

# FINAL EVALUATION

## HAITI EARTHQUAKE AND CHOLERA EMERGENCY APPEAL (MDRHT018)



# FINAL REPORT

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The International Federation of Red Cross and Red Crescent Societies



By

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## **ABBREVIATIONS AND ACRONYMS**

CEA	Community Engagement and Accountability
RC	Red Cross
CVA	Cash and Voucher Assistance
DAC	Development Assistance Committee
DGPC	General Directorate of Civil Protection
DINEPA	National Directorate of Drinking Water
DREF	Disaster Relief Emergency Fund
EA	Emergency Appeal
ERUs	Rapid Response, Emergency Response Units
FGDs	Focus Group Discussions
GOH	Government of Haiti
HH	Household
HRCS	Haitian Red Cross Society
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	Information management
KIIs	Key informant interviews
MHPSS	Mental Health and Psychosocial Support
MSP	Ministry of Public Health and Population
OCAC	Organizational Capacity Assessment Certification
PER	Preparedness for Effective Response
PGI	Protection, Gender and Inclusion
PNSs	Participating National Societies
PSEA	Prevention and response to sexual exploitation and abuse
RCCE	Risk Communication and Community Engagement
RFL	Restoring Family links
SNGRD	National Risk and Disaster Management System/ Système National de Gestion des Risques et Désastres (French)
ToR	Terms of Reference
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

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## I. EXECUTIVE SUMMARY

The Haiti Earthquake and Cholera Emergency appeal (MDRHT018) was implemented by the International Federation of Red Cross and Red Crescent Societies (IFRC) in collaboration with the Haitian Red Cross Society (HRCS) following the devastating earthquake on 14 August 2021, and the cholera outbreak on 2 October 2022. The Emergency appeal aimed to provide comprehensive support across several thematic areas, including shelter; livelihoods; health; Water, Sanitation, and Hygiene (WASH); Community Engagement and Accountability (CEA); and Protection, Gender, and Inclusion (PGI). The final evaluation was conducted to assess the effectiveness, efficiency, relevance, coverage, coherence, coordination, and sustainability of the operation, providing valuable lessons for future interventions. To achieve this goal, it employed a mixed-methods approach, combining quantitative data from an extensive literature review and qualitative data from Key Informant Interviews (KII), Focus Group Discussions (FGDs), and direct observations. Data triangulation was used to ensure the reliability and validity of findings. The evaluation process included three phases: planning, data collection, data analysis, and reporting. Key activities included developing data collection tools, conducting KII and FGDs with community members and stakeholders, performing direct observations, and analyzing the collected data to prepare a comprehensive final report.

Among the key results achieved by thematic areas are:

- **Shelter:** The operation provided temporary and permanent shelter solutions, although the quality and durability of materials posed sustainability issues.
- **Livelihoods:** Cash assistance and support for rebuilding livelihoods played a crucial role, although logistical challenges and resource limitations were significant hurdles.
- **Health:** Establishment of a field hospital, psychological support, and hygiene kit distribution greatly improved community health.
- **WASH:** Improved access to clean water and sanitation facilities, although some infrastructure operations faced delays and incomplete works.
- **PGI:** Successful in fostering safer and more inclusive environments especially for women, but coordination and resource allocation challenges persisted.
- **Community Engagement and Accountability:** Extensive training and awareness campaigns reached a large audience, but logistical challenges affected the implementation of feedback mechanisms and perception surveys.

The final evaluation rates the operation's relevance as excellent, coverage very good, effectiveness and efficiency good, and sustainability fair. It brought critical lessons learned, including:

- **Adaptive Strategies:** The operation demonstrated the importance of adaptive strategies to respond to emerging needs, such as the cholera outbreak and WASH.
- **Robust Support Systems:** Continuous support and capacity building for local communities and institutions are crucial for sustaining operation benefits.
- **Coordination:** Effective coordination among stakeholders can enhance the efficiency and impact of humanitarian interventions, though there is a need for improved local coordination and accountability.

**Based on the conclusions, the final evaluation recommends to:**

**1. Conduct more Comprehensive Needs Assessments:** Ensure that interventions are tailored to the specific needs and vulnerabilities of target populations through the following actions:

- Implement detailed pre-operation assessments using both quantitative and qualitative data.
- Engage local communities and leaders in the assessment process to gather accurate and context-specific information.

**2. Engage Local Communities Early and Continuously:** Ensure that operation design and implementation are responsive to local needs and promote community ownership, by:

- Involving local leaders and community members in all stages of the operation lifecycle, from planning to evaluation.
- Establishing community advisory boards to provide ongoing input and guidance.
- Facilitating participatory workshops and consultations to gather diverse perspectives and build consensus.

**3. Improve Logistical Planning.** Enhance the efficiency of aid distribution to ensure timely and equitable access to resources. Proposed actions are (i) Streamline Distribution Processes: Implement more efficient logistics and distribution processes to reduce waiting times and ensure orderly distribution of aid. This includes establishing clear guidelines and protocols for distribution; (ii) Continue to leverage Technology: Utilize technology for inventory management and beneficiary tracking to optimize resource allocation and reduce waste; (iii) Training and Capacity Building: Provide training for logistics personnel on best practices in supply chain management, including the use of technology and data analytics.

**4. Optimize Logistics and Distribution Channels:** Ensure efficient and equitable distribution of aid through the following actions:

- Develop detailed logistics plans that include contingency measures for potential disruptions.
- Use data analytics to optimize supply chain routes and reduce delivery times.
- Establish clear communication channels with people to inform them about distribution schedules and locations.

**5. Provide Continuous Training and Capacity Building:** Equip local stakeholders with the skills and knowledge needed to sustain operation benefits, including:

- Continue to implement regular training programs for local leaders, community members, and volunteers on topics such as health, hygiene, and emergency response.
- Develop training materials and modules that are culturally relevant and accessible.
- Create mentorship and peer-learning networks to support ongoing capacity building.

**6. Prioritize Quality and Durability in Materials:** Ensure the long-term sustainability and effectiveness of interventions by:

- Selecting high-quality materials that are suitable for the local environment and conditions.
- Conducting field tests to ensure the durability and appropriateness of materials before large-scale deployment.
- Including maintenance and repair considerations in the procurement process to ensure that materials can be easily serviced and replaced locally.

**7. Enhance Community Engagement.** Foster continuous community involvement to ensure the sustainability and relevance of interventions. Actions suggested are (i) Participatory Planning: Involve community members in the planning and decision-making processes to ensure that interventions are fully aligned with local needs and priorities; (ii) Feedback Mechanisms: Establish robust feedback mechanisms to gather continuous input from people and make real-time adjustments to programs based on their feedback; (iii) Awareness Campaigns: Conduct awareness campaigns to educate communities about the importance of their involvement and how they can contribute to the success and sustainability of operations.

**8. Maintain and Manage Infrastructure:** Ensure the longevity and functionality of infrastructure operations, comprising:

- Establish clear maintenance schedules and assign specific responsibilities to local authorities and community groups.

- Provide training and resources for local maintenance teams to carry out regular inspections and repairs.
- Develop community-based monitoring systems to track the condition of infrastructure and address issues promptly.

**9. Strengthen Coordination:** Improve coordination mechanisms among local and international stakeholders for more cohesive and effective responses. Suggested actions include: (i) Stakeholder Mapping: Identify and map all relevant stakeholders, including local authorities, community leaders, NGOs, and international partners, to understand their roles and capacities; (ii) Regular Coordination Meetings: Organize regular coordination meetings to share information, discuss challenges, and plan joint actions. Ensure that all key stakeholders are represented; (iii) Shared Platforms: Develop shared platforms for data and information sharing to enhance transparency and coordination among stakeholders.

**10. Develop Local Funding Mechanisms for Ongoing Support:** Ensure financial sustainability for the maintenance and expansion of Emergency operation benefits, including:

- Create community savings groups or cooperatives to pool resources for maintenance and development activities.
- Advocate for local government budget allocations to support essential services and infrastructure maintenance.
- Explore partnerships with local businesses and NGOs to secure additional funding and support.

**11. Support Long-Term Monitoring and Evaluation:** Track the progress and impact of interventions over time by:

- Allocating resources for ongoing monitoring and evaluation activities beyond the Emergency Appeal's initial implementation phase.
- Sharing evaluation findings with all stakeholders to inform future Emergency Appeal design and implementation.



## II. OPERATION BACKGROUND

### 2.1. Context

Since 1935, the Haiti Red Cross Society (HRCS) has been a vital member of the International Federation of the Red Cross and Red Crescent Societies (IFRC), delivering essential services such as health, social services, and disaster relief across Haiti. The HRCS boasts a significant operational presence, with 13 regional offices, 92 local committees, and approximately 10,000 volunteers. Historically, it has played a pivotal role in relief and recovery efforts during major crises in Haiti, including the earthquakes in 2010 and 2021, and the cholera outbreaks spanning 2010 to 2019, and resurging in 2022 (See Terms of reference of the final evaluation in **appendix 1**). The HRCS collaborates closely with national authorities and coordinates with the broader IFRC network to enhance the effectiveness of its responses.

In the aftermath of the 2021 earthquake in the southern region of Haiti, the HRCS implemented the *Haiti earthquake and cholera operation (MDRHT018)* to provide substantial aid, livelihood support to households, and health services to thousands of affected people. During the cholera outbreak in 2022, the organization concentrated on awareness campaigns, hygiene improvement initiatives, and coordination with health authorities and other organizations to manage and mitigate the crisis effectively (see deployment timelines in **appendix 2**). Support for HRCS's efforts comes from the International Committee of the Red Cross (ICRC) and various Participating National Societies (PNSs) within the Red Cross Red Crescent Movement, including the American, Canadian, Netherlands, Spanish, and Swiss Red Cross Societies. Each contributes differently through financial aid, material resources, and specialized personnel. The IFRC Secretariat played a crucial role in coordinating these contributions.

The IFRC engaged Consultant Jempsy FILS AIME to independently evaluate the Emergency response of the IFRC, the Haitian Red Cross Society (HRCS), and their partners to the Haiti Earthquake on August 14, 2021, and the Cholera Outbreak on October 2, 2022. The operation was executed by the IFRC in collaboration with the HRCS and other partners.

### 2.2. Objectives and audience of the evaluation

The purpose of this final evaluation of the IFRC, HRCS and partners' Emergency response to the Haiti Earthquake on 14 August 2021 and Cholera Outbreak on 2 October 2022 was to assess the achievements and quality of the operations and services delivered to the affected population targeted by the Emergency Plan of Action. The evaluation had to provide specific lessons that can be clearly identified from the response operation and, more importantly can be considered both valuable and transferable for the IFRC and HRCS to use when implementing and/or supporting similar response operations in the future. This final evaluation considers all decisive factors during the operation, taking into consideration the context and capacities of the HRCS and other Movement components. It also considers the Operation in a "Complex Disaster" setting, including civil unrest, gang violence, and overall deterioration of the Haitian public health services and systems. Finally, it reflects lessons learnt from previous operations in the region and whether these were applied to the operation.

Primary stakeholders for this Evaluation include IFRC, HRCS, and Government of Haiti (GOH) institutions, especially the Directorate of civil protection which works under the Haitian Ministry of the Interior.

### 2.3. Targeted geographic areas

The geographic scope of the evaluation encompasses the Haiti Red Cross National Society Headquarters in Port-au-Prince, located in the West department, and extends to the South, Nippes, and Grand'Anse departments where the emergency appeal was implemented.

## 2.4. Operation components

The operation includes the following components or thematic areas:

- Shelter, Housing and Settlements. Objective: Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions;
- Livelihoods. Objective: Households are provided with unconditional/multipurpose cash grants to address their basic needs;
- Health & Care (Mental Health and psychosocial support / Community Health / Medical Services): Objective: Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening;
- Water, Sanitation and Hygiene (WASH). Objective: Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions;
- Protection, Gender and Inclusion. Objective: Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs;
- Community Engagement and Accountability. Objective: Reached people through Risk Communication and Community Engagement (RCCE) for health and hygiene promotion activities;
- Migration. Objective: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination);
- Coordination and Partnerships. Objective: Establish partnership and coordinate with partners.
- Secretariat Services. Provide administrative support to partners.

### III. EVALUATION METHODOLOGY AND LIMITATIONS

#### 3.1. Methodology

The consultant and his assistants adhered to the methodological framework established by the Terms of Reference (ToR) for the evaluation, as well as the IFRC's framework for evaluation and the OECD/DAC evaluation criteria<sup>1</sup>, using both quantitative and qualitative approaches for data collection and report preparation. The triangulation of information collected from different sources ensured high quality data and reports. Quantitative data was collected through an extensive literature review and information requested to the IFRC and HRCS, while qualitative data was obtained through interviews with key informants, group discussions, direct observations, and a detailed review of reports from the Emergency Appeal's monitoring system and other secondary sources.

The methodological approach included three complementary phases:

**Phase 1:** Planning (Preliminary Phase) focused on developing a common understanding of the mission and preparing the necessary data collection tools. The activities included organizing a kick-off meeting with the IFRC Emergency Appeal team and regional offices to discuss the mission, inventory available documents, and list relevant stakeholders. Following this, a desk review analyzed planning, programming, and implementation documents. The inception report, detailing the evaluation's background, objectives, methodology, and schedule, was prepared and included guides for KIIs, FGDs, and direct observations (**Data collection, protocols and tools in appendix 5**). Training sessions for the data collection team covered collection tools, professional conduct, and evaluation protocols, followed by testing and adjustments of these tools. The final activity in Phase 1 involved mobilizing targeted respondents. Necessary permissions were obtained, and the consultant, along with local research assistants, coordinated with the HRCS to ensure the safety of fieldwork participants across Grande'Anse, Nippes, and South departments. This groundwork was essential for generating the primary data needed in Phase 2.

**Phase 2:** Fieldwork was essential for generating primary data for the final evaluation. The implementation approach involved qualitative and quantitative methods, including interviews with key informants, FGDs, and direct observations. These activities aimed to correlate documentary analysis data with community experiences and evaluate the operation's performance against the evaluation criteria. The sampling strategy employed purposive sampling for key informant interviews (KIIs) and quota sampling for FGDs, ensuring the inclusion of individuals with relevant information.

Key activities in this phase included conducting KIIs to deepen understanding of stakeholder experiences, analyzing operation indicators, and identifying influential factors and unexpected outcomes. The Harvard methodological framework<sup>2</sup> was used to assess gender issues. A total of 37 KIIs and 4 FGDs that gathered 40 men and women were conducted, involving community members, Red Cross Movement representatives, government agencies, and service providers (See **list of people consulted in appendix 3**). FGDs gathered perspectives of people reached on the operation's performance, particularly on women, adhering to IFRC's minimum standards for emergency programming. Additionally, 17 direct observations helped to document and assess the status of physical structures established by the operation.

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<sup>1</sup> *OECD has defined six evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability* (<https://www.oecd.org/dac/evaluation/dacriteriaforevaluatingdevelopmentassistance.htm>)

<sup>2</sup> *Women in Development: A Framework for Project Analysis*

(<https://www.hbs.edu/faculty/Pages/item.aspx?num=21589> and *Applying the Harvard Gender Analytical Framework: A Case Study from a Guatemalan Maya-Mam Community*

([https://www.researchgate.net/publication/271669256\\_Applying\\_the\\_Harvard\\_Gender\\_Analytical\\_Framework\\_A\\_Case\\_Study\\_from\\_a\\_Guatemalan\\_Maya-Mam\\_Community](https://www.researchgate.net/publication/271669256_Applying_the_Harvard_Gender_Analytical_Framework_A_Case_Study_from_a_Guatemalan_Maya-Mam_Community))

**Phase 3:** Data Analysis, Preparation and Presentation of Reports aimed to thoroughly process and analyze the data collected from the literature review and fieldwork to develop a comprehensive final evaluation report. This stage began with meticulous data entry and continuous processing throughout the data collection phase. Analytical methods, such as content analysis and triangulation, were employed to validate the findings. Data was cleaned, structured, and analyzed using Excel, and a database was created to facilitate the final analysis. Special attention was given to gender analysis to capture and compare the perspectives of men and women reached by the Emergency Appeal.

The following evaluation scales are used to the Emergency Appeal performance according to each evaluation criterion. Scores from 0 (very poor) to 5 (excellent) are awarded for each of the three assessment criteria:

- Score 0 (very poor) – Operation performance does not meet the criteria or cannot be evaluated due to missing or incomplete information.
- 1 (poor) – Criteria are not adequately addressed or have serious inherent weaknesses.
- 2 (Fair) – The proposal largely meets the criteria but has significant weaknesses.
- 3 (Good) – The proposal meets the criteria well but still has some shortcomings.
- 4 (Very good) – The proposal meets the criteria well but has some shortcomings.
- 5 (Excellent) – The proposal satisfies all relevant aspects of the criteria. Shortcomings are minor.

A virtual workshop will also be organized to present the evaluation findings to the IFRC, HRCS personnel, and other key stakeholders.

### 3.2. Limitations

From a methodological standpoint, certain limitations of the evaluation must be mentioned:

- Impossibility for the consultant to travel to the South region. It was impossible for the consultant to travel to the targeted areas covered by the Emergency response in the south region because flights to the region were paused and it was not safe to travel by road. As a result, in agreement with the IFRC, the consultant decided to conduct the interviews virtually and hire three local consultants to conduct the focus group discussions and direct observations.
- Broad Scope of Work and Many Stakeholders: The operation's involvement of numerous stakeholders and a wide range of themes is likely to dilute focus, especially in a context of very limited time and budget to conduct the evaluation. To address this issue, the evaluator identified and concentrated on the most critical stakeholders and key thematic areas to ensure a targeted and effective evaluation.
- Availability of secondary information: Some information critical to properly planning data collection such as the list of people reached by the Emergency response, exact locations of the interventions, and budget spent by the Emergency response were not available at the beginning of the evaluation, and some were unavailable even at the end of the evaluation due to deficiencies in the monitoring system of the Emergency response and the loss of institutional memory among IFRC and HRCS. Some partial lists were provided during data collection and the exact locations of some interventions were disclosed during the interviews with the HRCS or before field visits. To move forward, the consultant used the available information and his local knowledge of the Emergency response area.

## IV. FINDINGS

### 4.1. Relevance of the Emergency Response Design and Implementation

The Emergency Response's design was intricately aligned with Haiti's national emergency plan and the priorities set by the General Directorate of Civil Protection (DGPC). It aimed to provide rapid response and support to disaster-affected communities through the National Risk and Disaster Management System (SNGRD), with the Haitian Red Cross playing a pivotal role at multiple levels. The planning and implementation involved extensive collaboration with national authorities, local committees, and Red Cross Participating National Societies (PNSs), ensuring that the humanitarian assistance was tailored to the specific needs of vulnerable populations amidst socio-political and health challenges.

#### 4.1.1. Analysis

**The design of the operation was relevant to the national emergency plan implemented by the Haitian Government.** The Emergency Response was in line with national priorities. It was consistent with the contingency and response plan of the DGPC, which consisted of providing a rapid response to communities affected by disasters through the National Risk and Disaster Management System (SNGRD). The Haitian Red Cross is a member of the SNGRD and sits at the system secretariat level. It is also present in the regions at the local committee level. Before preparing the Emergency appeal document<sup>3</sup>, the HRCS and the IFRC discussed the Appeal at the National Emergency Operation Center in Port-au-Prince. The Red Cross is an auxiliary of the public authorities which set the tone. All documents were prepared with them and according to the directives of the DGPC. The Red Cross met with local authorities, mayors and partners to collect data regarding the situation. There was a participatory process between the different PNSs with the support of the IFRC at the international level, in collaboration with the HRC to prepare the Emergency Appeal.

**The humanitarian assistance was planned to meet the specific needs of the affected population, including children, pregnant women, elderly people, and people with disabilities, amidst socio-political unrest, and health service challenges.** When there is an emergency, it is the DGPC and the IOM (as shelter co-lead with the Haitian government) who make the first assessment. The DGPC had carried out an initial needs assessment. The information was collected in the field by the municipal civil protection committees of the DGPC at the departmental level, which passed it on to the national level. Information was shared with the RC regularly. This allowed the HRCS to go on the ground with the DGPC and target the most vulnerable people. In collaboration with DGPC, the RC assessed the damage and created a casualty list that was given to DGPC to select the people while ensuring that DGPC chose the most affected and vulnerable people.

Focus group participants in the three departments asserted that the activities implemented were relevant to their needs. They expressed profound gratitude for the immediate support received, which included shelter kits, financial aid, hygiene products, and health services. This aid was crucial in addressing their immediate needs and helping them cope with the disaster's aftermath. However, several challenges were also highlighted, particularly regarding the durability and quality of the provided materials and the need for more permanent solutions.

**The Emergency response was adapted to address the cholera outbreak in November 2022, during the end of the implementation phase.** The operation demonstrated significant adaptability by incorporating a cholera response component during the outbreak, following the recommendation of the Haitian Government. The targeted areas were the departments of Nippes, Grand'Anse, and South. It was decided to stay in the earthquake affected zones where there was logistical support. The DGPC did not intervene directly on cholera. Consequently, the HRCS worked together with MSPP which coordinated these

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<sup>3</sup> Proposal submitted by the IFRC.

activities. This adaptation mainly involved integrating cholera prevention measures into the existing WASH activities, such as community awareness programs and sanitation initiatives in schools. The collaboration with MSPP and the continuous support from DGPC enabled the Red Cross to effectively target and assist the most vulnerable populations. This comprehensive approach ensured that the operation remained relevant, addressing both immediate disaster-related needs and emerging health crises.

#### 4.1.2. Conclusion

The Emergency Response's design was highly relevant to Haiti's national emergency plan, aligning with the priorities of the DGPC and effectively integrating into the National Risk and Disaster Management System. Through collaboration with national and local authorities, and extensive stakeholder engagement, the HRCS ensured that the assistance was targeted to the most vulnerable populations, including women. The operation's adaptability was evidenced by its swift response to the cholera outbreak in late 2022, integrating cholera prevention into its health and WASH activities, in collaboration with the MSPP. This comprehensive and flexible approach enabled the operation to address both immediate and emerging needs, enhancing its general effectiveness. Overall, **the evaluator rates the relevance of the operation Excellent.**

#### 4.2. Effectiveness of the IFRC and National Society's Response

The following section examines the effectiveness of the IFRC and the HRCS in their response to the 2021 earthquake and subsequent cholera outbreak in Haiti. This evaluation encompasses various thematic areas including shelter, livelihoods, health, water, sanitation, and hygiene (WASH), protection, gender and inclusion (PGI), and community engagement and accountability (CEA). It provides a comprehensive overview of the achievements, challenges, focusing on how well these efforts met their objectives and catered to the needs of the affected populations.

##### 4.2.1. Achievements per thematic areas

###### a. Shelter, Housing and settlements

The Shelter Housing and Settlements component aimed to restore and strengthen the safety, well-being, and long-term recovery of communities affected by disasters and crises through effective shelter and settlement solutions. The operation provided recovery shelter and settlement assistance to 47,790 individuals, far exceeding the target of 35,000, as outlined in the Table below. A total of 9,558 families received essential household items and shelter tool kits, surpassing the target of 7,000 families. This initiative exceeded its initial target by 37%, demonstrating an effective execution in the face of adversity. It was mainly supported by the Netherlands Red Cross and the IFRC's international response team, which provided essential household (HH) items and shelter tool kits to facilitate the recovery process.

Table 1. Achievements in Shelter, Housing and settlements

Indicators	Target	Actual	Variance	Execution in %	Explanations
Number of people provided with safe, adequate, and durable recovery shelter and settlement assistance	35,000	47,790	+12,790	136.54%	The operation surpassed its target by 12,790 people, indicating highly effective implementation.
Number of families provided with essential HH items and shelter tool kits	7,000	9558	+2,558	136.54%	Exceeded the target by 2,558 families, reflecting the extensive distribution of aid.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.



Despite these successes, budgetary constraints limited the operation's ability to rehabilitate houses affected or destroyed by the earthquake or to construct new houses. Instead, the operation focused on distributing kits containing tents, tarps, machetes, spades, hoes, ropes, nails, and wire, which were sourced from both the regional office in Panama and local purchases in Haiti. These kits enabled selected heads of households to repair their homes. However, some people consulted argued that the quality of the tents was not good because they could not last for long.

It is worth mentioning that based on experiences from the January 2010 emergency response in Haiti, the operation was cautious about providing permanent shelters, as people often resist relocating after the emergency phase.

Thus, the Shelter Housing and Settlements activity contributed to the recovery and resilience of disaster-affected communities, surpassing its targets and providing essential support to thousands of families. Despite facing budgetary limitations and challenges in housing rehabilitation, the operation effectively utilized available resources to deliver this critical aid.

### b. Livelihoods

The Livelihoods and Multi-Purpose Cash component aimed to restore and strengthen the livelihoods of communities, particularly those affected by the disaster. It focused on providing targeted households (HH) with the necessary resources to improve their subsistence levels and address some urgent needs. With very limited resources, the operation achieved substantial reach, supporting 4,300 households, which represents 86% of its initial target (see the following table).

Table 2. Achievements in the implemented Livelihoods and Multi-Purpose Cash Activities

Indicators	Target	Actual	Variance	Execution in %	Explanations
Number of HHs whose livelihoods are improved from pre-disaster level.	5,000	4,300	-700	86%	A livelihoods Needs Assessment conducted in August 2022 highlighted the dependency on aid and the difficulty in recovery post-earthquake.
Number of targeted households that received a combined sector kit.	5,000	4,300	-700	86%	Combined sector kits were distributed to address immediate needs of the selected HH.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

Despite falling short of its target by 700 households (14%), especially due to lack of funding, the operation successfully supported 4,300 households, improving their livelihoods through various initiatives. The people were selected households among the affected population. The HRCS distributed 100 food kits and 4,300 multi-sector family kits, containing essential food items such as beans, cooking oil, rice, and wheat flour. Post-Distribution Monitoring was conducted with 235 households; 98% expressed satisfaction, particularly valuing tarpaulins for shelter.

### c. Multi-purpose cash

The multi-purpose cash component of the operation aimed to support the basic needs and livelihoods of 770 vulnerable households in the South Department, including areas like Torbeck, Maniche, and Camp-

Perrin. A total of 4,328,060 gourdes (USD 32,299<sup>4</sup>) was distributed, averaging 5,665 gourdes per household, to address urgent needs and aid in recovery. Despite falling short of the target by 80 households (9.41%), the operation achieved 91% of its goal by reaching 770 households. Assessments conducted indicated that 39% of the people had lost their income sources, highlighting the critical impact of the small cash grants provided.

Table 3. Achievements in providing Multi-Purpose cash

Indicators	Target	Actual	Variance	Execution in %	Explanations
Number of households reached with multipurpose cash grant for livelihoods and basic needs.	850	770	-80	90.59%	Donation of Multi-purpose cash activities were completed at the end of July 2022.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

The Livelihoods and Multi-Purpose Cash activity played a crucial role in supporting disaster-affected communities by improving their livelihoods. Although the operation did not meet its full target, it reached a significant 91% of the intended households, demonstrating efficient use of very limited resources. The combination of food distribution and cash grants addressed immediate needs, helping households stabilize and begin their recovery journey.

#### d. Health & Care (Mental health and Psychosocial support/ Community health / Medical services)

The Health and Care module aimed to enhance the holistic health of individuals and communities affected by disasters, focusing on mental health, psychosocial support, community health, and medical services. Key activities included setting up a field and mobile hospital, providing psychological support, distributing hygiene kits, and implementing various health interventions.

The field hospital was established in Les Cayes in the South department, four weeks after the earthquake, equipped with outpatient and inpatient services, operating rooms, maternity, and diagnostic facilities. The Finnish Red Cross, the Canadian Red Cross Society, and the German Red Cross's Emergency Response Teams (ERUs) collaborated with the HRCS to provide essential medical services that reinforced the MSPP capacity in the department. Red Cross psychologists and volunteers provided psychosocial support to earthquake victims, addressing immediate mental health needs. Comprehensive hygiene kits were distributed. The victims received complete hygiene kits consisting of toothpaste, soaps, towels, and toothbrushes. Particular attention was paid to women, providing feminine hygiene products.

The table below analyzes the component's performance, detailing the achievements, gaps, and impact of some key activities undertaken.

Table 4. Performance Indicators Health & Care

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Number of people assisted with search and rescue services	100	146	+46	146.00%	Surpassed target due to effective mobilization of resources.

<sup>4</sup> Using 5 June 2024 exchange rate of 134 gourdes for USD.



Indicator	Target	Actual	Variance	Execution (%)	Explanation
Number of people transferred via ambulance services	100	146	+46	146.00%	Enhanced ambulance services ensured efficient emergency response.
Number of forensic experts deployed	1	2	+1	200.00%	Additional forensic support provided for better management.
Number of volunteers trained in epidemic control and community surveillance	90	60	-30	66.67%	Focus on cholera and waterborne diseases.
Number of in-patient admissions	225	1,014	+789	450.67%	High demand for inpatient care exceeded expectations.
Number of surgeries performed	375	92	-283	24.53%	Lower number of surgeries due to specific medical needs.
Number of deliveries at RCEH	20	115	+95	575.00%	Significant increase in maternity services.
Number of volunteers trained on community-based surveillance	90	30	-60	33.33%	Training focused on detecting and managing cholera cases.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

Among the most prominent results achieved were mass sensitization campaigns that reached over 207,000 people with health education messages, far exceeding the target of 50,000; 490 home visits conducted, reaching over 208,000 individuals with key health messages. Mental Health and Psychosocial Support (MHPSS) was provided to 1,811 people, although this was below the target of 2,500. Some of the biggest challenges of the Health & Care activity were budget constraints and logistical challenges that affected the operation's ability to meet all targets, especially in terms of the implementation of surgical procedures and extensive volunteer training.

Overall, the Health and Care component of the Emergency response made significant strides in improving the health and well-being of disaster-affected communities. Through the establishment of the field hospital, provision of psychological support, and extensive health education campaigns, the activities carried out addressed both immediate and long-term health needs. Despite facing resource limitations, substantial results were achieved, surpassing several targets and providing critical health services to thousands of individuals. The lessons learned underscore the importance of adaptive strategies and robust support systems in managing health crises effectively.

**e. Water, Sanitation, and Hygiene (WASH)**

The Water, Sanitation, and Hygiene (WASH) segment was a cornerstone initiative aimed at ensuring safe drinking water, proper sanitation, and adequate hygiene awareness both in cholera and disaster-affected communities. It was particularly focused on improving access to potable water as well as cholera prevention and response. Key activities included the construction and rehabilitation of water supply systems, distribution of hygiene kits, and extensive community awareness campaigns. Main achievements included:

- Construction and Rehabilitation of Water Supply Systems: The Netherlands Red Cross, in collaboration with the National Directorate of Drinking Water (DINEPA), led efforts to install and

repair water treatment machines and manual pumps in the South, Nippes, and Grand'Anse, mainly in rural areas, which is highly underserved. Additionally, manual and electric wells were drilled in Grand'Anse department.

- **School Interventions:** Toilet blocks were built. Teachers and students were trained on their use. *Blue School*<sup>5</sup> committees supported these efforts through awareness sessions on water treatment and hygiene.
- **Infrastructure for Drinking:** Water and Sanitation were established in selected schools to prevent cholera. Toilet blocks and hand washing points with metal frames were constructed in these schools. Purification tablets and hygiene kits were distributed to students and school staff. Additionally, teachers and students received training on waterborne disease prevention and proper hygiene practices.
- **Community Cholera Prevention Activities:** Collaborating with the MSPP, Red Cross volunteers conducted community awareness activities to prevent cholera spread. The operation organized the distribution of water purification tablets, oral rehydration salts, and soap to the most vulnerable populations.

The achievements are highlighted in the table below.

Table 5. Achievements in WASH

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Number of households reached with WASH support	7,000	4,280	-2,720	61.14%	Conducted awareness sessions and distributed materials in five regions.
Number of WASH infrastructure systems in schools and healthcare centers assessed	70	34	-36	48.57%	Assessments focused on critical needs for infrastructure improvement.
Number of households reached with hygiene kits	7,000	4,280	-2,720	61.14%	Targeted distribution to economically vulnerable populations.
Number of menstrual hygiene management kits distributed	2,500	2,500	0	100.00%	Fully met the target for menstrual hygiene management.
Number of households with improved WASH facilities	7,000	4,280	-2,720	61.14%	Community sanitation work to prevent epidemic spread.

<sup>5</sup> This methodology aims to encourage children to protect the environment. Developed by the Panama Red Cross Society, it was first implemented by the HRCS during the implementation of the Emergency Response. It focused on water management, creating green spaces in schools (gardens), and using wastewater to irrigate gardens. The basics on Blue Schools, its components as well as a road map with recommendations on how to engage governmental and schools' stakeholders and ensure sustainability. For more details, please, visit <https://waterconsortium.ch/blueschool/>

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Number of WASH assessments conducted within the cholera response	Not defined	8	-	-	Focused on high-priority cholera-affected areas.
Number of water treatment kits distributed in cholera targeted areas	Not defined	80,000	-	-	Distributed extensively to prevent cholera.
Number of people reached with hygiene promotion sessions	35,000	99,687	+64,687	284.82%	Extensive awareness sessions conducted in communities.
Number of community water points/sanitary blocks rehabilitated or built	22	0	-22	-	Delays in operation implementation.
Number of people benefiting from WASH water points/sanitary blocks	5,000	5,063	+63	101.26%	Successfully exceeded the target through rehabilitated infrastructure.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

Some schools did not receive interventions on time due to coordination gaps with DINEPA. Delays in completing WASH infrastructure activities affected the overall execution rate. Of 17 sites visited during the evaluation, two were not completed. These sites are located in Lazile in the Nippes department (Reconstruction of a sanitary block in Morne Ocau and Rehabilitation sanitary block). See **list of sites visited in appendix 4**. Additionally, Interviews with some people located in the Grande'Anse department indicated that interventions were not completed in two schools.

Nevertheless, the WASH activities significantly contributed to improving water, sanitation, and hygiene conditions in disaster-affected communities, despite facing challenges such as coordination issues and infrastructure delays. The operation successfully conducted extensive awareness campaigns, reaching nearly 100,000 individuals, and provided essential WASH materials to vulnerable populations. During December 2022, Cholera Perception Survey was carried out through Haitian Red Cross volunteers<sup>6</sup>. The findings on this document, in addition to the CEA recommendations, purposed to facilitate local decision-making to reinforce believe in Cholera vaccination processes. 91.49% of the participants expressed a high level of satisfaction with the information received regarding Cholera (Satisfied: 46.48%; Very satisfied: 45.21%). In contrast, 2.66% were dissatisfied (Dissatisfied: 1.06%; Very dissatisfied: 1.66%).

While some targets were not fully met mainly due to lack of budget, slow execution and the short duration of the operations, the operation's effectiveness on cholera prevention and overall community health was substantial. The lessons learned emphasize the need for improved coordination and timely implementation of infrastructure activities to enhance the effectiveness of future interventions.

<sup>6</sup> Cholera Perception Survey- BHA Building Trust – Haiti Interim report - (Jan. 2023)

#### f. Protection, Gender and Inclusion (PGI)

The PGI component aimed to identify and address the needs of the most at-risk and marginalized groups within disaster-affected communities. By implementing gender policies and conducting targeted activities, the operation sought to mitigate inequality, discrimination, and human rights violations. The PGI strategy was developed and integrated into the operational framework, ensuring its alignment with ongoing efforts to address the resurgence of cholera and other health emergencies. Continuous training on prevention and response to sexual exploitation and abuse (PSEA) and prevention of sexual harassment in the workplace was included. The majority of reached people were women. The HRCS's volunteers received training to prevent abuse against women in relation to the benefits received. Protection activities, including gender awareness sessions, were organized across all municipalities to foster a safer environment for women. All five operational sectors successfully collected sex and age-disaggregated data, facilitating targeted interventions and more effective resource allocation. HRCS developed a Gender Diversity and Social Inclusion Policy and Plan of Action<sup>7</sup>, further strengthening the organizational commitment to gender equality and social inclusion. Thirty-two HRCS gender focal points were trained, and two referral mechanisms were developed to support victims of gender-based violence. See table below that summarizes the results achieved.

Table 6. Effectiveness of PGI implemented

Indicator	Target	Actual	Variance	Execution (%)	Explanation
PGI strategy developed for the operation	1	1	0	100.00%	Strategy successfully developed and integrated into operations.
Percentage of staff and volunteers briefed on Code of Conduct, PSEA, PGI concepts, and child safeguarding policy	100%	80%	-20%	80.00%	Continuous training needed to reach full target.
Operational sectors collecting sex and age-disaggregated data	5	5	0	100.00%	All sectors successfully collected necessary data.
Number of referral pathways developed and disseminated	5	2	-3	40.00%	More pathways needed for comprehensive support.
Number of girls, boys, women, and men reached by SGBV-PSEA prevention messages	5,000	287	-4,713	5.74%	Significant variance due to logistical and coordination challenges.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

Although two indicators above (PGI strategy developed for the operation and Operational sectors collecting sex and age-disaggregated data) were successfully achieved, better results could have been achieved with more effective participation in protection clusters and improved coordination by the HRCS. Key informants interviewed conveyed that there was a lack of presence of the HRCS in this cluster, a missed opportunity to promote PGI.

<sup>7</sup> The document was sent to the evaluator by the HRCS.

Overall, the PGI component made some strides in addressing the needs of marginalized and at-risk groups within disaster-affected communities. The implementation of gender policies, targeted training, and awareness activities contributed to creating a safer and more inclusive environment. However, challenges such as coordination issues and resource limitations impacted the operation's ability to fully achieve its targets, particularly in reaching a broader audience with prevention messages. Moving forward, enhancing coordination, increasing resource allocation, and reinforcing training efforts are essential to amplify the impact of PGI initiatives and ensure inclusive community development.

#### **g. Community Engagement and Accountability**

The Community Engagement and Accountability (CEA) component aimed to actively involve communities in the operation activities and ensure transparency and accountability. By training volunteers and community leaders, the operation sought to enhance community participation, improve risk communication, and foster mutual solidarity, particularly in health and hygiene promotion. Key Achievements are summarized in the table below.

Table 7. Effectiveness of key indicators related to community engagement

<b>Indicator</b>	<b>Target</b>	<b>Actual</b>	<b>Variance</b>	<b>Execution (%)</b>	<b>Explanation</b>
Number of people reached through RCCE for health and hygiene promotion activities	1,000,000	824,261	-175,739	82.43%	Extensive training and mobilization efforts contributed to substantial reach.
Number of feedback mechanisms implemented	3	1	-2	33.33%	Additional mechanisms needed to fully meet the target.
Number of perception surveys implemented	3	1	-2	33.33%	Limited surveys due to logistical challenges.
Number of community meetings organized under the CEA perspective	45	15	+30	33.33%	More meetings required to enhance community engagement.
Number of volunteers and local community groups trained in RCCE approaches	335	393	+58	117.31%	Target exceeded due to effective training programs.
Number of community members trained in RCCE and communication	132	91	-41	68.94%	Training programs needed to reach more community members.
Number of volunteers trained in basic CEA	600	186	-414	31.00%	More volunteers required to be trained to meet the needs.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

The Implementation of feedback mechanisms fell short due to logistical challenges (difficulty to reach out to some affected population who are located in remote areas of the three departments) and resource

constraints. The number of community meetings organized was less than planned, impacting the overall engagement level. While volunteer training exceeded targets in some areas, further efforts were needed to train more volunteers in basic CEA to ensure widespread community engagement.

Generally, the CEA activities made progress in involving communities in operation activities and promoting transparency and accountability. Through extensive training and integrated awareness campaigns, the operation reached a substantial number of people, although it fell short of some targets due to logistical and resource challenges. The operation's achievements underscore the importance of continuous community engagement and the need for robust feedback mechanisms to enhance operation effectiveness and ownership. Moving forward, addressing the identified gaps and expanding training efforts will be crucial for sustaining and improving community participation and accountability in future initiatives.

#### **h. Migration/displacement**

The objective of this component was to support the needs of displaced people and their families, including origin, transit, and destination. The focus was placed on displaced individuals, particularly through restoring family links (RFL).

The development of the RFL response plan was completed as a structured approach to restoring family links during the emergency phase of the earthquake response. The operation aimed to reach 300 individuals with RFL activities but managed to assist only 25 (see table below). Only five out of the targeted 20 individuals were trained in RFL, reflecting a 25% execution rate.

Table 8. Performance Indicators regarding Migration/ Displacement

<b>Indicator</b>	<b>Target</b>	<b>Actual</b>	<b>Variance</b>	<b>Execution (%)</b>	<b>Explanation</b>
RFL response plans developed for the operation	1	1	0	100.00%	RFL activities were integrated into the earthquake emergency response phase.
Number of people reached with RFL activities	300	25	-275	8.33%	Limited reach due to logistical and operational challenges.
Number of people trained in RFL	20	5	-15	25.00%	Training shortfall affected capacity to deliver services.
Number of services delivered to re-establish and maintain contact with family members	332	4	-328	1.20%	Significantly below target due to unforeseen obstacles.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024.

According to the HRCS staff consulted this low performance was caused by the delay in launching the RFL. Normally, that should have been done the first week after the Disaster. However, due to lack of funds, it was launched few weeks after the disaster. As a results, the demand for RFL was very low.

#### **i. Coordination and Partnerships**

The Coordination and Partnerships component aimed to ensure effective coordination among the Red Cross movement and build partnerships with other organizations involved in the response to the earthquake and cholera outbreak. This component was critical in streamlining efforts, sharing information, and maximizing the effectiveness of the response activities. Regular meetings and collaboration with various humanitarian



organizations, such as IFRC, the Haiti Red Cross Society, WFP, Alianza, Médecins Sans Frontières, and Haiti Forward, played a pivotal role in this effort. Key achievements are highlighted in the table below.

Table 9. Performance Indicators about Coordination and Partnerships

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Rapid response personnel deployed	50	119	+69	238.00%	Significant overachievement indicating high mobilization capacity.
Disaster law briefs disseminated to IFRC network partners	3	0	-3	0.00%	No dissemination occurred.
Movement-wide statements issued	1	1	0	100.00%	Target met, ensuring unified communication.
Movement operational meetings held	9	8	-1	88.89%	Slight shortfall in meetings, but high frequency maintained.
RCRC installations provided with ITT services	1	1	0	100.00%	Target met, enhancing coordination through IT services.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024

Collaboration and Coordination Efforts included:

- Regular meetings among Red Cross entities and external partners to facilitate the exchange of information, strategic planning, and resource mobilization. Coordination meetings addressed critical issues such as volunteer per diems, transport payments, and insurance, ensuring aligned support for the Haitian Red Cross;
- The establishment of a crisis unit at the HRCS that acted as an emergency operations center, centralizing decision-making and partner mobilization efforts;
- External participation in Risk and Disaster management system and cluster meetings reinforced multi-level coordination and continued operation beyond the emergency period.

The Coordination and Partnerships component demonstrated strong mobilization and effective collaboration among Red Cross entities and external partners. While the deployment of rapid response personnel and the provision of ITT services were successful, there were gaps in disseminating disaster law briefs and maintaining the full schedule of operational meetings. The achievements in rapid personnel deployment and movement-wide communication highlight the Red Cross's capability to respond promptly and cohesively to crises, but needed to be faster. To further enhance effectiveness, future efforts should focus on improving the dissemination of legal frameworks and maintaining consistent operational meetings to ensure comprehensive coordination.

#### **j. National Society Strengthening**

The National Society Strengthening component aimed to bolster the HRCS to effectively coordinate and implement joint efforts within the Red Cross movement, particularly in response to the earthquake and cholera outbreak. This initiative focused on enhancing the capacity of HRCS volunteers through training, resource provision, and expert support from the IFRC. Despite notable progress, there are still a number of gaps that need to be filled to fully achieve the goals of this enhanced effort. For example, although the evaluation did not conduct an institutional assessment, it found that the HRCS needed to be strengthened in terms of technical reporting (creating a data collection and storage system for better performance monitoring, maintaining institutional memory and improve accountability); better connect with local

partners to improve visibility and create synergy; mobilize resources to supplement resources from the Red Cross movement.

Key achievements are highlighted in the table below.

Table 10. Performance Indicators regarding National Society strengthening<sup>8</sup>

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Number of volunteers insured	10,000	9,000	-1,000	90.00%	High insurance coverage for volunteers, ensuring their protection and motivation.
Number of volunteers involved in the operation	1,000	500	-500	50.00%	Half of the target reached, indicating a need for more engagement.
Organizational Capacity Assessment Certification (OCAC) second phase completed	Yes	No			OCAC phase not completed, affecting organizational development.
Number of Preparedness for Effective Response (PER) processes conducted	1	0	-1	0.00%	No PER processes conducted, highlighting a significant gap in preparedness.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024

While insurance coverage for volunteers was high, there was a clear need for more resources to engage additional volunteers and complete organizational development processes. The provision of training and visibility materials was effective, but continuous capacity building and adequate resources were essential to maintain momentum. The support from IFRC experts was beneficial, but there remained a critical need for ongoing reinforcement and resource allocation to address the most pressing needs of regional committees.

The National Society Strengthening component of the operation made significant progresses in enhancing the capacity of the HRCS to coordinate and implement joint response efforts. Achievements include high insurance coverage for volunteers and successful training sessions. However, challenges such as insufficient volunteer involvement, incomplete OCAC and PER processes, and unmet resource needs highlight areas for improvement. Addressing these gaps through increased resource allocation, continuous training, and comprehensive organizational development will be essential for the HRCS to effectively respond to future emergencies and sustain its operations.

#### k. Secretariat Services

The Secretariat Services component, managed by the IFRC, aimed to provide administrative support for resource mobilization and implementation. This component focused on enhancing the capacity of the HRCS by sending staff to strengthen the local team and ensuring effective monitoring and reporting. The following table evaluates the performance and outcomes of this component, highlighting key achievements and areas needing improvement.

<sup>8</sup> IFRC Guidance on National Society Assessment and Development Processes



The component successfully provided the necessary communications support, achieving 100% of its target. This facilitated effective dissemination of information and engagement with stakeholders. The number of pledges registered exceeded the target, demonstrating effective fundraising efforts. Despite the resource mobilization efforts, donor response was not sufficient to cover the entire funding requirement to provide humanitarian assistance to all affected families. The resource mobilization plan was successfully implemented, but the operation faced significant challenges in recruiting and retaining qualified personnel. High turnover rates, economic instability, and safety concerns adversely affected staff morale and operational continuity in the field. The security protocol for the operation was fully implemented, providing essential protection for staff in a volatile environment. Despite these measures, the persistent security risks in Haiti, such as kidnappings and collateral damage, necessitated ongoing vigilance and adaptive strategies.

Table 11. Performance Indicators about Secretariat Services

Indicator	Target	Actual	Variance	Execution (%)	Explanation
Communications support	1	1	0	100.00%	Achieved full support for communication activities.
Real-Time Evaluation	1	0	-1	0.00%	No real-time evaluation conducted, missing critical assessment.
Final Evaluation	1	1	0	100.00%	Final evaluation performed.
Number of pledges registered	20	37	+17	185.00%	Exceeded target, indicating strong donor engagement.
Number of new donors to the IFRC	5	1	-4	20.00%	Target not met, suggesting need for enhanced diversification of donor acquisition strategies.
HRCS resource mobilization plan	1	1	0	100.00%	Successfully developed and implemented.
Number of financial reports issued	1	1	0	100.00%	Financial reporting was consistent and timely.
Final Audit conducted	1	0	-1	0.00%	Final audit not conducted, impacting financial transparency.
Security Protocol for operation implemented	1	1	0	100.00%	Security measures fully implemented, ensuring staff safety.

Source: IFRC-Operation update #6 31/10/2023 and IFRC-Operation update 26-02-2024

The Secretariat Services component achieved several key objectives, including effective communications support, successful registration of pledges, and implementation of security protocols. However, the challenges in attracting donor funds and managing human resources, highlights areas requiring significant attention. Moving forward, enhancing donor acquisition strategies, and addressing human resource challenges will be essential for strengthening the administrative support and overall effectiveness of the Haiti Red Cross Society operations.

#### 4.2.2. Effectiveness of the IFRC and National Society in mobilizing resources

There are some activities that have not been completed due to lack of funding and time allocated for response. It was difficult to predict the amounts that would be mobilized since the funds came gradually during implementation. Overall, the operation did what was intended. The amount planned for the shelter

was insufficient compared to the scale of the problems. As a result, the operation has considerably reduced the scale of interventions in this component. The IFRC reallocated funds from the Shelter component to the WASH component because there was a more crucial need to drill wells. A study carried out before making the reallocation indicated that the affected areas did not have access to drinking water.

In terms of implementation, most of the people consulted through interviews and FGDs acknowledged that the HRCSs executed the operation well. They said that during the coordination meetings with stakeholders, there was no criticism about the Red Cross Movement work. The MSPP initially complained about lack of coordination. Subsequently, addressing this concern, the person who was the liaison between the Emergency response and MSPP was replaced.

In the field, most of the people interviewed consider that the operation is not finished or not properly closed. For example, two government representatives said that they cannot talk about the operation, because they have not received the final reports. They are not aware about what was achieved, yet this can be achieved by providing said report.

One of the members of the international staff deployed by the IFRC said:

*“We were able to achieve what was planned, but we were very late in the response, setting up the hospital, there were a lot of administrative problems; they had already chosen a space and they changed, which delayed the implementation. When we started the field hospital, we received a lot of patients in several services (internal medicine, gynecology, etc.), but many of them were not victims of the earthquakes.”*

Many people interviewed, including those from the Red Cross Movement, acknowledged that there was a delay in the response. According to one of the Red Cross Participating National Societies which was on the ground,

*“There are always improvements to be made. At the beginning, there was no control over what was done in the emergency phase, but it is inherent to response operations. The people who should be doing the distribution went directly to the field. They had no counterparts on the ground. The HRCS did not understand what was done at the start. However, with the resources deployed and the level of funding, the objectives were achieved. It could have been better, if there were fewer problems, more coordination, and more integration between the stakeholders”.*

During the Emergency, the American Red Cross was in the process of exiting from the country after a long engagement in supporting HRCS programmes branches and infrastructure. According to interviewees, much of the operative infrastructure and basic support for HRCS was provided by the American Red Cross as they were financing key administrative and programmatic positions. This situation impacted the ability of HRCS to maintain the same level of support services while responding adequately to the emergency without dedicated external core function’s support. IFRC has made efforts to address the needs of the National Society by covering elements available resources allowed.

There were security constraints which did not allow everything planned to be done. It was difficult to deliver humanitarian aid to Les Cayes by the traditional route of road due to the occupation of Martissant by groups of criminals. The HRCS had to use alternative strategies to get there, including sea routes, air routes, etc.

Furthermore, the Emergency response was very ambitious. It had 11 components/themes with a plethora of activities that would have been overly ambitious even if the Appeal budget had been mobilized. With over 70 indicators to track, the operation should have put in place a more robust monitoring system and dedicated more effort and resources to track them properly.

Opinions differ as to the speed of the Red Cross response on the ground; some people said that the response was quick, but most thought it was not. While the needs assessment began within hours of the earthquake and search and rescue began within 12 to 48 hours, much-needed assistance to earthquake victims took a few days to arrive. The field hospital was set up four weeks after the earthquake and the distribution of shelter, hygiene and cash kits only took place a few weeks after the disaster. As one interviewee said: "We were late because we didn't have anything pre-positioned. We couldn't do anything during the first three weeks. We really started doing distributions of kits for shelters after a month, and cash after about five months, because it took a lot of planning."

However, some people said that the context of the country meant that the institutions cannot be blamed for the speed of intervention. The insecurity situation has had a negative impact on interventions in the Southern region. In addition, the Red Cross Movement had nothing pre-positioned in the southern region that could help provide first aid.

#### **4.2.3. Main challenges faced by the IFRC and National Society in coordinating the response**

Among the difficulties encountered by the Red Cross in implementing the Emergency response were:

- Lack of means to intervene on time. There was no pre-positioned aid in the southern region. To address this problem, the operation used volunteers to move faster. However, there were not enough vehicles for the volunteers to travel to the different sites, which caused delays.
- Transport of aid from Port-au-Prince to the South. The occupation of the road from Port-au-Prince to Les Cayes by armed criminals in Martissant made the transfer of aid difficult. There was a case of a Red Cross truck being robbed, with aid items stolen. This created significant delays.
- Centralization of operations for sending aid to the field. Everything went through the DGPC. It was responsible for organizing convoys with the World Food Program (WFP) and the police to transport humanitarian aid to the field. The Red Cross should hand over its aid to the WFP for sending, or it would give it to the DGPC/COUN or the port of Port-au-Prince after approval from the DGPC. The Red Cross also developed a partnership with Handicap International which made it possible to carry out maritime transport of aid from Port-au-Prince to Miragoâne with sailing boats. The aid was picked up in Miragoâne and transported by car to Les Cayes.
- Recurring scarcity of fuel. All response activities faced the problem of fuel scarcity which affected all activities in the country. The southern region was the most affected, given the difficulties of crossing the Port-au-Prince Martissant road section. The price of fuel was higher in the southern region than in the Port-au-Prince metropolitan area.
- Attempt to direct aid to unselected groups. Some local authorities wanted to favor their relatives and friends in order to politically capitalize on the response. In concert with the DGPC, this attempt was prevented.
- Difficult coordination on the ground with the various actors in the field. Despite regular meetings organized by the DGPC in Port-au-Prince, on the ground it was occasionally difficult to know who was doing what. Sometimes distribution areas were not assigned specifically to a specific organization or activity, creating overlaps.

#### **4.2.4. Innovative strategies employed that improved the effectiveness of the response**

Among the innovations used to improve the efficiency of the operation, it is worth mentioning:

- Use of digital finance. DIGICEL/Mon cash was used to make unconditional cash transfers to victims of the earthquake, following requests from the population. This made it possible to avoid crowds and transfer the money to the selected people in complete security. This was even more important given that the Red Cross does not work directly with the police.
- Organization of personnel assigned to the activities. In terms of organization, the Red Cross innovated by creating three regional coordinator positions, one for Grand’Anse, one for Nippes, and the other for the South. These coordinators reported to focal points at the local level in the intervention sites, which allowed for good presence and coverage on the ground.
- Internal communication mechanism: The HRCS established a telephone network and improved access to the Internet to ease communication among different stakeholders. This facilitated communication between the different levels of the response.
- Use of technology to identify people and distribute aid. In the past, the HRCS used handwritten sheets to register people to be reached. As part of the Emergency response, it used the ODK platform to register people. This made it possible to put them into a rapid database. The MEGA5 system was utilized to distribute the aid, thus significantly reducing the distribution time from three minutes to just a few seconds.
- Diversification of aid transport means. In addition to the road route and the air route generally used in the past, the operation experimented the sea route. The aid was transported by boat to Miragoâne for Nippes, and Jérémie and Pestel for Grand’Anse.
- Use of local and regional suppliers. Unlike in the past, the operation purchased from suppliers based in the Southern region, but certain of the latter had constraints in delivering the goods. Until now, some suppliers have not been able to provide materials for the WASH component; some of them abused the trust of the Red Cross by excessively increasing prices or not delivering the goods. The regional committee of the Red Cross has no way to take legal action against them.

#### **4.2.5. Perspectives of the people reached on the operation’s effectiveness**

According to the people reached and interviewed during the evaluation, the operation endeavored to deploy an effective emergency response following the August 2021 earthquake and cholera outbreak in Haiti. They reported several actions taken by HRCS, including the provision of temporary shelters, financial aid, healthcare services, and water sanitation facilities. In areas like Chardonnière and Les Cayes, people noted the critical role of these interventions in reducing cholera cases, motivating people to protect themselves from future disasters, and supporting livestock through the cash assistance provided.

Despite the positive immediate impacts, the focus group participants highlighted several challenges faced by these interventions. For instance, while temporary shelters were provided, their durability was often inadequate. Similarly, the cash assistance, although crucial for immediate relief, was small and marred by logistical issues, leading to long waiting periods and distribution inefficiencies. The healthcare interventions, such as the distribution of sanitary kits and the installation of hand washing stations, were essential in mitigating the cholera outbreak, but their long-term effectiveness was compromised by maintenance and material quality issues. Coordination and planning issues, particularly in the rehabilitation of school facilities and other infrastructure, resulted in delays and communication breakdowns between stakeholders. Additionally, the construction and rehabilitation of sanitation facilities faced problems with vandalism and incompleteness, indicating a need for more robust planning and durable solutions.

Overall, the HRCS's efforts were vital in addressing the immediate needs of the affected populations in various geographic areas, including Lazile, Jeremie, Les Cayes, Camp-Perrin, Chardonnière and other communities. However, the FGD participants underscored the necessity for providing better quality materials, and enhanced coordination to ensure the sustainability of such humanitarian interventions. The feedback from people points to the need for more permanent and robust solutions to support ongoing recovery and resilience against future disasters.

#### 4.2.6. Conclusion about the effectiveness

The response by the IFRC and HRCS to the earthquake and cholera outbreak in Haiti demonstrated significant achievements and notable challenges, reflecting both the strengths and areas for improvement in humanitarian aid delivery. Several components such as Shelter, Housing and Settlements, Health and Care exceeded their targets, providing essential support to thousands of families and improving community health, despite constraints. However, people reported reached that the temporary shelters were often inadequate for long-term use and logistical issues marred the effectiveness of cash assistance and WASH interventions. These insights highlight the need for more robust and durable solutions, better logistical planning, and enhanced maintenance plans to ensure the sustainability of these benefits.

Overall, the response showcased the importance of adaptive strategies, robust support systems, and enhanced coordination to effectively manage future crises. Continuous community engagement, improved material quality, and stronger logistical frameworks are essential for sustainable outcomes. The perspectives of people reached emphasize the necessity for permanent and robust solutions to support ongoing recovery and resilience against future disasters. Addressing these feedback points and focusing on more effective resource allocation and coordination can significantly improve the long-term impact of humanitarian interventions. Based on this conclusion, the evaluation rates **the effectiveness good**.

### 4.3. Efficiency of the IFRC and National Society's Response

#### 4.3.1. Financial resources mobilized and its utilization

The efficiency of the IFRC and National Society's response to the earthquake and cholera outbreak hinges on the mobilization and utilization of financial resources. With an estimated budget of CHF 19.2 million, the IFRC received CHF 8.7 million, representing 45.5% of the requested amount. This funding included both cash and in-kind contributions (CHF 375,600) from various Participating National Societies and bilateral agreements.

This section of the report analyzes the allocation and expenditure of these funds across different thematic areas, evaluating the efficiency of resource utilization and highlighting areas for improvement. As indicated in the table below, the budget allocation and expenditure as of June 24, 2024 are detailed below, on CHF 8,602,227 operating budget approved for implementation, CHF 8,355,638 were spent as of June 24, 2024, representing about 97.13% of the operating budget implementation.

Table 12. Budget allocation and expenditure as of June 24, 2024<sup>9</sup>

Thematic Area Code	Budget (CHF)	Expenditure (CHF)	Remaining Balance (CHF)	Remaining Balance (%)
AOF1 - Disaster risk reduction	0	0	0	
AOF2 – Shelter	419,759	419,759	0	0.00%
AOF3 - Livelihoods and basic needs	727,669	726,506	1,163	0.16%

<sup>9</sup> These are the preliminary final figures, as the final financial report has not been issued yet.

Thematic Area Code	Budget (CHF)	Expenditure (CHF)	Remaining Balance (CHF)	Remaining Balance (%)
AOF4 – Health	876,843	651,864	224,979	25.66%
AOF5 - Water sanitation and hygiene	1,615,152	1,601,945	13,207	0.82%
AOF6 - Protection Gender & Inclusion	12,754	12,754	0	0.00%
AOF7 – Migration	123,400	123,400	0	0.00%
SFI1 - Strengthen National Societies	1,511,205	1,482,867	28,338	1.88%
SFI2 - Effective international disaster management	3,168,946	3,131,664	37,282	1.18%
SFI3 - Influence others as leading strategic partners	0	0	0	
SFI4 - Ensure a strong IFRC	146,500	204,879	-58,379	-39.85%
<b>Grand Total</b>	<b>8,602,227</b>	<b>8,355,638</b>	<b>246,589</b>	<b>2.87%</b>

Source: IFRC-Emergency Appeal-Final Financial Report

The analysis of the expenses shows that the expenditures in the Shelter and Livelihoods components closely matched their budgets, with remaining balances of 0% and 0.16%, respectively. Similarly, the WASH component utilized nearly all allocated funds, with a remaining balance of 0.82%. This efficient utilization of funds indicates well-planned and executed activities in these areas. However, the evaluation notes remaining balances of about 2.87% of total budget, while the needs were not met in the field. Indeed, despite the critical need for health interventions, the Health component had a remaining balance of 26%. This substantial under-expenditure suggests potential challenges in the Emergency response implementation or delays in fund utilization. The budget spent for Ensure a strong IFRC component exceeded its target by nearly 40%, indicating that an overspending in this component.

Another way to analyze the efficiency is to compare the percent of funding that went to people reached against administrative costs and staff salaries. However, the report received from the IFRC does not provide this information.

Key informant interviews indicated two critical operational and administrative challenges. There were instances where financial documentation from the field was inadequately prepared, causing delays in report preparation and fund disbursement. Issues such as missing signatures and incomplete invoices led to prolonged feedback cycles. Additionally, volunteers involved in cholera response activities have not yet received reimbursement for their food and transport costs during the evaluation in the field, highlighting areas of improvement in financial administration and support. Finally, the Emergency Appeal did not receive the full amount requested, resulting in the elimination of certain planned activities, especially those related to disaster risk reduction that were necessary to create the bridge between emergency and sustainable development. The inability to implement these components limited the operation's overall effectiveness.

The people reached highlighted that the activities were efficiently organized, and distributions were carried out as planned, including cash disbursements. There was a strong emphasis on planning to ensure smooth execution, such as providing SIM cards to those without phones to facilitate cash transfers. However, some people reached noted issues with the quality of the items received, particularly mentioning that some shelter materials like "Prelate" were not of good quality. Overall, while the operation was efficiently managed, there were concerns about the quality of certain distributed goods.



The efficiency of the IFRC and National Society's response was marked by both effective utilization of funds in certain areas and notable challenges in others. While components such as Shelter, Livelihoods, and WASH demonstrated high efficiency, significant remaining balances in the Health and National Society Strengthening components indicate areas for improvement. Operational challenges, including delays in financial documentation and unpaid volunteer costs, further impacted the operation's efficiency. Moving forward, addressing these administrative issues and ensuring timely and complete utilization of funds will be crucial for enhancing the efficiency and impact of future responses. Based on this analysis and conclusion, **the evaluation rates the efficiency good.**

#### 4.4. Coverage of the Intervention

##### 4.4.1. Selection of different population groups for assistance

The Emergency response covered the departments of South, Nippes and Grande'Anse which were severely affected by the earthquake. The municipalities that were mainly supported are presented in the table below as well as the profile of the participants.

Table 13. Different Population Groups assisted by the Emergency response

Department	Municipalities that were mainly supported	Profile of participants
South	Torbeck, Chantale, Maniche, Charbonnière, Cayes, Aquin	Head of households, mainly women, MSPP, OREPA/DINEPA, Schools, community leaders, DGPC
Nippes	Anse-à-veau, Lazile	Idem
Grande'Anse	Pestel, Corail, Jeremie	Idem

Source: Consultations of Stakeholders-Final evaluation.

Municipalities targeted for interventions were assigned by the DGPC in order to avoid overlapping of the different stakeholders in the field. Criteria were defined in conjunction with the DGPC and other partners for the selection of people. They are based on the level of vulnerability of the victims of the earthquake and people exposed to cholera. Door-to-door surveys and visits to those displaced and under tents have been carried out to ensure people are present. Based on the criteria, the regional and local offices of the HRCS made the choice of people. Unlike other services, medical care was offered to the entire population, not necessarily to earthquake victims. Most of the people consulted thought that if the field hospital had been set up during the first two weeks after the earthquake, more victims would have been treated.

Due to its budgetary limitations, the operation was not ultimately able to cover all the targeted areas. It had to make a trade-off between available resources and needs to be satisfied, ultimately being unable to respond to all of the calls for help that it received.

##### 4.4.2. Gender approach implemented

The Red Cross implemented a comprehensive gender approach as part of its response to the earthquake and cholera outbreak, aiming to ensure the active participation and inclusion of women in all activities. This approach was guided by the Protection, Gender, and Inclusion (PGI) policy<sup>10</sup>, which prioritized consulting women and integrating their perspectives into the Emergency response.

The implementation of the gender approach was multifaceted, involving several key strategies to ensure women's active participation and benefit. The Emergency response greatly exceeded the quotas for female

<sup>10</sup> The HRCS used its own PGI policy which was prepared with the support of the American Red Cross. The evaluator received a copy of the document.

people set by the Haitian government. The majority of the people reached through the activities were women, indicating a strong emphasis on gender inclusion. Women were consulted in all activities, ensuring their needs and perspectives were integrated into operation planning and execution. Several activities were specifically designed for women to promote their integration and active participation. In collaboration with Save the Children, the Red Cross organized training sessions for all people on topics including gender, cholera, reproductive health, infant and young child feeding, and child protection. These sessions were crucial in empowering women with essential knowledge and skills. Specific training on market gardening was provided to some women, aiming to enhance their food security and economic resilience.

Using the Harvard Analytical Framework for gender analysis, the evaluation revealed insights into gender roles and resource access. Women had greater access to resources compared to men, although they had limited control over these resources. This discrepancy highlights a gap in achieving true gender equality in terms of resource control. Women were more interested and thus more involved in the activities than men were. Their participation in community meetings allowed them to gain some influence in the implementation of activities, although this did not translate into greater control over community activities. The evaluator recognizes that this is part of a process that could not be completed in an emergency response operation.

Despite these successes, there are areas where the gender approach could be strengthened. HRCS could have been more active within the protection cluster and its sub-clusters to promote the gender agenda and influence other actors to adopt gender-inclusive and protection measures. Women wanted to gain influence through their participation. However, this goal could not be achieved because such activities are more suitable for a long-term program.

The focus group participants described the meticulous process of identifying and selecting individuals and communities for assistance. The selection criteria were centered on assessing vulnerability, involving local leaders and committees to identify those most in need. The process included home visits by agents who collected identification information, issued photo cards, and used GPS points to ensure accurate targeting. This method aimed to ensure that the aid reached the most vulnerable, such as pregnant women, the elderly, and the disabled. However, according to focus group participants the process faced several challenges, including inaccurate damage reports<sup>11</sup> and logistical issues during aid distribution. Some non-selected individuals attempted to access aid, causing disruptions. Despite these difficulties, the Emergency response's approach aimed to ensure that assistance was effectively targeted to those most in need, leveraging community involvement and direct evaluations to optimize the distribution of resources.

To manage distribution effectively, mechanisms were implemented to prioritize vulnerable groups, such as organized distribution lines and reduced waiting times for the elderly and pregnant women. The process was regularly monitored and adjusted based on feedback from affected people, allowing for real-time improvements in distribution and material quality. Challenges included logistical issues like long waiting times and chaotic distribution lines, as well as the poor quality and durability of materials provided, which necessitated frequent replacements. Solutions recommended included better organization of distribution processes, provision of more durable materials, and enhanced coordination and communication with local authorities to ensure timely and efficient aid delivery.

Overall, the Red Cross's implementation of its gender approach was largely successful, with women actively participating and benefiting from the activities. The operation not only met but exceeded the

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<sup>11</sup> By the DGPC and the HRCS



government-mandated quotas for women<sup>12</sup>, reflecting a strong commitment to gender equality. Training and capacity-building activities were effective in empowering women, although there remains a need to enhance their control over resources and decision-making processes. Greater involvement in gender-focused clusters and efforts to increase women's control and influence within their communities will be essential for achieving deeper and more sustainable gender equality in future operations.

#### 4.4.3. Conclusion about the coverage

Overall, the Red Cross's intervention provided substantial support to the disaster-affected populations, but continuous improvement in resource allocation, gender integration, and coordination with broader humanitarian efforts will be essential for future initiatives. Despite budgetary limitations that prevented full coverage of all targeted areas, the operation made significant strides in providing essential medical care, housing, and livelihood support. A key highlight of the intervention was the implementation of a robust gender approach. While the Red Cross effectively coordinated with local and national entities to avoid overlap and ensure efficient resource allocation, greater involvement in gender-focused clusters could have amplified the impact of their gender agenda. Moving forward, enhancing women's control and influence within their communities will be crucial for achieving sustainable gender equality. Based on this analysis, **the evaluation rates the coverage very good.**

#### 4.5. Coherence and Coordination Mechanisms

This section examines the alignment of disaster policies, the effectiveness of coordination mechanisms, and the challenges faced in ensuring seamless operations on the ground. The goal is to understand how different stakeholders worked together to alleviate human suffering and what improvements can be made for future interventions.

##### 4.5.1. Coherence

The disaster response policies and interventions of various actors were found to be complementary. The Red Cross and Red Crescent Movement aimed to prevent and alleviate human suffering without discrimination, promoting respect, mutual understanding, and lasting peace. The unified approach of the different institutions composed this movement prioritizes the most urgent cases based on need, effectively supported the SNGRD's response strategy. The Movement's commitment to neutrality and impartiality ensured that aid was provided without political, racial, religious, or ideological bias, fostering trust among the affected populations.

##### 4.5.2. Coordination mechanisms between different stakeholders

The coordination mechanisms between different stakeholders were generally effective, particularly in comparison to previous response operations. Key aspects of the coordination included:

- **Role Assignment:** Each organization had specific roles and geographic areas to cover. For instance, the Spanish Red Cross focused on WASH activities, while the IOM handled shelter activities and displaced persons. The Red Cross was responsible for coordinating search and rescue operations.
- **Daily Meetings:** During the emergency period, daily meetings were held in Port-au-Prince, facilitating real-time coordination and decision-making. This was a marked improvement from the January 2010 earthquake response, with fewer actors on the ground leading to more streamlined operations.

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<sup>12</sup> The principle of the quota of at least thirty percent (30%) of women is recognized at all levels of national life, notably in the public services. (Art. 17-1-Constitution of the Republic of Haiti 1987, as amended to 2012) - <https://constitutions.unwomen.org/en/countries/americas/haiti>

- **Leadership by DGPC:** The DGPC provided strong leadership, coordinating international and national actors, including various participating National Societies and United Nations entities such as UNICEF, OCHA, and WFP. This coherence was crucial in addressing challenges like access to the southern region.
- **Red Cross Movement Coordination:** Two levels of coordination were established: one with the HRCS supported by the IFRC, and another aligning the Red Cross movement's response with the national strategy piloted by the SNGRD. Sector tables improved on-ground coordination.

Despite the overall effective coordination, the following challenges were noted:

- **Local Coordination Gaps:** Some local representatives of the DGPC and MSPP reported a lack of coordination at the ground level. While meetings in Port-au-Prince were regular, there was a disconnection in communication and planning execution in the southern region.
- **Accountability Issues:** Issues of accountability and transparency were raised by participating National Societies and Haitian Government partners. Reports and supporting documents, such as beneficiary lists, were not always shared with local representatives of the Haitian Government or participating National Societies, leading to gaps in information and delayed responses. The representative of the MSPP in Grande'Anse informed that it is awaiting the report from the Red Cross on its intervention in a hospital in Pestel in Grande'Anse. That of DINEPA in the South is awaiting the report on the SAEPs built or rehabilitated in his department. The local representatives interviewed stressed that this must be corrected in future interventions by the Red Cross. Furthermore, some leaders of the HRCS did not receive all the information concerning the funds mobilized in time, which did not facilitate the implementation of the operation on the ground, particularly in relation to the expectations of the affected population.
- **Overlaps and Communication:** Occasional overlaps occurred, with different organizations planning similar activities in the same locations. For example, according to a representative of DINEPA, there was an overlap in Camp-Perrin where an NGO named AHAAMES had wanted to work on the SAEP of Rhé, while the Red Cross already had authorization to intervene there. Effective coordination was seen primarily among organizations participating in cluster meetings, such as WASH.
- **Operational Leadership:** Initial leadership struggles within the Red Cross Movement were noted. According to several people consulted, the need for faster decision-making clashed with the slower, administrative processes of the HRCS, impacting the speed and efficiency of the response. The leaders of the IFRC believe that the HRCS, which had leadership of the operation implementation, should have involved them more in steering the action in order to overcome together and anticipate obstacles to accelerate implementation.

#### **4.5.3. Conclusion about the Coherence and Coordination**

The evaluation reveals that the disaster response policies and interventions from various actors were largely complementary and effective in supporting the SNGRD's strategy. However, improvements were needed in local coordination, accountability, and communication to enhance the overall effectiveness of future responses. Ensuring regular and transparent information sharing, addressing overlaps through better planning, and fostering stronger leadership dynamics within the Red Cross Movement will be crucial for overcoming these challenges in the future. By learning from these experiences, future disaster responses can be more coherent, coordinated, and impactful in alleviating human suffering. Based on this conclusion, the evaluation **rates the coherence and coordination of the operation Good.**

## 4.6. Sustainability

### 4.6.1. Long-term benefits realized by the people reached by the Emergency response

Sustainability of humanitarian interventions is critical to ensure that Emergency response benefits continue to impact communities after initial aid was provided. This section of the report examines the long-term benefits achieved by the people reached, focusing on measures taken to ensure sustainability and build capacity of the HRCS. Despite the significant strides made, challenges remain in maintaining and building upon these achievements due to issues such as insufficient funding, lack of local ownership, and high staff turnover within the HRCS.

As indicated in the table below, the operation made notable contributions at different levels in various thematic areas, ensuring some lasting impacts.

Table 14. Long-Term Benefits realized by the people reached

<b>Infrastructure:</b>	Hand washing points, water towers, and sanitary blocks were established in schools. These installations are maintained by school principals who are committed to educating students about their proper use.
<b>Behavioral Change:</b>	Training and awareness on cholera led to behavior changes among students, enhancing health practices in affected schools.
<b>Educational Kits:</b>	Schools received and maintained educational kits, including books and tools for teachers, which support ongoing educational activities.
<b>Community Water Points:</b>	Water points built or rehabilitated are expected to last if maintained properly. Although some kiosks are still functional, a few remain unfinished.
<b>Knowledge Transfer:</b>	International experts from the Red Cross transferred knowledge to local representatives of state institutions such as DGPC, DINEPA, and MSPP. Local civil protection committees received training to continue the work post-operation.
<b>Healthcare and Infrastructure:</b>	The Emergency response provided essential materials to cholera treatment centers and health facilities run by MSPP. Equipment from the field hospital was transferred to hospitals in Jérémie from Les Cayes, which were also renovated, enhancing healthcare infrastructure.

Despite the achievements, the sustainability of these interventions remains a concern due to several factors highlighted below.

Table 15. Measures in Places to Ensure Sustainability

<b>Lack of Formal Handover:</b>	There is no evidence that the infrastructures have been formally handed over to local authorities (DINEPA, MSPP, DGPC), which is crucial for ensuring their long-term maintenance and use.
<b>Community Engagement:</b>	Committees were created for artesian wells, with community leaders trained and provided with toolkits. However, the continuity of these committees' post-operation is uncertain due to insufficient resources and formal support from local authorities.
<b>Educational Institutions:</b>	School principals have been made aware of their roles in monitoring infrastructure, but ongoing support and resources are necessary to sustain these efforts.

Some DINEPA representatives stated that they have not even yet identified all the WASH infrastructure built by the Red Cross Movement. For its part, MSPP is waiting for a report from the Red Cross on the rehabilitation of the Pestel hospital in Grande' Anse. One of the operation financial contributors of the Emergency response stressed that in Haiti, sustainability is always an issue for many reasons. First, after an intervention, there is often no funding to maintain the infrastructure due to lack of long-term investment and weak leadership. Local governments and community leaders often do not take ownership of the infrastructures built by the interventions.

While the Emergency response achieved some results, most of the people interviewed said they were not enough effort made to enhance the capacity of the HRCS and consequently sustain the achieved results. The sustainable actions that reinforced the capacity of the HRCS are summarized in the table below.

The direct observation visits provided detailed assessment of various infrastructures visited across different geographic regions, focusing on their installation, repair, and operational status. Overall, the infrastructures, particularly those related to WASH, show mixed results. For example, while installations like the hand pump in Sanai and the electric pump in Carrefour Charles are operational and well maintained, others, such as the hydraulic pump at EFACAP<sup>13</sup> School in Jérémie, suffer from maintenance issues that hinder their functionality. The sanitary block in Morne Ocau in the Nippes is in good condition, but faces technical challenges related to the pump's operation.

In schools like Clevrain Hillaire in Jérémie, the provided materials are in good condition but underutilized, with some already deteriorating, pointing to issues in resource management and utilization. These observations underline the importance of robust maintenance plans, community engagement, and continuous monitoring to ensure long-term sustainability and effective use of the provided resources.

Finally, people consulted through FGD and KII provided their opinions regarding the sustainability of the Emergency response. They highlighted several critical outcomes, such as the rehabilitation of hospitals, improved waste management, and enhanced water purification systems in areas like the Corail community. These efforts have led to better health services, reduced environmental contamination, and increased water availability. Specific actions taken by the operation include the distribution of sanitation and hygiene kits, the installation of water treatment supplies and handwashing stations, and the provision of financial assistance for livelihood support. In educational institutions, like Lycée Saint-Joseph de L'Azile and École Nationale d'Anse-à-veau, the operation rehabilitated classrooms and built sanitation facilities, ensuring a stable learning environment for children. The sustainability of these benefits hinges on the quality and maintenance of materials, the engagement of local communities, and the continued support from local institutions.

Table 16. Strengthening the Capacity of the National Society

<b>Knowledge Transfer:</b>	International experts transferred knowledge and know-how to Haitian Red Cross volunteers, which is a positive step towards sustainability.
<b>Resource Provision:</b>	Materials such as vehicles, desks, chairs, generators, and evaluation kits were provided to support the offices in Jérémie and Nippes. They contributed to increase the capacity of the organization in the southern region.

However, the HRCS still requires experienced staff and adequate resources in the southern region. The departure of the American Red Cross left a void that needs to be filled by the IFRC through capacity-building funds and other initiatives. High staff turnover and the migration of volunteers due to insecurity have weakened the organizational structure of the Haiti Red Cross Society, posing a significant challenge to sustainability.

Overall, the Emergency response has led to some long-term benefits in WASH, and skills development. The continued engagement and support of local communities and institutions are crucial for sustaining these benefits, ensuring that the progress made during the operation can be maintained and built upon in the future.

<sup>13</sup> École Fondamentale d'Application Centre d'Appui Pédagogique (EFACAP)

#### **4.6.2. Conclusion about the sustainability of the Emergency response**

The Emergency response achieved some long-term benefits for schools, communities, and healthcare institutions. However, ensuring the sustainability of these benefits requires addressing several critical issues. Formal handover of infrastructure to local authorities, continued community engagement, and robust support for educational institutions were essential steps. Additionally, strengthening the HRCS's capacity through consistent resource provision, reducing staff turnover, and filling the void left by the American Red Cross are crucial for maintaining the operation's results. Future interventions must focus on these areas to build a more resilient and self-sustaining local capacity. Based on this analysis and conclusion, **the evaluation rates the sustainability of the operation fair.**

## V. CONCLUSIONS, LESSONS LEARNED AND RECOMMENDATIONS

### 5.1. Conclusions

The evaluation of the Haiti Earthquake and Cholera Emergency response reveals significant achievements alongside notable challenges. The operation successfully delivered essential services, including shelter, health care, and livelihood support, to thousands of affected individuals, demonstrating the effectiveness of the coordinated efforts between the IFRC, HRCS, and other partners. However, the evaluation highlights areas needing improvement, particularly in local coordination, accountability, and sustainability of the interventions. The final evaluation rates the operation's relevance as excellent, coverage very good, effectiveness and efficiency good, and sustainability fair. The lessons learned from this Emergency response emphasize the importance of robust planning, clear communication, and ongoing support to ensure long-term benefits and resilience for the communities involved.

### 5.2. Lessons learned from the operation

The operation generated many lessons learned. The main ones are:

**Shortfall of dialogue and communication.** The Emergency Appeal failed to develop a comprehensive communication plan outlining roles and responsibilities for implementing training programs at the operation's launch. This was seen in the mass outreach efforts to distribute cash and provide hygiene education, which facilitated smoother response commencement. Additionally, there was a lack of dialogue and communication among the IFRC, participating National Societies (PNSs) and the HRCS during implementation.

**Lack of convergence and unity within the IFRC Network (IFRC Secretariat, participating National Societies, and Host National Society).** The latter is made up of a set of entities which are federated by the IFRC. This federation should converge the actions of the different entities so that there is a single voice. On the other hand, on the ground everyone has become individualized. Thus, there were several response sub-operations, each bearing the name of the HRCS which piloted it. Although these national societies say that they work under the umbrella of the HRCS, quite often the latter was not fully aware of the actions led by the other national societies. For example, the management of the HRCS did not regularly receive information concerning the funds mobilized by the IFRC as well as reports on the activities of national societies on the ground. This considerably reduced the effectiveness of the Emergency response and the appropriation of actions by the HRCS.

**Personnel suitable for the Emergency response:** There was a need to deploy trained personnel suitable for the Emergency response to join the response team. Interviews reveal that some people deployed by the IFRC were not prepared to join the international response team. They were not aware of the work to be done and the responsibilities incumbent on them. They did not even have a basic knowledge of the Red Cross Movement. They wanted to work alone without regard to Red Cross approaches and protocols. Furthermore, deployed personnel were not sufficiently trained on safety instructions and management of the Red Cross brand/emblem.

**Weak presence of HRCS and IFRC Secretariat leaders on the ground.** Although the HRCS has representatives in the southern region, its leaders have not been present on the ground in the way that they were after the passage of Hurricane Matthew. This presence was essential to strengthen representatives on the ground and accelerate the implementation of decisions taken in Port-au-Prince. The same is true of the leaders of the IFRC Secretariat who provided direct support to the leadership of the HRCS.

**A language barrier slowed down the implementation of activities on the ground.** Communication is a critical element in disaster response. Most deployed international personnel did not speak French or Creole. It was difficult for them to communicate with local staff who only speak these two languages.



**The scope of the operation was too large given its severe budgetary and time limitations.** The call for financial contribution encompassed too many themes and activities. Even if the entire planned budget had been mobilized, there would be no possibility of implementing all the planned activities. For example, the operation was not able to intervene as planned in the Shelter component due to lack of budget. Some people interviewed confessed that the Netherlands Red Cross had selected too many Potable Water system (System alimentation en eau potable–SAEPs in French) for rehabilitation. As a result, despite its good intentions, it was unable to complete some of the important work initiated, due to lack of time and money.

**The Red Cross Movement had good intentions to contribute to the earthquake response, but was not prepared.** After assessing the damage, the help long awaited by the victims of the earthquake arrived after several weeks. There were no pre-positioned stocks<sup>14</sup> that could allow for an initial pick-up. Human resources were present and ready to be deployed. The needs were identified and the victims to be rescued selected, but there were practically no material means to intervene.

**Better preparation would enable a more effective response.** There were several factors that influenced the implementation of the operation. The low level of preparation greatly reduced the effectiveness of the intervention. It is true that the HRCS was on the ground with its volunteers, but had no material means to intervene. In addition, there was COVID-19, and significant levels of insecurity. The combination of all these factors has never been taken into consideration during the design of the Appeal. There was not one exercise to manage multi-threats.

**Application of unsuitable administrative procedures in an emergency situation.** When there is an emergency, there is a need to implement activities more quickly to save lives and reduce the suffering of victims. For this reason, exceptional procedures or fast track process must be put in place and shared with those who participate in the implementation of the activities. In the context of this operation, these exceptional procedures intended to facilitate implementation were not put in place, and field staff sometimes ignored existing procedures, thus causing management problems for the HRCS and the IFRC.

**Response to emergencies is necessary, but insufficient to improve the living conditions of people affected by disasters.** To strengthen emergency response interventions, IFRC emergency appeals consider recovery and sustainable development interventions. This operation did not bridge recovery activities and strengthening capacity to implement livelihood activities would have made it possible to establish this bridge. The same goes for strengthening the capacities of DINEPA (drinking water and sanitation technicians). Ensuring available resources and funding are essential for disaster preparedness, recovery and capacity building.

**Need for more Comprehensive Needs Assessment and Community Involvement:** Thorough needs assessments and community involvement are essential for designing operations that align with local needs. Future operations should involve detailed pre-operation assessments to tailor interventions to the specific needs of communities. Engaging local leaders and community members to ensure the Emergency Appeal design fully aligns with community capacities and fosters a sense of ownership.

**Sustainable Material Selection:** The selection of durable materials suitable for local conditions is critical for the operation's long-term sustainability. The foundation of every construction project is quality materials. Utilizing high-quality materials not only ensures that a project meets the highest possible standards, but it also guarantees that infrastructures are resilient, long-lasting, and can withstand environmental calamities. Therefore, it is critical to prioritize high-quality materials for WASH and Health

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<sup>14</sup> This should have been done before the operation.

facilities. For instance, in the Coral community, ensuring durable materials<sup>15</sup> for rehabilitated hospitals and sanitation facilities can help maintain operation benefits over time.

**Better knowledge management is essential to ensure the consolidation of acquired knowledge and better design and execution of new interventions.** The HRCS and the IFRC have not been able to provide complete lists of people and exact status of each intervention on the ground. If some information exists in the field or at the HRCS, they have not been systematically transmitted to IFRC which coordinated the Emergency response. There is a need to archive all documents generated as part of the operation. Archiving documents is a way to perpetuate documentary heritage and facilitate its use in the day-to-day conduct of activities. It also allows the preservation of institutional memory, the efficiency of work processes, accountability and transparency of decision-making processes and risk management.

### 5.3. Recommendations

#### 5.3.1. General recommendations

Future operations should focus on strengthening local coordination mechanisms and ensuring transparent communication among all stakeholders. It is crucial to establish formal handover processes for infrastructure operations to local authorities to maintain and build upon the benefits achieved. Additionally, continuous training and resource provision for local volunteers and staff can enhance the sustainability and impact of humanitarian interventions. Women recommend addressing specific challenges and leveraging opportunities for better outcomes for girls and women, by especially ensuring that aid programs explicitly include and prioritize girls and women in their targeting criteria.

#### 5.3.2. Specific recommendations

Table 17. Recommendations for Each Thematic Area

Thematic areas	Recommendations
<b>1. Shelter, Housing, and Settlements:</b>	<ul style="list-style-type: none"> <li>• Increase budget allocations to expand the reach of shelter rehabilitation and construction.</li> <li>• Implement formal handover procedures for completed infrastructure to local authorities to ensure proper maintenance and usage.</li> <li>• Prioritize quality and durability in material selection by ensuring the selection of high-quality, durable materials suitable for local conditions.</li> </ul>
<b>2. Livelihoods:</b>	<ul style="list-style-type: none"> <li>• Enhance budget planning to meet target household support fully. The low amount of money (about USD35) provided to individual HH had a low impact. It is critical to ensure that initial financial aid leads to lasting benefits by helping recipients stabilize and grow their incomes through sustainable financial mechanisms.</li> <li>• Conduct regular needs assessments during implementation to adapt interventions effectively and ensure they address the evolving needs of the community.</li> <li>• Provide continuous training and capacity building: Offer ongoing training programs to local leaders and community members to build their capacity to manage and sustain operation benefits. This training can be provided to community members on business skills, crisis management, and rights of disabled persons to enhance their ability to sustain benefits and improve their economic conditions.</li> </ul>

<sup>15</sup> But this comes at a cost. The trade-off was necessary – either a few people get high quality materials, or lots of people get lower quality ones for the same budget.



Thematic areas	Recommendations
	<ul style="list-style-type: none"> <li>Support financial mechanisms by developing community-based savings groups such as solidarity mutual or Village Saving and Loan Associations (VSLA) or secure local government funding to support ongoing maintenance and further development of livelihoods.</li> </ul>
<b>3. Health &amp; Care:</b>	<ul style="list-style-type: none"> <li>Strengthen partnerships with local health institutions to ensure continuity of care post-operation.</li> <li>Increase training for local healthcare providers to maintain the quality of medical services provided during the operation.</li> <li>Enhance logistical planning and distribution management by improving the organization of health-related distributions, ensuring that resources like sanitation kits and hygiene materials are delivered efficiently and equitably.</li> <li>Plan for sustainability from the start: develop sustainability plans that include maintenance schedules, financial strategies, and capacity-building initiatives for local stakeholders; ensure that health infrastructure and resources such as water treatment systems and sanitation facilities are maintained over time through proper planning and community involvement.</li> </ul>
<b>4. Water, Sanitation, and Hygiene (WASH):</b>	<ul style="list-style-type: none"> <li>Improve coordination with local water and sanitation authorities to ensure the sustainability of installed facilities. Ensure that rehabilitated schools and built sanitation facilities are well-maintained to support long-term educational outcomes.</li> <li>Conduct regular follow-ups to ensure the proper functioning of WASH facilities and address any issues promptly.</li> <li>Maintain and manage infrastructure: establish clear maintenance plans and assign local management responsibilities to ensure the longevity of educational infrastructure.</li> </ul>
<b>5. Protection, Gender, and Inclusion:</b>	<ul style="list-style-type: none"> <li>Foster greater involvement of women in decision-making processes and control over community resources.</li> <li>Continue to exceed government quotas for female people and enhance gender-focused initiatives.</li> <li>Enhance protection measures to ensure the safety of girls and women, especially in crisis-affected areas, especially in terms of shelters and safe spaces within local communities.</li> <li>Establish safer spaces and shelters for women and girls who are at risk of violence or exploitation.</li> <li>Train more local authorities and community leaders on gender-based violence prevention and response to ensure a safe environment for all women and children.</li> </ul>
<b>6. Community Engagement and Accountability (CEA):</b>	<ul style="list-style-type: none"> <li>Develop stronger feedback mechanisms to ensure community concerns and suggestions, especially from women, are addressed promptly.</li> <li>Improve reporting and communication with local communities and stakeholders.</li> <li>Ensure that delegates and Emergency response team speak French and/or Creole.</li> </ul>
<b>7. Coordination and Partnerships:</b>	<ul style="list-style-type: none"> <li>Strengthen leadership dynamics within the Red Cross Movement to facilitate faster decision-making.</li> <li>Ensure regular and transparent information sharing among all partners involved in disaster response efforts.</li> </ul>
<b>8. Secretariat Services:</b>	<ul style="list-style-type: none"> <li>Provide ongoing support and resources to fill gaps left by departing partners, such as the American Red Cross.</li> <li>Focus on capacity-building initiatives to enhance the operational efficiency of the HRCS, especially out of Port-au-Prince.</li> </ul>

By implementing these recommendations, future humanitarian aid programs can significantly improve the effectiveness, efficiency, and sustainability of interventions targeting vulnerable people in Haiti.

## **VI. WORK CITED**

IFRC. Donor response MDRHT018 - Haiti - earthquake and cholera, 16 August 2021

IFRC. 12-month operation update Haiti earthquake, November 2022

IFRC. Operation 6-month operation update Haiti: earthquake, June 2022

IFRC. Revised emergency plan of action (EPOA), 15 August 2021

IFRC. Terms of reference final evaluation Haiti earthquake and cholera (MDRHT018), May 2024

IFRC. Operation Update, 31 October 2023

IFRC. Emergency appeal operational strategy Haiti | earthquake and cholera outbreak, 15 August 2021

IFRC. List of indicators, May 2024

## **VII. ANNEXES**

### **Annex 1. Terms of reference**

#### **International Federation of Red Cross and Red Crescent Societies: Final Evaluation Haiti Earthquake and Cholera (MDRHT018)**

## 1. Summary

<b>Purpose:</b>	This final evaluation will assess the International Federation of the Red Cross and Red Crescent Societies (IFRC), Haitian Red Cross Society's (HRCS) and partners' response to the Haiti Earthquake on 14 August 2021 and Cholera Outbreak on 2 October 2022. Its purpose is to assess the achievements and quality of the operations and services delivered to the affected population targeted by the Emergency Plan of Action. It is expected that the outcome will provide specific lessons that can be clearly identified from the response operation and, more importantly can be considered both valuable & transferable for the IFRC and Haitian Red Cross Society to use when implementing and/or supporting similar response operations in the future.
<b>Operation:</b>	Haiti Earthquake and Cholera (MDRHT018)
<b>Participants:</b>	Haiti Red Cross Society, volunteers, affected people, IFRC, ICRC, PNSs and key government stakeholders (such as the National Emergency Operations Centre).
<b>Audience:</b>	Findings of this final evaluation will primarily be used by the Haitian Red Cross Society, IFRC and other key stakeholders as determined by IFRC's & HRCS's leadership.
<b>Review team:</b>	An independent evaluation consultant will be supported by an IFRC staff member both at the Country Cluster Delegation and Regional Office. These representatives comprise the evaluation management team
<b>Commissioner of the evaluation:</b>	Head of Latin Caribbean Country Cluster Delegation, IFRC.
<b>Duration of consultancy:</b>	15 working days
<b>Estimated period of consultancy:</b>	Tentative dates 15 January 2024 to 02 February 2024.
<b>Location of consultancy:</b>	Virtual meetings using online platforms; Field visit to Haiti (at Haiti Red Cross National Society Headquarters in Port-au-Prince and potential visit to affected – depending on security situation) to meet with key stakeholders, partners, Government agencies etc., with specific locations in Grand'Anse, South and West.

## 2. Background and context

<b>Summary:</b>	<p>This final evaluation of the emergency appeal operation in Haiti was prepared considering the publication of the <a href="#">second revision of the Emergency Appeal</a>, published 9 December 2022, and the <a href="#">revised operational strategy</a>, published on 23 February 2023. These revisions integrate the response to the 2022 cholera outbreak:</p> <p><u>On 14 August 2021, a 7.2 magnitude earthquake struck Haiti causing 2,248 deaths and injuring 12,763 people.</u> The earthquake destroyed 53,815 homes and a further 83,770 were damaged<sup>16</sup>.1 The total area affected covers 500 square kilometers and over 800,000 people have been directly affected. Of 159 health facilities assessed, 28 have been severely damaged and 60 more have been damaged, with 456 schools impacted and 64 destroyed<sup>2</sup>.</p> <p>Total economic damage and losses are estimated at USD 1.6 billion, or about 10 per cent of the gross domestic product (GDP). Haiti already has a deteriorating humanitarian situation with high levels of insecurity, violence, food scarcity, internally displaced people and significant population movement, and these are compounded by</p>
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<sup>16</sup> Tremblement de terre Samedi 14 août 2021 – Péninsule Sud. Rapport d'étape du Centre d'opérations d'urgence national, 4/09/2021, DGPC

	<p>the current crises. Cholera also reemerged in the country on 2 October 2022 after more than three years with no presence of the disease reported.</p> <p>The national authorities reported two confirmed cases of <i>Vibrio cholera</i> O1 in the greater Port-au-Prince area and in the commune of Cité Soleil. As of 06 November 2023<sup>3</sup>, more than 69,992 suspect cases had been reported by the Ministère de la Santé Publique et de la Population (MSPP), with 4,080 cases confirmed and 1,054 deaths. The capacity of the epidemiological surveillance system to detect suspected cases is still considered low and confirmation of cases is minimal, due to scant resources and the difficulty in getting samples to labs due to lack of fuel and presence of roadblocks by armed gangs.</p>
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**2.1 Timeline of the Appeal**

<b>August 2021:</b>	Amidst the COVID-19 Pandemic, a 7.2 magnitude earthquake struck Haiti, and IFRC, on behalf of the Haitian Red Cross, launched an Emergency Appeal (EA) with a Disaster Relief Emergency Fund (DREF) allocation of CHF 750,000 for immediate action. Rapid Response, Emergency Response Units (ERUs) and shipment in two aircrafts with essential household items arrived in Haiti.
<b>September 2021:</b>	Federation-wide actions reached 1,150 households with multi-sector family essential household items in Sud, Nippes and a Type II Red Cross Emergency Hospital established in Les Cayes.
<b>December 2021:</b>	119 emergency response personnel had provided Red Cross services in shelter; health; water, sanitation, and hygiene (WASH); relief; logistics; IT/Telecoms; Information management (IM) and strategies were developed for livelihoods/basic needs; protection, gender, and inclusion (PGI); community, engagement and accountability (CEA) and cash and voucher assistance (CVA).
<b>February 2022:</b>	6-month operation update published with Federation-wide action having reached 26,290 people (5,258 households).
<b>August 2022:</b>	One year from the earthquake Haiti is still facing severe deterioration of the humanitarian situation and assistance, with continued political and civil unrest halting the Red Cross response actions due to insecurity and gang violence.
<b>October 2022:</b>	On 2 October, the Haitian Ministry of Health declared the new outbreak of Cholera disease. HRCS developed its response plan and began immediate actions in WASH financed by USAID/Bureau for Humanitarian Assistance funds from the IFRC/HRCS Disaster Preparedness and Response operation.
<b>December 2022:</b>	IFRC issued a Revised Emergency Appeal for 19.2 million CHF to increase the support to HRCS in response to the Cholera outbreak and earthquake recovery for 45,100 people (9,020 families) for 30 months.
<b>February 2023:</b>	The revised operational strategy was published to enhance the updated response to the 2022 Cholera Outbreak in Haiti.
<b>March 2023:</b>	Operational Update 5 was published with results from implementation covering the period from 15/08/2021 to 31/03/2023.
<b>November 2023:</b>	Operational Update 5 was published with results from implementation covering 15/08/2021 to 31/08/2023.

**2.2. Target population:**

<b>Number of people being assisted:</b>	
<b>Earthquake:</b>	35,000 people (7,000 families)
<b>Cholera:</b>	10,100 people (2,020 families)

### 2.3. Areas of Intervention:

1.	Emergency shelter response and provision of essential household items
2.	Multipurpose Cash Grants
3.	Health and Wellbeing (including Red Cross Emergency Hospital & PSS)
4.	Water, Sanitation and Hygiene Promotion (WASH)
5.	Protection, Gender & Inclusion
6.	Community Engagement and Accountability
7.	Migration
8.	National Society Development
9.	Secretariat Services

### 2.4. Overview of Red Cross Red Crescent Movement Actions in country

The Haitian Red Cross Society (HRCS) has been an active member of the IFRC since 1935, providing a range of services including health, social services, and disaster relief in Haiti. It has a significant presence with 13 regional offices, 92 local committees, and around 10,000 volunteers. The HRCS has been instrumental in relief and recovery efforts during major crises like the 2010 earthquake and the cholera outbreaks from 2010 to 2019, and again in the 2021 earthquake and 2022 cholera outbreak. It works closely with national authorities and coordinates with the IFRC network for effective response.

In response to the 2021 earthquake, HRCS provided extensive aid including shelter assistance to 47,790 people, livelihood support to 770 households, and health services to thousands. During the 2022 cholera outbreak, HRCS's efforts focused on raising awareness, improving hygiene, and coordinating with health authorities and other organizations for effective response and management.

HRCS's work is supported by ICRC and various Participating National Societies (PNSs) within the Red Cross Red Crescent Movement, such as the American, Canadian, Netherland, Spanish, and Swiss Red Cross, each contributing to different capacities like financial aid, material resources, and specialized personnel. The IFRC Secretariat plays a key role in coordinating these efforts.

Despite challenges like social unrest and limited access in some areas, HRCS has managed to implement effective response strategies, including the use of technology for mass communication and conducting surveys to assess needs accurately. The organization's involvement in national disaster management and its collaboration with various international partners exemplify its commitment to humanitarian aid and disaster response in Haiti. For more information, see [Operations Update #6](#).

## 3. Evaluation purpose, scope, and methodology

### 3.1. Purpose

The overall objective of the IFRC emergency operation was to provide **immediate life-saving and longer-term support for recovery to 9,020 households (45,100 people) affected by the 2021 Earthquake and 2022 Cholera outbreak** and support the Haitian Red Cross Society strengthening its auxiliary role and articulation during large scale emergencies in Haiti.

### 3.2. Scope

The Final Evaluation will address the following issues:

- The **relevance and appropriateness** of the humanitarian assistance delivered to people affected based on needs and context.
- The **efficiency and effectiveness** of the IFRC and National Society response. iii) the **coverage** in terms of which population groups were included in or excluded from the intervention. This will include the selection process and the extent to which the response considered and addressed the



needs of vulnerable groups, particularly children, pregnant women, elderly people, and people with disabilities.

- The **efficiency** of the coordination mechanisms implemented.
- **Sustained benefits** from the Operation at the National Society and Community levels.
- Environmental considerations related to the operation.

The final evaluation will consider all decisive factors during the operation (i.e., what went well and what did not go well with recommendations for improvement) taking into consideration the context and capacities of the National Society and other Movement components.

This Final Evaluation will also consider the Operation in a “Complex Disaster” setting as at the time of the Emergency there was also the assassination of the president of Haiti, exacerbated civil unrest and gang violence, climate crises and overall deterioration of the public health services and systems.

The Evaluation should also consider lessons learnt from previous operations in the region and whether these were applied to the operation.

The timeline to be evaluated in terms of this emergency response is 28 months, from the beginning of the operation (August 2021) through the completion of most interventions (December 2023).

### **3.3. Key Evaluation Questions**

Below are suggestions for key questions to be addressed in this final evaluation. These suggested questions provide initial guidance and can be further elaborated by the Evaluation Management team and clarified by the consultancy team. The evaluation should follow the Development Assistance Committee (DAC) criteria of relevance and appropriateness, efficiency, effectiveness, coverage and sustainability.

#### **Relevance and appropriateness**

- a. How well did the humanitarian assistance meet the specific needs of the affected population in the context of socio-political unrest, health service challenges and operational constraints (such as significant fuel scarcity and road blockages)?
- b. To what extent were the services provided by the Haitian Red Cross Society (HRCS) relevant to the needs of the vulnerable groups in the affected areas?
- c. How effectively did the assistance address the specific challenges posed by the cholera outbreak and the 2021 earthquake?
- d. Were the shelter, health, WASH, and other supports provided in alignment with the assessed needs of the community?
- e. How did the assistance cater to the diverse needs of children, pregnant women, elderly people, and people with disabilities during the cholera outbreak and earthquake response?

#### **Efficiency and effectiveness of the IFRC and National Society response**

- a. How effectively were resources (human, financial, material) utilized to achieve the desired outcomes in response to the earthquake and cholera outbreak?
- b. What were the main challenges faced by the IFRC and National Society in coordinating the response, and how were these addressed?
- c. How quickly and effectively did the IFRC and National Society mobilize resources in response to the crisis?
- d. How did the IFRC and National Society measure the impact of their interventions?
- e. Were there any innovative practices or strategies employed that improved the efficiency or effectiveness of the response?

#### **Coverage of the intervention**

- a. How were different population groups identified and selected for assistance?
- b. What mechanisms were put in place to ensure equitable access to assistance for all affected groups, including the most vulnerable?
- c. How did the intervention adapt to reach populations in remote or hard-to-reach areas?
- d. Were there any groups that were inadvertently excluded from the intervention, and if so, why?
- e. How did the intervention ensure that the needs of vulnerable groups like children, pregnant women, elderly people, and people with disabilities were adequately addressed?

#### **Efficiency of Coordination Mechanisms**

- a. How were coordination mechanisms between different stakeholders (government, NGOs, community leaders) managed and maintained?
- b. Did the coordination mechanisms in place facilitate timely and effective decision making?
- c. How were information and resources shared among partners involved in the response?
- d. Were there any gaps or overlaps in the roles and responsibilities of different actors in the coordination mechanisms?
- e. How did the coordination mechanisms adapt to changes in the context or emerging needs?

#### **Sustained Benefits at National Society and Community Levels**

- a. What long-term benefits for the community have resulted from the operation (e.g., infrastructure, health improvements, and skill development)?
- b. How has the capacity of the National Society been strengthened as a result of this operation?
- c. What measures have been put in place to ensure the sustainability of the benefits achieved?
- d. How have communities been involved in planning for long-term recovery and resilience building?
- e. What lessons learned from this operation can be applied to future operations to enhance long-term benefits?

### **3.4. Methodology and processes**

The methodology applied in this evaluation will adhere to the [IFRC Framework for Evaluation](#)<sup>4</sup>, with particular attention to the processes upholding the standards of how evaluations should be planned, managed, conducted, and utilized.

An **IFRC evaluation management team** will manage and oversee the evaluation and, with the evaluators, ensuring that it upholds the IFRC Management Policy for Evaluation. The evaluation management team will consist of three people including XXX.

An externally recruited Francophone **evaluation consultant** will provide an independent, objective perspective as well as technical experience in evaluations, and be the primary author of the evaluation report. The consultant will not have been involved or have a vested interest in the IFRC operation being evaluated, and will be hired through a transparent recruitment process, based on professional experience, competence, ethics, and integrity for this evaluation. The evaluation consultant will report on progress or challenges to the evaluation management team.

The specific **evaluation methodology** will be proposed by the consultant in close consultation with the Evaluation Management Team, but can draw upon the following primary methods:

**Desk review** of operation background documents, relevant organizational background and history, and any relevant sources of secondary data, such as findings from previous surveys and evaluations.

**Field visits/observations** to selected sites in Haiti.

**Key informant interviews:** community members, RCRC Movement, Government agencies, institutional and private sector as appropriate.

**Focus group discussions** (people reached, RCRC Movement, institutional and private sector) to inform recommendations and collect lessons learned from the operations.

**Conduct a participatory Lessons Learned workshop** with key personnel from the National Society.

**Virtual presentation of findings** to IFRC and HRCS personnel.

The Evaluation consultant is encouraged to use creative and cost-effective methods for obtaining information on outcomes and lessons learned from the operation. The evaluation consultant will meet with, and interview persons who served under this emergency operation as well as key Red Cross Red Crescent stakeholder's in-country, partner National Societies, and relevant IFRC Secretariat offices. The team will also consult with other partners and organizations such as government, UN agencies, INGOs/NGOs, private sector, etc. as appropriate according to the evaluation's objectives.

Initial findings will be shared with IFRC for review prior to further sharing with key stakeholders and partners where appropriate.

#### **4. Consultant outputs and timeframe**

##### **4.1. Evaluation Deliverables**

**Inception report:** Following an Inception meeting the consultant will be able to provide feedback and amend interview questions for clarity and suitability. This will be done in coordination with the IFRC Evaluation Management Team. The inception report will reflect the agreed methodology and data collection tools, sample size and a detailed work plan for the survey and report, with allocation of clear roles and responsibilities within the team, firm deadlines for deliverables and the travel/logistical arrangements for the team. It will be presented to IFRC Evaluation Management Team at the beginning of the consultancy.

**Virtual session** to present the initial findings of the evaluation and receive input and feedback. This will inform drafting of the report. The workshop should include IFRC, HRCS and other key stakeholders.

**Draft report:** A draft report identifying key findings, conclusions, and recommendations will be submitted by the consultancy team within two weeks of the consultant's return from the field visit. This report will be sent to IFRC focal points for feedback and comments.

**Final report:** The final report will contain a short executive summary (no more than 500 words) and a main body of the report (no more than 5,000 words) covering the background of the intervention evaluated, a description of the evaluation methods and limitations, findings, conclusions, lessons learned, and clear recommendations. Recommendations should be specific and feasible. The report should also contain appropriate appendices, including a copy of the Terms of Reference (ToRs), cited resources or bibliography, a list of those interviewed, the data collection tools used, and any other relevant materials. The final evaluation report will be submitted five days after receipt of the consolidated feedback from IFRC.

**The final report will be submitted for final approval to:**

International Federation of the Red Cross – Head of Country Cluster Delegation.

All products from this final evaluation survey and report are owned by IFRC. The consultancy firm is not allowed, without prior authorization in writing, to present any of the analytical results as their own work or to make use of the survey results for private publication purposes.

## 4.2. Consultancy Timeframe

The proposed timeframe for this evaluation is a maximum of 15 working days, which includes an estimated 3 days in-country. The consultant will submit a proposed timeline in the Inception Report and a draft timeline for field visit.

Time Schedule	Activities	Deliverables
Days 1 - 4	Desktop study: review intervention documentation, and related primary/secondary resources for the evaluation. Development of detailed inception report, or data collection/analysis plan and schedule, draft methodology.	1. Inception report, data collection/analysis plan and schedule, draft methodology.
Days 5 to 10	Data collection according to data collection schedule. Data analysis, start of final report drafting.	1. Data collection completed according to data collection plan.
Days 10 to 15	Virtual session to present the initial findings of the evaluation and receive input and feedback. This will inform drafting of the report. Preparation of draft evaluation report. Address feedback with revisions in report where appropriate. Revise and submit final evaluation report. Presentation of final report findings to key stakeholders.	Virtual session Draft version of evaluation report. Final draft of evaluation report.

The review process for the draft report should take place within two weeks of submitting the draft report to the evaluation management team (EMT), and will involve the following stakeholders in the following order:  
Draft report review:

- EMT to check content is in line with this TOR and IFRC evaluation standards. Stakeholders who participated in the evaluation to provide feedback on any inaccuracies or clarifications (differences of opinion should not be put forward here but outlined in the management response).

Following this, the evaluation consultants will prepare a final draft according to agreed deadlines.

Week 2 post review:

- EMT to review the report and compile a management response to be included as an appendix to the final published evaluation report.

### The Consultancy will be paid as follows:

- 40% with the presentation of the inception report
- 60% with the Approval of the Final Report.

\*This payment schedule is subject to modification after inception meeting to a schedule mutually agreed upon by both the consultant and the IFRC.

## 5. Evaluation Quality and Ethical Standards

The evaluator should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of the people and communities involved and to ensure that the evaluation is technically accurate and reliable, is conducted in a transparent and impartial manner, and contributes to organizational learning and accountability. Therefore, the evaluation consultant should adhere to the evaluation standards and applicable practices outlined in the IFRC Framework for Evaluation.

The IFRC evaluation standards are:

<b>Utility:</b>	Evaluations must be useful and used.
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<b>Feasibility:</b>	Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
<b>Ethics and Legality:</b>	Evaluations must be conducted in an ethical and legal manner, with regard for the welfare of those involved in and affected by the evaluation.
<b>Impartiality and Independence;</b>	Evaluations should be impartial, providing a comprehensive and unbiased assessment that considers the views of all stakeholders.
<b>Transparency:</b>	Evaluation activities should reflect an attitude of openness and transparency.
<b>Accuracy:</b>	Evaluations should be technically accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
<b>Participation:</b>	Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
<b>Collaboration:</b>	Collaboration between key operating partners in the evaluation process improves the legitimacy and utility of the evaluation.

It is also expected that the evaluation will respect the seven Fundamental Principles of the Red Cross and Red Crescent: 1) humanity, 2) impartiality, 3) neutrality, 4) independence, 5) voluntary service, 6) unity, and 7) universality. Further information can be obtained about these Principles at:

[www.ifrc.org/what/values/principles/index.asp](http://www.ifrc.org/what/values/principles/index.asp).

## 6. Requirements

<b>Education</b>	Minimum qualification of a master's degree or equivalent combination of education and relevant work experience
<b>Experience</b>	Demonstrable experience in leading evaluations of humanitarian programs responding to major disasters A minimum of 7 years of experience in monitoring and evaluation of operations Knowledge of strategic and operational management of humanitarian operations and proven ability to provide strategic recommendations to key stakeholders Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions, make recommendations and to prepare well-written reports in a timely manner Experience in qualitative data collection and data analysis techniques, especially in emergency operations Knowledge and experience working with the Red Cross Red Crescent Movement and knowledge of the IFRC's disaster management systems
<b>Knowledge, skills and languages</b>	High capacity to organize and fulfill on time deadlines Demonstrated capacity to work both independently and as part of a team Knowledge of the LAC region and previous experience in the Caribbean. Immediate availability for the period indicated Excellent writing and presentation skills in English and French
<b>Competencies and values</b>	<b>Values:</b> Respect for diversity; Integrity; Professionalism; Accountability <b>Core Competencies:</b> Communication; Collaboration and Teamwork; Judgment and Decision Making; National Society and Customer Relations; Creativity and Innovation; Building Trust <b>Functional Competencies:</b> Strategic Orientation; Building Alliances; Leadership; empowering others.

### Annex 2. Operation deployment timeline

The operation deployment timeline comprised the following phases:

- **August 2021:** Amidst the COVID-19 Pandemic, a 7.2 magnitude earthquake struck Haiti, and IFRC, on behalf of the Haitian Red Cross, launched an Emergency Appeal (EA) with a Disaster Relief Emergency Fund (DREF) allocation of CHF 750,000 for immediate action. Rapid Response, Emergency Response Units (ERUs) and shipment in two aircrafts with essential household items arrived in Haiti.
- **September 2021:** Federation-wide actions reached 1,150 households with multi-sector family essential household items in Sud, Nippes and a Type II Red Cross Emergency Hospital established in Les Cayes.
- **December 2021:** 119 emergency response personnel had provided Red Cross services in shelter; health; water, sanitation, and hygiene (WASH); relief; logistics; IT/Telecoms; Information management (IM) and strategies were developed for livelihoods/basic needs; protection, gender, and inclusion (PGI); community, engagement and accountability (CEA) and cash and voucher assistance (CVA).
- **February 2022:** 6-month operation update published with Federation-wide action having reached 26,290 people (5,258 households).
- **August 2022:** One year from the earthquake Haiti is still facing severe deterioration of the humanitarian situation and assistance, with continued political and civil unrest halting the Red Cross response actions due to insecurity and gang violence.
- **October 2022:** on 2 October, the Haitian Ministry of Health declared the new outbreak of Cholera disease. HRCS developed its response plan and began immediate actions in WASH financed by USAID/Bureau for Humanitarian Assistance funds from the IFRC/HRCS Disaster Preparedness and Response operation.
- **December 2022:** IFRC issued a Revised Emergency Appeal for 19.2 million CHF to increase the support to HRCS in response to the Cholera outbreak and earthquake recovery for 45,100 people (9,020 families) for 30 months.
- **February 2023:** The revised operational strategy was published to enhance the updated response to the 2022 Cholera Outbreak in Haiti.
- **March 2023:** Operational Update 5 was published with results from implementation covering the period from 15/08/2021 to 31/03/2023.
- **November 2023:** Operational Update 5 was published with results from implementation.

### Annex 3. List of people consulted

#### a) By Key Informant Interviews (KIIs)

No	Department /Location	Commune	Name	Organization	Sex	Title
1.	South/South east	n/a	Tomás San José Fernández	Spanish Red Cross	Male	Head of Delegation
2.	South	Cayes	Andre Anne-Marie	N/A	Female	People reached
3.	South	Cayes	Anne Prevelia Estelon	N/A	Female	People reached
4.	Port-au-Prince	n/a	Jimba LANTAM-NINSAO	ICRC	Male	Donor/Contributor
5.	Dominican Republic	Stationed in Les Cayes during the Emergency Response	Antonio Del Fiacco	Regional Delegate Central America & the Caribbean	Male	IFRC Surge Field Coordinator



No	Department /Location	Commune	Name	Organization	Sex	Title
				Italian Red Cross		
6.	Dominican Republic, Haiti and Cuba	Stationed in Port-au-Prince during the Emergency Response	Elias Ghanem	IFRC Cuba, Haiti and Dominican Republic Country Cluster Delegation	Male	Head of Delegation
7.	South	Stationed in Les Cayes during the Emergency Response	Saara Pihlala	Finnish Red Cross	Female	IFRC Emergency Response Unit Protection, Gender and Inclusion Delegate
8.	Haiti and Dominican Republic	N/A	Tina Tinde	IFRC Cuba, Haiti and Dominican Republic Country Cluster Delegation	Female	Deputy Head of Delegation
9.	Dominican Republic	N/A	Wendy Soto	IFRC Cuba, Haiti and Dominican Republic Country Cluster Delegation		PMER & IM Senior Officer
10.	Grand'Anse	Jérémie	Patrick Felix	<i>Entreprise A à Z</i>	Male	Service provider
11.	Grand'Anse	Jérémie	Angelot Duvelson	School reached	Male	Director
12.	Grand'Anse	Fonds Rouge	Saint Juste Jean Parnell	School : <i>École Nationale primaire Alexandre Defay</i>	Male	Directo
13.	Grand'Anse	Marfrand	Velia Venet	School : <i>École publique Coeur ouvert de Castache</i>	Male	Director
14.	Grand'Anse	Jérémie	Christine Monkele	DGPC Grande'Anse	Female	Coordinator
15.	Grand'Anse	Jérémie	Alix Percinthe	Action Aid	Male	Field officer
16.	Grand'Anse	Jérémie	Wislet Gay	HRC	Male	President of Regional committee
17.	Grand-Anse	Carrefour Charles	Father Eddy	<i>Paroisse Sainte Thérèse, at Carrefour Charles.</i>	Male	Manager of Paroisse Sainte Thérèse
18.	West	Port-au-Prince	Suzanne Bernard	IFRC Country Cluster Delegation for Haiti, Dominican	Female	Health Coordinator

No	Department /Location	Commune	Name	Organization	Sex	Title
				Republic and Cuba		
19.	Nippes	Anse-à-Veau	Nixon Devilme	Croix-Rouge Haïtienne (HRCS)	Male	President of Regional committee
20.	Nippes	Anse-à-Veau	Faillon Soinel	Franco Villa Hotel	Male	Provider of service to the HRCS
21.	Nippes	Anse-à-Veau	Rachelle Levasseur	Merci Jesus Restaurant	Female	Provider of service to the HRCS
22.	Nippes	Miragoâne, Chalon	Alserrus Renand	TEPAC/DINEPA	Male	Former Employee TEPAC/DINEPA
23.	Nippes	Lazile	Célestin Maxo	Lycée Lazile	Male	Directeur
24.	West	Port-au-Prince	Rolland de Rengervé, Stéphane	Netherlands Red Cross	Male	Head of Mission
25.	West	Port-au-Prince	Garibaldy Santiago	Croix-Rouge Haïtienne (HRCS)	Male	Coordinnator programme/ operations
26.	West	Port-au-Prince	Appolon Léandre	Croix-Rouge Haïtienne (HRCS)	Male	Executive Director
27.	West	Port-au-Prince	Alix Jean	Croix-Rouge Haïtienne (HRCS)	Male	Coordinnator national WASH
28.	West	Port-au-Prince	Acheline Geanty	Croix-Rouge Haïtienne (HRCS)	Female	Accountant
29.	West	Port-au-Prince	Jean Calude Baltazar	Croix-Rouge Haïtienne (HRCS)	Male	Finance Coordinnator
30.	West	Port-au-Prince	Mr. Jacky Saintil	Croix-Rouge Haïtienne (HRCS)	Male	Coordinnator -logistic
31.	West	Port-au-Prince	Micherose Ganthier Gontrand	Croix-Rouge Haïtienne (HRCS)	Female	Former national Coordinator-Health
32.	West	Port-au-Prince	Mr. Guëtson Lamour	Croix-Rouge Haïtienne (HRCS)	Male	President HRCS
33.	Panama	N/A	Mei Lin LEON	IFRC Americas Regional Office	Male	Emergencies, Strategic Partnerships & Resource Mobilization
	Panama	N/A	Monica Portilla	IFRC Americas Regional Office	Female	Regional Head, Strategic Engagement

No	Department /Location	Commune	Name	Organization	Sex	Title
						and Partnerships • Americas - Strategic Partnerships and Resource Mobilization
	Panama	N/A	Mirian De Los Angeles LOPEZ	IFRC Americas Regional Office	Female	Coordinator, Operations • Americas - Disaster and Climate Crises
	Panama	N/A	Maria Martha Tuna	IFRC Americas Regional Office	Female	Manager, Operations, Evolving Crisis and Disasters • Americas - Disaster and Climate Crises
	Panama	N/A	Marianna Kuttothara	IFRC Americas Regional Office	Female	Regional Head, Health, Disasters, Climate & Crises • Americas - Disaster and Climate Crises
34.	South	Les Cayes	Junior Amazan	OREPA SUD/ DINEPA	Male	Regional director
35.	South	Les Cayes	Pierre Marie Boutin	DGPC Sud	Male	General Director
36.	South	Les Cayes	Léonide Payen	Croix-Rouge Haïtienne (HRCS)	Female	President regional committee South;
37.	South	Torbeck	Gertrude Louisaire Prospère	<i>School: Ecole Nationale Lagoderie</i>	Female	Director

### b) By FGD

**Department** Grand-Anse  
**Commune** Jérémie  
**Date** 31-05-2024

First Name	Last Name	Sex
<b>Coordination</b>		
David	Auguste	M
<b>Participants</b>		
Julien	Nerlande	F
Daphenide	Gilot Matie Delène	F
Regine	Rebeka	F
Bernard	Jean Mary	M
Papillon	Therese	F
Oriol	Isaac	M

Merlette	Desnord	F
Brunard	Mirlande	F
Gedeon	Yvonne	M
Lys	Lineda	F
<b>Total</b>	<b>10</b>	

**Department** Cayes  
**Commune** Camp-Perrin, Chardonnière  
**Date** 31-05-2024

**a) Mixed group**

First Name	Last Name	Sex	Locality
Louise	Acelie	F	Camp-Perrin
Augustin	Francesse	F	Camp-Perrin
Vius	Delva	M	Chardonnière
Osnel	Louis	M	Camp-Perrin
Daudier	Jacques Franck	M	Cayes
Marie Dalie	Ecema	F	Cayes
Ronald	Corentin	M	Chardonnière
Toussaint	Remarais	M	Camp-Perrin
Lucifie	Jonas	F	Chardonnière
Andre Dit Renant	Jozil	M	Chardonnière
<b>Total</b>	<b>10</b>		

**b) Women group**

First Name	Last Name	Sex
Marie-France	Saint Louis	F
Ysemene	Lesly	F
Francely	Charles	F
Marie Flaire	Charles	F
Roseline	Richemond	F
Claire Lucie	Sirvina	F
Regine	Jeanne	F
Lucie	Francais	F
Rose-Myrtha	Jozil	F
Alvy	Jean-Charles	M
<b>Total</b>	<b>10</b>	

**Department** NIPPES  
**Commune** Anse-à-veau  
**Date** Vendredi 31 mai 2024  
**Locality** Centre-ville

First Name	Last Name	Sex	Locality
Célestin	Maxo	M	L'Azile
Marcelin	Jean Deni	M	Morne Ocau
Lalane	Anixon	M	Valade
Jozile	Tania	F	Sanai

First Name	Last Name	Sex	Locality
Vilias	Suanise	F	Petite Rivière
Nonnor	Clairicia	F	Petite Rivière
Cède	Delens	M	Petite Rivière
Oriol	Yslande	F	Petite Rivière
Jean Charles	Erlho	M	Anse-à-veau
Benoît	Frantzy	M	Anse-à-veau
<b>Total</b>	<b>10</b>		

#### Annex 4. Status of sites visited

Department	Commune	Site name/ locality/ community	Description of the site	Status: Completed, not completed)
Grand'Anse	Roseaux	Carrefour Charles	Electric Pump Carrefour Charles Zone	Completed
Grand'Anse	Pestel	Centre-ville	Rehabilitation of the Pestel Health Centre	Completed
Grand'Anse	Jérémie	Derrière caserne	Rehabilitation of the sanitary block and setting up a hand washing point. Rehabilitation of hydraulic pump at the EFACAP School in Jérémie.	Completed
Grand'Anse	Corail	Centre-ville	Rehabilitation of the Saint Pierre de Corail Hospital	Completed
Grand'Anse	Jérémie	Centre-ville	Hand washing point and donation of some cleaning materials, pearls, mud. Clevrain Hilaire National School	Completed
Nippes	L'azile	Morne Ocau	Reconstruction of a sanitary block in Morne Ocau Nippes	not completed
Nippes	L'azile	Sanai	Installation of a hand pump in Sanai /Nippes	Completed
Nippes	Anse a Veau	Centre ville/ Ecole	Hand washing point	Completed
Nippes	Anse a Veau	Ecole	WASH Kit	Completed
Nippes	Anse a Veau	Ecole	Hygiénic Kit	Completed
Nippes	L'azile	Ecole	Of a sanitary block	not completed
Nippes	L'azile	Ecole	Hand washing point	Completed
Sud	Cayes	Lagaudray (Ecole Nationale)	Installation of a water tower	Completed
Sud	Ducis	Porte Canal/ Dubreuil	Drilling a well	Completed
Sud	Camp-Perrin	Saut-Mathurine (Ecole Nationale)	Toilet repair: installation of 15 lids	Completed
Sud	Camp-Perrin	Saut-Mathurine (Ecole Nationale)	Repair of the roof of a sanitary block	Completed

Department	Commune	Site name/ locality/ community	Description of the site	Status: Completed, not completed)
Sud	Camp-Perrin	Saut-Mathurine (Ecole Nationale)	Installation of a water tower	Completed
<b>Total</b>	<b>17</b>			

## Annex 5. Data collection protocols and tools

**Informed consent:** Must be read in its entirety to ALL respondents prior to commencement of any KII or FGD

**Consent Statement:** Thank you for taking the time to meet with us today. My name is [NAME]. I am an independent consultant for the International Federation of Red Cross and Red Crescent Societies (IFRC), which is based in the United States. Our team is currently in your region to conduct the final evaluation of **the IFRC and HRCS’s response to the August 2021 earthquake and Cholera outbreak**, funded by several donors. Today, we would like to have a brief discussion with you to learn about your experiences with this operation. Your responses, along with those from other participants, will be compiled into a report for the IFRC. This report will be made publicly available upon completion; however, it will not include your name or any other identifying information. Specific individuals will not be identifiable in any quotes or data presented.

Please understand that while your participation would be very helpful to our study, it is entirely voluntary. You are not obliged to participate, and you may choose not to answer any questions that make you feel uncomfortable. The primary objective of this research is to enhance the effectiveness of future operations, and the findings may also be utilized by other organizations.

Should you have any questions or concerns about this process, please feel free to ask.

**The interview is expected to take about 90 minutes.**

Do you have any questions?

You may ask questions at any time. If you have questions or concerns about the research after we leave today, you can contact MRs Wendy SOTO, Senior Officer, PMER & IM; O| +1 809 334 4545 Ext. 1023|M +1 829 745 0906 | E wendy.soto@ifrc.org

By saying “yes,” and participating in this study, you are indicating that you have heard this consent statement, had an opportunity to ask any questions about your participation, and voluntarily consent to participate.

Will you participate in this interview? You may answer yes or no.

- Yes, I will participate
- No, I will not participate

The data collection tools are presented below:

- KII guide
- FGD guide
- DO guide

### a) General Interview Guide

#### Identification of respondent

1. Organization Name (if exist):



2. Respondent name:
3. Respondent sex (Male or female):
4. Operation components:
5. Level of experience/knowledge of the operation (low, medium, high):
6. Interviewer name:
7. Interview Location and Date:

### **I. Relevance of the Operation Design and Implementation**

- a. To what extent was the design of the operation relevant to the national emergency plan implemented by the Haitian Government?
- b. To what extent was the humanitarian assistance tailored to meet the specific needs of the affected population, including children, pregnant women, elderly people, and people with disabilities, amidst socio-political unrest, health service challenges, and operational constraints (such as significant fuel scarcity and road blockages)?
- c. To what extent were the services provided by the HRCS (shelter, livelihood, health, WASH, and other supports) relevant to the needs of vulnerable groups in the affected areas, particularly in response to the specific challenges posed by the cholera outbreak and the 2021 earthquake?
- d. To what extent was the operation adapted to the evolving context of implementation?

### **II. Effectiveness of the IFRC and National Society Response**

- a. To what extent were the expected results of the operation achieved at the levels of objectives, results, and activities for each thematic area (Shelter, cash delivery, Livelihood, Healthcare, etc.)?
- b. How quickly and effectively did the IFRC and National Society mobilize resources in response to the crisis?
- c. What were the main challenges faced by the IFRC and National Society in coordinating the response, and how were these challenges addressed?
- d. Were there any innovative practices or strategies employed that significantly improved the effectiveness of the response?

### **III. Efficiency of the IFRC and National Society Response**

- a. How efficiently were resources (human, financial, material, and time) utilized to achieve the desired outcomes in response to the earthquake and cholera outbreak?
- b. Were there any innovative practices or strategies employed that improved the efficiency of the response and reduced the cost of the intervention?

### **IV. Impact**

- a. Considering the expected impact of the operation, what are the positive changes, either directly or indirectly, intended or unintended, that have resulted from the operation?
- b. Considering the expected impact of the operation, what are the negative changes, either directly or indirectly, intended or unintended, that have resulted from the operation?

### **V. Coverage of the Intervention**

- a. How were different population groups identified and selected for assistance?
- b. What mechanisms were put in place to ensure equitable access to assistance for all affected groups, including the most vulnerable groups such as children, pregnant women, elderly people, and people with disabilities?
- c. Were there any groups that were unintentionally excluded from the intervention, and if so, why?

### **VI. Coherence and Coordination Mechanisms**

- a. To what extent were the policies and interventions of different concerned actors complementary or contradictory in the ground?
- b. How were coordination mechanisms between different stakeholders (government, NGOs, community leaders) managed and maintained, and did this facilitate timely and effective decision-making?
- c. Were there any gaps or overlaps in the roles and responsibilities of different actors within the coordination mechanisms?

## **VII. Sustainability**

- a. To what extent are the benefits of the operation likely to continue after donor support has been withdrawn, from environmental, institutional, and financial perspectives? (Please, specify specific benefits)
- b. What long-term benefits have been realized by the final people from the operation, such as improvements in shelter, health, livelihood, and skills development?
- c. In what ways has the capacity of the National Society been strengthened by this operation?
- d. What measures have been implemented to ensure the sustainability of the benefits achieved?

## **VIII. Lessons Learned and Recommendations**

- a. What are the key lessons learned from the operation that can be applied to future operations to enhance long-term benefits at different phases (design, launching, implementation, and closure)?
- b. What are your general and specific recommendations, and to whom are each of these recommendations addressed?

### **b) Focus group discussion Guide**

#### Identification of respondent

- a. Organization Name (if exist):
- b. Please **collect lit of Respondents**, including name, sex, organization, addresses, operation thematic areas they were involved in.
- c. Operation components/ thematic areas:
- d. Consultant name:
- e. FGD Location and Date:

## **I. Relevance of the Operation Design and Implementation**

- a. To what extent were the services provided by the HRCS (shelter, livelihoods, health, WASH, and other supports) relevant to the needs of vulnerable groups in the affected areas, particularly in response to the specific challenges posed by the cholera outbreak and the 2021 earthquake?

## **II. Effectiveness of the IFRC and National Society Response**

- a. To what extent were the expected results of the operation achieved at the levels of objectives, results, and activities for each thematic area (Shelter, Livelihood, Healthcare, WASH, etc.)?
- b. How quickly and effectively did the IFRC and National Society mobilize resources in response to the crisis?
- c. What were the main challenges faced by the IFRC and National Society in coordinating the response, and how were these challenges addressed?
- d. Were there any innovative practices or strategies employed that significantly improved the effectiveness of the response?

## **III. Efficiency of the IFRC and National Society Response**

- a. How efficiently were resources (human, financial, material, and time) utilized to achieve the desired outcomes in response to the earthquake and cholera outbreak?
- b. Were there any innovative practices or strategies employed that improved the efficiency of the response and reduced the cost of the intervention?

#### **IV. Impact**

- a. Considering the expected impact of the operation, what are the positive changes, either directly or indirectly, intended or unintended, that have resulted from the operation?
- b. Considering the expected impact of the operation, what are the negative changes, either directly or indirectly, intended or unintended, that have resulted from the operation?

#### **V. Coverage of the Intervention**

- a. How were different population groups identified and selected for assistance?
- b. What mechanisms were put in place to ensure equitable access to assistance for all affected groups, including the most vulnerable groups such as children, pregnant women, elderly people, and people with disabilities?
- c. Were there any groups that were unintentionally excluded from the intervention, and if so, why?

#### **VI. Sustainability**

- a. To what extent are the benefits of the operation likely to continue after donor support has been withdrawn, from environmental, institutional, and financial perspectives? (Please, specify specific benefits)
- b. What long-term benefits have been realized by the final people from the operation, such as improvements in shelter, health, livelihood, and skills development?
- c. In what ways has the capacity of the National Society been strengthened by this operation?
- d. What measures have been implemented to ensure the sustainability of the benefits achieved?

#### **VII. Lessons Learned and Recommendations**

- a. What are the key lessons learned from the operation that can be applied to future operations to enhance long-term benefits at different phases (design, launching, implementation, and closure)?
- b. What are your general and specific recommendations, and to whom are each of these recommendations addressed?

#### **c) DO guide: Facility observation guide for organizations supported by the operation and for the material resources provided**

##### **A. Physical Aspects of the facility**

Definition of Criteria:

- 1 = Excellent condition: The space is usable for its intended purposes.
- 2 = Acceptable condition: The space is still usable for most of the intended functions.
- 3 = Poor condition: The space is not usable and/or its use is very limited and/or presents a risk to users.

##### **B. Space Dedicated to Administration**

1. Presence of an office: yes or no
2. General condition of the office: Excellent, acceptable, poor (see criteria definitions)
3. Definition of Criteria:

- 1 = Excellent condition: The space is usable for its intended purposes.
- 2 = Acceptable condition: The space is still usable for most of the intended functions.
- 3 = Poor condition: The space is not usable and/or its use is very limited and/or presents a risk to users.

##### **C. Available Material Resources**

- Existence of material resources (yes or no)

- List of available material resources
- General condition of material resources (Excellent, acceptable, poor)
- Use of resources (yes or no)

Definition of Criteria:

- 1 = Excellent condition: The equipment is usable for its intended purposes.
- 2 = Acceptable condition: The equipment is still usable for most of the intended functions.
- 3 = Poor condition: The equipment is not usable and/or its use is very limited and/or presents a risk to users.