 2003 Floods and, to some extent, the civil unrest from February to April 2004. However, the situation never became as precarious as in Gonaïves.

67. The combination of reduced purchasing power of the poor and the increase in water price motivated Oxfam-GB 4007 to distribute water for free in Port-de-Paix or at low prices in Cap Haitian in addition to hygiene promotion. Later, ACF 4013 did some rehabilitation of the Port-de-Paix water supply system, which targeted the poor although not especially the poorest neighbourhoods. While only a part of the Oxfam-GB beneficiaries could be considered as the poorest of the poor.

68. These projects certainly had relevance in view of the worsening situation for the population, but due to the high input, the Oxfam-GB project was more suitable for a short-term disaster rather than a political crisis. The most appropriate response for the political unrest would probably be a low profile but flexible approach to mitigate the worst aspects of the crisis. In this respect, ACF 4013 was more appropriate, although the question arises over how effective the partial rehabilitation of a system will be as opposed to one that should be reconstructed completely. OCHA 3004 was found to be very relevant, but should have come

in earlier. In principle, IFRC 4001 was also relevant as communications in this chaotic situation was essential for DG ECHO and its partners.

69. Less relevant is PAHO 4005 in Port-au-Prince. In theory, emergency repairs to a damaged water supply system in times of a political crisis would have been appropriate. However, what the project did was merely a replacement of worn-out equipment for a water company that had already several powerful partners. The water company suffered damages during the civil unrest, which were (according to the PAHO damage report) mainly limited to the administrative office in town, and did not affect the water supply system.

70. The health and nutrition responses were overall well prepared and important at the time. ICRC 3002, MSF 3003, ACF 4003, and RC-FR 3001 responded quickly and seemed to target the appropriate primary health and nutrition responses. AMI 4004, an emergency medical programme, was a well-designed and very connected project that worked well with the national staff available. However, because the policy with the MOPH was not well assessed, the programme will run into delays.

5.2.2 EFFICIENCY

71. The efficiency of the DG ECHO projects was quite reasonable, as the input of expatriate staff was not excessive and methods used were appropriate. However, the consultant is of the opinion that Oxfam-GB 4007 in Cap Haitian and Port-de-Paix could have been somewhat more efficient.

72. In Cap Haitian and Port-de-Paix, Oxfam-GB organised a huge water distribution operation (EUR 766.000 / three months). The project rented water trucks and cisterns. The whole operation probably could have been more efficient if the NGO had simply subsidised the fuel under the pre-condition that the truck owner did not increase the price, or even reduce it if the purchasing power of the population decreased significantly. In Port-de-Paix water was provided free, which created a huge demand. After the operation, the demand fell back to normal. As the end of the political crisis could not be foreseen, Oxfam-GB risked exceeding the project budget, thereby having to cease water delivery altogether mid-crisis. In addition to this, the project spent 17% of the budget on international staff, while the personnel costs of other projects ranged from 1% (PAHO) to 13% (ACF 4013). This 17% is quite high if taken into account that this was a relatively 'simple straightforward' project, without complicated technical constructions.

73. The 'Value for Money' of health and nutrition projects was difficult to calculate, as the line-items for different projects varied according to the activities carried out. A complete cost-analysis was not performed, as a financial audit was not within the scope of this evaluation. Organisations performing similar activities (emergency medical support to flood victims), such as Médecins du Monde (MDM), MSF, ID, and Aide Médicale Internationale (AMI) were comparable in cost, although ID was the most economical project in regards to procurement, logistics, and the cost of 'other' line items.

74. 39. The cost per beneficiary of all the health projects in 2004 funding, ranged from as low as EUR 0,95 (PSF 4010) to EUR 68,05 (RC-FR 3001) per beneficiary. However, the variety of activities differed vastly in the various responses. For example, the RC-FR ambulance services funded in response to the socio-political crisis (highest cost per

beneficiary) had the lowest logistic procurement (1% of budget) and staffing cost (international staff 8%, national staff 1% of budget). Nevertheless, the ambulance service was of great use in the natural disasters that followed later that year.

5.2.3 EFFECTIVENESS

75. Oxfam-GB 4007 in Cape Haitian and Port-de-Paix was effective, as Oxfam-GB delivered water for a large population, and promoted hygiene standards. ACF 4013 was less effective, as they delivered water for only 3.500 persons. This, however, is less a cause of the NGO than by the poor performance of Service National de l'Eau Potable (SNEP). The IFRC 4001 (telecommunication) and OCHA 3004 (coordination) were, for different reasons, not very effective for the easing of the crisis. The International Federation of Red Cross and Red Crescent Societies (IFRC) can be blamed for changing politics in the middle of a crisis, putting the other partners of DG ECHO at risk. In addition, it is remarkable that a large international organisation like the IFRC is not able to get faster custom clearance for their emergency communication equipment.

76. OCHA should have come in much earlier. Nevertheless, most NGOs still have a reasonable opinion of their co-operation efforts. The ad hoc committee in Mapou, which was created after the floods in south-eastern Haiti, left all with a favourable opinion of the OCHA efforts. Also the co-ordination efforts of OCHA during the Jeanne flood in Gonaïves are recognised (see also Chapter 6 Security and Coordination).

77. The PAHO operations started too late to mitigate the effects of the political crisis. The donated equipment will certainly improve Centrale Autonome Metropolitaine d'Eau Potable's (CAMEP) operations, but the final report did not make it clear whether the poor suburbs really benefited from this project.

78. The health and nutrition responses in this crisis were effectively quick. AMI 4004, however, was not able to get support from the MOPH. Otherwise, almost all organisations that intervened (ICRC 3002, MSF 3003, ACF 4003, and RC-FR 3001) did so quickly and seemed to target the appropriate response.

5.2.4 IMPACT

79. The impact of Oxfam-GB 4007 in Cap Haitian and Port-de-Paix was probably high, but not lasting. Although the delivery of free or nearly free water and hygiene promotion by Oxfam-GB would have had beneficial effects on the health of the local population, it did not really solve anything. The reason is that after the delivery, the population returned to their previous water sources (at the time of the evaluation, the use of cisterns in Port-de-Paix was only 15% of the level during the crisis). The impact of the ACF programmes will be, in the longer-term at least larger. However this is compromised by the poor state of the SNEP water supply system. ACF constructed water distribution points with good intentions, but these yielded little water due to the low pressure in the main system (or in some cases had no water at all). Fortunately, they also constructed a new main pipeline from the source, which will increase the yield of the town water supply.

80. The impact from the MSF Belgium (MSF-B) project in St. Marc and Port-au-Prince as well as the ambulance services set up by the French Red Cross was very high.

Although the MSF emergency medical response did meet its planned objectives, the effects of the actions taken were short-lived. Little can be said of the impact provided by the ICRC program funded at this time, but the timely response of surgical teams to wounded in the conflict is a major contribution to reducing mortality and certainly provided a positive effect.

81. Longer-term effects of projects responding to the socio-political crisis came from the RC-FR ambulance service and from the ACF 4003 nutritional survey project. Although the nutritional status of the vulnerable under five year old population was not severe during the time of this survey, information concerning coping strategies, household access to food sources, and generally a clear picture of the situation was learned in a relatively short period of time. It was unfortunate that AMI was delayed in its response to this emergency. The unplanned, positive impact could be attributed to the extensive AMI health survey that was conducted before primary health intervention finally got going in April.

5.2.5 SUSTAINABILITY

82. It is evident that the primary objective of emergency projects is to save life in the short term, however, in view of the permanent crisis in Haiti, it is strongly recommended that emphasis be put on sustainability, except in the phase of highest emergency. This especially applies to the emergency rehabilitation in response to the political situation, as the end of the political crisis was not in view, and new hostilities could have flared up at any moment. This also applies to the flood projects, as Haiti is a flood prone country and these disasters could strike at any time. A 'sustainable emergency approach' does not require much extra effort. Quite often it is just a question of durable construction and adaptation to a policy of ownership and cost-recovery.

83. The water project of Oxfam-GB in Cap Haitian and Port-de-Paix, in response to the political crisis, left few sustainable elements, apart from the possible benefits of hygiene promotion and some road repair. In this respect, the approach of ACF was better with its emergency rehabilitation work that benefited the population even after the worst part of the crisis was over. The PAHO project support to CAMEP left equipment behind, which could function for many years. This however, is subject to the competence of the CAMEP to organise its own cost-recovery and maintenance programme.

84. Connectedness as it relates to sustainability, was not achieved in health or nutrition projects due to the short time the NGOs and IOs had to deliver their outputs, and the nature of the crises and the extent of the problems in Haiti (For example: political situation, aid-dependency, lack of motivation, poverty, destroyed infrastructure). The exceptions would be the PSF, RC-FR, PAHO and United Nations Children's Fund (UNICEF) projects that are still operational, although the latter two are struggling with the same, unmodified project strategy, good for development programmes, but far too slow a response for emergencies. A degree of connectedness could be achieved by these organisations because their programmes are tied into existing Haitian institutions.

85. In conclusion, it was difficult to predict the amount of time that was needed to fund the emergency response to the armed uprising, let alone the natural disasters that were to follow. Regardless of whether or not DG ECHO partners had co-funding from other donors, or the capacity to provide aftermath projects, few partners intentionally planned to follow up the emergency projects with development work.

5.3 HISPANIOLA FLOODS

5.3.1 RELEVANCE

86. To alleviate the effects of the floods in the south-eastern part of Haiti, DG ECHO approved Oxfam-GB 1005. This project, which consisted of water delivery and assistance, with relocation of the victims, was an entirely relevant response to the Hispaniola Floods, as they provided relief and took measures to minimise effects of possible future floods.

87. The Hispaniola Floods in Mapou and Fonds Verettes, at the end of May 2004, prompted health and food-aid projects that addressed the real needs. The French Red Cross' ambulance services, financed earlier, were relocated to Mapou. MSF 1001 and IFRC 1003 offered to assist in the affected areas with emergency response projects in which these organisations specialise. The ID 4006 medical programme to the far west was financed at this time as well. It was an example of an DG ECHO partner that identified the reality of the problem well, and prepared appropriate action, in an area far removed from the emphasis placed on other areas of the country. The NGOs and IOs coordinated themselves well in preparing activities. Hence, no duplication of services was found

88. Understanding the morbidity, mortality, and other quantitative health information is extremely important through an emergency response. The PAHO 4002 surveillance and outbreak-reporting system was, and still is, an excellent project for Haiti, which has no facility to accurately report on its own health. UNICEF 4009 proposed the maternal health project, which did target one of the most vulnerable segments of the population. The programme also shows a great capacity to connect local resources and systems into an improved service for women and young children. However, prior knowledge of the situation and planning to incorporate the human and other resources necessary to get the operation off the ground in a reasonable time were omitted. Both of these programmes, although important in providing appropriate coverage during an emergency, were too large and complex for the partners' capacity to execute.

5.3.2 EFFICIENCY

89. Efficiency was reasonable as Oxfam-GB had only a limited number of senior expatriate staff on the payroll, while local staff did most of the work. On the other hand, the diversion of technical staff to Gonaïves during the crisis caused by Jeanne had a negative influence on the construction quality (see Chapter 5.3.5 Sustainability).

90. A problem identified throughout all the health projects regardless of when they first were funded, was the poor support by the MOPH. The MOPH should have provided human resources or coordination to projects that contained a capacity-building component. This affected the efficiency of the medical services that the NGOs and IOs were able to provide to each emergency response. The situation was worsened as the MOPH had a nearly non-existent health service before the initial socio-political crises, and because of the unmotivated and often poorly trained national staff provided to the NGO/IO health projects.

91. On the other hand, the evaluation team judged the expatriate staffs to be very competent in all but the IFRC response to the floods in late May. The reason for this was because IFRC lacked adequate coordination or logistics capacity. The operational capacity,

however, was excellent in the emergency medical projects of MSF and ID who worked in the isolated, far west after the Hispaniola floods of May.

92. No serious security incident was reported, and most organisations had very good relationships with the local authorities and other stakeholders in the areas they worked.

93. As addressed before, MSF and ID carried out medical response operations correctly. The ambulance services projects funded earlier, also made significant contributions by the provision of aid to flood victims in Mapou. As stated above, the major problems producing outputs came from the PAHO surveillance programme, the UNICEF maternal health projects, and the IFRC response to the Hispaniola floods in the south. All three projects had problems getting activities going and did not seem to manage risks adequately in the planning. PAHO's surveillance project was not focused and lacked coordination. It miscalculated the capacity of the MOPH staff it depended on. UNICEF took months to assess the maternal health situation in the country, and then lost the support of partners who originally were asked to implement the projects. IFRC underestimated the logistical requirement to fulfil its promise of delivering Non-Food Items (NFIs) to flood victims in the south.

5.3.3 EFFECTIVENESS

94. According to the ad hoc committee in Mapou, Oxfam-GB 1005 (after the flood in the south-eastern part of Haiti) was successful and effective. Oxfam-GB's water delivery and hygiene promotion prevented the outbreak of epidemics after the flood. The ad hoc committee in Mapou, which was founded after the flood, had a favourable opinion of the effectiveness of Oxfam-GB's activities.

95. The beneficiaries reached were not always according to proposal plans due to erroneous qualitative data. Case numbers and target populations were not always consistent with predictions, for various reasons. AMI's post-socio-political response was nearly one month delayed in implementing its project; but the numbers (15.536 in 3 months or 86%) were in line with the prediction (18.052 in 4 month or 100%) based on accurate population estimates. In the post-disaster response of the May Floods, ID overestimated the population, reaching about 30.000 not the 40.000 originally predicted. Other organisations, especially those with problems in efficiency, mentioned above, ultimately reduced their effectiveness in beneficiaries receiving services in time. PAHO, for example, delivered medical and Information and Communication Technology (ICT) equipment for disease surveillance and outbreak response after the May Flooding, but is still having problems with sentinel sites reporting in on time. UNICEF, delayed in the assessment period of the project outline after May's flooding, still has goods undelivered to a number of sites. And IFRC was unable to organise the response to the areas of Mapou and Fonds Verettes in time, due to management and logistics failure within the organisation.

96. During the early response period after the May Floods, delivery of goods and services among the NGOs was quick overall. However, the two UN programmes (PAHO and UNICEF) were delayed in meeting their output targets. PAHO was unable to receive sufficient human resources on the ground to deliver the service, and UNICEF was held back by internal management delays. Meanwhile, the IFRC was not able to respond on time due to logistical and management problems. Elsewhere, WHO's PROMESS programme, unable to

deliver essential drugs to implementing partners in time, slowed the effectiveness of some DG ECHO funded health projects. But, most organisations coped well enough to deliver their services during the floods and storms.

97. With the exception of the RC-FR ambulance project and PSF 4010 and 6006, partners were not required to have the capacity to fully train national staff. Therefore, little was done to increase the capacity of stakeholders involved. Meanwhile, the PAHO and the UNICEF project - although still lagging months behind in achieving their purpose – were more successful in having a positive effect on capacity-building in the health sector. This is due to the design of the projects and the effect they have on institutional capacity-building. However, neither project operated with enough efficiency to live up to the emergency response promised after the May Floods.

5.3.4 IMPACT

98. The WatSan activities of Oxfam-GB 1005 in south-eastern Haiti had a good and lasting impact (thanks also to the hygiene promotion and reconstruction and teaming up with LWF) on the health of the population. Unfortunately, some of the latrines are causing nuisance by stench and flies, which negatively influenced the impact on the health of the local population in Mapou.

99. A large number of NGOs and IOs got involved during the time of the flood in Mapou and Fond Verettes. MSF-B 1001 again had the greatest short-term, positive impact with their quick response to the greatly effected Mapou and Grand Gosier areas. The Ambulance services of the French Red Cross also made an important unplanned contribution to this disaster with its trained staff from St. Marc and Port-au-Prince quickly able to respond. Although it worked in an area far from the major disaster area in the south, ID 4006 played an important role in greatly reducing human suffering in the far western region.

100. Long-term impact was the objective in funding from other projects funded at this time. Emergency preparedness for health emergencies was addressed by MSF 4008 and PAHO 4004, access to Primary Health Care (PHC) and medication were dealt with by PSF 4010, and UNICEF 4009 delivered the promotion of maternal health. These projects all contribute to a better understanding of the health risk factors of the population and in ultimately increasing the effects on health for the most vulnerable populations.

101. The overall effect and impact that these and other projects funded earlier had on the population was positive and the achieved planned objectives were satisfactory in all but the IFRC, PAHO and UNICEF projects. Poor coordination and logistics of the ICRC response to victims of flooding meant that many goods, were late in arriving, thereby not reducing human suffering to the extent originally planned. Similarly, the UNICEF and PAHO projects did not meet their objective on time. While these organisations do have the potential to follow through with completing the projects, the impact will be realised well after the funding period from DG ECHO has ended.

5.3.5 SUSTAINABILITY

102. The Oxfam-GB project in south-eastern Haiti teamed-up with a development NGO (LWF) and secured the benefits of the emergency response. This policy of teaming up

with a long-term development project is highly valued by the team. On the other hand, the construction of the main (gravity) pipeline was sub-par (see Annex III) and will have to be partly reconstructed.

103. The capacity of the MOPH was greatly increased with the many well-placed intervention projects in vulnerable regions, but only for a few brief periods. Today, it would be difficult to find a MOPH clinic or hospital, without a current intervention programme, that could respond adequately to a small number of patients in an emergency.

104. Because these organisations work closely with counterpart institutions, the greatest capacity for connectivity is reflected in the project designs of the RC-FR ambulance program, the UNICEF maternal health project, and the PAHO surveillance project. Correctly done, as exhibited by the staff of the RC-FR ambulance services, counterpart members and beneficiaries feel a sense of ownership and responsibility towards the program they take part in. Despite the failing of the MOPH, influential and recognised organizations, such as UNICEF and PAHO, can do much to influence policy and build capacity at the institutions where their projects are active.

5.4 JEANNE FLOODS

5.4.1 RELEVANCE

105. All emergency projects in response to Jeanne in Gonaïves, Oxfam-GB 5003, ACF 6002, RC-FR 5001, and RC-ES 5004 were relevant, as they concentrated on the immediate relief for the victims of the floods. The emergency rehabilitation projects by Oxfam-GB and ACF also did some after-care by the cleaning of (family) wells, provision of hand-pumps and rehabilitation of aqueducts. In view of the destruction and contamination of the water systems, these ‘after-care’ activities were appropriate.

106. CARE / USAID are in the process of a complete rehabilitation of the neglected irrigation system in Gonaïves. In this sense, the limited rehabilitation activities of FAO would not be relevant. However, the emergency actions of FAO 6005 may have partially saved the 2004/2005 harvest and prevented dependency on food aid for 2005. For this reason the project of FAO may be considered appropriate. The same applies to the projects AAA 6003 and ID 6004 with the provision of goats and chickens, together with seeds in addition to the rehabilitation of water structures and irrigation systems, which lessened the effects of the floods for the small farmers in Ennery.

107. In the tropical storm Jeanne response in September 2004, responses varied according to the capacity of the organisations and their ability to adapt to these latest crises. Although the activities funded for disaster relief varied, the actions, along with coping strategies of the affected population, complemented the response to the massive flooding. Of those organisations that complemented prior work in the area were CARE 6001 and MDM 5002. These organisations were able to adapt to this change and enhance their current programmes. CARE used its seed warehouse and heavy farm machinery to store food for distribution and clear debris, while MDM took over emergency medical referrals for Gonaïves. The RC-FR ambulance service, which had questionable project relevance in the

early phases of the crises, proved again to be an extremely important emergency service in Gonaïves and other areas affected by the flooding. Among those not able to complement or enhance its activities at this time was UNICEF's maternal health project – which had already been delayed due the late assessment – and which was further delayed because of the response to the storm.

5.4.2 EFFICIENCY

108. The Costs / Beneficiary Ration of the water delivery projects ranged from EUR 5 (RC- FR) to EUR 8 (Oxfam-GB 4007). Although these data are not rock-solid (as a result of an estimation on the number of beneficiaries in the emergency), the costs do not look exceptional. The projects with (additional) construction activities had much higher values (up to EUR 86 for FAO 6005), but prevented the high social and financial costs of possible food aid. The evaluation team acknowledges the quick start of the operations during a problematic security situation.

5.4.3 EFFECTIVENESS

109. The operations of Oxfam-GB 5003, ACF 6002 and RC-FR 5001 during the Jeanne crisis in Gonaïves have been effective in preventing an epidemic, despite the difficult security situation. No data are available to assess the effectiveness of RC-ES 5004 (provision of ultra clean water to hospitals), as the team did not receive the respective reports.

110. Community participation was weak in most sites visited, due to time restrictions, with the exception of the CARE seed distribution project. CARE's current agricultural programme will also, over time, have a greater effect on its former emergency beneficiary's self-reliance.

111. CARE and MDM, both funded by DG ECHO in response to the flood in Gonaïves caused by Jeanne, delivered their respective services rapidly. The overall response to needs of the flood victims at this time was very effective.

112. The most flexibility and adaptability was seen in projects were those NGOs who planned their intervention using a form of a logical frame matrix. These organisations (MSF, PSF, CARE, ID, RC-FR, and ACF), all reported in on time, and were better able to assess whether planned activities were producing the correct benefits. The flexibility of these projects is evident, as organisations funded in May and June are still able to make contribution to victims in this emergency.

5.4.4 IMPACT

113. The construction of school latrines by Oxfam-GB 5003 will have some impact on children's health, but unfortunately, not all of these were equipped with hand washbasins, as these schools lacked reliable water supply. The hygiene promotion activities, and later, the cleaning and rehabilitation of water structures (family and community wells and pumps, as well as gravity pipe schemes by Oxfam-GB 5003 and ACF 6002) increased the impact of the water delivery activities in Gonaïves.

114. Each of the two projects funded in September to bring relief to flood victims in the Gonaïves area made an important positive impact in their perspective sectors. The MDM emergency medical relief made a life saving difference for many individuals in need of urgent care. A long-term impact on the health infrastructure was also realised with rehabilitation and with providing medical supplies and equipment to deficient and damaged primary health clinics. At an agricultural sector and household level, CARE made a large impact on the immediate and longer-term needs of the people living in areas adversely affected by the storms. CARE's food relief program filled the gap immediately after the storm providing families with food for up to eight weeks. Afterwards, tools, seeds, and chicken distribution gave many families the resources needed to reduce the long-term effect of losses from the storm.

5.4.5 SUSTAINABILITY

115. The RC-FR and RC-ES' providing water to Gonaïves after the Jeanne floods did not leave sustainable items behind. The follow up that Oxfam-GB did on their school latrine project in Gonaïves is recognised. The ACF approach in Gonaïves, however, leaves room for improvement. The construction of the aqueducts is below standards (one is already broken), while the locally made plastic hand-pumps, which were fitted to community wells, are not suitable for this purpose and will not last long. AAA and ID did a better job from a technical point of view, as their constructions are more durable.

116. The maintenance issue of operational water structures is extremely important, as many pumps and other water devices often break down due to lack of maintenance shortly after being installed. This endless cycle of NGOs, which rehabilitate previous projects should cease one day. In this respect, it is regrettable that neither AAA, ACF, nor ID followed sustainable approaches in the aftermath of the Jeanne crisis, as cost recovery and creating ownership of their structures. AAA installed several hand pumps at places not touched by the flood. This 'free gift' approach should be avoided in non-emergency circumstances.

117. The constructions of the FAO project are sustainable in the short-term, but long-term sustainability depends completely on the success of the USAID / CARE project to ensure long term cost recovery of the subsistence agriculture in the region.

118. Both the impact of the projects and the sustainability of the activities depended on the organisations ability to provide some after-care that connected the short-term emergency efforts to longer-term development. The 'CARE program' was probably one of the best examples of Linking Relief and Rehabilitation to Development (LRRD) in all the projects evaluated. Because the DG ECHO funded activities carried out by CARE were designed to use networks, personnel, equipment and other resources from the CARE's pre-existing programs, the distribution project was able to address many cross-cutting issues necessary to make project more sustainable.

6. HORIZONTAL AND OTHER ISSUES

6.1 COOPERATION WITH NATIONAL INSTITUTES

119. The team considers the cooperation with the National authorities and in these cases especially counterpart organisations (SNEP, CAMEP and the Haitian Red Cross), very important. Even if these organisations are not very effective, a weakening or breaking of these ties – or disregard for national policy – would be unthinkable. For example, several mayors complained that organisations did not bother to inform them about their activities, let alone discuss approaches.

120. Fortunately, the team did not find any evidence that DG ECHO's partners acted unprofessionally in this respect. The water NGO's kept good relations with their respective partners such as SNEP, CAMEP and the Ministry of Education, while FAO cooperated with the Ministry of Agriculture and ID with L'Association Haitienne pour la Promotion d'un Developpement Autonome (PRODEVA).

6.2 REPORTING

121. Logframes were used, making it difficult to assess the indicators. In general, reports of Oxfam-GB, ACF and AAA were satisfactory. On the other hand, the PAHO report was sub-standard, as it did not discuss the effects and impact of the project in any way. In spite of repeated requests, RC-ES did not provide the team with project reports.

6.3 VISIBILITY

122. Most projects promoted their activities by means of large billboards (see Annex X). However, not all structures could be identified as 'DG ECHO funded' structures. A positive exception, however, was the PAHO project where all DG ECHO equipment was properly identified. The NGOs should take the visibility of DG ECHO seriously. Not only to satisfy the European taxpayer, but also to prevent less scrupulous organisations claiming i.e. 'allocating' the structures to other donors. Not all the local authorities were familiar with DG ECHO; some knew the name, but did not know about DG ECHO's role and responsibilities. Moreover, community leaders in general had not heard of DG ECHO.

6.4 SECURITY AND COMMUNICATION

123. Security had been a problem for most of the NGOs, especially during the Jeanne floods in Gonaïves. The OCHA reports the looting of aid convoys, harassing of staff and violent demonstrations. Fortunately, no staff members of DG ECHO partners were injured in 2004. The

mission did a small questionnaire among DG ECHO partners to check if the lack of a radio network really had been a problem for them and if OCHA's performance had been satisfactory.

124. More than half of the organisations that replied considered the lack of a radio network a critical problem. In addition, on the question: "*if the lack of a radio network had constraints for their operations?*" A small majority responded: "Yes". Fortunately, according to all but one NGO, the lack of a radio network did not endanger staff members. On the four issues concerning OCHA's performance (security briefings, co-ordination among NGOs, needs assessments and the provision of general info) DG ECHO partners had mixed feelings, but in general, people were moderately satisfied.

125. One NGO replied that the impact of the lack of the radio network and of OCHA's staff constraints could have been much more serious if the crisis had taken longer to resolve.

6.5 GENDER ISSUES

126. Although there were no WatSan projects especially for women and children, it can be assumed that these people were the main beneficiaries of the water projection, as women are usually responsible for water hauling. In addition, several projects targeted especially vulnerable (for example female-headed) families. Hygiene promotion teams were in general composed of mixed gender.

127. Of the 14 projects evaluated in the health and nutrition sector, gender issues were seriously considered by at least some of the partner organisations. The UNICEF project focused on improving the quality of care in the hospital's Maternity Unit, implemented by the DG ECHO financed project, thereby emphasising to the health community, the importance of Mother and Child Health (MCH).

128. Other project examples where woman and children were given vulnerable status include the AMI project in the south. Even though the emergency implementation ended before all the training was completed to the maternity and community midwifery health personnel, the NGO remained at the project site to ensure all targeted staff education was concluded.

129. In the food distribution programme in the north following hurricane Jeanne, CARE targeted adult women as those responsible for feeding and care of the family. A decisive factor was made in project planning, that female, and especially female-headed households, are among the most vulnerable. It became clear that assets, particularly food, held by females are more likely to be consumed (as opposed to sold) and to reach all members. In addition, the project put an emphasis on developmental needs of children under-five. CARE and other NGO staff had also received some level of gender awareness training.

6.6 RELATION WITH DEVELOPMENT

130. Most projects had little or no impact on the long-term development of Haiti, as they concentrated on emergency relief only. Still, several projects organised after-care or could integrate the project in a kind of a long-term development strategy. The long-term cooperation between established companies like ACF and SNEP with CNSA; PSF with MOPH; RC-FR with HRC; UNICEF with Public Hospitals; MSF, AMI, ID, and MDM with Hospital Staff; PAHO with CAMEP; and FAO with the Ministry of Agriculture; will enhance long-term impact.

131. Although the projects themselves had little impact on development, the relation DG ECHO's partners have with the Haiti institutions will be very useful in the longer term. For example, ACF (in cooperation with SNEP in Port-de-Paix) is reinforcing the local water committee with issues, such as cost recovery and health promotion. In addition, Oxfam-GB provides training for SNEP in Gonaïves. In Haitian circumstances, these activities are very appropriate and should encourage DG ECHO to select their partners among those NGOs and IOs that have firm roots in Haiti. However, the assessment of the relation of the projects with development is hampered by the fact that there is yet neither a country development strategy nor a poverty strategy available (see also Chapter 4 DG ECHO's Position in Haiti)

6.7 COST-RECOVERY

132. Although the preparation of a national water strategy by the World Bank is still in progress, it can be expected that cost-recovery in water supply will be a main issue. This to ensure some degree of sustainability, as cost-recovery is an essential part of many development strategies. Of course, this does not apply to pressing emergency situations, for example the Jeanne Floods in Gonaïves. But, in the aftermath of the crisis, when the NGOs constructed new water structures, often no (token) contribution was asked or no maintenance committees were installed. To ensure sustainability of construction, the NGOs should, consider cost-recovery even in emergency rehabilitation activities whenever possible.

133. NGOs and IOs that work with institutions related to development, discussed above, do have a unique opportunity to promote revenue generation principles to the national staff and host-country representatives they work with. One recommendation, made to the RC-FR's ambulance service, which is under the Haitian National Societies jurisdiction, was to 'extend their (HRC) cost-recovery services'. For example, the training of trainers, Red Cross First Aid course, and other cost-recovery services (i.e. the National Red Cross Volunteer Projects), as used in other countries.

134. Organisations like CARE, ICRC, PAHO/OMS, UNICEF, AMI, and others that have regular development programmes, in which the DG ECHO financed activities are integrated, are usually in a position to provide the longer term work in which a cost-recovery scheme can be incorporated.

135. In a health system like Haiti's, where the current cost-recovery has failed (or worse, crossed the ethical boundaries of medicine with curative care clinicians pushing pharmaceuticals to recover their cost), some would say that the time needed to change practice goes well beyond the scope of emergency funding over such a short period of time. The NGO/IO representatives the evaluation team has interviewed have made accurately strong points against the reality of cost-recovery in emergency relief aid.

6.8 ENVIRONMENT

136. The projects had little (positive or negative) impact on the environment. However, it is appreciated that Oxfam-GB regarding the disaster in the south-east did not use wooden constructions to avoid further cutting of trees.

7. CONCLUSIONS

137. DG ECHO supported a wide variety of projects, not only the more conventional health, nutrition and water and sanitation projects, but also agricultural and communication projects. In view of the complex and extended crisis in Haiti, this wider view was well justified and the vast majority of the projects are considered to be appropriate and reasonable successful.

138. In general, most NGOs and IOs acted professional in their operations. The progress under difficult security situations in an extremely poor country is much appreciated by this evaluation team. However, the technical quality of some of the constructions leaves room for improvement. Occasionally, NGOs did some work on structures, unrelated to the disaster. This should have been done in development, not in emergency projects

139. DG ECHO field experts have a realistic picture of the capacities and performances of the NGOs. DG ECHO's monitoring of the Haiti funding at the time (well done under the circumstances) acknowledged a few problem projects, but was unable to facilitate solutions. More DG ECHO presence could have made needs assessments more independent, and could have improved quality control and DG ECHO's visibility during the crisis.

140. Although DG ECHO reacted within 2 weeks after Aristide left Haiti, DG ECHO could have been more proactive in view of the rapidly deteriorating situation in the period before Aristide's downfall. It is possible that the presence of OCHA from the beginning of January, early warning signals could have speeded-up the reaction of DG ECHO. As MINUSTAH has taken over, it is likely that future crisis will be better monitored.

141. The lack of a reliable radio network (IFRC) and the constraints in OCHA's staff did hamper to some extent the NGOs' operations, but no staff members were endangered. However, the problems might have been more serious if the political crisis had lasted longer.

142. The logframe approach in the project documents was not done consequently, and NGOs often failed to discuss the OVI in their final report. Impact assessment of projects for final reports will improve monitoring and self-evaluation. For example, in 14 health and nutrition projects evaluated, only RC-FR and CARE completed internal evaluations of the projects. In the WatSan sector, only ACF and Oxfam-GB consequently used this method. In those examples, these NGOs were better able to assess cross-cutting issues, such as gender and security. The degree of ownership the beneficiaries and other stakeholders had in the projects, the level of institutional capacity, and financial and technical issues, were much easier to gauge in terms of impact the intervention had on the crisis.

143. The link with development of most DG ECHO projects is weak or non-existent. This is not a failure, but inherent to the nature of most projects (emergency relief with a short emergency rehabilitation span). However some projects could have been more sustainable if the NGOs had followed the right approach. Fortunately, this is a minor issue, as some organisations like ACF and Oxfam-GB organised after-care or prepared after-projects. It is appreciated that the organisations developed good co-operation with the local authorities

(SNEP, MOPH and CNN, just to name a few), which will add to the sustainability of the projects and will improve DG ECHO's status in Haiti. In this respect, the visibility of DG ECHO could and should be improved, as the name of DG ECHO is largely unknown among the local authorities.

144. The lack of good quality humanitarian data in most of the sectors made it difficult to assess the need for further involvement (under present conditions) of DG ECHO in Haiti. Obviously, there is an urgent need in nearly all of the sectors in which DG ECHO already was involved in 2004, but the question remains if emergency projects are the right approach in this situation. Projects in the water sector and agricultural reconstruction projects are probably less feasible as they require long-term involvement and (especially for water projects) an approved country strategy. Due to the lack of data, it is unknown whether further emergency food aid projects are required. However, the results of a survey on nutrition will be available soon. In the health and nutrition sector only RC-FR, CARE, and to some extent UNICEF, had programming that could be continued as development aid (based on the needs addressed by the emergency projects). Other DG ECHO partners have reproduced an improved version of their first emergency project (ID and PSF), and have continued managing the outputs implemented during the crisis (PAHO), or developed another emergency response project (MSF's evaluation project).

8. RECOMMENDATIONS

145. Despite some constraints in their performance, DG ECHO should continue with well established NGOs which are not only well prepared for a disaster, but could offer a sensible aftercare strategy and have relations with Haiti counterparts.

146. Although the staff of the DG ECHO Office for the Caribbean did a remarkable job monitoring the many projects, the complexity of Haiti warrants that there should be an DG ECHO staff member especially for Haiti in the event of another crisis. It might also be useful to carry out needs / impact assessments by DG ECHO staff rather than leave this to IOs/NGOs. As DFID has similar programmes, one could consider joint studies with them.

147. The use of a logical frame matrix in planning a project, with its ability to improve monitoring and self-evaluation of activities during implementation, is recommended to all partners. About half of the NGO projects evaluated (e.g. MSF, PSF, CARE, ID, RC-FR, and ACF) all took advantage of a logical framework matrix and profited, especially in the areas of project effectiveness and impact. Because of these projects' improved monitoring and evaluation ability, each could easily follow up their projects with an impact assessment in the final report.

148. In the case of Haiti, emergency rehabilitation activities after an emergency should be sustainable and fit within the development strategy as much as possible. Even without a strategy, organisations should put emphasis on issues such as ownership, cost-recovery (except for the very vulnerable) and availability of spare parts. The emergency rehabilitation should be restricted to disaster-damaged items, and not include worn-out equipment, as these items are not included in the DG ECHO mandate, and may hamper the self-reliance of the local population. The useful cooperation with local institutes and authorities should be continued.

149. Data collection and preparing strategies (WatSan, Health, Poverty, etc) should have priority in the near future as the lack of these limits the relevance and impact of (proposed) projects, could weaken the existing (semi-) government institutes in Haiti and will negatively effect the sustainability. Limited (assuming that the situation does not worsen) assistance of DG ECHO funding could continue. The continuation of health projects makes more sense than WatSan or agricultural rehabilitation projects. Food Aid projects might be relevant too, but it is recommended to wait until the results of the forthcoming nutrition survey are available.