



External Evaluation

Support To Vulnerable Persons In Communities of Nord Artibonite Department That Received Influxes of Persons Displaced In The Wake Of The January 12, 2010 Earthquake

Funded by ACF

John Wiater, September 2011

Contents

Acronyms.....	3
Acknowledgements.....	4
Executive Summary.....	5
Background.....	8
Evaluation Methodology	10
Findings.....	11
Project Conception and Design.....	11
Project Planning	14
Project Implementation	18
Project Monitoring.....	37
Cross-cutting Issues/Gender.....	38
Summary of Key Conclusions.....	39
Recommendations	41
Tables	
1. Rating of Project Achievements In Terms of Each DAC Criteria	6
2. Breakdown In The Number of Food Groups Consumed During the Previous Day.....	24
3. Breakdown of Foods Consumed During the Previous Day.....	25
4. Breakdown of Coping Mechanisms Employed To Purchase Food.....	26
5. Monthly Chlorine Production By CLA.....	28
6. Households That Purchased New/Different Foods With Coupons.....	30
7. Training Recall and Appreciation By Merchants.....	31
8. Training Recall By Coupon Beneficiaries.....	32
9. Percentage of Beneficiaries Recalling Training Topics.....	32
Annexes	
1. Best Practice Reporting Table	43
2. Persons Interviewed	44
3. Interview Guide – Gonaives Merchants.....	46
4. Interview Guide – CLA Representatives.....	48
5. Food Coupon Beneficiary Survey.....	50

Acronyms

ACF	Action Contre La Faim
AF	Accompagnement Familial (Family Accompaniment)
CASEC	Conseil d'Administration de Sections Communautaires (Community Administrative Council)
CFW	Cash For Work
CIDA	Canadian International Development Agency
CLA	Comité Local d'Assainissement (Local Sanitation Committee)
COM	Chief of Mission
DAC	Development Assistance Committee (OECD)
DINEPA	Direction Nationale de l'Eau Potable et Assainissement (National Direction for Potable Water and Sanitation)
DPC	Direction de Protection Civile (Direction of Civil Protection)
DRM	Disaster Risk Management
ECHO	European Commission Humanitarian Office
FBM	Food Basket Monitoring
FFV	Fresh Food Voucher
FSC	Food Security Coordinator
HDDS	Household Dietary Diversity Score
HG	Haitian Gourd (currency of Haiti)
IDP	Internally Displaced Persons
IOM	International Office of Migration
JFM	Jeune Fille Mère (young single mother)
KAP	Knowledge, Attitudes and Practices
Kcal	Kilo calorie
PA	Public Address
PaP	Port au Prince
PC	Program Coordinator
PDM	Post Distribution Monitoring
PM	Program Manager
PTA	Programme du Traitement Ambulatoire (Outpatient Treatment Program)
SIDA	Swedish International Development Agency
TA	Technical Assistance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme (U.N.)

Acknowledgements

I wish to acknowledge with gratitude the cooperation and support I received from ACF staff in Port au Prince and Gonaives. I appreciate their objectively critical insights into the life cycle of the project and their helpful validation of my.

I am particularly grateful to Chloe Milloz, Food Security Coordinator in PaP and assigned focal point for the exercise. Her logistical support and orientation to all matters related to ACF/Haiti (program, logistics and administration) helped to make the exercise easy to carry out and fruitful.

I am most grateful to Guerby Devil, former Assistant Food Security Program Manager whose services were contracted to assist me throughout the evaluation in identifying, making contact with and physically locating beneficiaries, local authorities and other stakeholders and in translation during numerous interviews with beneficiaries in their homes and in neighborhood markets. His ability to interrelate to beneficiaries, as well as his knack of how to interpret some of my questions in a way that would be easy for them to understand and respond to was invaluable.

My final word of appreciation is reserved to the numerous beneficiaries who welcomed me into their homes, places of work (the markets), chlorine workshops, and emergency shelters, taking time to answer my extensive list of questions. To some, they may have thought that the questions would never end; to others, they may have wondered why I wanted to take a look at a latrine, see where family member wash their hands or know in detail what they ate the previous day. Without their openness, however, it would have been difficult to gain insight into what impact the project may have made in their short-term and long-term lives. I have come away from my conversations with a certain appreciation that beneficiaries' will to improve their lives and livelihoods and the enthusiasm of the volunteer members of local CLAs offer fertile ground and a viable foundation upon which ACF could continue pursuing long-term, sustainable solutions to the problems that this project was only able to address partially.

Executive Summary

A magnitude 7 earthquake which struck near Port au Prince on 12 January 2010 caused wide spread death and destruction in the nation's capital and surrounding cities. It also caused a large-scale displacement of persons to areas not affected by the quake, particular area of origin. Gonaives city received a rapid influx of over 60,000 persons, many of who were taken in by family members and acquaintances. The added responsibility and burden worsened already weak livelihoods and food insecurity experienced by many of the host families, some of whom were still trying to recover from the last major hurricane that struck Gonaives in 2008..

As a follow-up to an immediate CFW response in support of IDPs and host families, ACF planned and proposed a project which entailed proving food vouchers to particularly vulnerable households in association with sensitization and training designed to improve household KAP with regard to the consumption of nutritious foods rich in important micro-nutrients as part of a varied diet. The training also sought to improve hygiene practices among family members. Finally the project sought to consolidate the organization of local sanitation committees (CLA in French) along with their capacity to produce chlorine for use in treating water for drinking and cooking. The project was also expected to spur increased demand for fresh, local produce, which would over time spur an increase in local production to the benefit of rural dwellers/communities.

Planning was concluded and a proposal submitted to ECHO for funding consideration on 23 April 2010. Three revisions and 227 days later, the project was approved by the donor with the incorporation of a component designed to habilitate/rehabilitate WASH infrastructure in up to 16 emergency storm shelters, as well as to provide technical assistance and strengthening to the DPC in disaster preparation and risk management.

All components were faithfully implemented as called for in the project proposal. Key elements such as coupon distribution to 3,600 households, and the training of 5,000 persons in good nutrition and hygiene practices as well as disaster preparedness and risk management were implemented as planned. The component of psycho-social support was efficiently implemented, but due to the short duration of project implementation and the complex nature of many of the problems that project staff were expected to help beneficiaries deal with, the full target of persons to be served was not met. This, however, is not interpreted to be a reflection of ACF's quality of implementation, but rather an overly optimistic assumption as to what could be realistically achieved during the time allotted.

Only 11 of 16 shelters were habilitated or rehabilitated with appropriate infrastructure. This was not a result of ACF's lack of implementation efficiency, but rather the fact that potential sites did not materialize for various reasons beyond ACF's control.

The very short window of implementation (effectively nine months due to a strict deadline for completion set by the donor, and accepted by ACF) that was called for in the project did not allow for the project to achieve much in the way of impact that was sustainable. While food coupons did allow families to increase their purchase, and therefore food consumption, during the four months of coupon distribution compared to the baseline before the project, the

improvement could not be sustained by households once they no longer received coupons. Because the project did not address the income constraint to food access, families were obliged to revert to consumption patterns that coincided with their available income.

The total of about 5 hours of training that beneficiaries received during the four months of coupon distribution was too little to bring about much in the way of meaningful changes in KAP in terms of hygiene and sanitation in the home. While beneficiaries did appear to have learned some valuable lessons, their practical application in the home has lagged.

In short, the project would have been stronger had, at the time of its inception and planning, more attention had been paid to technical and operational coherence and balance among scale, scope, coverage and time frame.

Nevertheless, the use of Fresh Food Vouchers, instead of a classic in-kind distribution of imported foods, to fill a gap in food consumption, particularly foods of high nutrition value represented a ‘best practice’ that proved highly cost-effective. Because of its additional beneficial effect of stimulating/re-enforcing local market mechanisms, the modality is one which should be considered for replication wherever market conditions are capable of meeting the increased demand for food by beneficiary households. More explanation is provided in [Annex 1](#).

In the opinion of the evaluator who reviewed this project, the following table summarizes in the form of a five-point rating of project achievement in terms of each DAC criteria.

Table 1: Rating of Project Achievements In Terms of Each DAC Criteria

Criteria	Rating					Rationale
	1	2	3	4	5	
Impact		X				Nutritional and hygiene KAPs do not appear to have notably changed from the baseline. Some retention of knowledge provides a basis for further work toward impact. Impact should normally not be expected from a project of such short duration and emergency nature.
Sustainability		X				Food consumption improvements were temporary (during coupon distribution) and some elementary hygiene habits in the home do not seem to be practiced.
Coherence			X			The interventions, in and of themselves were coherent with the nutritional, hygiene and sanitation needs of the urban communities. The scope and sequence of interventions and the time frame (emergency oriented) were not totally coherent with the nature of the problems being addressed and some of the objectives of the project (longer-term and developmental).
Coverage		X				Coverage was inadequate to realistically achieve certain sanitation impact in an urban environment. There are probably far more food

					insecure households in the neighborhoods than the number of beneficiaries selected under the tight vulnerability criteria used in the project. Urban sanitation requires broad, not narrowly targeted participation. Emergency shelters that were rehabilitated represent less than 10% of DPC's anticipated priority population for evacuation..
Relevance/Appropriateness				X	The project addressed some very real and acute problems in urban Gonaives. The targeted beneficiaries undoubtedly represented the segments of the population most in need.
Effectiveness				X	Food coupons proved effective in alleviating, temporarily, food insecurity experienced by beneficiaries. The psycho-social support provided to certain beneficiaries was very well carried out, providing short-term alleviation, though time and resources were insufficient to actually address some underlying causes. Sensitization and training was provided to a large number of persons. While some have retained some of the lessons learnt, the amount of teaching time was probably too short to achieve broad information retention and especially practice.
Efficiency				X	The project team was very efficient in utilizing a small window of implementation (9 months) to carry out all planned interventions. They were able to carry out efficiently beneficiary selection and initiate coupon distribution/ training on a rolling basis.

Background

A magnitude 7 earthquake which struck close to Port au Prince caused destruction, loss of life, and population displacement in the capital city and outlying locations to the south and west of the capital. The Department of Artibonite, and Gonaïves, in particular was a destination for a considerable number of displaced persons from the affected region. Of 86,952 displaced persons identified by the Department of Civil Protection, 60,404 settled with family and acquaintances in the city of Gonaïves.¹

The 18.9 percent sudden increase in the city's population represented a serious shock to the livelihoods of the city's resident population at a time when it was still trying to fully rebuild and recapitalize after the 2008 hurricane season which caused extensive destruction of property and infrastructure and seriously weakened the local economy. 60-70% of the local population was unemployed or underemployed at the time of the earthquake. In January, 2010 ACF began documenting an increase in the number of water-borne diseases in the city as well as a rise in the number of children admitted to nutrition centers supported by the institution.

Since the first flood crisis of 2004, Artibonite and Gonaïves town experienced significant out-migration toward Port au Prince. Some of those migrants, in all likelihood, represented a supplemental source of household revenue by way of remittances back to family members. It would stand to reason that the economic disruption brought about by the earthquake would likely have affected the continued flow of remittances to an extent that has yet to be calculated. To make matters worse, some of those who provided those sources of household revenue may have migrated back to the region to represent an additional burden on already limited resources.

As an immediate response to a livelihoods "floor" for the most vulnerable of the city's residents, ACF initiated a rapid CFW program that targeted 1,080 households hosting IDPs. The mobilization process also provided an opportunity to undertake punctual awareness-building with regard to hurricane risk and ways in which the population might manage/mitigate that risk.

ACF staff also took note of the fact that a prolonged period of displacement would only serve to increase the scale of vulnerability to the ravages of the 2010 hurricane season, for which local authorities were inadequately prepared..

By April 23, 2010 ACF had developed and presented to ECHO the project which is the subject of this evaluation. The project document was subjected to three subsequent revisions leading up to the final version which was submitted in ECHO on 20 October 2010. During the course of those revisions additional elements were added to the project beyond the original scope which focused on addressing malnutrition, food insecurity, as well as hygiene and sanitation among vulnerable segments of the population. The final version subsequently included activities to support the DPC's strengthening and its efforts to rehabilitate/construction water/sanitation infrastructure in sixteen emergency hurricane shelters. The project also built upon ACF's prior work with Community Sanitation Committees (CLA, in French) by supporting the production of chlorine by three new CLA.

In its final version the project envisioned the following achievements:

¹ Direction of Civil Protection. Census of the displaced population in Artibonite – March 2010

General Objectives:

1. Contribute to the prevention of malnutrition among the segments of the population that have been directly or indirectly affected by the 12 January 2010 earthquake.

Specific Objectives:

1. Reinforce the resilience capacity of the most vulnerable households in Gonaïves which have been affected by the influx of IDPs after the 12 January 2010 earthquake. *Indicator: At least 80% of beneficiary households report an improvement in their livelihoods between the beginning and end of the project .*

Results:

1. Beneficiary households improve their food security, feeding practices and limit their risk factors. *Indicators:*
 - *At least 80% of beneficiary households improve their Food Consumption Score compared to that before the project.*
 - *At least 80% of beneficiary households no longer have to employ risk adaption strategies compared to the beginning of the project.*
 - *150 persons in distress in urban Gonaïves benefit from at least 2 individual or group psychological consultations*
 - *80% of persons in distress who have received consultations demonstrate a reduction in their psychological suffering.*
2. Beneficiary populations improve their hygiene conditions and have access to emergency hurricane shelters in case of evacuation alert. *Indicators:*
 - *At least 80% of 6 community promoters (relais communautaires) who receive training achieve at least an average score on knowledge of key messages associated with hygiene and disaster risk management.*
 - *At least 6 Local Sanitation Committees (CLA) are able to produce and sell chlorine in case of a hurricane emergency.*
 - *At least 2 000 persons are able to be housed in emergency shelters that meet Civil Protection standards in terms of water and sanitation infrastructure.*
 - *5 000 persons will be sensitized to the prevention and management of disaster risks as well as the use of chlorine for the treatment of water.*

As late as September, representatives of ECHO in Brussels were still posing fundamental, even elementary questions about the project, which normally should have been addressed immediately after the presentation of the first draft of the proposal. The third, final and ultimate version of the project was submitted to ECHO on 20 October 2010. In lead-up to that submission, ECHO suggested on 9 September to ACF that the grant agreement be set retroactively to 1 September. The recommendation was accepted. However, it was not until 26 November that the grant agreement was actually signed in Brussels.

The total lapsed time for the review and approval process turned out to be 227 days. This was unreasonable for a project that was originally conceived and planned as an emergency

intervention during the early stages of recovery. Unfortunately, the ECHO representative who was available to be interviewed for this evaluation was not directly involved with, or responsible for, the review and approval of the grant in question. He could not shed light on what factors contributed to the extraordinary delay in approval; but did acknowledge that it was highly irregular from ECHO's standpoint.

During the course of grant negotiations, Gonaives was struck by a serious cholera epidemic. This led to a shift in the vulnerability profile from just that of earthquake IDPs and their host families. As cholera affected numerous poor households, their level of vulnerability increased significantly, placing an additional premium on targeting the limited amount of assistance available from this project. Ultimately, the project's focus drifted from earthquake recovery to also that of cholera response and prevention.

Unfortunately, the grant terms strictly stipulated the project needed to be fully executed by 30 August, without any possibility of a no-cost extension. The delay in receiving official approval of the grant resulted in the effective period of execution being reduced to nine months from what would normally be a 12 to 18 month window. As will be further discussed in the report, the reduction in implementation duration would prove to be a material handicap.

While ACF had a qualified Food Security Program Manager (PM) recruited and on board by 28 October, a WASH PM could not be brought on board until 20 December. The crucial position of Psycho-social PM could not be recruited and brought on board until 14 February 2011 (leaving her and her team a mere six months of effective implementation).

Even amid the recruitment of international and national staff, the ACF/Gonaives and Haiti Country Program staff worked diligently to make up as much lost time as possible. A list of beneficiaries in the first of four urban "blocks" (sectors), the South, was fully validated in January, 2011. The first distribution of food coupons to those beneficiaries occurred in February. Beneficiary identification and validation was carried out on a rolling basis in the remaining three blocks over the subsequent three months.

Recommendation 1

ACF should negotiate grant agreements to take effect as of the date of contract signature by the donor and/or include a no-cost extension provision in the terms of the agreement.

Evaluation Methodology

Even though the project incorporated assistance to rural as well as urban beneficiaries, the evaluation TOR called for this evaluation to focus only on the urban component in Gonaives town. This was requested in order to more effectively utilize the time assigned for the evaluation. Trying to evaluate the whole project would have required either additional evaluators or assigning the single evaluator a longer evaluation period, particularly in light to the logistics that working among the rural beneficiary communities would entail.

A review of programming/planning, and M&E documentation that was made available by ACF/Paris and ACF/PaP was carried out just prior to arrival in Haiti and throughout the exercise. The evaluator received an initial briefing by the ACF/Haiti COM carried out interviews with

concerned ACF PMs in the PaP office during one day prior to travelling to Gonaives to carry out field work (see [Annex 2](#) for a list of all persons interviewed).

Over the first two days interviews were conducted with ACF/Gonaives personnel who were associated in some way with the project. Unfortunately, the evaluation occurred after project implementation had concluded and most field staff had terminated their employment with ACF. Fortunately the Deputy Project Manager, a national staff member, was contracted for the duration of the evaluation to assist the evaluator on logistics and translation with beneficiaries. A representative sampling of national staff, no longer employed by ACF, agreed to make themselves available to a two-hour group interview toward the end of field work.

One day each was allocated at the start of field work to conduct structured interviews with a sampling of merchants, representatives of 3 CLA and to visit two emergency hurricane shelters rehabilitated by the project WASH team. (See [Annexes 3 and 4](#) for Interview Guides for merchants and CLA representatives)

Each urban “block” was visited during each of four days during which time up to six beneficiaries were interviewed in their homes. Those to be interviewed were selected on a random basis by the evaluator, though not necessarily with the same rigor associated with a full statistically valid survey. To ensure that households corresponding to the project’s basic criteria for eligibility (IDPs, host families, cholera-affected, and at risk), the full beneficiary list for each block was filtered by and potential interviewees were randomly selected (eight per group), resulting in 32 households per block, of which up to six were eventually interviewed.

A chaotic urban environment posed serious problems for finding the addresses of households selected. No standard and uniform system of house numbering existed (the same house numbers could reappear several times on the same street; and numeration could rise, fall and then rise again), and some beneficiary families moved since the list was drawn up. Considerable time and effort was expended in finding families to interview. Ultimately, 20 family representatives were found and interviewed. More could not have been achieved in the time available.

The basis for the interview was a relatively short survey questionnaire which consisted of 49 questions ([Annex 5](#)). Interviews were conducted only with registered beneficiaries, but exceptions were made with regard to other family members who were directly involved with buying food with the coupons and who were familiar with household eating habits (particularly useful for interviews involving old beneficiaries).

Simple tabulation of responses was carried out using Excel spread sheets.

Findings

Project Conception and Design

Knowledge of the nature and level of the need when planning and designing the project

The project was initially conceived and designed as an emergency recovery project a few months after the January earthquake. The need was adequately documented through earlier food security,

nutritional, and psycho-social needs evaluations, as well as nutritional and KAP surveys conducted from 2008-2010.²

The ACF team was adequately knowledgeable of the nature and scope of the need among the vulnerable segments of Gonaïves' population. If anything, they were aware of the fact that the need was considerably greater than the project was able to address with the limited financing available at the time.

Project design fit with the local context and the proper definition of risks and assumptions

The first draft of the project appropriately sought to address the needs of vulnerable segments of Gonaïves' urban population in the wake of the sudden shock caused by the rapid and considerable influx of displaced earthquake victims, as well as the sudden loss of financial remittances that flowed from Port au Prince to the poorer members of the Gonaïves community.

The project, as conceived/designed appropriately responded to a real and serious need short-term food insecurity and psycho-social trauma brought about by the 2010 earthquake and the sudden influx of IDPs into Gonaïves. Disaster preparedness and institutional strengthening for preparedness and response in Gonaïves was also a real and serious need that needed to be addressed.

As the weeks and months passed during grant negotiation, the project's focus on addressing the food security erosion caused by the sudden, and hopefully temporary, shock of displacement began to be superseded by a new shock to households caused by a large outbreak of cholera in the city. On the basis of the hoped-for temporary nature of the problem of displacement, the plan to provide four months of food voucher assistance was coherent with the nature of the problem and valid as a form of safety net assistance. The direct problem-solution rationale for the provision food vouchers to households to compensate for the arrival of additional dependents was much less evident in the case of households in which one or more members contracted cholera (except in the case where a bread winner became incapacitated or died from the disease). The inclusion of household exposure to cholera as a criteria of vulnerability served to make targeting of beneficiaries of limited assistance even harder, loosening the linkage between food assistance and food insecurity as well as the causal relationship between solution and problem.

Apart from safety net food assistance to families affected by the sudden shock of displacement or of hosting additional displaced dependents, the scope and sequence of food assistance and associated training in terms of hygiene, sanitation, nutrition, and feeding practices as they were conceived within the project were incoherent with the longer-term nature of the problem of food problems were/are actually structural and long-term in nature. They existed long before the sudden shock of population influx and would have existed even if the influx did not occur.

In an urban setting such a Gonaïves, food insecurity was/is linked to access to food as the ACF country team rightfully recognized. However, that access (or lack thereof) is determined by

² Nutritional survey for the town of Gonaïves and Artibonite. October-December, 2008 / Mental Health and Needs and Care Assessment and Interventional Strategy for Upper Artibonite. March 2009 / KAP Survey In Gonaïves. December 2009 / Food Security Evaluation in Northwest Artibonite. February – April 2010

income (access to employment/revenue) in an urban setting. Dietary diversity, which the project tried to address, also was/is determined by income. The project, as it was conceived, did not address the income constraint associated with food access and diversity.

In short, the project tried to address structural (development) problems with short-term (humanitarian/emergency) scope, sequence and duration of programming. The time-frame and the assignment of specific time-on-task for the interventions were inadequate to achieve desired results. Not only was the allocation of time and resources to training insufficient to achieve notable results in terms of changes in household KAP, but formal training sessions alone would not have been able to achieve such changes.

Selection of the different project components

The original project concept focused on three core elements: access to food, improvement in household hygiene and nutrition practices and psycho-social support. In the course of grant negotiation with the donor, disaster preparedness through emergency shelter WASH infrastructure rehabilitation/construction and institutional disaster preparedness strengthening of the DPC were added to the project.

The scope and sequence of actions entailed in the different components, as well as the methodological dynamics that the additional components, were considerably distinct so as to have justified planning and implementing them as separate projects – 1) food voucher assistance response and psycho-social support to vulnerable victims of trauma; 2) Disaster preparedness strengthening and emergency hurricane shelter WASH infrastructure rehabilitation; and 3) agricultural rehabilitation and development.

Recommendation 2

ACF should have planned and implemented the rural and urban components of the project as separate projects.

Recommendation 3

Donors and ACF should refrain from adding components (particularly at a late stage) that are not directly associated with a project's core objectives and operational focus. Emergency shelter rehabilitation and strengthening of DPC's DRM capabilities should have been the focus of a separate, and thoroughly planned, project.

Recommendation 4

ACF should recognize that some problems exist before, and may be exasperated by a crisis; and that programming, even during emergency response, should be also directed toward addressing the root causes of those problems through the appropriate means as early as possible.

Project Planning

Appropriateness and Adequacy of Geographic and Demographic Coverage

The country team was aware of the fact that there were considerably more food insecure households in Gonaives that the financing envelope could be able to assist. Likewise, many problems associated with community/environmental sanitation and hygiene in the targeted neighborhoods could not be adequately and effectively addressed without broad participation and commitment on behalf of the population. The narrowly focused targeting which resource availability forced the project to undertake conspired against addressing the problem of the community at-large. Even if and when individual families could change hygiene/sanitation KAP at the household level, members (particularly children) were still being exposed to disease vectors and risked infection through acquaintances with whom they came in daily contact outside their homes.

The number of persons (representatives of households) was but a small percentage of the total population of the neighborhoods in which the project was implemented. Under those conditions, project beneficiaries were attempting to learn in relative isolation from the universe at-large. This situation was more than likely destined to create “environmental inertia” involving the tendency of isolated learners to revert to the habits and practices of their environment. The condition did not bode well for a high level of project achievement in terms of changes in KAP.

With regard to assisting the DPC to rehabilitate/construct WASH infrastructure in 16 emergency hurricane shelters in Gonaives, the shelter capacity that those locations represented amounted to less than 10% of DPC’s anticipated need for evacuating and sheltering 25,000 must priority persons. This shortfall was not the direct responsibility of ACF, since the DPC was responsible for locating and contracting access to appropriate sites. However it does bring into focus that achievement of even first-level preparedness at the municipal level was far from addressed by this project’s contribution.

Identification and targeting of beneficiaries: pertinence and adequacy of criteria

With the passing of time and the advent of the cholera crisis, targeting criteria for participation eligibility became particularly complicated. Based on project beneficiary lists, one notes that many households were listed as qualifying under more than one criteria. Simply by assuming that the first criteria listed represented the primary vulnerability criteria of each beneficiary family, it is noteworthy that the original focus of addressing the food insecurity of IDPs and host families gave way to assistance to more families considered “vulnerable” in several categories (“at risk”, “JFM”, “widow/widower”, “handicapped”, “alone”, “malnourished”, etc.). Less than 22% qualified principally due to the earthquake. Nearly 60% fell under the general criteria of “vulnerable”.

IDPs	12.9%
Host Families	8.8%
Cholera	20.5%
Vulnerable	57.8%

This should not be interpreted to mean that those who were ultimately selected were not among the poorest and most needy in the targeted neighborhoods. It did reduce the direct correlation/relationship that had originally existed between problem and solution (in this case, four months of food voucher assistance to mitigate food insecurity brought about by a sudden shock).

Appropriateness of activities planned and implementation approach to attain the general objective

The provision of food vouchers was appropriate for meeting a short-term food deficit resulting from a sudden influx of IDPs early in 2010. However, as selection criteria shifted more toward general vulnerability/risk factors, the problem increasingly became structural in nature. A four-month provision of coupons to supplement household food consumption, while beneficial, could not address the underlying causes of food insecurity.

The value of the eight coupons provided to beneficiary households each month was HG 1,200. ACF nutrition staff had calculated on a pro-forma basis that those coupons could be used to purchase fresh and basic produce with an energy value of 36,297 Kcal (6,050 Kcal/person based on an average family size of six). This, in turn, would represent an approximately 14% of an ideal monthly food basket designed to provide 2,000 Kcal/Day/Person.

That modest supplement, provided over a short period of time, could contribute positively to filling a food gap and to providing some degree of support to household resilience during a trying time. However it would not be able to contribute much toward the achievement of the project's overall objective of preventing malnutrition.

The sensitization and training which accompanied the distribution of vouchers was appropriate in its content to address the problem of poor hygiene and sanitation in the home, as well as to attempt to improve nutrition and feeding in the home. However, the time frame and resources available to the project only allowed for four monthly sessions of approximately 45 minutes each to be conducted at the time of each coupon distribution. Also, one sensitization/training session was conducted at the end of coupon distribution at the time of distribution of hygiene kits to all project beneficiaries.

The extremely limited amount of time allocated for sensitization and training was totally inadequate from the outset. While one could have expected some retention of information provided to beneficiaries during those sessions, it would not have been reasonable to expect that notable changes in KAP related to hygiene, sanitation and nutrition/feeding practices could have been achieved.

The incorporation of psycho-social support to those beneficiaries identified to be suffering particular psychological distress as a result of their situation of shock or vulnerability was a valid and necessary element of the project. In those cases, helping beneficiaries to shore up their self-confidence and to obtain a sense of control over the problems which they face as well as possible solutions to those problems are rightfully an integral element of improving/strengthening levels of resilience to shock and vulnerability.

One thousand beneficiaries were targeted to receive “family accompaniment” in the form of six visits by psycho-social workers. 150 persons with particularly serious psychological trauma were targeted to receive up to four sessions of counseling from a trained psychologist. From the outset, the number of sessions allocated to each beneficiary, regardless the nature and severity of each one’s particular case, was determined by the time stipulated for project implementation and resource limitations.

Unfortunately those limitations resulted in an insufficient time having been allocated to achieve profound and lasting psycho-social results in most cases. Likewise, and as will be elaborated on further in this report, a lack of accompanying resources and programming to address the root causes of many of the psychological problems for which beneficiaries were receiving counseling.

Beneficiary and local stakeholder involvement in the analysis of problem(s) and solution(s). Motivation and Satisfaction

This having been an emergency recovery project, beneficiary participation in the problem and solution analysis was not sought. However, during the course of ACF’s nutritional and psycho-social evaluations which were conducted in January and April, 2010, numerous meetings were organized with local and departmental authorities, particularly those in the health sector, local administrative councils (Conseils d’Administration des Sections Communales - CASEC), women’s groups and neighborhood inhabitants (the latter through focus groups). All information gathered for the evaluations fed directly in to ACF’s problem analysis and solution development.

The Mayor’s office was kept informed of ACF’s programming interests and later when the project was finally approved for implementation. However, he was not directly and closely involved in problem and solution analysis, and project planning. While ACF likely believed that its contacts with CASECs and other community groups (“organizations de base”), the mayor’s office notes that not all community organizations are registered with the municipality nor do they coordinate systematically with the municipality.

Where ACF most closely worked in problem and solution analysis was with the DPC in support to habilitating emergency shelters, given that organization’s direct and sole responsibility for identifying and setting up potential shelters. However, ACF’s interaction was more technical in the field of WASH than strategic and programmatic. This narrow focus of institutional support did not permit ACF to engage DPC in critical analysis of programming and planning to achieve a more significant coverage of DPC’s estimated priority target population for potential evacuation beyond the less than 10% which this project was able to support.

Coordination with other national/international agencies and bodies

Prior to the start of this project, ACF worked closely with WFP on post-earthquake Cash-For-Work (CFW) assistance in Gonaives, as well as with CIDA and SIDA on follow-up CFW programming in the city. No international organizations were involved in partnership arrangements for the implementation of this project.

Implementation was coordinated with DPC for emergency shelters. DINEPA was kept informed of hygiene and sanitation training which was conducted within the scope of this project.

However the project did not involve community-wide sanitation interventions/investments to warrant a more operational coordination.

While the level of consultation and information-sharing that ACF conducted with national stakeholders was appropriate for a quickly-developing emergency response, it was likely insufficient in order for a project to address the more structural/longer-term problems that needed to be addressed/resolved at the time that this project was being conceived and planned.

Project component integration

Coupon distribution, sensitization/training and psycho-social support components were appropriately and adequately coordinated. The project's support to CLAs for the production of chlorine for water purification was tied in, to a certain degree with the sensitization and training carried out among coupon recipients. The fact that the final distribution of hygiene kits and a last session of sensitization/training was coordinated with the CLAs and were organized in locales pertaining to the CLAs, helped to provide a boost-by-association in terms of trying to generate community demand for the chlorine produced by those committees, while offering beneficiaries a source of reasonably-priced chlorine solution for their water purification needs.

However, the components that were added late in the project planning process at the suggestion of the donor (shelter rehabilitation and institutional capacity building for disaster preparedness and management) were not operationally linked with the afore-mentioned community-focused components.

Other than having sensitization/training curriculum and training plans, common program technical support from program managers, as well as logistical/procurement support for hygiene kit distributions in common, implementation of the urban and rural components were essentially carried out autonomously. Any possibility for linkages and synergies was not a factor in project implementation.

Capacity-building within an overall project strategy of sustainability

In a broad sense, the sensitization and training elements were part of the project in order to generate changes in attitudes and practices associated with good hygiene, sanitation, nutrition and infant feeding that would carry forward beyond the project. However, the short duration of the project, and very limited amount of training time conspired against obtaining sustainable results.

The project also was planned to provide technical assistance and training to members of the DPC on disaster management and response in the form of a disaster alert simulation. The project also planned on providing the DPC with technical assistance in preparing protocols/agreements with owners of designated emergency shelters as well as in the upkeep and maintenance of the WASH infrastructure which was installed in each locale. Finally the project set out to carry out an assessment of reliable water sources that could be tapped in the wake of a disaster.

Finally, considerable attention was given to training CLA membership, including members of the constituent community associations, and community promoters in essential hygiene messages and on the proper treatment of water with chlorine. Those community resources are expected to continue reinforcing the messages of the project after the conclusion of implementation.

Recommendation 5

ACF should critically assess the necessary/effective scale, scope, coverage, and required time frame, of an intervention to ensure that what is implemented has a realistic chance of achieving the desired results/objectives in the environment in which the project is to be implemented. There must be technical and operational coherence and balance among the four.

Recommendation 6

If resource limitations require that a project be “planned down” it should be done in a way that ensures that there is still technical and operational coherence and balance among scale, scope, coverage and time frame. In the case of this project, reducing the number of neighborhoods in which the project would be implemented could reduce the scale without affecting scope, coverage or time frame.

Project Implementation

Systems for the identification of beneficiaries

ACF project staff involved in beneficiary selection consulted extensively with their colleagues in other assistance programs in Gonaives (the Malnutrition Prevention Program – CMAM; the post-earthquake CFW program) as well as knowledgeable local actors such as the Ministry of Health’s program for the treatment of severely malnourished children, the Ministry of Social Affairs, the Ministry of Education, the DPC and Municipal Delegates to identify the most vulnerable neighborhoods to be targeted.

Four general categories of beneficiaries were established as per a guide for beneficiary selection (“Fiche Methodologie”) – a) displaced earthquake victims; b) families hosting IDPs; c) families in which at least one member contracted cholera; and d) families at risk of food insecurity. In turn, each potential beneficiary within each category was further screened to confirm whether they met one or more of the following sub-condition:

Earthquake displaced (at least 2 of the following)

- ✓ Precarious living conditions (crowding, dilapidated housing, limited or no access to water and sanitation facilities)
- ✓ Loss of an income-earning family member (ratio of more than 5 dependents per income earner)
- ✓ Physical or psychological handicap which inhibited being able to earn an income
- ✓ Loss of capital or means of livelihood during the earthquake
- ✓ Households that could not provide more than one meal per day

Host Families (at least 2 of the following)

- ✓ Precarious living conditions (crowding, dilapidated housing, limited or no access to water and sanitation facilities)
- ✓ Ratio of more than 5 dependents per income earner
- ✓ No stable source of income
- ✓ Depletion of capital or household savings in order to provide for displaced dependents
- ✓ Households that could not provide more than one meal per day

Affected by Cholera (at least one of the following)

- ✓ Loss of an income-earning family member, resulting in economic and/or psychological distress.
- ✓ Physical or psychological handicap which inhibited being able to earn an income
- ✓ A family member who has lost his/her means of earning an income because of discrimination as a result of the disease.
- ✓ Households economically affected by the boycott of certain fresh products (sea food) as a result of the cholera outbreak.

Food Insecurity (at least one of the following)

- ✓ Having a child treated for severe malnutrition during 2010
- ✓ Ratio of more than 6 dependents per income earner
- ✓ A young mother (16-22 years) who is not a dependent of other family members
- ✓ Widow/widower with two or more young children
- ✓ Persons living alone and responsible for at least two vulnerable dependents (young children, handicapped, the aged, the chronically ill)
- ✓ Suffering from profound psychological distress

ACF staff carried out a full review of the proposed list of beneficiaries to verify/validate the final list against the criteria under which families were being proposed for participation.

The process was properly and rigorously carried out to identify those households in most need among many needy households in the targeted neighborhoods. It was a laborious process, but necessary in order to be fair in allocating very scarce resources. Despite the considerable time and effort, no selection process could have been expected to be absolutely certain that only the most vulnerable benefited and some households may have been admitted despite having some relative means. A couple of cases in point (though in no way should this imply that there was systemic weakness in the ultimate selection):

- A. A family of three (couple and one child), with one income-earner who works as a mechanic) which takes in an orphaned nephew. The house was among one of the better ones visited during the evaluation. Does “displacement/orphan status” receive more weight than a household with a greater dependent-to-wage earner ratio?
- B. An old woman who lives with a grown son (53 years of age), who can only count on occasional work, and who receives support from another daughter and members of her church. Her per capita expenditure on food the week before the interview was the highest of all households interviewed. Is her condition of food insecurity greater than other households with fewer support mechanisms?

No selection criteria/process is perfect. The ACF staff did an excellent job in directed scarce resources to very needy households. The lesson to be gained, therefore is that wherever possible keeping the selection process as uncomplicated as possible will probably contributed to a more efficient utilization of time and resources while not necessarily sacrificing targeting of those in need. If ACF has the luxury of having resources for programming wide coverage within a given universe, it can then develop eligibility criteria that is more focused and easier to interpret.

Systems for the distribution and control of coupon distribution

The project team had put in place the necessary systems and procedures for an effective control and accountability of food coupons. Externally produced coupons (in the Dominican Republic) were kept under adequate control until just prior to distribution in order to inhibit any attempt to counterfeit them. They were produced of material and designed to also inhibit counterfeit attempts. The design was changed monthly. Coupons were required to be utilized in the same month in which they were distributed (a period of 2-3 weeks) to allow little time for counterfeiting.

ACF assigned adequate personnel for the distribution sessions, including the presence of an expatriate staff member. At least two members of the block distribution committee were present to ensure proper security of the premises and to ensure that non-beneficiaries did not infiltrate the distribution session.

PDM focus groups turned up no complaints about fraud or problems associated with the distribution of coupons to beneficiaries. Also, evaluation respondents raised no issues with regard to the processes of distribution to beneficiaries by ACF personnel. Respondents universally agreed that the monthly distribution sessions were well organized and went smoothly.

Coupon beneficiaries also acknowledged that for the most part, merchants did not subject them to any type of fraud in receiving coupons as payment for purchases. Some isolated cases of alleged excess pricing by merchants were signaled but did not appear to be systematic. The project took adequate measures to offer beneficiaries recourse if they felt that they were being taken advantage of by merchants. Beneficiaries were encouraged to immediately report cases to ACF staff who were monitoring the markets, to the responsible official of the markets (who was aware of ACF's interest in inhibiting abuse or to report incidents to ACF at the earliest possible moment (usually during the subsequent month's distribution). Some cases of abuse were confirmed and offending merchants were declared ineligible to participate and were replaced.

If there was a minor difficulty with the handling of coupons by beneficiaries, it involved the denomination of the coupons, which was set at HG 150 per coupon. Some households preferred to make small purchases with either multiple merchants or at multiple times. Merchants were instructed to not provide cash back as against as change for purchases that did not add up to the value of the vouchers (to avoid "laundering" to obtain cash for other non-authorized purchases). Beneficiaries were, therefore, obliged to buy more produce than they may have wished. Printing more coupons of smaller denominations would have resolved that problem for beneficiaries, but at an added cost to the project for their production.

All merchants acknowledged that their experience with SOGEXPRESS, the financial institution contracted to process payments to merchants against the presentation of coupons, was easy and problem-free.

Activities and outputs carried out compared to the project plan

Result 1: Food Security and Infant Feeding Practices

- The project fully accomplished its target of providing 3,600 households with food vouchers to supplement their capacity to purchase of good nutritious value and which supported local (Haitian) producers of food. In the end, 3,651 households received four monthly sets of eight coupons valued at HG 1,200 per household/month. Six coupons were designated only for the purchase of fresh foods (fruits, vegetables, meats/poultry/fish, dairy products and eggs) while two could be used to purchase basic foods such as grains, pulses and tubers. The proportion was set to encourage increased consumption of foods rich in micronutrients that were found to be lacking from household diets.

110 places were reserved for households which had a child enrolled in nutrition centers for severely malnourished children from 6 months to 5 year of age. Those families received one-half of the number of coupons each two weeks for as long as their children were enrolled in the program from February through July, 2011. If and when a child was removed from the program (for having attained a targeted weight-for-height), the household no longer received food coupons.

Having a severely malnourished child represented valid criteria of vulnerability for participation in the coupon program. Yet, just because a child may have “graduated” before the three month period ended, the underlying causes leading to that child’s severe malnutrition probably did not change. This represented an unnecessary complication for beneficiary management and represented a nutritional disadvantage to those households receiving abbreviated participation in the project and did nothing to improve the level of their overall household food insecurity.

The project team implemented this mode of participation out of concern for those households being admitted to the nutrition program on a continual basis during the life of the project. Yet such concern was misplaced in light of the fact that the scale of the project could not reach all families that probably merited some form of food security assistance. The project would have been better served to have kept participation simple by allowing eligible families to participate in the program for a full four months, just like all other project beneficiaries. ACF would then have been advised to seek supplemental resources from WFP or other donors to provide families participating in the nutrition program, but not in the coupon program, with a dry take-home family ration to encourage/enable them to properly feed not only their malnourished child but all other children in the household during their period of participation in that program.

- The ACF/Gonaives made excellent use of very limited time by phasing in beneficiary identification, validation and selection on a rolling basis by block (one block per month). This not only served to get the project off to as fast a start as possible in the face of a tight implementation window, but also placed less of a burden on limited staff, particularly in the first months of implementation. ACF utilized to good effect local community councils, water and sanitation committees, young single mother groups (organized and supported at the time by ACF under a separate project) and child nutrition centers for the identification and recommendation of potential beneficiaries according to vulnerable criteria set by ACF for the project. Despite a very credible job carried out by those local stakeholders, ACF rightfully opted to perform a complete validation of all recommended beneficiaries so as to validate their eligibility against the criteria. This was justified given the organizations limited experience in those neighborhoods in such a community wide initiative, as well as the importance of reaching the most vulnerable among many potentially worthy recipients, given the small percentage of the population that could be served with the resources available. Despite logistical difficulties, the selection and validation was carried out efficiently and effectively.
- The project fully accomplished its proposed target for sensitizing/training beneficiaries in good nutritional and infant feeding practices. Beneficiaries attended four sessions organized in conjunction with the distribution of food coupons each month. Sessions lasted approximately 45 minutes. One topic was treated at each session – 1) Project overview and how the coupon system would work; 2) Good nutrition and food consumption diversity; 3) Cholera prevention and treatment; 4) Infant feeding and weaning. A final training event of similar duration was organized at the end of coupon distribution in conjunction with a distribution of hygiene kits. That session was dedicated to personal and household hygiene and sanitation, particularly the importance of clean water for drinking and washing, as well as the use of chlorine for that purpose.
- Out of 1,000 beneficiaries which the project anticipated reaching for the purpose of providing psycho-social support in the form of “family accompaniment”, 708 actually received the planned assistance (71%). Full achievement was hampered by the shortened duration of the project, and the late start to the psycho-social component due to the fact that a qualified program psycho-social program manager could not be recruited and brought on board until 14 February, and then local staff needed to be recruited and oriented/trained. The urbanistic chaos that existed in the marginal neighborhoods targeted by the project made the identification and communication with potential beneficiaries much more difficult than anticipated at the time of planning.

Result 2: Improved hygiene conditions and the equipment of emergency shelters

- Of 16 anticipated shelters which were targeted for a rehabilitation and/or construction of WASH infrastructure, 11 were ultimately completed. During the course of implementation it was found that two locations on the list recommended by the DPC did not exist, two owners of shelters ultimately did not agree with the DPC on the terms of permitting their premises to be used as shelters, and one shelter build by the IOM was not

requested by the DPC. Since the shortfall was not under the control of ACF, this activity should be considered fully achieved.

- As planned, the WASH team carried out an assessment of potential reliable water sources in Gonaives that could be tapped in the case of a natural disaster. An in-depth report was submitted to the DPC in August 2011. 18 water sources were identified and mapped. Their ownership status was determined and hydrological specifications were provided. The location of emergency shelters were also mapped in relation to the available water sources. The report was presented to DPC for their programming and operational reference.
- ACF WASH staff provided technical assistance to the DPC for the organization of one hurricane alert. This action more than served the same purpose as a simulation which was foreseen in the project. After the alert was completed (and fortunately not acted upon), ACF reported to the DPC several organizational and coordination weak spots that warranted reinforcement prior to a next required alert.

Strengths and weaknesses of integrating food coupon distribution with other departments (Nutrition/WASH/Psycho-social)

By associating and timing the distribution of food coupons with sensitization and training activities, full attendance at those events was ensured. While all respondents during the evaluation noted their satisfaction with and appreciation for the training that they received, and that they would attend future training events even if they are not accompanied by food coupon distribution or other forms of assistance, experience shows that one would have to expect a lower level of turn-out.

The nutrition department, in particular, was instrumental in identifying and prioritizing beneficiaries according to degrees of vulnerability. ACF specialized departments were fully responsible for developing the sensitization/training modules for the project. However, the departments were limited to developing and providing the training, but evidently had limited influence over whether the project could realistically achieve its objectives of improving KAP in terms of nutrition, hygiene and sanitation among beneficiaries and to make a marked and sustainable difference in improving food security.

Unfortunately for the project the definition of “food security” and consequently the role of the food security department in project conceptualization and implementation was narrowly limited to food coupon distribution. To have effectively achieved changes in KAP and sustainable solutions to the problems leading to food insecurity a broader livelihoods approach would have had to been employed as the cornerstone of the project.

Outside of conducting training for beneficiaries each month, each department tended to relate to families/children enrolled in the PTA. The psycho-social department’s attention was directed toward members of the Young Single Mothers Program and on those beneficiaries in some form of psycho-social distress. The WASH department was almost entirely focused on implementing the rehabilitation of emergency shelters, which was totally disassociated from the food coupon

distribution component, except for the final distribution of hygiene kits in association with neighborhood CLAs.

Results achieved compared to the project plan

Result 1: Food Security and Infant Feeding Practices

- *Indicator 1: at least 80% of beneficiary families improve their Household Dietary Diversity Score (HDDS) from that of the baseline (4.98).*

Respondents who were interviewed (20) acknowledged that during the previous day their families consumed 5.90 food groups on average. It is important to note that the sample size was extremely small and that the recall was open-ended and not guided by a list of food groups. As a matter of course, respondents did not mention oils/fats, sweeteners (honey/sugar) or condiments. For the purposes of calculation, those three food groups were added in to all respondents' consumption as an assumption. Nevertheless, this is almost a full point below the FCS calculated by the Ex Post survey conducted by FCS in June/July (6.70).

It is also worth noting that the consumption recall was being made more than one month after food coupon distribution had ended (four months in the case of the first neighborhoods where coupons were last received in May), and not during the four months when households benefited from the coupons. It is unlikely, in the light of the end line survey that the assumption that 100% of households consumed sugar, oil and condiments.

Adjusting the FCS calculated on the basis of evaluation responses by using the same proportions for oil, sugar and condiments consumption, brings the score down to 5.19 – quite close to pre-project levels of consumption. This is not surprising, given that neither the project nor any other programs have addressed the income constraint to food access in the neighborhoods of Gonaives.

Table 2: Breakdown of the number of food groups consumed during the previous day, as noted by evaluation respondents (using 100% assumption for oil, sugar and condiments)

Number of food groups consumed	Baseline %	End line %	Evaluation %
Less than 2	3.3%	1%	0%
2 - 3	21.6%	13%	0%
4 - 5	45.5%	28%	40%
6 - 7	16.9%	21%	45%
8 - 9	7.5%	19%	15%
10+	5.2%	19%	0%

Once again, it is worth noting that the assumption made for factoring in consumption of oil, sugar and condiments has likely inflated numbers of families in consuming four or more food groups a day, and also has contributed to the “0” score for the two lowest ranges. However, there is no reliable way to adjust the breakdown after the fact.

While 85% (17 of 20) acknowledged that they purchased more food with their coupons, only 45% (9 of 20) noted that they had purchased some new foods that they normally had not purchased before having access to coupons.

On average, respondent households consumed 1.4 meals per day at the time of the evaluation. The baseline average was 1.34. The change was not significant enough to believe that the project contributed to changes in the number of meals households consumed on a daily basis.

In terms of the quality of foods consumed at the time of the evaluation, the percentage of households which consume foods rich in nutrients is still notably low. The breakdown for the households interviewed was as follows:

Table 3: Breakdown of foods consumed during the previous day

Food	Ex-Ante	Ex-post	Evaluation
Grain (including rice, corn, millet, oats, spaghetti and bread)	93%	91%	100%
Roots and Tubers (Manioc, Potato, Etc.)	32%	20%	5%
Beans	65%	72%	70%
Meat/Chicken	22%	55%	25%
Fish	32%	38%	10%
Eggs	12%	24%	10%
Dairy	10%	28%	
Fruits	21%	51%	40%
Vegetables (including “greens” or “fueilles”)	35%	60%	30%

Sample size once again should be considered a factor in the difference in response between the ex-post survey and the evaluation interviews with beneficiaries. One should not discount the possibility, however, that when prompted by a list of foods during the survey, beneficiaries may have given responses that reflected what they learned in during nutrition training rather than what they actually practiced (beneficiaries sometimes believe that they need to give a “correct answer” to show that they have learned something, since they are aware of how important training has been to the aid giver (akin to a “Stockholm Syndrome” among aid recipients).

Indicator 2: at least 80% of beneficiary families do not have further need to employ strategies to mitigate risks (food insecurity) compared to the start of the project.

The project did achieve the desired result during the period when coupons were being distributed to beneficiaries. However, there is no evidence that those achievements were carried forward in any substantial and sustainable way after the conclusion of coupon distribution.

85% of households (17 of 20) interviewed acknowledged that they purchased and consumed more food than they usually did prior to the project. However, 75% (15 of 20) also acknowledged that after the end of the coupons they have been purchasing and consuming less than when they had coupons.

Prior to coupon distribution, the vast majority of households – 95% - were compelled to undertake some form of coping mechanism (sale or pawning of possessions, buying on credit from merchants, borrowing, and other). During the coupon distribution period that percentage dropped to 20%. When coupons were no longer available the percentage rose back to 85%. The breakdown is as follows:

Table 4: Breakdown of coping mechanisms employed to purchase food

Food	Before %	During %	After %
Sell or pawn possessions	60%	5%	15%
Buy on credit from merchants	80%	15%	85%
Borrow from family and acquaintances	60%	10%	50%
Other	5%	0%	5%

All respondents cited a lack of income with which to purchase adequate food as the reason why they are once again compelled to employ coping mechanisms. Buying on credit has been and continues to be the most available and utilized mechanism. Whereas recourse to the sale or pawning of possessions has not returned to prior levels; which is to be expected given the recent discontinuance of coupons and the fact that such a mechanism is taken more in desperation as a last recourse.

This indicator can be considered to have been achieved during the four-month period in which coupons were distributed to beneficiaries. However it has not been achieved on a sustainable basis.

- *Indicator 3: 150 persons in distress would benefit from at least 2 individual or group psychological consultations.*

109 persons actually received psychological counseling, representing an achievement rate of 73%. Project psychologists encountered significant difficulties in locating the homes of beneficiaries and also discovered that the problems (for the most part: mourning a death, anxiety and depression) that required attention were often more complex than probably anticipated during planning. Consequently more time and attention had to be paid to cases, thus reducing, during the short span of the project, the number of cases that could be taken on. Psychological counseling, by its very nature and requirements, is a very “organic” process that is determined on a case-by-case basis. This should not be considered a reflection on the efficiency or effectiveness with which project psychologists undertook the task, but rather a weakness of the planning to make a more realistic assumption of the time that might be required.

In the end, the average number of sessions that were conducted per beneficiary came out to 3.4.

This indicator can only be considered partially achieved.

- *Indicator 4: 80% of persons in distress and who had received counseling showed a reduction in their psychological suffering.*

Psychologists noted that beneficiaries did experience a momentary/short-term alleviation of their distress during the time that counseling was provided. Two to four sessions were too short to achieve a profound and sustainable resolution of the causes of suffering. Interviews with beneficiaries of family accompaniment (of which only one received special psychological counseling) provided no evidence that distress had been relieved on a permanent basis. Four of six respondents (67%) noted that their distress was essentially associated with money and income (specifically their lack). All six respondents noted that they felt better when receiving psycho-social support, but also acknowledged that their root problem of low income had not been solved and still existed as a cause of anxiety.

This indicator was not achieved, though it should be acknowledged that the project was somewhat effective in achieve some short-term/temporary alleviate of distress.

Result 2: Improved hygiene conditions and the equipment of emergency shelters

- *Indicator 1: At least 6 Local Sanitation Committees are capable of producing and selling chlorine.*

This indicator had been fully achieved. In fact, seven CLA have set up workshops and produce chlorine at 0.6% strength. Each produces from 100 to 200 liters per month. The amount produced is very much demand driven, particularly considering that the chlorine produced does not have a long shelf-life (no more than 30 days).

In the case of the three existing CLA at the time of project commencement, production peaked in December 2011, and then dropped precipitously. Demand is still below each CLA's production capacity. The four new CLAs which were formed under the scope of this project, only began producing chlorine as of July 2011. Three of them still produced less than 100 liters/month.

Though the project did exploit opportunities to inform recipients of the fact that local CLAs were producing chlorine for sale at a reasonable price, and publicity to the community at-large was organized in the form of radio spots, and PA systems aboard cars, there is still a need for the CLAs to develop a stronger sales/marketing strategy that resonates across the whole populations of neighborhoods. However, official authorization to sell chlorine on a formal/commercial basis is still pending with local authorities. ACF WASH staff is providing technical assistance to the CLAs on matters related to the stabilization and quality control of chlorine produced in order to obtain the necessary authorization. Until that time, sales can only be on an informal basis, making any strategy incomplete.

Community outreach is still weak. A reasonable percentage (70%) of direct project beneficiaries interviewed acknowledged awareness of the fact that CLAs produce chlorine for sale. However, very few admitted to having purchased Chlorine from that source (most were still using chlorine which they received as donations from ACF and other institutions as part of hygiene campaigns, or they bought chlorine powder in the local market). On the other hand, only 20% acknowledged having been contacted by their local CLA with information on hygiene and sanitation or with an invitation to participate in a sensitization/training event (other than the closing event, when hygiene kits were distributed).

Developing and consolidating marketing strategies and plans takes time and is unlikely to occur in the short span of nine months or less. The project simply did not provide the necessary time for that to occur. However, the fact that considerable emphasis was placed on production of chlorine for supplying demand in case of a hurricane (when water supplies would be most contaminated and populations displaced) may have led to a lack of intensity in focusing chlorine production to meet an every-day need in the communities

Table 5: Monthly chlorine production by CLA

Litres / mois	Ksoleil	Centre Ville	Trou sable	Gatereau	Biénac	Praville	Pont Gaudin	Total
Octobre 2010	122	112						234
Novembre 2010	229	488	248					965
Décembre 2010	782	720	673					2,175
Janvier 2011	269	156	-					425
Février 2011	339	166,5	345					684
Mars 2011	110	110	80					300
Avril 2011	41	109,5	119					160
Mai 2011	224	162	201					587
Juin 2011	154	111	202					467
Juillet 2011	104	57	108	42	189	24	69	593
Aout 2011	60	110	133	116	192	74,5	57	668
Total	2,434	2,026	2,109	158	381	24	126	7,258
Avg Monthly Production	221.27	184.18	210.90	79.00	190.50	12.00	63.00	659.82

- *Indicator 2: At least 2,000 persons can be sheltered in the shelters that have been rehabilitated with WASH infrastructure*

This indicator can be considered achieved in the same proportion as the number of emergency shelters whose WASH infrastructure has been rehabilitated/constructed (approximately 70%) forces each shelter to be operational. The actual number of persons who eventually benefit from action taken by ACF will be determined by the efficiency and effectiveness of the DPC's management of alerts and evacuations in time of emergency and will not be under ACF control.

- *Indicator 3: 5,000 persons sensitized to the prevention and management of disaster risk and the utilization of chlorine*

As conceived this indicator does not correspond to a “result”, but rather an “output”. Nevertheless, this indicator can be considered fully achieved. Over 8,700 persons received some degree of sensitization and training, broken down as follows:

- ✓ Food coupon beneficiaries - 3,600
- ✓ Students and teachers in city schools - 5,108
- ✓ CLA Members - 59

Assessment of evidence of impact achieved

The impact on Food Coupon distribution and use on preventing food insecurity and malnutrition

The project did have a positive impact on food security during the four months in which beneficiaries received coupons. 85% percent of beneficiaries acknowledged purchasing and consuming more food each month thanks to the coupons. That benefit was temporary, since 75% also acknowledged that once coupon distribution ceased, their levels of food purchase and consumption fell to around the same levels as before the project.

Representing approximately 20% of the declared value of household monthly expenditures on food (based on respondents' recall of their purchases made the week prior to their interview with the evaluator), the nutritional effect was supplementary, and represented approximately 10% of ACF's "ideal food basket for a family of 6 (which was very close to the 6.35 average household size reported by evaluation respondents). 50% of households actually were composed of more than six persons (25% between 7 and 8, and 25% between 9 and 10), thus diluting the nutritional value of the supplemental food assistance offered through the coupons. For the 25% of the households which reported 9-10 members, the nutritional effect was practically cut in half.

85% of respondents (17 of 20) acknowledged sharing some of their coupons with family and acquaintances. All did it out of a sense of solidarity and recognition that those persons, too, needed to purchase more food. The average number shared was 2.2 coupons per beneficiary. Those who did not share their coupons did acknowledge that they invited friends and acquaintances to share meals with them in their homes out of solidarity. Virtually all coupons shared were from among their fresh food allocation. Overall, this represented another 10% dilution of the nutritional effect of the vouchers provided. It also meant that the micro-nutrient supplement of the package was reduced by 33% as a result of the sharing. Only one beneficiary admitted that she sold all of her vouchers for cash – but only one (the first distribution) out of ignorance as to how the system worked – and then proceeded to shop in the market. Her misunderstanding was cleared up by the project team before the second distribution. Other than that, no beneficiaries admitted to having sold vouchers.

The afore-mentioned phenomenon is absolutely common among food aid recipients. In fact, it represents another food livelihoods coping mechanism employed by the poor. Showing solidarity with those who do not benefit from food assistance represents a pay-back for support received by the beneficiary in times insecurity or can represent a payment "forward" in anticipation of having to receive solidarity during a future period of need. In any case, beneficiaries acted rationally and responsibly in their use of vouchers, obtaining a short-lived improvement in their food security over the four-month span of coupon distribution.

The effect of Food Coupon distribution on eating habits of beneficiaries

45% of beneficiary respondents (9 of 20) noted that while they received coupons they had taken advantage to purchase and consume some different food than they were accustomed to prior to the project.

Table 6: Households that purchased new/different foods with Coupons

Type	Number	Percentage (of all respondents)
Grains (millet and corn)	4	20%
Fruits and Vegetables	3	15%
Meat (goat)	1	5%
Not specified	1	5%

The purchase and eating habits of beneficiaries was not dramatically changed as a result of coupon distribution. It is interesting to note that of the nine beneficiaries who acknowledged buying different foods with their coupons, three did not cite those products as having been purchased the week before the evaluation interview. One might assume, therefore, that the effect was not long-lasting.

As already document in Table 3 above, daily consumption patterns did not change appreciably from the baseline, except for a significant increase in fruits consumed and a considerable decrease in fish consumed. Given the small sample size, the changes should not be viewed as statistically valid. However, it is indisputable that there was no notable increase in the consumption of micro-nutrient rich foods. The number of households consuming those foods still stands at a very low level.

Unfortunately, meaningful positive change in the quality of consumption will occur only when incomes rise to a level that permits households to afford the types of food of significant nutritional value while also meeting their other livelihoods needs. The income constraint to food access was not addressed by the project, and could not have been within the scope of a (less than) twelve month project.

The direct and indirect effect of Food Coupon distribution producers and merchants of food

All participating merchants interviewed for the evaluation noted that they experienced a significant spike in sales during the period in which coupons were being distributed in their neighborhoods. The average increase was about triple pre-project sales. However, all merchants acknowledged that sales have fallen to around pre-project levels after the conclusion of coupon distribution.

It is worth noting that in absolute financial terms, the project benefited merchants more than food coupon beneficiaries. In mathematical terms, the 75 fresh produce merchants probably took in gross revenue in the order to HG43,200 in a month while the 19 base produce merchants took in about HG 56,800. Assuming, for the sake of argument that merchants operated on a profit margin of 10%, each would have obtained a monthly profit of somewhere around HG4,300 – HG5,700 as a direct result of the project. This is considerably higher than the HG 1,200 value of the coupons distributed to each beneficiary household. Needless to say, the amount of revenue generated was in proportion to the number of merchants who participated in the program. That is to say that with more merchant participation, the average per capita merchant net revenue would have been reduced based on increased competition.

Out of fairness to the project staff, it should be noted that the project never set a limit on the number of merchants who could participate in the project. Many merchants could not, or did not wish to, meet the strict criteria for participation (only one category of product sold by each merchant; sale of only local produce; registered with the market authorities; sign a simple protocol of ethical business standards). Participation was simply by self-selection/exclusion.

The very short duration of the project and the relatively small scale of financial infusion into the market, made it impossible to send signals to producers to increase production to meet demand. Market forces require time for demand levels to evolve in a way that would stimulate increases in local production. Also, the project had never developed and implemented direct programming linkages between urban food assistance and rural development efforts. Therefore, it was not realistic from the outset to expect the project to have brought sustainable positive effects/benefits to local food producers.

The effect that food coupon distribution had on the ability of beneficiaries and merchants to re-capitalize or to build capital.

Only 25% (5 of 20) of beneficiaries acknowledged that they were able to re-capitalize or build capital during the time that they received coupons.

Paid off debt	1	
Reclaimed pawned items	2	
Started to build a house	1	
Started a small business	1	(failed)

On the other hand, 64% (7 of 11) of merchants were able to build capital. They cited paying off some debt, paying school fees and paying medical expenses as the use of their extra revenue. By this metric, merchants were once again shown to have benefited more from the project than coupon beneficiaries, despite the fact that coupon beneficiaries were selected as the most vulnerable from among the population.

Other direct and indirect effects of coupon distribution on merchants

All 11 merchants interviewed for the evaluation stated that they had a very positive appreciation for the sensitization and training that they during their participation in the project. Most recognized as beneficial were: the proper treatment of clients; money management; and cleanliness and hygiene of their produce and sales area.

Table 7: Training recall and appreciation by Merchants

Training Topic	Number	Percentage
Client treatment	8	73%
Money management	7	64%
Produce and locale cleanliness and hygiene	7	64%

Personal hygiene and good nutrition were also cited, but by fewer respondents.

All respondents acknowledged that they often practice the lessons they learned during the training. Most mentioned was the importance of being friendly to and winning over clients with good attention and quality produce. Many also stated that they keep their sales locale clean every day, but direct observation by the evaluator revealed that in some cases (particularly in the older, more crowded markets) actual practice still lags what was taught. Once again, the factor of “environmental inertia” comes into play. A small number of merchants who are sensitized and trained to keep their sales locale clean and hygienic will still tend to revert back to the practices/norms of the majority of their cohorts.

Participating merchants did note that they overheard loose talk among other merchants indicating a level of envy on their part over the observed wind-fall increases in sales. Such envy never escalated into anything more than loose talk, and participating merchants noted that their relationship with their competitors always remained good. It was interesting to observe during the interviews how neighboring merchants wished to participate in the interview – sometimes rather persistently. It appeared to the evaluator that the merchants who did not participate in the project had realized that they had missed a very favorable opportunity and did not want to miss the next chance (they probably assumed that the interview was about planning a future follow-up initiative).

The effect achieved from sensitization and training

Beneficiaries who were interviewed could recall an average of 3 subjects from the training which they received. The number of topics recalled ranged from 0 to 6.

Table 8: Training recall by coupon beneficiaries

Number of topics recalled	Number of Beneficiaries	Percentage
7	1	5%
6	2	10%
5	1	5%
4	3	15%
3	6	30%
2	5	25%
1	1	5%
0	1	5%

The percentage of beneficiaries who could cite certain key topics is as follows:

Table 9: Percentage of beneficiaries recalling key training topics

Topics recalled	Number of Beneficiaries	Percentage
Personal Hygiene	15	75%
Nutrition	13	65%
Food Hygiene	11	55%
Breast feeding/weaning	9	45%

Water treatment	8	40%
Home cleanliness/hygiene	4	20%

Given the relatively small number of training opportunities and the short duration of lessons, a respectable number of beneficiaries appear to have adequately learned key lessons which have made enough of an impact in their minds to give them the ability to recall them. Beneficiaries overwhelmingly felt that the training they received was beneficial and were pleased with how the events were organized and conducted. When asked if they would continue to attend such training events even if they were not accompanied by a distribution of coupons or other benefits, all respondents emphatically stated that they would.

Needless to say, there still remains work to be done in this regard. Training should be followed-up on and the knowledge obtained reinforced. At the same time, transferring knowledge is not necessarily synonymous with changing attitudes and practice as will be treated below.

The effect/impact of hygiene sensitization and training on practices at home

Most beneficiaries who were interviewed for the evaluation receive their water for drinking, washing and cooking from reasonably protected sources. 60 draw water from protected wells with a hand pump (usually from neighbors' homes or public locations down their street). Four households had their own wells/pumps (which they shared with neighbors), while three got water from between 150-200 meters from their houses. Most only needed to 20-30 meters for water. However, due to the population density of the neighborhoods, the high water table and latrines that are not always sanitary, many sources are suspected of being contaminated.

55% of households bought water for drinking and cooking from neighborhood suppliers. The suppliers draw their water from wells on their property and purify it through filtration and reverse osmosis. While treated, one can never be sure if the purification process has been properly employed to guarantee the purity of the water. 15% of households (3 of 20) draw water from an open, unprotected well.

All 90% of households (18 of 20) used covered containers for storing all of their water for drinking and cooking. Many of the water jerry cans in use were donated by ACF and other aid organizations. Only two households stored only some of their water in covered containers. However, on inspection, most families' water containers were empty at the time of the interview. At least two families had never used their covered containers, evidenced by the fact that they were bone dry and used to keep other items.

90% (18 of 20) of households profess to purify their water with chlorine. The remaining families used their water untreated, trusting that the water coming from protected wells and/or purchased was already potable. A significant number of households still had chlorine solution from the hygiene kits that they received at the end of coupon distribution (the 125 ml bottle which they received should have been enough to treat water for about one week). Families mentioned that they also use chlorine distributed by other organizations as part of hygiene campaigns around town. Numerous families also acknowledged buying powdered chlorine bleach ("Clorox") in the local market for washing/cleaning purposes.

Regular and proper hand-washing is fundamental to personal hygiene. Only 10% (2 of 20) households were able to show that they had a designated location somewhere in or around their house (ideally close to a latrine or the kitchen) for hand-washing. Both locations did have a covered water container (jerry can), but both were empty at the time of the time of direct observation. At only one of those locations was soap visible. Based on this observation, it appears unlikely that households are systematically practicing hand-washing when such is required. It is generally accepted that if the implements for hand-washing are not readily/conveniently available, family members - especially children – will not practice it.

75% of households (15 of 20) were observed by the evaluator to have latrines in their yards/court yards. Among them were some households that shared their latrine with more than three other families (though not tabulated separated for purposes of the evaluation). The remaining five households acknowledged that their latrines had been destroyed in a 2008 hurricane and that they did not have the resources with which to rebuild them. They either used the facilities of neighbors, or in the case of one family, walked (5-10 minutes) to the local health center to use toilets on the premises (not credible on a regular basis).

Only 27% of functional latrines (4 of 15) had the slab holes/seats covered at the time of inspection. Nevertheless, 80% of the latrines (12 of 15) were kept reasonably clean, evidenced by the lack of strong odor or flies. Interview respondents noted that latrines are cleaned with water and chlorine twice per week on average.

Judging from the direct observation, particularly the lack of hand-washing facilities, it appears that beneficiaries have been slow to put into practice that important and most fundamental lesson associated with hygiene. While beneficiary testimony leads one to believe that they practice chlorination of their water, especially for drinking, the fact that many still had chlorine solution since the distribution of hygiene kits and that so many jerry cans were empty at all hours of the day leaves room for doubt about the credibility of their responses.

Project WASH activities only focused on ensuring water and sanitation infrastructure in 11 of sixteen emergency evacuation shelters. Unfortunately, nothing was done to work with individual households in order to find solutions for bringing their home water and sanitation facilities up to an reasonable standard. Cases in point would be helping families which lost latrines during the 2008 hurricane to build durable substitutes or to devise simple, low cost hand-washing facilities in homes (i.e. “tippy taps”).

More promotional and educational presence in beneficiary homes could have reinforced hygiene and sanitation messages conveyed during training events. It is worth noting that the first version of the project originally called an extensive program of home hygiene and sanitation sensitization and training. This modality was subsequently changed in the final version to more formal group training in light of the resources requirements for the intensive outreach methodology in the face of resource constraints.

The fact is, however, that any program designed to achieve broad impact in improving hygiene and sanitation on a sustainable basis will require intense presence and follow-up at the sub-

neighborhood and household levels. This will translate into higher human resource requirements and, consequently, high budgetary requirements.

The effect of the project on community hygiene and sanitation

In all quadrants of the neighborhoods visited and notably in the vicinity of the homes visited, sanitation conditions were very poor. Many locations did not have proper waste water and rain run-off drainage. Even where relatively new drainage infrastructure had been constructed, there was widespread obstruction caused by trash, building materials and silt, the drains were filled with water (early in the rainy season) and most were a breeding ground for mosquitos. Universally, the streets were littered with trash – awaiting collection in overflowing dumpsters and scattered throughout the street.

The project had never contemplated addressing community sanitation and hygiene. So while sensitization and training were provided in an attempt to establish good hygiene practices in the confines of the home, a major vector of disease continued to exist right outside the front doors of project beneficiaries. A narrowly targeted (in terms of beneficiaries) program of sensitization and training could not have addressed effectively the community wide problem. Rather the prevailing unsanitary conditions outside of beneficiary homes conspired against sustainable practice of what was being taught to beneficiaries by the project.

The effect of psycho-social assistance on relieving psychological distress suffered by beneficiaries

While the limited psycho-social assistance provided by the project seems to have provided recipients with temporary respite from some of their distress, only systematic follow-up during the months of treatment could provide long-term or permanent respite. Project psychologists believed that such was difficult given the complexity of the problems being addressed and the limited duration of the assistance provided.

Assessment of the sustainability of project achievements/results

The project was too short-term and punctual to adequately address the root causes of food insecurity and to achieve sustainable changes in KAP associated with nutrition, hygiene and sanitation. The scope of training was not enough for the type of change that would have been required. Without addressing the income constraint to food access and to poor hygiene practice in the home, the project was not likely to achieve sustainable impact.

A sustainable production of chlorine by neighborhood CLAs should be reasonably probable. However further assistance in developing and implementing a community outreach, sensitization and marketing strategy would have to be provided so as to grow community demand for the product. The project should have gone beyond focusing attention on chlorine production for a future emergency situation. The chlorine production of the CLAs should have been more tightly tied to the everyday needs of the total population of the neighborhoods where the project was implemented – not just the 3,600 beneficiary households of food coupons.

In all likelihood, the temporary respite experienced by persons who received psycho-social support and counseling cannot be sustained unless longer-term support is provided that addresses the chronic or structural roots of the psycho-social distress which individuals and households are experiencing.

Without more direct and operational linkages and synergies between food security, hygiene, sanitation and psycho-social support within the scope of a livelihoods approach, implemented over an appropriately long time frame, it is unlikely that results achieved in any one of those areas alone could be sustained if only focused on the most vulnerable segments of the population as opposed to the community at-large in the marginal communities served by the project. Such linkages and synergies were not in place within the scope of this project.

What deviations occurred from planned activities and their alignment with specific project objectives, as well as justification for such deviations?

During the course of prolonged grant negotiation with the donor, a severe outbreak of cholera occurred in October 2010. To a certain extent, provisions made for psycho-social support needed to be adjusted a bit to respond to very recent mourning the death of family members. More importantly, the inclusion of deaths and mourning of loved ones served to complicate further the task of identifying and measuring relative vulnerability among a large population with multiple social and economic conditions of vulnerability.

Due to time constraints, beyond the control of the project team, and the greater complexity of psychological distress discovered by project psychologists, ACF requested to modify downward the indicator which referred to the number of persons who would receive psychological counseling during the life of the project, to 130 from 150. The modification was inevitable and fully justified, though leaving the indicator un-amended and simply reporting an under-achievement of the planned target would not have detracted from the level of efficiency that the project team demonstrated in carrying out support to persons in distress.

In the opinion of the evaluator, “moving the goal post” is an unnecessary action that, while serving to demonstrate a higher achievement of a given target, could also mask certain important weaknesses in project conceptualization and/or planning. It won’t change the outcome of the project nor the assessment of the project team’s level of efficiency in implementing the project, but can deprive programmers from learning important planning lessons that could benefit future projects.

Recommendation 7

The magnitude and the acuteness of food insecurity and poor hygiene practices and sanitation infrastructure in the poor neighborhoods of Gonaives warrants continued ACF programming, building upon the work started with CLAs and Community Base Groups. Programming should be in the form of a broad-based community development approach rather than a continued humanitarian/emergency.

Recommendation 8

The cornerstone of an urban sanitation and hygiene project should be the continuation of the food coupons “Mange Frais”, but based on a CFW modality that promotes/supports the maintenance and construction of community sanitation infrastructure. DINEPA and the CLAs should be the two “operational anchors” of the program, with a substantive role and responsibilities assumed by the municipality.

Recommendation 9

Because the approach should involve broader participation by and support to the community at-large, considerably thus increasing scale and associated costs, ACF should consider implementing the program fully in only one neighborhood for the first 1-2 years. Future “build-out” can occur as success merits and funding permits.

Recommendation 10

Within the scope of a separate project, ACF should provide TA and support to DCP to:

- a) Continue identifying and rehabilitating sufficient emergency shelter space to accommodate the 25,000 priority evacuees in case of cyclones.
- b) Strengthen DCP’s DRM capacity to develop and implement SOPs for action prior to and during a natural disaster.

Recommendation 11

In order to ensure that government partner institutions (Municipality, DCP, DINEPA) have the resources required to carry out their roles and responsibilities alongside ACF in future projects, all partners should consider developing a comprehensive work plan/budget which would form the basis for a joint appeal to prospective donors, composed of a portfolio of separate projects for direct funding to each partner. The viability of the comprehensive work plan would depend on “all or nothing” funding from a donor(s).

Project Monitoring

Monitoring tools and their effectiveness

The project team kept adequate track of activities carried out and the achievements that those activities generated. The PDM tracked trends in beneficiary sentiment regarding the organization of coupon distributions and whether cases of fraud or abuse were practiced by either members of the neighborhood distribution committees or merchants.

Beneficiary use of their allotted coupons was closely monitored and analyzed, particularly during the first round of distributions. At that time, it was noted that beneficiaries were tending to utilize all of their coupons at one time soon after receiving them, increasing the risk that food

would not be consumed rationally so as to provide nutritional benefits, or signaling that beneficiaries were either sharing or selling large amounts of their coupons. Project personnel took quick steps to increase awareness building on how coupons might best be used to the advantage of beneficiaries and the practice seemed to end.

Monitoring was carried out by way of focus groups which focused on trends and sentiments. There are no reports of home visits designed to verify whether beneficiaries were practicing the lessons that were being provided each month.

Appropriateness of relevant project indicators

The indicator set for the specific object was unlikely to be achieved during the short implementation span of less than one year, and particularly in light of the fact that beneficiaries only participated in the project for periods of four months. Similarly the result indicators were unrealistic in light of the scope and duration of the project. There does not appear to be a documented rationale for how the indicator was quantified at the level of 80%. The indicator for number of beneficiaries suffering some form of psycho-social distress should have been more appropriately labeled an “output” indicator and not a result indicator.

The same holds true for the result indicator associated with the sensitization of 5,000 persons with regard to prevention and management of disaster risks. This indicator, too, was an output indicator. To have been utilized as a result indicator a more precise determination of how beneficiaries would utilize their newly-acquired information in practical operational terms (along with a means of verifying that information as part of a monitoring plan).

The result indicator related to the number of persons who would benefit from being able to be sheltered in premises where WASH infrastructure had been rehabilitated by the project was merely an indicator of a latent.

All activity indicators were appropriate in relation to those planned and were readily monitored for achievement.

Humanitarian accountability and complaint mechanisms

No formal mechanisms appear to have been developed and put into place for the reception, investigation and treatment of complaints from beneficiaries or stakeholders. Nevertheless, the project team was in constant contact with neighborhood leaders and beneficiaries, was attentive to their sentiments and comments and was quick to respond when matters arose.

Cross-cutting Issues/Gender

Because of its very nature, the project was very much oriented toward serving women as the primary caregivers of young children, for feeding the household and for overseeing hygiene practices within the household. For that reason, there was no special component specifically directed toward women. Nevertheless, males were invited to participate in FFT during its two brief months, and some did, indeed, attend training sessions. However, the vast majority of participants in the project were women. The needs of young single mothers were effectively

integrated into the project and participants in a separate program in support of that vulnerable group were given opportunities to participate in the project as beneficiaries.

Psycho-social distress tended to affect women in particularly strong ways. The integration of psycho-social support with a view to reinforcing women's ability to gain control over their self-esteem and situations/problems that were causing distress was timely, and was appreciated by female beneficiaries – even though the amount of support was inadequate to fully and effectively address the root causes.

Summary of Key Conclusions

- 1) The project was handicapped from the very outset by the donor's suggestion and ACF's acceptance of setting the starting date for project implementation as 1 September 2010. Though the project approval process continued until 26 November, when the grant agreement was finally signed, ACF did not request that the starting date be pushed to the date of the grant signature. The delay, combined with the donor's policy against granting no-cost grant extensions effectively reduced the window of execution to nine months. In response, ACF project staff worked as efficiently as possible to take advantage of the time available.
- 2) The project was conceived and planned with an emergency scope and time frame even though the problems that it was trying to address were structural and developmental in nature. The twelve months foreseen in the project document was too short to achieve most of the results and impact targets that were set
- 3) The project was not conceived and planned to address the income constraint to food access which was at the heart of food insecurity in Gonaives. Without that, sustainable food security and nutrition effects, as well as improvements in household hygiene and sanitation practices were unlikely to be attained.
- 4) The food coupon distribution system was implemented efficiently and effectively. ACF successfully targeted the truly vulnerable segments of the population. Unfortunately there were likely considerably more households that could be deemed food insecure, and which practiced inadequate hygiene and sanitation KAP, than the funding envelope could benefit.
- 5) Though the time available was far too short to permit the psycho-social support service to adequately address many of the complex problems of distress which affected project beneficiaries, the service was effectively implemented and was highly valued by beneficiaries. Frequently beneficiaries made specific reference to the empathy that project psycho-social counselors showed them. Despite any shortcomings, the component provided temporary relief from the stress and anxiety that individuals were experiencing.
- 6) The approximately 45 minutes of training time allocated to each of three topics dealing with hygiene/sanitation, nutrition/feeding, and disaster risk management, plus one session

of recap proved to be insufficient to bring about any identifiable significant change in household hygiene and nutritional practices. Direct observation in a sampling of beneficiary homes and direct survey questions about food consumption patterns did not produce evidence that beneficiaries have practiced to any great extent most of the lessons that were taught during training.

- 7) The project efficiently and effectively rehabilitated WASH infrastructure in 11 emergency storm shelters organized under the auspices of the DPC. However this achievement covers less than 10% of DPC's estimated "priority" need to shelter 25,000 of the city's most vulnerable citizens. This shortfall was not under the control of ACF, it should serve to highly a possible focus for future programming.
- 8) The training and technical assistance that the project provided to four new CLAs and three existing CLAs for the establishment of chlorine production workshops has been successful. The CLAs represent a solid base upon which future community sanitation programming can be established. Going forward less emphasis on chlorine production will be needed, and more can be placed on community outreach, awareness-building, marketing, and mobilization to achieve a high level of coverage of chlorine use for the purification of water, wide and consistent good hygiene practices, and a wide coverage of improved (and maintained) sanitation infrastructure.

Recommendations

1. ACF should negotiate grant agreements to take effect as of the date of contract signature by the donor and/or include a no-cost extension provision in the terms of the agreement. (EFFICIENCY)
2. ACF should have planned and implemented the rural and urban components of the project as separate projects. (EFFICIENCY)
3. Donors and ACF should refrain from adding components (particularly at a late stage) that are not directly associated with to a project's core objectives and operational focus. Emergency shelter rehabilitation and strengthening of DPC's DRM capabilities should have been the focus of a separate, thoroughly planned, project. (EFFICIENCY AND COHERENCE)
4. ACF should recognize that some problems exist before, and may be exasperated by a crisis; and that programming, even during emergency response, should be also directed toward addressing the root causes of those problems through the appropriate means. (COHERENCE, RELEVANCE/APPROPRIATENESS AND EFFECTIVENESS)
5. ACF should critically assess the necessary/effective scale, scope, coverage, and required time frame, of an intervention to ensure that what is implemented has a realistic chance of achieving the desired results/objectives in the environment in which the project is to be implemented. There must be technical and operational coherence and balance among the four. (COHERENCE AND EFFECTIVENESS)
6. If resource limitations require that a project be "planned down" it should be done in a way that ensures that there is still technical and operational coherence and balance among scale, scope, coverage and time frame. In the case of this project, reducing the number of neighborhoods in which the project would be implemented could reduce the scale without affecting scope, coverage or time frame. (COHERENCE, EFFECTIVENESS AND COVERAGE)
7. The magnitude and the acuteness of food insecurity and poor hygiene practices and sanitation infrastructure in the poor neighborhoods of Gonaives warrants continued ACF programming, building upon the work started with CLAs and Community Base Groups. Programming should be in the form of a broad-based community development approach rather than a continued humanitarian/emergency. (RELEVANCE/APPROPRIATENESS, SUSTAINABILITY AND IMPACT)
8. The cornerstone of an urban sanitation and hygiene project should be the continuation of the food coupons "Mange Frais", but based on a CFW modality that promotes/supports the maintenance and construction of community sanitation infrastructure. DINEPA and the CLAs should be the two "operational anchors" of the program, with a substantive role and responsibilities assumed by the municipality. (RELEVANCE/APPROPRIATENESS, COVERAGE, AND SUSTAINABILITY)

9. Because the approach should involve broader participation by and support to the community at-large, considerably thus increasing scale and associated costs, ACF should consider implementing the program fully in only one neighborhood for the first 1-2 years. Future “build-out” can occur as success merits and funding permits. (COHERENCE, COVERAGE AND IMPACT)
10. Within the scope of a separate project, ACF should provide TA and support to DCP to:
 - a) Continue identifying and rehabilitating sufficient emergency shelter space to accommodate the 25,000 priority evacuees in case of cyclones.
 - b) Strengthen DCP’s DRM capacity to develop and implement SOPs for action prior to and during a natural disaster. (COVERAGE AND IMPACT)
11. In order to ensure that government partner institutions (Municipality, DCP, DINEPA) have the resources required to carry out their roles and responsibilities alongside ACF in future projects, all partners should consider developing a comprehensive work plan/budget which would form the basis for a joint appeal to prospective donors, composed of a portfolio of separate projects for direct funding to each partner. The viability of the comprehensive work plan would depend on “all or nothing” funding from a donor(s). (EFFICIENCY AND EFFECTIVENESS)

Best Practice Reporting Table

Best Practice	Use of food vouchers for providing households with access to foods of balanced nutritious value during the recovery phase of an emergency.
Innovative Features and Key Characteristics	<ul style="list-style-type: none"> ➤ Eliminates the need for physically transporting, storing and handling food commodities ➤ Stimulates the re-activation/re-enforcement of local market mechanisms (particularly useful in a recovery phase) ➤ Guided beneficiaries toward a balanced procurement and consumption of nutritious foods while still leaving them the freedom to satisfy individual tastes and to substitute commodities to make up a food basket in reaction to market pricing. ➤ Effective use of a reliable local financial intermediary (SOGEXPRESS) for redeeming/reimbursing vouchers received by merchants as payment for commodities purchased. ➤ Markets monitored to monitor compliance identify cases of abuse against beneficiaries. In such cases (very limited) ACF took quick corrective action.
Practical/Specific Recommendations for Roll Out	<ul style="list-style-type: none"> ➤ Produce and distribute vouchers in smaller denominations to facilitate smaller purchases without beneficiaries requiring receipt of change back (prohibited by the project). ➤ Seeks as broad a participation of merchants as possible in a given market in order to spur maximum competition and to reduce the levels of windfall profits which accrue to merchants when their numbers are limited.

Persons Interviewed

ACF Field

Alain Coutand, Chief of Mission
 Martin Coutand, Head of Gonaives Field Office
 Chloe Milloz, Food Security Coordinator, Port au Prince
 Trish Morrow, WASH Coordinator, Port au Prince
 Anne Filorizzo, Psycho-social Coordinator, Port au Prince
 Emelie Robert, Nutrition Coordinator, Port au Prince
 Mathieu Metois, WASH Program Coordinator, Gonaives
 Guerby Devil, Former Assistant Food Security Program Manager, Gonaives
 Jordany Canel, Market Monitor (FFV), Gonaives
 Dieujuste Kelly, Community Mobilizer (WASH), Gonaives
 Hunter Charles, Psycho-social Worker (AF), Gonaives
 Jemina Phanard, Psycho-social Worker (AF), Gonaives
 Panel Fleurissant, Data Base Manager (FFV), Gonaives

Local Authorities

Saint-Justin Pierrelus, Mayor of Gonaives
 Jud Pierre, Head of Office, DINEPA, Gonaives
 Gerarda Elysee, Departmental Delegate (Artibonite) of the DPC, Gonaives
 Jean Victor, Departmental Coordinator of the DPC, Gonaives

Beneficiaries (Home visit/individual interviews)

Murielle Jean Charles, Jubile (West Block)
 Fabiola Alcius, Jubile (West Block)
 Eduarnise Thermidor, Raboto (West Block)
 Bernadette Wilson, Anbapwent/Atannerie (West Block)
 Asna Salomon, Anbapwent/Atannerie (West Block)
 Kersaint Jean Baptiste, Anbapwent/Atannerie (West Block)
 Daphcard Noel, Acipha (East Block)
 Ironise Richemond, Seprenn (East Block)
 Carida Forestal, Seprenn (East Block)
 Eva Noel, Seprenn (East Block)
 Shella Toussaint, Acipha (East Block)
 Julien Andresine (Very Old – Interviewed son, Alcidor Pierrulus), Troustable (East Block)
 Blaise Jean Baptiste, Haut Troustable (South Block)
 Amelie Pameus, Troustable (South Block)
 Wista Patrick Paul, Trou Lagon (South Block)
 Lingiste Nicolas, Troustable (South Block)
 Dieumane Vil, Troustable (South Block)
 Exius Joseph, (Old – Interviewed daughter, Guernite Joseph), Troustable (North Block)
 Ermana Saintil, K-solei (North Block)
 Jean Carlos Derulus, (Interviewed son, Noel Yolande), Bretagne/Gattereau (North Block)
 Jean-Tilia Pierre (Psycho-social beneficiary), Anbapwent/Atannerie (West Block)
 Jocelyne Jean-Noel (Psycho-social beneficiary), Anbapwent/Atannerie (West Block)
 Guereda Carius (Psycho-social beneficiary), Raboto (West Block)

<p>Wadelise Aristide (Psycho-social beneficiary), Raboto (West Block)</p> <p>Mikerlange Valery (Psycho-social beneficiary), K-soley (North Block)</p> <p>Alice Luis Jeune (Psycho-social beneficiary), K-soley (North Block)</p> <p><u>Merchants (Individual Interviews At Their Market Locations)</u></p> <p>Jacqueline Israel, Fruit/Vegetable Merchant, Bienac</p> <p>Margarite N/A, Meat Merchant, Bienac</p> <p>Saintania N/A, Fruit/Vegetable Merchant, Bord de la Mer</p> <p>Rosena N/A, Basic Grains Merchant, Bord de la Mer</p> <p>Magalie N/A, Meat Merchant, Bord de la Mer</p> <p>Tiroz N/A, Live Chickens Merchant, Marche Central</p> <p>Rosita Henrice, Fruit/Vegetable Merchant, Acipha</p> <p>Chantale Noel, Fish Merchant, Acipha</p> <p>Miionaise Gabrielle, Basic Grains Merchant, Troustable</p> <p>Rosemenne N/A, Meat Merchant, Troustable</p>
<p><u>CLA Representatives</u></p> <p>Jacob Augustin, Coordinator, Centre Ville</p> <p>n/a, Coordinator, K-soley</p> <p>Jean Batiste Samuel, Secretary and Chlorine Workshop Coordinator, Bienac-Dattes</p> <p>Jeudy Martial, Treasurer, Bienac-Dattes</p>
<p><u>Donor</u></p> <p>Dr.Bernard Arcens, Nutrition Program Coordinator, ECHO</p>

INTERVIEW GUIDE – GONAIVES MERCHANTS

No.	Question	Response
1	Did you encounter any difficulties in following ACF's criteria for being a registered merchant with the program? Describe them to me?	
2	Do you feel that ACF adequately and clearly explained the terms and conditions for participating in the project as a merchant?	
3	How do you believe that you benefited by being a registered merchant with the project?	
4	Have you observed an increase in clients (sales) as a result of the coupon program? Do you have an idea of the size of increase that you had?	
5	Do you have a sense of how much your sales increased because of the program?	
6	Did you notice that first-time clients were coming to you with vouchers?	
7	Do you notice if some of the coupon clients continue to come back to you for their purchases? Many? Few?	
8	Did your handling of ACF vouchers pose any difficulties for you? Describe them.	

9	Did you find the system of redeeming the coupons for cash through Sogexpress to be convenient? Did you encounter any difficulties?	
10	Did you find the four sessions of ACF training useful? Can you please recall and tell us about the lessons that you learned?	
11	Can you describe for me how you practice some of those lessons in your business?	
12	Did you receive a Kit at the conclusion of training? What was in it? Do you continue to use those items?	
13	Do you use chlorine solution to purify your drinking water at home and to wash fresh fruits and vegetables?	

Direct Observation

Selection available compared with nearby merchants

Freshness of produce compared with nearby merchants

General hygiene of the sales area (trash, flies, stagnant water?)

Is the merchant still using the apron and sun hat from the kit?

CLA Interview Guide

No.	Question	Response
	When was your CLA formed?	
	Can you describe for me the nature of your relationship with ACF?	
	Can you describe for me the training you have received from ACF? What were the topics covered during those events?	
	Which topics have been most useful? How is the CLA using which it has learned?	1. 2. 3. 4. 5.
	Which topics have been the least useful? Why?	
	Is your CLA currently producing chlorine solution? How much to you produce per week?	YES _____/week NO
	Do you have the capacity to produce more	YES NO
	How much of what you produce are you able to sell?	
	Approximately how many clients buy your product?	
	About how many return to purchase your	ALL

	product regularly?	MANY ONLY SOME ONLY A FEW
	What do you do with what you do not sell?	
	What other activities is your CLA carrying out to improve the sanitation of the neighborhoods for which you are responsible?	
	How do you rate the level of interest and participation of the populations of the neighborhoods in the types of actions the CLA wishes to implement?	Very High High More or Less Low Very Low
	If you consider participation to be low or very low, what do you think needs to be done to improve that level?	

Food Coupon Beneficiary Survey

No.	Question	Response	
General Information			
1	Bloc and Quartier		
2	Name of person interviewed		
3	Married, Single or Widow		
4	Number of children and their ages Have any of your children under 5 years old presently being treated for malnutrition at a CNT?	<u>Ages</u> 1) 2) 3) 4) 5)	<u>Malnourished?</u>
5	Do any other dependents live in your home? Who are they?	1) 2) 3)	
Household Income			
6	How many family members work to contribute income to the household?	1) 2) 3)	
7	What kind of work does each one do?	1) 2) 3)	
Food Expenses and Consumption			
8	Approximately how much does the family spend on food each week		
9	When was the last time you went to the market (how many days ago)		
10	Please try to remember and tell me what you bought and about how much of each item	<u>Item</u> 1) 2) 3) 4) 5) 6) 7)	<u>Quantity</u> 1) 2) 3) 4) 5) 6) 7)

		8) 9) 10)	8) 9) 10)
11	Are any of the foods something which you did not eat before participating in the project?		
12	Have you ever had to do the following in order to buy food for your family?	1. Sell a possession 2. Take out a loan 3. Borrow money from friends/family 4. Something else	
13	Did you have to do any of those things while you were receiving coupons from ACF?	Yes No	
14	Did you have to do any of the things during the last month?	Yes No	
15	Have you been able to buy back a possession or pay back a loan since you participated in the project? If no, why not?	Yes No	
Household consumption			
16	Please tell me what your family ate yesterday	Breakfast:	
		Lunch:	
		Dinner:	
Experience with food coupons			
17	In what months did the family receive food coupons?		
18	Did you use your coupons to . . .	1) Buy more food than you usually did? 2) Buy the same amount as you usually did?	
19	If #1 . . . do you continue to buy the same amount of food as you did with the coupons?	Yes No	
20	If #2 . . . how did you spend the money you saved when you were using the coupons?	1) 2) 3)	
21	Did you ever share coupons with other family members or friends who were not beneficiaries in the program?	Yes No	
22	If yes – More or less, how many coupons did you share with them each month?		
23	Did you experience any difficulties in	No	

	receiving your vouchers each month from ACF? What kind?	Yes
24	Did ACF explain to you how the vouchers would work in the market? Please tell me what they told you.	
25	Was it easy to identify the merchants who participated in the program? If not, what kind of difficulty did you experience?	Yes No
26	Did the merchants have all of the foods that you needed and wanted? If not, what foods did you want to buy but could not find?	Yes No
27	Were you satisfied with the quality and freshness of the food?	Yes No
28	Were you treated well by the merchants?	Yes No
29	Were the prices the same as those being charged by other merchants? Did you take advantage to negotiate with merchants?	Yes No
Training Provided By ACF		
30	Please try to remember and tell me what topics were presented during the training sessions and what you learned from them.	1 Hand washing 2 Water purification and storage 3 Latrine use and maintenance 4 5
31	Was the way ACF organized the training	Yes

	sessions helpful for learning the lessons?	No
32	How could they have conducted the lessons differently to help you learn better?	
Water and sanitation around the house		
33	From where do you get your water for drinking and cooking?	1) Open well 2) Protected well with a pump 3) Public water tap 4) Protected surface water 5) Unprotected surface water 6) Rain water 7) Buy water
34	How far is the source from your house?	
35	Can you please show me where you keep your drinking water.	1) All containers covered 2) Some containers covered 3) No containers are covered
36	What do you do to make your water safe to drink?	1) Add chlorine 2) Boil it 3) Filter it 4) Something else 5) Nothing
37	When did you last treat your drinking water in this way?	1) Today 2) Yesterday 3) More than 1 day ago, but less than 1 week 4) 1 week ago or more, but less than 1 month 5) More than one month ago
38	If you do not use chlorine to purify your drinking water, why not?	1) Don't have the money 2) Too expensive 3) Chlorine not available 4) Don't know how to use it 5) Other reason
39	Do you know that the CLA produces chlorine solution at a reasonable price?	Yes No
40	Have you ever been contacted by members of the CLA that serves your neighborhood? If YES, what information or training did they provide to you?	
41	May I please see where your family members wash their hands? (Observe for:)	1) Covered water container 2) Soap

		3) Appropriate water run-off or absorption 4) Nothing shown
42	How do members of your household dispose of their feces?	1) Toilet or latrine 2) Drain or ditch 3) Throw into the garbage 4) Bury it in a hole 5) Left in the open
43	Do your children use the toilet or latrine? If no, why not?	Yes No
44	(If the household uses a latrine) Can you please show me the latrine which your family members use.	1) Covered hole 2) Maintained relatively clean 3) Presence of flies
45	What do you do to keep your latrine clean?	
Health and Nutrition		
46	Have you ever been visited by a Relais Communautaire?	Yes _____ ago No
47	What did the RC do when he/she visited you?	Yes No
48	Did you receive any information from the RC on ways to keep your family healthy and about nutrition? What type?	Yes No
49	How has the information been helpful to you?	1. 2. 3.