

International Federation of
Red Cross and Red Crescent Societies (IFRC)

Water, Sanitation, and Hygiene Promotion:
Final Evaluation Haiti Earthquake Operation

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External Evaluators

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A qualitative evaluation of the IFRC WATSAN Response Program in Port-au-Prince, Haiti.



International Federation
of Red Cross and Red Crescent Societies

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We would like to take the opportunity to express the upmost regard for the impressive commitment made by individuals during the implementation of this massive emergency response, in very challenging working and living conditions.

Lastly, we hope the final evaluation will contribute to improving IFRC's humanitarian response capacity and assist the Red Cross Movement in reducing the occurrence of waterborne diseases in future large-scale urban disaster settings as well as in Port-au-Prince as long as IFRC continues its work there.

EXECUTIVE SUMMARY

The final evaluation of the IFRC Haiti Water and Sanitation Earthquake Operation was conducted from April 9 to May 15, 2012. The purpose of the evaluation was to provide a comprehensive qualitative evaluation of the IFRC Water, Sanitation and Hygiene Promotion Program, implemented from January 2010 and November 2011. Over the course of the program, water was provided through water trucking to over 224,613 beneficiaries in 66 camps. Sanitation services were conducted in 33 camps, including the desludging of latrines. In addition to dissemination of mass communication messages at various points throughout the program, IFRC community mobilization activities to support maintenance of latrine facilities, along with hygiene promotion activities were targeted to the 33 camps where sanitation services were implemented. The total budget for the IFRC Watsan activities in Haiti was \$28.5 million USD, of which \$17.5 million was expended as of March 2012. The entire Watsan budget came through internal Red Cross/Red Crescent Federation appeals and from other Partner National Societies (PNS).

Key Findings

1- Strategy

- (1) IFRC was engaged in the WASH cluster and worked to align its work to established standards; however, it could have been a more strategic collaborator.
- (2) IFRC could have had a better balance among its water, sanitation and hygiene promotion efforts. Water trucking looked to draw most of the programs energies and resources and hygiene promotion efforts were either inconsistently employed, or deployed very late.
- (3) IFRC was delayed in its exit strategy from camps, in part attributed to the outbreak of cholera in camps. However, other factors, including insufficient strategic planning looked to have also resulted in the delayed departure from camps as originally planned. IFRC was among only a few organizations still working in camps at the time of their exit. The lack of adoption of trucked water for drinking by camp residents beyond the initial emergency phase should have been anticipated and incorporated into the programs longer-term water strategy.
- (4) IFRC could have perhaps done more to assess whether or not camp beneficiaries were the most vulnerable and worked to increase Watsan access in communities surrounding some camps.
- (5) The Haitian Red Cross role in the IFRC's PAP Earthquake (EQ) Watsan response was primarily focused on the provision of volunteers for community mobilization and hygiene promotion efforts. They had limited involvement in strategic planning related to IFRC's Watsan interventions, in part it appears, due to their not having Watsan as one of their own key strategic focus areas.
- (6) IFRC's decision to continue free water trucking to camps at the time of the cholera outbreak was appropriate under the circumstances; however, IFRC's lack of strategic planning and follow-through on earlier findings and recommendations placed IFRC more in a reactive rather than a proactive position at the time of the outbreak.

2- Service Delivery

- (7) The absence of reliable planning documents, with limited documented performance measures, makes the measure of actual effectiveness of the program's activities difficult. IFRC followed the national WASH guidance (under Sphere standards), however IFRC coverage was below these standards for some periods of the project or never achieved in some camps.
- (8) While the IFRC scale of targeted IDP camps was large, some of IFRC's activities were not very cost-effective. Activities, such as water trucking, were justified for early emergency response (as no other reliable technology was satisfactory), however such interventions over a long period of the project were expensive and could have been scaled down or replaced much earlier by more locally provided methods that capitalized on local capacities.

(9) Innovative solutions could have been implemented for latrine desludging, but such methods would not have addressed the very complex challenges encountered in the IDP camps. Such solutions could however worked to improve gender-based, protection, participation and vector control aspects.

(10) While the IFRC recognizes the importance of Hygiene Promotion (HP) activities and the importance of integration of HP into its Watsan interventions, HP activities in PAP were overall not strategic, and were delayed in their implementation, or had periods of very limited activity. Data is not available to determine the overall effectiveness of HP activities or to assess whether or not such activities resulted in behavior change among targeted camp beneficiaries. Despite these shortcomings, HP activities did look to improve over time and HP activities were still underway at the time of the evaluation in recognition of the on-going needs.

(11) Community Mobilization activities were severely lacking; community mobilization staff were not hired until April 2011, fourteen months after the earthquake. Not having qualified community mobilization staff on board from the beginning looks to have contributed to a lack of community engagement in the maintenance of Watsan facilities, particularly latrines, and perhaps served as a missed opportunity that could have worked to provide overall improved IFRC Watsan outcomes.

(12) The program employed three different types of community structures, or positions, to support the management of water points; no community structures were formally developed in camps to oversee the general maintenance of latrines.

(13) Overall engagement of beneficiaries in participatory processes and communication with beneficiaries related to Watsan was limited and relied primarily on one-way communications. One-way communications tools developed to inform beneficiaries (e.g. SMS, radio, car speakers, posters, etc.) were innovative and looked to be effective.

(14) Similar to the above, the level of engagement with local governments/authorities outside of working with camp Central Committees (CC's) appears limited.

(15) Collaboration with the other IFRC operational programs occurred but there was room for improvement (deficient in communication and information exchange). Having separate departments focused on the same camps and/or program areas (e.g. cholera) looked to pose barriers to efficiently implementing overall IFRC Haiti program goals.

(16) The IFRC Watsan EQ Operation utilized a large amount of human resources, from different teams (Delegates and ERUs, RITs, and FACT teams on short-term assignments, national staff, HRC volunteers and Haitian daily workers). The project had experienced senior staff during the initial response phase but employed less experienced staff for the last 15 months of the response. The HR limitations are one of the main weaknesses of the project and affected the overall quality of the programs actions in the end.

(17) Given the urgency, complexity and scale of this emergency operation, the collaboration with the Logistics Support Department was crucial and fell short of where it needed to be to meet the overall program demands. Despite the large number of joint activities implemented, the project suffered from both long, and/or inadequate procurement processes and limited in-depth Watsan infrastructure/service delivery designs.

(18) Limited strategic planning documents were developed for the Watsan program. While IFRC was able to produce basic Watsan donor reports, these reports were not efficiently or effectively produced. Not having appropriate monitoring systems in place greatly affected the ability to evaluate the extent of the overall IFRC Watsan program's effectiveness.

3- Transition

(19) Considering the potential local capacity for water provision and IFRC's very late delay in discontinuing water trucking compared with most of the other WASH actors, IFRC's exit strategy was too late into the response.

(20) Despite the need for more field follow-up in certain IDP camps where the implemented water transition system failed, the exit strategy has led to effective water supply management by private local vendors in most areas. While there are some concerns about the long-term local management capacity of these vendors this was not evaluated within the framework of this report.

(21) The sanitary situation in all the visited camps (18) is an area of significant concern given the ensuing rainy and hurricanes seasons. Activities to mitigate the increased risks for acute-diarrhea diseases, and new cholera outbreaks, are not in place.

(22) IFRC did not implement an effective camp-by-camp sanitation exit strategy. To insure that minimal humanitarian needs are addressed there is a need for ongoing continuous monitoring/support, beyond just desludging, to the IDP camps sanitation facilities.

(23) Collaborating with DINEPA within the objective of handing over the activities and building national capacity was relevant. However, the appropriate, realistic and cost-effective nature of the MOU is questioned. Preliminary risks and assumptions regarding this collaborative work were under estimated.

(24) Embedding a DINEPA staff person at IFRC is an interesting concept and helped DINEPA build its capacity in many areas. Planning and monitoring are nevertheless too limited and information sharing between IFRC and DINEPA needs improvement.

(25) IFRC's involvement with the Haitian Red Cross looked to vary over time and continues to be a work in progress. Watsan is not a key focus area of the HRC's 20120-2015 strategic plan, which inhibited the IFRCs ability to effectively engage the HRC in its overall Watsan activities and subsequent transition plan.

4- Coordination

(26) Coordination within the Red Cross Movement was judged as satisfactory by PNS and IFRC delegates.

(27) A lesson for the Tsunami response that recommended that coordination and implementation be separated was applied in Haiti, however it did not take place until 19 months into the operation. There was overwhelming agreement that the IFRC Movement Coordinator position should have been in place from beginning of the operation.

(28) Not having the Movement Coordinator looked to limit the role the IFRC had in developing broader WASH strategies not only among PNS and the RCRC movement but also for the broader WASH EQ response in PAP.

(29) Considering the recognition of IFRC and the entire Red Cross Movement in the WASH sector the IFRC Watsan EQ Operation and the Movement Coordinator could have developed best practices and lessons learned documents for the WASH Cluster. This would have served to increase IFRC technical representation in the Haiti EQ Response.

Rapid conclusion

The Water and Sanitation Haiti Earthquake (EQ) Operation was a large-scale program in a complex and poor urban setting affected by one of the most devastating sudden-impact natural disasters worldwide. It targeted a large number of beneficiaries, with massive deployment of means (budget, logistics and human resources). Periods of transition from "emergency to recovery" as well as "recovery to exit" were under considered and the "software" aspects (community mobilization, hygiene promotion and enhancement of local actors, etc.) were not emphasized from the very beginning of program operations, as they should have been. As a result of being deficient in these matters, the actual process of handing over was greatly challenged (although the absence of simple solution is acknowledged). These, and other external factors outside of IFRC control, have contributed to the poor sanitary situations that still exist in the camps, months after IFRC's exit.

The IFRC Haiti EQ Response will produce a large number of lessons learned and although the nature and scale of this type of disaster may be rare, given increased urbanization in developing countries it is imperative that such lessons are captured. It is important that lessons learned from this disaster prove instructive for future large-scale urban emergency contexts. In particular, the question of project scale versus actual capacity is a key element.

Main recommendations

Recommendation 1: Considering the number of displaced people still living in camps and the high sanitary concerns with the ensuing rainy season, increased specific Watsan activities in existing IDP camps to mitigate the occurrence of waterborne diseases and/or outbreaks in the near future is called for.

Recommendation 2: Advocate for the development of a clear and appropriate Haitian Red Cross Watsan Operations strategy that is within their current and potential future means and organizational capacity .

Recommendation 3: Develop practical lessons learned/knowledge management documents to capture and promote best practices to inform future large-scale urban disaster response projects.

Recommendation 4: Redefine the specific coordination roles and information management processes between the Red Cross Movement and DINEPA.

To prepare for future large-scale urban disasters, the following are recommended:

Recommendation 5: Prepare Watsan resource materials and technical notes that are off-the-shelf ready, and can be easily picked up and modified as needed to address future urban disasters Watsan and hygiene promotion needs.

Recommendation 6: Develop strategic plans/POA based on assessments. Insure that proper resources are in place, and that staff have the skills to develop and follow through on the implementation of plans, including modifications as necessary. Insure that all relevant delegates and program staff are engaged in the development of the POA and stay abreast of progress and challenges as implementation moves forward. Insure that monitoring systems are in place to assess implementation of the POA, including fiscal analysis.

Recommendation 7: Hygiene Promotion and community mobilization efforts need to be in place from the very beginning of the response. Resources (HR, Budget and logistics) need to be allocated and available to insure implementation takes place.

Recommendation 8: Look at bringing back the Health/HP technical expert(s) in the IFRC system that can serve as a hands-on resource person to HP delegates in the field.

Recommendation 9: For larger scale urban disasters consider adopting a more geographical approach to working with targeted communities/camps where IFRC works to bring a more team-based approach to both identifying and addressing assessed conditions/issues in targeted areas rather than a sectoral approach.

Recommendation 12: Design, implement and monitor both water and sanitation exit strategies from the early stages of the emergency response. Exit strategies should be based on priority needs, opportunities and constraints.

Recommendation 13: Develop recovery program activities to enhance local capacity of the Host RC National Society and the local authorities.

Recommendation 14: Keep a significant number of community-based and supervision resources for close monitoring of local management.

Recommendation 15: One Watsan Movement Coordinator, outside of the IFRC Implementation team should be in place from the very beginning, particularly for large urban disaster response programs.

List of Acronyms, Terms and Abbreviations

ACF	Action Contre la Faim (Action Against Hunger)
ADD	Acute Diarrhea Disease
ARC	American Red Cross
ASECS	<i>Assemblés des Sections Communales neighborhood/communal representative</i>
Bayakou	Sanitation Sludge Removal Worker
BRC	British Red Cross
CASEC	Local government administrator
CDC	U.S. Centers for Disease Control
CFR	Case Fatality Rate
DAC	Development Assistance Committee
DINEPA	Direction Nationale de l'Eau Potable et de l'Assainissement (National Direction for Potable Water and Sanitation)
DRR	Disaster Risk Reduction
DTM	IOM Displacement Tracking Matrix
ECHO	European Commission Humanitarian Office
EQ	Earthquake
ERU	Emergency Response Unit
FACT	Field Assessment Coordination Team
FGD	Focus Group Discussion
FRC	French Red Cross
GBV	Gender-Based Violence
HH	Households
HNS	Host National (Red Cross/Red Crescent) Society
HRC	Haitian Red Cross Society
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
INA	Integrated Neighboring Approach
IOM	International Organization for Migration
IRC	International Rescue Committee
MSPP	Ministère de la Santé Publique et de la Population (Ministry of Public Health)
MoU	Memo of Understanding
OCHA	United Nations office for the Coordination of Humanitarian Affairs
OD	Open Defecation
OREPA	Office Regional de l'Eau Potable et l'Assainissement (Regional government water and sanitation institution under DINEPA)
ORS	Oral Rehydration Solution
PADRU	Pan American Disaster Response Unit
PAP	Port-au-Prince
PHAST	Participatory Hygiene and Sanitation Transformation
PMER	Program, Monitoring, Evaluation and Reporting
PNS	Partner National (Red Cross/Red Crescent) Society
PoA	Plan of Action
POU	Point-of-use water treatment
RCs	Relais Communautaires (Community Hygiene Promoter Facilitators)
RIT	Regional Intervention Team (the regional equivalent of a FACT)
SAG	Strategic Advisory Group

SMART	Specific Measurable Attainable Relevant Time-bound
SMCRS	Service Métropolitain de Collecte des Résidus Solides (Municipal garbage collection service)
SRC	Spanish Red Cross
Sphere Standards	A sets of common principles and universal minimum standards for the delivery of quality humanitarian response
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WATSAN Committees	Committees formed in camps to oversee WATSAN activities
UNICEF	United Nations Children’s Fund
USAID OFDA	USAID Office of Foreign Disaster Assistance
Quartiers Défavorisés	Underserved, Low-Income Settlements, also known as “périphéries”

1. INTRODUCTION

1.1 Haiti Context

It is important to include a contextual analysis of the conditions in which the IFRC operated the WASH program for this evaluation¹. While the central purpose of this program was to respond to emergency WASH needs of persons living in camps left homeless as a result of the January 12, 2010 earthquake, the reality is that that the program was really responding to three critical events/conditions.

The first critical event was the earthquake, which killed more than 220,000 Haitian's, injured more than 310,000, and left over 1.3 million homeless², the majority of which were in Port-au-Prince.

The second critical event was the cholera outbreak that began in communes along the Artibonite River in October 2010 and within one-month spread to all departments in Haiti. It is one of the largest outbreaks of cholera in the world in recent times; the first seven months of the epidemic resulted in over 310,000 cases, approximately 100,000 more cases than reported to the World Health Organization (WHO) from 45 countries for all of 2009³. As of April 23, 2012 the epidemic had resulted in over 536,943 cholera cases, and a case fatality rate (CFR) of 1.3, down from an initial CFR of 2.3 during the first three months of the outbreak in October of 2010. The outbreak occurred at the point the IFRC was looking to discontinue its Watsan activities in the camps in which it operated, resulting in delay in exit from the camps.

The third critical condition was a fragile government not equipped with the skills; resources, infrastructure and some might say the political will to meet the country's needs prior to the earthquake. The earthquake further compounded the capacity of the already fragile government by destroying government buildings, documents and taking the lives of many government officials. The earthquake also placed considerable new demands and challenges on the Direction Nationale de l'Eau Potable et de l'Assainissement (National Direction for Potable Water and Sanitation) (DINEPA), a department formed just a year before the earthquake in 2009. Significant new resources from external donors following the earthquake provided new opportunities and a front and center role for this critical Watsan actor in Haiti which was in the process of developing its own capacity when the earthquake stuck.

To add to this already weakened state, Haiti was in the process of electing a new government. This compounded the existing government and their president at the time (René Garcia Préval), ability to act on the challenges posed by the earthquake and effectively manage the influx of international attention, donors and organizations that came to Haiti to assist in the recovery effort. While Préval served out his full term, and the democratic elections moved forward with the election of Michel Joseph Martelly and new legislative members in May of 2011, Haiti's election period was wrought with intense periods of violence and demonstrations, which thwarted the country from focusing on recovery and development efforts. In addition to these issues Haiti's access to improved water and sanitation as measured by the Millennium Development Goals (MDGs) is the lowest in the Western Hemisphere with 63 percent having access to improved drinking water sources, and only 17 percent access to improved sanitation facilities⁴.

¹ Most of this paragraph on the Haitian context is derived from previous Haiti WASH evaluation conducted by the evaluator Kay Mattson

² Haiti Humanitarian Response retrieved 2/1/12 from <http://haiti.humanitarianresponse.info/Default.aspx?tabid=164&language=en>

³ World Health Organization. Cholera, 2009. *Wkly Epidemiology Rec* 2010;85:293--308

⁴ UN Statistics Division – Millennium Development Goals Indicators as of 2008 - <http://unstats.un.org/unsd/mdg/Data.aspx>

1.2 Program Description

Program Background / Activities

This document presents the findings from a desk-top review and field study of the IFRC Water, Sanitation and Hygiene Promotion Program in Port-au-Prince (PAP), Haiti conducted between January 2010 and November 2011 as well as hygiene promotion activities that have continued and were still being provided in seventeen camps at the time of the evaluation in April 2012. The program worked to address the emergency water and sanitation needs of displaced persons living in IDP camps following the January 12, 2010 earthquake.

Water was supplied to beneficiaries in sixty-six camps through water trucking to bladders and water reservoirs within camp boundaries, ultimately providing water to close to over 240,000 persons at the beginning of the operation to 67,800⁵ persons at the cessation of all water trucking by the end of November 2011 (See Annex 2 for a Map of the Camps).

Sanitation services, including the construction of above-ground tank latrines, mechanical desludging of waste from latrines, and solid waste removal was conducted in thirty-three camps from January 2010 through November 2011. The IFRC also constructed showers in 27 camps.

Community mobilization activities to support maintenance of latrine facilities, along with hygiene promotion activities were targeted to the thirty-three camps where sanitation services were implemented.

The hygiene promotion program conducted community sensitization activities based on PHAST methodology and incorporated the use of visual aids (card deck, puppets) and theatre to engage beneficiaries, including children, to educate them about key hygiene areas in FGDs and community events. In addition, the team conducted outreach to individual beneficiaries at their tents/shelters to raise awareness and emphasize promoted hygiene practices. In addition, the IFRC disseminated mass communication messages at various points throughout the program to both disseminate public health messages as well as to inform beneficiaries about changes in the program, including the discontinuation of free water services.

Daily workers were utilized in the emergency and recovery phases of the program to clear or improve canals to facilitate drainage and to reduce flood risk in the camps, to construct latrines and for the provision of hygiene promotion/latrine maintenance. To support hygiene promotion efforts the program utilized hygiene promoters in collaboration with the Haitian Red Cross.

The total budget for the IFRC Watsan activities in Haiti was \$28.5 million, of which \$17.5 million had been expended as of March 2012. The entire Watsan budget came through internal Red Cross/Red Crescent Federation appeals and from other Partner National Societies (PNS).

Targeted Program Population

Following the earthquake, a reported 1.5 million people were displaced and living in temporary shelters throughout PAP in over 1,300 spontaneous settlements (IDP camps). The IFRC provided Watsan services to sixty-six of these camps, reportedly serving over 300,000 people at the height of its operation⁶.

When the program started in January 2010, the 66 targeted camps had a population of 224,613 persons/44,766 households. As of November 2011, the IFRC targeted camp population reduced to 67,857 persons/14,790 households, a 30 percent decrease in population/33 percent decrease in the number of families living in the camps. Among the camps decreasing in population were 30 camps that closed in 2011, 66 percent of which had closed by June 2011, and four other camps that are in the process of being closed (Data from IOM DTM data and

⁵ Data base on population figures in Annex ___ Matrix of IFRC Watsan Services over Two Year Program Spread Sheet

⁶ The program initially served some areas other than camps, e.g. hospitals.

IFRC reports). Overall, the number of people residing in IDP camps in PAP decreased with 515,8197 people still living in camps as of January 2012 (OCHA, 2012), down from 1.2 million in February 2010. The camps that IFRC worked in represented less than 6 percent of the over 1110 sites in operation when the response began in January 2010 and at the close of the IFRC Watsan program in November 2011 the remaining 36 camps served by the IFRC represented 4 percent of the 8029 camps still in operation. However, the IFRC served a number of large camps; and at the height of its operation, IFRC's water trucking was providing water to approximately 25% of all the IDPs residing in camps in PAP in 2010.

2. REVIEW OF AIMS AND OBJECTIVES

Purpose of the Evaluation

The assessment seeks to provide a comprehensive qualitative evaluation of the IFRC Water, Sanitation and Hygiene Promotion Program. The evaluation included a desktop review of program documents, field visits, focus group discussions and interviews, and assessment of the activities implemented by project over the 22 months of operation (January 2010 - November 2012). See Annex 3 for the complete Terms of Reference (TOR). The purpose of the evaluation was to assess the water, sanitation and hygiene promotion program against the objectives set in the Haiti Earthquake Operation's Plan of Action (PoA) of 2010, as well as assessing the appropriateness of the strategy to improve future IFRC large-scale operations. The evaluation called for a focus on four key areas: the Haiti Earthquake Operation **strategy** for water, sanitation and hygiene programming; **service delivery**; the program **transition strategy**; and **coordination**. The objectives for these key areas of inquiry for the evaluation were:

1. To gain greater understanding of the major impacts (intended, unintended, positive and negative) of the strategy to deliver water supply and sanitation services in camps in Port-au-Prince, which can inform water, sanitation and hygiene promotion programming in future large-scale urban-based emergencies
2. To gain a clear and transparent assessment of the extent to which the water, sanitation and hygiene promotion programme met the objectives of the Haiti Earthquake Operation Plan of Action, and the quality of the services delivered
3. An assessment of the programme's transition strategy and input that can inform the on-going management of the transition, especially the transfer of responsibility to DINEPA
4. Clarity regarding the extent that the International Federation's coordination role was strengthened or weakened as a result of implementing a large-scale operation, and a view of what could have been done differently?

3. METHODOLOGY AND LIMITATIONS

Methods

This report documents the findings based on 19 field days in Port-au-Prince, from April 13-May 1, 2012 during which all program activities, with the exception of hygiene promotion activities in seventeen camps, had been completed. The two consultants worked jointly, but with specific assignments, one led the technical review and the other, the review of hygiene promotion and community mobilization activities. While each had a particular

⁷ OCHA Haiti Humanitarian Bulletin January 2012 http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_540.pdf

⁸ OCHA Haiti Humanitarian Bulletin February 8 2010 Situation Report #19 <http://www.ecdgroup.com/pdfs/Haiti-OCHA-Situation-Report-No19-Haiti-Earthquake-8-February-2010.pdf>

⁹ OCHA Haiti Humanitarian Bulletin 18 October- 17 November, 2011

http://haiti.humanitarianresponse.info/Portals/0/Information%20Management/Humanitarian%20Bulletin/Ocha%20Haiti%20_humanitarian_Bulletin%2012%20Eng.pdf

focus area, the consultants attempted to integrate information and collaborated together on the identification of the ultimate findings and recommendations.

The evaluation employed the following methods:

- Pre-departure briefing in Panama with the IFRC Latin America Zone office Haiti delegation (April 10 and 12, 2012) and briefing/interview with Haiti Watsan Coordinator (April 12)
- Briefing in Haiti upon arrival with Haiti IFRC Program Monitoring Evaluation and Reporting (PMER) Coordinator and Deputy Country Director
- Desktop review of available program data and background documents/reports
- Review of program materials, including hygiene promotion and mass communication media materials
- Key informant interviews with IFRC former and present staff and stakeholders, Partner National Societies (PNS) and other external organizations, including UNICEF staff, IRC, DINEPA, British Red Cross (BRC), French Red Cross (FRC) and a Haitian soap manufacturer (complete list of who was interviewed is provided in Annex 4). Interviews took place in person and over Skype
- Focus group discussion (FGD) with IFRC/HRC hygiene promoters
- Field visits to eighteen of sixty-six project IDP camps still in operation at the time of the evaluation to conduct:
 - Focus group discussions (FGD)/interviews with Central Committee members, Hygiene Promoters, beneficiaries and Peer Group members (See Table 1 below)
 - Informal interviews with beneficiaries
 - Observation of implemented infrastructure projects and assessment of environmental conditions
- Presentations of preliminary findings: in the Haiti and Panama Zone Offices
- Production of the Evaluation Report

Table 1 Focus Group Discussion Attendance by Camp, Participant Type and Gender

Camp	Date	Participants*	# Male	# Female
Annex La Marie	4/17/2012	HP, logistics	3	10
Crabonnaire	4/17/2012	CC, HPs, Peer Group	2	30
Republic Argentine	4/18/2012	HP Community Facilitators	0	11
Henfrasa	4/18/2012	CC, HPs	1	6
Ave Popular	4/19/2012	CC, Beneficiaris	3	8
Discrete Aumore	4/19/2012	CC, Beneficiaris	1	9
Catalpah	4/20/2012	CC, HPs	3	5
Parc Maguana	4/20/2012	CC, Security, HP	4	5
Total by Gender			17 (17%)	84 (83%)

*Participants may have served in more than one capacity.

Field visit data was collected from all geographic areas targeted by the program through a random selection of camps representing a range in camp size. Camps were categorized as small if the population was less than 1,000, medium if the population was between 1,000 and 2,000 and large if the population was greater than 2,000. In addition, site visits were conducted at the two IFRC Temporary Shelter (T-Shelters) camps La Piste and Annex la Marie and to community latrines that had been constructed near Delmas 83, Delmas 31 and Avenue Popular under IFRC's decongestion of camps program. Selection of visited camps was based on February 2011 International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) total population and

household data. See Annex 5 for a Summary Matrix of the programs Watsan activities by camp and camp population over the two years of the program.

A semi-structured set of questions was developed for the IDP Camp and Hygiene Promotion FGDs. The survey question guide can be found in Annex 6. The Hygiene Promoter FGD also included a three question written survey; the questions and associated results translated into English, and are included in Annex 7.

Limitations

There were a variety of limitations to this evaluation. Given the scale of the program in PAP, an evaluation of Leogane activities was not included in this evaluation. Time was one of the limiting factors given both the timing of the evaluation commencing four to six months after Watsan activities (outside of hygiene promotion activities still underway) were completed and the limited amount of time to conduct sufficient investigation of such a large-scale program: site visits, focus groups, and interviews and to review documents and reports. In addition, there had been significant turnover among the IFRC Watsan delegates over the course of the program, and while interviews were held with many who were no longer with the IFRC, the evaluation team was not able to interview all key actors. The project originally only allocated 25 days for gathering of data, review of available documents and writing the report, of which 16 days were for fieldwork in Haiti. An additional four days were added to enable the team to debrief the Latin America zone office after the fieldwork in Haiti and continued review of documents. The Watsan Coordinator was out of Haiti for the first 10 days of the final evaluation period.

The availability of and the quality of the data available was another limiting factor. Assessments were limited and or insufficiently implemented to measure change in conditions, knowledge, attitudes or practices (KAP) of beneficiaries over time, particularly related to hygiene behaviors. The availability of strategic planning documents, logical frameworks and reports on program activities, including financial reports, was limited. If available, they often lacked specificity on implemented activities, and/or did not provide sufficient data to assess activities implemented down to the camp level and/or did not provide with the expected information for evaluating the project (performance indicators, etc.). This resulted in the evaluators having to spend a significant amount of time identifying and clarifying program activities.

The list of key external and project documents to be reviewed were not prepared beforehand. Shortly after departing Haiti, the consultants submitted the list of key documents¹⁰ and reports received to the Watsan Coordinator for validation and verification that the team had all relevant documents.

Other potential limiting factors is recall bias given the evaluation was looking back at program activities implemented over the past two years. This may be particularly true for the FGD with beneficiaries in the camps. In addition, given there were multiple NGOs and PNS' and organizations working in the camps, some beneficiaries were not always able to differentiate what group had done what over the course of the last two years. For example latrines constructed by a specific PNS, were attributed to have been constructed by IFRC¹¹. The existing situation does not necessarily reflect the ones during the project implementation.

Finally, neither of the evaluators spoke Creole, and only one spoke French. Interpretation services secured by the IFRC for the non-French speaker were inadequate for four of the camps visited and the Hygiene Promotion FGD, which resulted in the evaluator having to rely heavily on IFRC staff for language interpretation.

¹⁰ Please refer to Annex 1 - References

¹¹ To avoid any confusion, the final evaluation cross-checked the information from the IDPs with the Watsan team: the 'IDP Camps Matrix Spreadsheet' - annex 3 of the present report, was specifically created during the final evaluation. It has been validated by the Watsan Team.

4. FINDINGS

Evaluation findings related to the four evaluation objectives identified in the TOR, **strategy for water, sanitation and hygiene programming; service delivery; the program transition strategy and coordination** are outlined below. Each evaluation objective section starts with a brief summary of key findings for that area, followed by findings for the specific summarized evaluation questions associated with that area. There were 23 evaluation questions.

4.1 Strategy

Key Strategy Findings:

- IFRC was engaged in the WASH cluster and worked to align its work to established standards; however, it could have been a more strategic collaborator.
- IFRC could have had a better balance among its water, sanitation and hygiene promotion efforts. Water trucking looked to draw most of the programs energies and resources and hygiene promotion efforts were either inconsistently employed or deployed very late.
- The trucking of potable water to 66 IDP camps met the needs of over 300,000 beneficiaries at the height of the operation. However, the cost of providing this water was expensive and there is some evidence that the water was not being used for drinking water.
- IFRC was delayed in its exit strategy from camps, in part attributed to the outbreak of cholera in camps. However, other factors, including insufficient strategic planning look to have also resulted in the delay in the departure from camps as originally planned and the IFRC was among of only a few organizations still working in camps at the time of their exit.
- The practice of tanker truck delivered water was common throughout PAP. However, as Haitians relied primarily on osmosis water for drinking water adoption of trucked water for drinking beyond the initial emergency phase by camp residents should have been anticipated.
- IFRC targeted beneficiaries in IDP camps and provided accessible latrines to physically disabled persons in one of its T-Shelter camps both considered as vulnerable populations; but IFRC could have perhaps done more to assess whether or not camp beneficiaries were the most vulnerable and worked to increase Watsan access in communities surrounding some camps.
- The Haitian Red Cross role in the IFRC's PAP EQ Watsan response was primarily focused on the provision of volunteers for community mobilization and hygiene promotion efforts. They had limited involvement in strategic planning related to IFRC's Watsan interventions, in part it appears due to their not having Watsan as one of their own key strategic focus areas.
- IFRC's decision to continue free water trucking to camps at the time of the cholera outbreak was appropriate under the circumstances; however, IFRC's lack of strategic planning and follow-through on earlier findings and recommendations placed IFRC more in a reactive rather than a proactive position at the time of the outbreak. Had IFRC been further along in implementing their exit strategy when the outbreak occurred the extensive resources used to continue water trucking in camps could have been focused toward improving overall Watsan conditions in communities and potentially prevented the higher incidence of cholera outside of the camps.

Evaluation Question 1: Alignment to WASH Cluster Strategy and Coherence with National Policy and Donor Requirements

From the outset of the Earthquake (EQ) Response until now, IFRC has been involved in the WASH Cluster and Strategic Advisory Group (SAG) meetings. At global level, IFRC is part of the WASH Global Cluster Coordination. In Haiti, UNICEF and DINEPA, the WASH Cluster Lead Agencies, expressed their satisfaction with the level of involvement of IFRC in the Cluster Coordination process. From a broader perspective, WASH actors had various perceptions concerning whether or not IFRC was a proactive actor in the coordination of WASH activities. Considering the scale of Watsan EQ response interventions (up to 25% of the all IDPs were supplied water by IFRC water trucking system), IFRC could have been better positioned in terms of external representation. For example a few key WASH sector reports have no mention of IFRC as a key actor¹² and there were few IFRC technical presentations to the WASH Cluster). The absence of one dedicated Movement Coordinator for 20 months, the absence of fluent French capacity during one year and the representation role regularly delegated to some team members limited IFRC capacity on representation in national Watsan meetings.

At global level, IFRC has developed clear and comprehensive approaches for emergency Watsan response efforts. IFRC shares the common statement that in any Emergency Water Sanitation and Hygiene intervention to prevent waterborne diseases, hardware actions have limited impact without great integration of hygiene promotion and local participation and involvement. Therefore, IFRC promotes the inclusion of the 3 keys components of Water, Sanitation and Hygiene interventions. In Haiti, IFRC programmed Watsan emergency and recovery activities within the perspective of targeting these three aspects. But, it was observed that there was a need for a more balanced effort between the so-called "hardware" versus the so-called "software" (hygiene promotion and community mobilization efforts) as well as between "water" and "sanitation". IFRC publications on water and sanitation highlight the importance of integrating hygiene promotion in early emergency response. In addition, for long-term Watsan programs, IFRC promotes community contributions toward the cost of services¹³. In the context of Haiti EQ Operation, when transitioning from the relief phase to the recovery phase, this value was not sufficiently put into practice.

No particular deviation from national guidance were noted in IFRC program, outside of the late delivery (after 10 months) of minimum standards (based on Haiti WASH cluster guidance), delayed transition from delivering water and sanitation services in camps to more community based services. In terms of the respect of usual humanitarian standards such as the Sphere project, IFRC operations were more or less in line with the common flexibility stated during the first WASH Cluster meetings.

Donor requirements have not been a priority focus of the final evaluation given that all funds came from internal Red Cross Movement (PNS) resources. In addition, the pledge reports were not detailed or specific enough to call for in-depth analysis. That said a rapid analysis of pledge reports identified no important gaps between donor requirements and actual program implementation. As IFRC donors have few monitoring requirements IFRC is not required to conduct more compulsory comprehensive planning and monitoring processes required by other large humanitarian donors, e.g. ECHO, USAID, etc. Not incorporating these higher standards into practice looks to have led to insufficient project supervision and monitoring and ultimately may have played a role in overall program quality and ability to measure program impact and associated outcomes.

12 OCHA - HAITI Cholera Partners' Presence – Who What Where (as of April 2012) – WASH / Communication / Health

DINEPA/ACF, CADRE TRANSITION/ SORTIE – WATER TRUCKING GRATUIT Mémo 16 mars 2011

Sanitation WASH Sub-Cluster - DRAFT CADRE Réponse ASSAINISSEMENT - TRANSITION/ SORTIE Sites et « Stratégie Quartier » - Mémo 14 mars 2011 version 2

¹³ IFRC Geneva - The International Federation software tools for long-term water and sanitation programming - 2007

Evaluation Question 2: Appropriateness of Free Potable Water Distribution

Considering (i) the situation needs just after the EQ (1.2 million people were displaced by the earthquake and either living in camps or with friends and families in and outside of PAP) and (ii) the substitute service role from the breakdown of private and public water supply systems and (iii) the significant loss in family incomes; the distribution of free potable water to IDP camps was relevant within the context of the first emergency phase, particularly for large camps and remote areas, etc. Despite the lack of evidence-based analysis (impact on waterborne diseases control or actual usage of distributed water), this emergency intervention provided displaced populations with access to safe water to address IDPs' basic needs. By extension, it is presumed that it also contributed to the mitigation of water-related epidemics.

The cost of this large-scale emergency water supply was extremely high (from available financial information, about CHF350,000 to CHF400,000 per month in the first semester of 2011) targeting 317,480 beneficiaries at the peak of the operation with about 5 to 10 liters of water distributed per day, via trucked water to camps). From a public health perspective, the costly distribution of free water could be considered as acceptable for the very first phase of the emergency response, but also as a 'last resort' option (no other realistic or satisfactory technical option was identified to provide immediate water coverage). However, the continuation of this activity for 21 months was not cost-effective and diverted the Watsan team from priority efforts on more relevant public health / disease control objectives (in terms of budget and human resources).

IFRC rapidly recognized the need for withdrawing from this expensive and time consuming activity. In February 2010, when DINEPA advocated for exiting from free water trucking after the first phase of emergency (maximum a few months), IFRC developed its first internal draft exit strategy which called for exiting the free water distribution without negatively impacting the level of water access to IDPs given that humanitarian organizations have an obligation to guarantee minimum access to potable water to vulnerable persons in an emergency situation. To effectively implementing such an exit strategy, a lot of planning and field work with identified local actors, including beneficiaries is required to ensure a smooth transition. Unfortunately, IFRC did not have the capacity (absence of sufficient human community mobilization resources) at that time to implement a realistic and rapid process towards the completion of free water distribution. During this same time, the Red Cross Movement New York Conference, held on 26 April 2010, proposed directives to continue emergency during a one-year period, which looks to have made water trucking operations the priority focus to the detriment of an active search for other local, more sustainable solutions.

From the first weeks of the EQ response, IFRC rented a large number of trucks from the private sector, proving that the local capacity was operational (also stated by DINEPA a few weeks after the EQ). Considering the very complex context and the huge scale of coverage needs, the business collaboration with local companies, i.e. rental of water trucks, was appropriate during the first weeks of the emergency response. However, by continuing the long run (21 months in total), this new massive business created by IFRC (and other humanitarian aid agencies in general) brought about negative local impact, e.g. dependency of displaced population on free access to water and undermining small local water kiosks/vendors (income loss). For private water companies, business opportunities generated by the humanitarian sector were potentially lucrative which also may have resulted in exit delays given providers would be losing a potentially reliable source of funding.

The final evaluation acknowledges that there was significant pressure to respond to massive emergency needs (IFRC took on more camps' Watsan needs after a few months following the withdrawal of several PNSs). Despite the very demanding implementation of day-to-day emergency activities, IFRC should have better prepared for the phase out of emergency services from the early stages of the EQ response (if resources not sufficient, hiring a short-term consultancy for specific support?); otherwise it put more challenges to effective and acceptable exit strategy. One of the most relevant and realistic options was for the private water trucking sector to take back their regular activities, with the IFRC assisting in this effort by working to empower local establishments through water kiosks rehabilitation, community mobilization, etc. This would have required intense advocacy

effort from IFRC (and additional specialized HR capacity, in addition to ERU skills and potential external consultants) as well as a more camp-by-camp prioritization approach depending on sanitary situation, local capacity and land ownership interests.

Keeping the level of service during the cholera outbreak was an additional justification for continuing free water distribution. Given the situation, it was looked to be the best decision to take at the time of the outbreak. However this would not have been a necessity if the above-mentioned activities had been undertaken and more progress had been made toward a more appropriate exit strategy (please see the paragraph 'cholera' for more details).

The local urban context as well as the extent of the earthquake, which compounded the problem, were very complex and made the emergency response very challenging. As described below a better understanding of the social organization and local capacities during the first months after the EQ would have helped in the development of a more realistic and timely approach (and with fewer local negative consequences).

After the first cholera peak in PAP (beginning of 2011)¹⁴, it took 6 to 10 months for IFRC to totally end free water distribution in the IDP camps. It coincided with the deadline from the Haiti Government to stop emergency support in the camps. However, given the cost of the operation and the actual potential of the local actors, the transition happened much later than it should have. The cause for delays look to mainly come from placing all of the emphasis of the exit strategy onto DINEPA, which did not have the capacity to take on all of the work as well as the need for increased IFRC human resources for more local empowerment (*see 'Transition' paragraph for more details*).

Evaluation Question 3: Integration of local habits and practices in the development of the Watsan Strategy

Access to water and sanitation facilities was poor in Port-au-Prince prior to the earthquake. Less than 30% of the population relied on the municipal water services with the majority of the remaining population relying on water obtained primarily through two types of private venders¹⁵ - 1) treated water through inverse osmosis venders that sold water in small plastic bags for individual consumption and/or 22 liter bottles, or 2) water tanker trucks that delivered water to home reservoirs. Those unable to purchase water, namely the urban poor, collected water from broken municipal taps or surface water found in nearby rivers and streams and storm water drains. Access to treated water outside of the osmosis venders was limited. While chlorine is reported to have been injected into municipal water supplies at wells and springs, all have been reported to have biological contamination indicating that the chlorine residual was insufficient to provide safe drinking water¹⁶. While there were many point-of-use (POU) water treatment products available in Haiti prior to the earthquake, there is limited data available on what degree households were using such methods. Use of POU methods by the urban poor was low given insufficient resources to pay for such methods. In addition, some research indicates POU methods were not well accepted, in part due to the aftertaste some of the products leave in the water not found in osmosis treated water.

Following the earthquake, IFRC, like many other NGO's implemented the delivery of chlorinated tanker trucked water to camps. The practice of tanker truck delivered water was common throughout PAP; however, the degree of chlorination of tanker truck delivered water increased following the earthquake. As Haitians relied primarily on osmosis water for drinking water when they could afford it and saw trucked water as not safe for drinking, adoption of trucked water for drinking beyond the initial emergency phase by camp residents should have been anticipated. Studies of residents in IDP camps conducted by the American Red Cross (ARC) and the

¹⁴ The first cholera peak in PAP substantially decreased and started to flatten from February 2011 –MSPP-PAHO Cholera case reports.

¹⁵ Group u.r.d. (urgence rehabilitation development) Managing water, sanitation and hygiene in Port-au-Prince: how do we get out of the emergency phase – The context before the earthquake <http://www.urd.org/Managing-water-sanitation-and>

¹⁶ US Army Corps of Engineers Mobile District and Topographic Engineering Center (1999) Water Resources Assessment of Haiti.

http://www.gvsu.edu/cms3/assets/53940C9B-B252-5B69-626B48622A4C1002/publishedliterature/acoewater_resources_of_haiti.pdf

IFRC found that only 32.6 percent (2010) and 24 percent (2011) of beneficiaries surveyed reported using tanker trucked delivered water for drinking water (Frenkel 2010 and Marinescu, February 2011). A similar study sited in a WASH Cluster document produced ten months after the earthquake (*“WASH Sector Response Plan Ver18”*) found only 33% of camp residents were drinking tanker trucked water. In evaluation FGD discussions, the overwhelming majority of participants indicated they purchased their drinking water through private osmosis vendors and had done so for some time. They also indicated that when they were unable to do so, they treated water with Chlorox (chlorine) or Aquatabs; however, most reported that they did not have the treatment method on the day of the FGD. Most reported that they had received Aquatabs previously from the Red Cross¹⁷, but that they were no longer being distributed. IFRC either had on hand prior to the earthquake or procured a significant number of Aquatabs following the earthquake¹⁸, however it is not clear how many, if any, were distributed to IDP camps or other locations by IFRC based on available information

IFRC’s decision to provide tanker truck delivering water to camps was an acceptable practice in PAP, and was particularly relevant during the initial phases of the emergency response. However, over the long term it appears that this method was not in line with the local context for drinking water as evidenced by camp residents reverting to purchasing drinking water from osmosis vendors shortly after the earthquake. That free water was available for other purposes, namely to support hygiene practices was important to public health goals, to prevent disease transmission.

In terms of sanitation, PAP residents, particularly the urban poor, had very low access to latrines, with only 50% having access to a latrine prior to the earthquake. Latrines, if available were in (flush) or outside (pit latrines) private homes. Community latrines were not the norm in PAP, outside of some institutions such as schools. Given the low availability of latrines open defecation (OD) and the use of “parachutes” (plastic bags) was common prior to the earthquake. The post-earthquake context, which placed large number of IDP’s in highly densely populated camps called for a large number of communal latrines to serve the large number of beneficiaries. Sphere standards were reportedly unobtainable by IFRC, the WASH cluster and DINEPA given the lack of physical space in some camps, as well as “land tenure issues which prevented the construction of latrines on private and public lands”. Outside of this statement included in numerous reports and discussed in interviews, there is no documentation of meetings with individual private land owners or government officials that captures IFRC’s request to construct latrines on camp property (in some places, 3 different people claimed to be the owner of a land for authorities). Therefore, the degree to which IFRC advocated to increase the construction of latrines in individual camps is not known. As number of persons/per latrine Sphere standards were not able to be met¹⁹ in camps, and that communal latrines were not the norm in Haiti, significant management of facilities and community mobilization was needed in camps to insure that they would be well maintained and thus continued to be used by the large number of beneficiaries. Open defecation was identified as a problem by all participants in FGDs despite hygiene promotion efforts which condoned this practice. FGD participants indicated that open defecation was taking place because latrines were in such poor condition, smelled or in the case of two camps (Republique Argentine and Catalpah) no latrines were available. In several camps women also reported that they had contacted vaginal diseases from using the latrines and as a result were no longer using them. Whether or not there is epidemiological evidence to support their perceptions is not important, if they feel that this is the case their perceptions will guide their practice.

¹⁷ Again beneficiaries do not differentiate from PNS and the IFRC, so Aquatabs could have been distributed by PNS. IFRC Watsan coordinator reported that IFRC did not distribute Aquatabs to IDP camps. If Aquatabs were distributed by PNS, a concern is raised in that this should have been coordinated and known to IFRC who was providing treated trucked drinking water to camps. Aquatabs could also have been distributed early in the emergency response.

¹⁸ According to available data prior to the earthquake over 17,000,000 Aquatabs were available in two different mg (documented in Feb 17, 2010 interview with Watsan Coordinator) in IFRC stock, and another 7.5 million were requested on 4/15/10 (Logistics Requisition status update 11 May 2010) and a 4/19/10 budget has a line item for 40 million Aquatabs. No reports were made available to indicate how many Aquatabs were actually purchased or distributed in PAP to IDP camps or elsewhere. During the site visit IFRC staff indicated that some Aquatabs were in the process of being destroyed due to their being outdated, the total number of Aquatabs to be destroyed was not requested at the time of the evaluation. Again no definitive report on Aquatabs was made available to the evaluators.

¹⁹ The WASH Cluster did establish targets of 1 latrine per 50 persons in 2010.

DINEPA called for a discontinuation of free water trucking in May of 2011 (“Beyond water Trucking”) and a policy of back-to-community (Approche Quartier) strategy as well as a general request that humanitarian actors direct their efforts outside of IDP camps to support and encourage camp residents moving back into communities²⁰. The theory being that if services are not provided in camps, camp beneficiaries will leave. Findings from FGD indicate that this is not the case, that people simply do not have a place to go, or a means to go there, if a “there” exists. The majority of FGD participants indicated that they had come from the nearby community following the earthquake. Recent studies of IDP camp residents remaining in the camp indicate that they were renters prior to the earthquake and now lack the means to rent homes, and/or rental properties are not available. Of those with houses near the camp some reportedly returned to use latrines in their destroyed homes or the houses of friends, statements supported by the WASH Cluster June 2010 survey which stated that 20% of camp residents surveyed returned home to use their own or their neighbors facilities. IFRC perhaps missed an opportunity to construct latrines within the nearby communities, a strategy supported by the WASH cluster in 2010, which could have increased overall access to latrines not only to camp residents but over the long term in PAP. This would have required a strategic plan on the part of IFRC.

Greater participatory planning and increased engagement of local actors, e.g. private water vendors and landowners, could have led to earlier more integrated and sustainable water and sanitation solutions and improved maintenance of facilities. That community mobilization and hygiene promotion efforts were significantly delayed in their implementation looked to have contributed to a missed opportunity to secure early and sustained adoption of camp norms related to latrine maintenance. By the time such activities were underway it proved to be difficult to change established norms and practices in the camps. Early community mobilization efforts focused on environmental health was needed in the camps. As a result of this not taking place, the IFRC had the following potential missed opportunities:

- Diversification of strategies beyond water trucking perhaps prevented earlier exit from camps and development of longer-term more sustainable alternative in neighborhoods. Such strategies could have been less expensive and reduced the impact on the private market in Haiti and potentially served as a pull factor for drawing residents out of camps, strategies supported by the WASH cluster (WASH Sector Response Plan Ver18). Options were identified in the 2010 water and household economy assessment conducted in July 2010. There is no indication that any efforts were made to look at these alternative solutions for camps until late in 2011 when IFRC management established a firm deadline for an exit strategy. Of the camps visited, Kiosks that were integrated into communities rather than placed within camps looked to be more sustainable in that they do not rely solely on camp residents for revenue.
- Supporting increased water quality standards/monitoring of private and/or government water providers would have served the greater public health needs of PAP residents in general over the long term. Having this in place in mid-2010 prior to the cholera outbreak could have contributed to reduced incidence of cholera, particularly outside of the camps where the incidence of cholera was highest in PAP.
- There is no questioning of continuation of water trucking services at the time of the cholera outbreak, but other efforts could have been implemented e.g. distribution of POU treatment methods to camps, or to some camps, particularly smaller camps.

Evaluation Question 4: Priority focus on the most vulnerable population

Given that the IFRC program targeted IDP camp residents, they are by default seen as among the most vulnerable in Haiti in that they lack a permanent house and were presumably displaced by the January 2010 earthquake. While IFRC emergency response training materials reference and include information on vulnerable

²⁰ The March WASH Cluster Strategy document also discussed this issue of nowhere to go as well.

populations (e.g. children under five, women, persons with HIV/AIDS²¹) IFRC-Haiti documents that identify or discuss strategies or assessments of specific vulnerable populations are lacking. The WASH Cluster identified the most vulnerable as HHs with women and children, more than six persons in one HH, HH with a disabled or elderly member, landless HHs and minorities. A May 2010 document²² outlines activities to be undertaken to address the goal of health and hygiene in settlements to “ensure vulnerable people have access to facilities...”, and the Haiti Recovery Assessment Report²³ identifies needs of vulnerable people and potential strategies, including advocating for land for vulnerable groups. However there were limited documents available to indicate that these activities were implemented.

The 2010 Water and Household Economy Survey assessed the economic status of camp residents. It describes the majority of households (HHs) living in the camp as making less than \$2 USD a day with 54 percent of HHs not having any member of the HH working regularly and HHs experiencing food insecurity. This survey was not repeated and thus there is no ability to measure change in camp population economic status over time and/or in particular its impact on access to water or sanitation services. In addition, while the survey included HHs from neighborhoods surrounding the camp there is no data that compares the differences in camp populations to those living in the community. Reports on living conditions of PAP residents prior to the earthquake indicated that because of urban growth a significant segment of the population were precariously housed (living in overcrowded slum conditions, or renting rooms from “slum landlords” or living in small informal squatter camps located in environmentally fragile land, such as the steep inclines of the city)²⁴. While it is felt that some of these precariously housed persons transitioned into IDP camps where perhaps more resources were available, many remained in their pre-earthquake housing and continued to face economic, housing and water and sanitation access challenges. These, perhaps equally vulnerable populations were not targeted for post-earthquake services by IFRC. As IFRC had its hands full addressing the Watsan needs of beneficiaries in camps, there was understandably little time to look at needs of affected persons outside the camp. However, taking such needs into consideration could have contributed to strategies that may have served as pull factors for residents in camps to move back into neighborhoods (e.g. construction of latrines in neighborhoods).

The needs of specific vulnerable populations (e.g. the physically disabled, elderly and single women with young children) did not appear to be specifically addressed outside of implementing accessible latrines in La Piste (T-shelter) where persons with physical disabilities were housed and ground level accessible latrines were installed. Lighting near latrines was in place in most camps visited, important in particular to women for safety for night use, but these were reported to be in various states of functionality and some camps lacked general lighting which doesn’t facilitate latrine use at night, particularly by women who reported being afraid to go to latrines at night. Most latrines also looked to lack inside door locks, important to women in particular at night for safety. One physically disabled camp resident disabled since birth interviewed during the site visits indicated that the latrine he was to use posed access challenges given the number of steps he needed to climb to reach the latrine as well as a loose railing, which had come loose. He suggested that a simple ramp be installed to improve his access, such as the one that had been installed to his T-Shelter. The concerns raised by this one person were echoed in the WEDC survey²⁵, which found that vulnerable persons in general would have difficulties accessing the raised latrines.

The extent of gender based violence (GBV) and its potential impact in the camp related to women being forced to engage in prostitution or sexual favors to obtain money to meet basic needs “transactional or survival sex”, including funds to purchase drinking water in IFRC camps is not known. However, others have documented these problems in camps (MADRE 2011 and Satterthwait 2011). Such problems require that Watsan programs

²¹ ERU Training Modules – Gender in Disaster Response, Sanitation Related Diseases

²² IFRC Concept Paper May 2010, no author

²³ RAT-Synthesis Volume 1 Synthesis Report 29 Mar2010

²⁴ <http://haiticci.undg.org/uploads/ReportVersion8%20Eng%20FINAL%20Low%20Res.pdf>

²⁵ Bob Reed, WEDC, Emergency Excreta Disposal Standards and Options for Haiti – April 2010

incorporate strong community mobilization components to monitor barriers experienced by vulnerable populations and the identification of solutions to address barriers. While IFRC had GBV delegate positions on board in Haiti during various phases of the operation and a GBV communication campaign, it is not clear to what degree they worked with the Watsan team²⁶.

Mass communication methods employed by the program looked to have served to meet the needs of visually impaired, e.g. radio and sound trucks, as well as those with limited literacy or hearing impaired through use of posters with visual messages to support written messages.

Evaluation Question 5: Involvement of Haitian Red Cross in Strategy Development

The Haitian Red Cross had a general overview on the IFRC Watsan EQ Operation through regular general supervision. It is not clear how the HRC participated in decision-making processes regarding IFRC Watsan interventions during the outset of the emergency response, especially for ground-level activities or how they followed-up on overall program implementation. The Haitian Red Cross expressed great satisfaction about the productive collaboration between the two organizations and overall IFRC Watsan EQ activities.

At the program level, the Host RC Society had limited participation in strategic programming during the emergency and recovery phases of the response. The HRC has historically low capacity in the field of Watsan prior to the EQ. In addition, this disaster brought a lot of external constraints for the HRC: (i) large-scale humanitarian needs, (ii) massive amount of activities undertaken by the entire Red Cross Movement (IFRC, PNS, deployed ERUs, etc.) and (iii) high demand for arranging this sudden and massive deployment of Red Cross partners.

The role of the Haitian Red Cross has been more focused on community-based field interventions, according to actual assets (community volunteers, national staff on the ground). Retrospectively, the IFRC had difficulties involving the Haitian Red Cross in strategic programming during the first phase of the emergency response. After the initial earthquake response, as a support to the Host Society, IFRC would probably have achieved better results had it worked to develop the management and strategic planning capacity of the Haitian Red Cross with respect to Watsan activities. However the context was not favorable to build the HRC Watsan capacity for the following reasons:

- (i) The absence of a detailed official HRC emergency strategy for Watsan , and
- (ii) The limitations of the Haitian Red Cross in terms of management skills and capacity in Watsan operations.

In the 2011 Progress Report, the Haitian Red Cross only mentions cholera-related hygiene promotion activities. In terms of the prospect from 2012, there is also no particular objective (except community based disease prevention) in terms of specific intervention such as emergency Watsan response. Considering the existing documentations about the ways forward, the rationale and the decision-making process for handing over vacuum trucks, ERUs equipment, etc. to the Haitian Red Cross need more clarity, especially regarding the appropriateness of such donations and how they will be stored and utilized in the future.

Evaluation Question 6: Relevance of strategy decision to continuing emergency service delivery during the cholera outbreak

At the time of the cholera outbreak (October 2010), IFRC had a massive organization in place to distribute, on a daily basis, about between 5 to 10 liters of potable water to about 200,000 beneficiaries living in 66 IDP camps

²⁶ One e-mail communication between the Watsan department and the Humanitarian Diplomacy Advisor (last dated 30, November 2011) re: issues in Lindor camp was made available to the evaluation team re: violence in that camp, however this exchange does not specifically address GBV and additional information as to what transpired after the e-mail exchange is not known.

through rented water trucks. In parallel, IFRC was in charge of sanitation and hygiene promotion activities in 33 IDP camps. With the urgent threat of a massive and rapid transmission of cholera in PAP, IFRC kept providing watsan services and included additional cholera prevention measures in IDP camps and in surrounding communities, all-be-it very late following the initial outbreak (2012 IFRC Cholera Evaluation Report). Reinforcing the delivery of services through the existing infrastructure and using the human resources in place for IDPs looked to have served as a rapid and effective preventive measure for the outbreak of cholera.

However, while there were very few cases of cholera in the camps²⁷, there is no epidemiological evidence that actual use of free water in the camps was the reason for the low cholera incidence rate in the camps. We also know that the incidence of diarrhea, which has the same transmission routes as cholera, was high in camps prior to the cholera outbreak²⁸. Given that no case control studies were performed, it is not possible to know what preventative factors were the most effective in preventing the spread of cholera in the camps. Various factors and/or interventions outside of access to trucked water could have contributed to the few cases. For example, was it the increased availability and use of Aquatabs that prevented the spread? The Oxfam study found that even before the outbreak, 42 percent of IDPs were treating their water with Aquatabs. Other potential preventive or protective factors could have come as a result of the increased distribution of hygiene kits and hygiene promotion efforts (IFRC stepped up its hygiene promotion efforts considerably in March of 2011), including mass media by the IFRC and other actors (NGO's and MSPP) that blanketed the airwaves and cell phones with SMS messages during the outbreak. What is known is that the incidence of cholera was higher outside of camps and that these populations probably had less, if any, access to some of these other resources, but probably relied on the same drinking water sources. That IFRC continued to provide free trucked water probably increased camp resident's access to water for hand washing, however no data is available to show whether hand washing practices increased during the period of cholera. The threat of cholera did look to create teachable moment opportunities that served to reinforce the importance of hygiene behaviors and proper maintenance of and use of sanitation and water supplies, which the IFRC capitalized on in its cholera communication strategies.

It appears that the lack of comprehensive assessments from the early stage of the EQ response was detrimental to identifying the most appropriate options on how best to respond to, and prevent cholera outbreaks, in the camps. Information that was available did not appear to be acted upon or incorporated into decision making. For example as indicated earlier assessments indicated that the majority of camp residents were not using the trucked water for drinking water (Frenkel 2010, WASH Cluster October/November 2010, Marinescu February 2011), yet trucking continued. The Montreal Conference document identifies the urgency for increasing access to latrines given the ensuing rainy and hurricane seasons and the potential grave threat the lack of sanitation could play in the spread of WASH related diseases. As such, the continuation of sanitation services, particularly desludging was very relevant. In addition to desludging, increased access to latrines was also called for. However, it does not appear that the number of latrines called for in the Montreal Conference (One latrine per 100 persons) was met in all camps or that a strategy to increase the number by IFRC was put in place. While the Montreal Conference document cites a target established for the broader WASH Cluster, IFRC's strategy coming out of the Montreal Conference did not initially include an emphasis on increasing the number of latrines (IFRC placed its focus on desludging in the Montreal Conference). The RCRC Movement reported in the 2-year Progress Report that the movement built or rehabilitated a total of 8,036 sanitation facilities, but it is not clear if this number is just latrines or also includes showers, or what the ratio of persons per latrines were reached overall, or from camp to camp²⁹. More information is available in the "Service Delivery – Sanitation" section.

²⁷ Accurate data on the number of cases occurring in the sixty-six camps IFRC was working in is not available.

²⁸ WASH Cluster (WASH Sector Response plan ver18) cited an Oxfam Great Briton Study that found the incidence of diarrhea in camps among adults at (28%), children over age five (16%) and thirty-four percent in children under five.

²⁹ An excel spread sheet "Definitive Check List Camps Assesment_CHECK", that appears to have been created in July of 2010²⁹ (Spreadsheet is not dated), provides a breakdown of the latrines by camp which indicates at that time there were on average 204 persons per latrines in IFRC camps, with a range from no latrines (12 of the 33 camps) to 563 persons per latrine; and only nine of the thirty-three camps meeting or coming very close to the target. This

Considering the significant budget at stake, and the complex urban context of PAP, detailed and comprehensive data collection should have been in place to guide appropriate decision-making processes during the time of cholera. The Watsan team should have followed-up on the Watsan aspects of the Cholera Teams efforts per the collaborative work between two operational departments. Potential over emphasis on water trucking also may have played a role in the delay in implementing a more comprehensive and focused approach to IFRC's cholera emergency response. That IFRC had three departments/teams (Health, Watsan and Cholera) working on cholera, which were reported by many to not have a collaborative working relationship, may have also contributed to the Watsan team focusing on the status quo of continuing to deliver water by trucks. Another contributing factor was that it was certainly not conceivable, from a risk management perspective, for IFRC to withdraw from the free water distribution during the time of cholera barring any other actionable solutions.

A potential missed opportunity of IFRC's decision to continue water trucking to all 66 camps (a half a million USD was spent a month on water trucking) for as long as it did meant that resources (both financial and human) were not targeted toward other communities' Watsan and hygiene promotion needs where the incidence of cholera was much higher. In conclusion, data is insufficient to say whether IFRC's decision to continue at least its water trucking activities during the time of cholera was the right decision for preventing the spread of cholera in PAP, or within IFRC's camps. It looks like it could have played a preventative role, but the cost effectiveness of this activity cannot be measured against other alternatives that could have been just as effective because data is simply not there to conduct such an assessment.

4.2 Service Delivery

Key Service Delivery Findings:

- The absence of reliable planning documents, with no documented actual performance, makes the measure of actual effectiveness of the activities very limited. Beyond some limitations for the present final evaluation, this was certainly detrimental for the achievement of appropriate outcomes of the project. IFRC followed the national WASH guidance (under Sphere standards); IFRC coverage was even below for some periods of the project or in some particular places.
- While covering a considerable scale of IDP camps, IFRC implemented some activities with very low cost-effectiveness. Those activities were justified for early emergency response (as no reliable technology was satisfactory), but as the situation was even exacerbated by the cholera outbreak, a substantial scale of interventions was pursued during a large part of the project.
- By lack of consideration of local contexts and capacities, IFRC missed relevant opportunities to significantly scale down the budget-consuming free water-trucking activities.
- Regarding the latrines desludging, innovative actions could have been locally implemented but they would not address the very complex challenges encountered in the IDP camps; they would however improve gender-based, protection, participation and vector control aspects.
- While the IFRC recognizes the importance of Hygiene Promotion (HP) activities and the importance of integration of HP into its Watsan interventions HP activities in PAP were overall not very strategic, and were either delayed in their implementation, or had periods of very limited activity. Data is not available to determine the overall effectiveness of HP activities or to assess whether or not such activities resulted in behavior change among targeted camp beneficiaries. Despite these shortcomings, HP activities did look to improve over time and HP activities were still underway at the time of the evaluation in recognition of the on-going needs.
- Community Mobilization activities were severely lacking; community mobilization staff were not hired until April 2011, fourteen months after the earthquake. Not having qualified community mobilization staff

spread sheet identifies the number of latrines needed by camp, with a total of 1178 latrines needed to meet the target, with some indication for some camps the strategy for increasing latrines.

on board from the beginning looks to have contributed to a lack of community engagement in the maintenance of Watsan facilities, particularly latrines, and perhaps served as a missed opportunity that could have worked to provide overall improved IFRC Watsan outcomes.

- The program employed three different types of community structures, or positions, to support the management of water points; no community structures were formally formed in camps to oversee the general maintenance of latrines. Training of community water supports focused on water quality and lacked an emphasis on fiscal management and overall resource administration. IFRC looked to have missed an opportunity to increase the skills of committees that would have enabled more effective long term management and maintenance of facilities.
- Overall engagement of beneficiaries in participatory processes and communication with beneficiaries related to Watsan was limited and relied primarily on one-way communications. One-way communications tools developed to inform beneficiaries (e.g. SMS, radio, car speakers, posters, etc.) were innovative and looked to be effective.
- Similar to the above the level of engagement with local governments/authorities outside of working with camp Central Committees (CC's) appears limited.
- Collaboration with the others operational Programs was effective but remaining complicated (deficiency of joint communication). Having separated departments did not help towards institutional coordination on a daily basis. With low systematic validation of integrated considerations through documented decisions, there have been some important missed opportunities for higher technical inputs and field gaps coverage. This is valid for many components of IFRC scope of work such as shelter, health promotion or cholera programs.
- The IFRC Watsan EQ Operation utilized a very large amount of human resources, from different horizons (Delegates, ERU-RIT-FACT short-term assignments, national staff, HRC volunteers, daily workers). The project has experienced senior staff during the initial phase but employed some inexperienced staff for the last 15 months. Recruitment of quality staff in key management positions is critical for such a large-scale urban program; The HR limitations are one of the main weaknesses of the project and certainly challenged the delivery of quality actions eventually.
- Given the urgent character, the complexity and the scale of this emergency operation, the collaboration with the Logistics Support Department is crucial; it has been identified important ways for improvement in terms of constructive and respectful work. Despite large range of joint activities achieved, the project suffered from both long and/or inadequate procurement process and limited in-depth Watsan preliminary designs.
- Limited strategic planning documents were developed for the Watsan program; logical frameworks were lacking or were not used as a tool to guide implementation and/or to monitor program activities over the two years of program operation. While IFRC was able to produce basic Watsan donor reports, these reports were not efficiently or effectively produced. Available reports fall far short of what other organizations require for effective monitoring and evaluation of implemented programs. Not having appropriate monitoring systems in place greatly affected the ability to evaluate the extent of the IFRC Watsan program's effectiveness.

Evaluation Question 7 and 8: Effectiveness of water trucking and sanitation activities

Within the absence of basic project management tools such as a viable logical framework (including SMART indicators of performance and reliable sources of verification), adequate project planning and activities monitoring have been weakened. This was very detrimental to the overall quality work. Regarding the final evaluation, it was not possible to compare expected outcomes versus achieved results, as objectives were not clearly identified or defined with SMART indicators. It is acknowledged that the very early stages of the emergency response are very demanding and require effective field-oriented actions towards the beneficiaries.

However, a logical framework is nonetheless indispensable for any kind of project (including emergency) to determine the specific objective (to be in line with a public health perspective of disease control), related results to reach the planned outcomes, related activities and allocated means. Surprisingly, this operation with such a large scale –that included interventions beyond dispatching of ERU’s did not have key planning documents in place.

Similar, the project gathered a great deal of activity-based information (number of liters distributed per period, number of latrines built, etc.) but lacked results-oriented indicators (population coverage, usage rate of drinking water, sanitation coverage, hand washing practices, vector control, cross-cutting issues, etc.). Therefore, it is difficult to address final evaluation TOR questions which call for an assessment of the relevance, efficiency and the impact of the operation. This is also relevant to program monitoring processes in general and to the ability to conduct an assessment of timely and appropriate of other strategic decisions, especially regarding the water exit strategy and adapted sanitation exit strategy.

Water trucking activities were significant during the first 21 months of the program. Throughout the program, IDP camps were closing and the population dropped off considerably: from 224,000 (66 camps) about to 67,000. 29 IDP camps had closed prior to water trucking stopping, but with no clear indication in the budget of water trucking cost scaling down. A solid team organization was put in place to deliver day-to-day water provision on an effective manner. The water at the taps was of good quality in general. As mentioned previously, IDPs were often reluctant to drink chlorinated water and/or from the trucks as this was not the usual habit prior to the EQ. IFRC provided the 66 camps with about 10 liters of chlorinated water per person/per day at a very high cost (very low efficiency of free water distribution using rented water trucks). The distributed quantity of water is below the usual standards of Sphere (min. of 15 liters per person per day). This has been of common fact for Haiti EQ response in PAP as per a joint WASH Cluster decision to integrate the complexity of PAP's urban context (10 liters as per the WASH Cluster guidance). But as figures show, it is important to highlight that due to logistical challenges, the average amount of water distributed per beneficiary was only about 6 liters until September 2010 (this stressing even more the issue of very low cost-effectiveness of water-trucking activities).

While a certain level of flexibility about reaching the Sphere standards was acknowledged due to the local complexity, the acceptable level of variation should be assessed: to which extent was the established local standard acceptable and cost-effective for such an operation compared to actual benefits for the IDPs? What was the actual impact of the small amount of liters on disease control? Based on the data available³⁰, it appears that the population was not dissatisfied with the quantity of water available when for instance, only six liters of water per person was available during ten months in 2010 (i.e. more than half the minimum humanitarian Sphere standard). The lack of complaints may have been due to beneficiaries having access to other water sources as was indicated in the January 2011 economic study, or that the average number of persons living actually in the camps were over-estimated. However, limited, definitive data is available that captures beneficiary satisfaction and/or water use practices over time. Considering the very high cost of water-trucking, more detailed information about the actual use of water, regular observations at the water points, etc. would have been useful for determining actual water needs of camp beneficiaries.

In terms of technical relevance, the emergency water points built in the camps were of satisfactory emergency standard (observations from photos and some camps still equipped with emergency water points visited during the final evaluation). In several locations, tap stands were identified to not have proper drainage. Water supply infrastructures were fairly standardized and not technically complex, except for La Piste T-Shelter where a small-scale distribution network was built. The overall quality of design and construction of the water point at La Piste is good, e.g. adequate pressure at the taps, state of the art construction, etc.

³⁰ Interviews with staff, limited number of calls coming in on the IFRC Camp hotline related to water, economic survey, etc.

Considering the actual local capacity (truck fleet of private companies quite operational rapidly after the EQ) and the intricacies of water trucking business in PAP, the decision to purchase 15 water trucks (for CHF \$1.6 million) looks to have very little relevance, effectiveness or efficiency. By looking at the total cost (representing more than about three to four months of free water distribution), plus time for procurement (roughly estimated at three to four months but trucks were not authorized to work in PAP for almost a year), the purchase of water trucks would only have been cost-effective after a minimum period of 6 to 8 months after the purchase. The decision to purchase water trucks was not appropriately timed and highlights the priority objective at that time of continuing free water distribution in spite of commonly agreed upon need for withdrawal. Even if the objective was to enhance the operational capacity to DINEPA, the water trucks were in practice used only 4 months within the framework of IFRC free water distribution. Finally, DINEPA never used the trucks as per the initial objective of handing to the operation over to DINEPA (due to negotiations with the water unions, and other external factors such as delay in custom clearance and acquisition of the license for the trucks - see paragraph Transition for more details).

As mentioned earlier, strategy wise, IFRC should have focused much more on local empowerment efforts and collaborative work involving the various involved stakeholders (camps and neighboring populations, local vendors, private water trucking sector and DINEPA) for an early withdrawal from the free water distribution scheme.

Service Delivery – Sanitation

Sanitation in IDP camps was an extreme challenge for aid organizations, including IFRC. In such a complex densely populated urban context, many technical and social reasons prevented the IFRC from building usual simple onsite emergency pit latrines. The Red Cross Movement selected the design of an elevated waterproof pit latrine (mainly a block of 4 stalls) as a standardized solution. Field observations of the final evaluation noted that in a few places, the choice of alternative options (underground pit latrines) would have been more appropriate and less costly in terms of desludging operations. It highlights the need for more camp-by-camp analysis at the time of the construction but also in terms of objectives, priority focus and day-to-day maintenance. The program documentations do not clearly reflect this approach.

A high demand for latrine construction to address needs, as well as the lack of space were the two major constraints to reaching the Sphere Standard (max. of 20 persons per stall). As such, the WASH cluster set the standard to 50 persons per stall. In many camps (where latrines were built by IFRC or only managed/desludged by IFRC), IFRC only reached 100 persons per latrine. With the decongestion process, the number of users decreased, but not in all camps. Data available at the time of the final evaluation does not provide updated information on the total number of operational latrines at each the thirty-three camps or the number of persons per latrine at the close of the program or over time³¹. Site visits and analysis conducted for the evaluation found that camps targeted for IFRC sanitation interventions continued to have limited access to latrines at the close of the program and over time. For example, the site visit to Charbonnière, identified 35 latrines (plus six private latrines built by individual HHs) for 7,500 persons at the close of the program (ratio of approximately 214 pers/latrine) (November 2011 IOM DTM Population data). In July 2010 the Charbonnière camp population was reported to be 18,000 with 70 latrines, which meant that there was only one latrine per over 257 persons, approximately six months prior to the cholera outbreak, with the number of latrines apparently decreasing over time. Similarly, for Henfrasa, there were 36 latrines identified during the site visit, which based on IOM data of 4026 persons in November 2011, there were 111 persons per latrine. However, in February 2011 there were 6000 persons in Henfrasa, which meant that there were roughly 165 persons per latrine at the time of the cholera outbreak. It is important to note that of the 36 latrines in Henfrasa identified during the site visit, many were not functional. While many latrines were constructed by the RCRC movement, it does not appear that latrine construction increased to the level that it met the demands or targets, and that such increase in access

³¹ Some reports indicate the number of latrines built at a camp by IFRC, but often multiple organizations, including PNS built latrines at camps

during the time of cholera was particularly warranted. Again, that IFRC increased its desludging efforts indicates that they were aware of and trying to meet the increased sanitation needs, but documentation of latrine construction to meet Montreal and WASH Cluster targets is limited.

Referring to potential low level of sanitation coverage and the widely spread 'parachute' practice prior to the EQ, the actual rate of using the sanitary infrastructures should have been more investigated as it is hard to evaluate the actual effectiveness of latrine usage. Some field investigations were implemented, especially at the time of the transition phase. But, information collected did not reflect all the issues (more activities-based than outcomes related) and it has not been clearly documented how the process for priority readjustments was effectively implemented.

While IFRC emergency water supply activities allowed the provision of potable water to IDP camps immediately afterwards the EQ, the provision of sanitary facilities took much more time. This strongly correlates with the complexity of the sanitation situation in the camps, but also to less emphasis and consideration for sanitation activities within IFRC program. As any emergency response, the community mobilization activities are of the utmost importance to guarantee success and proper use of infrastructures built; sanitation usually requires more time and effort on that matter.

While the 2010 POA calls for meeting the sanitation needs of the population, no clear established goals on the number of latrines needing to be built are identified. The report identifies a minimum ratio of 1:100 as the immediate goal with the hope of going up to 1:20. With a population of camps identified in the POA set at 280,000 people 11,383 latrines would need to have been constructed to get at the 1:20 goal. We do not know if this target was met.

In terms of vector control, latrine lids were found open (weak effect on fly control). As it is quite frequent in emergency situations, the humanitarian response brings with little population involvement infrastructures requiring new practices for the beneficiaries. Behavior change of users requires extensive participatory communication efforts, time and monitoring of the changes. The other challenge faced with the public latrines in the IDP camps was the cleanliness of the latrines but also how to keep the latrines and showers in working order: different levels of achievements were noted, notably depending on the degree of ownership (presence of a padlock or not). As mentioned previously, there was room for improvement – although very challenging to achieve – to guarantee proper sanitary facilities. Which ones again requires significant community mobilization effort that was not in place for much of this program.. Among the main lessons learned for the IFRC Watsan operation, was that there was a significant imbalance of effort between the hardware and software aspects and over emphasis perhaps on the water trucking efforts. These two aspects were certainly detrimental to the achievement of sanitation objectives.

The joint Red Cross Movement selection of waterproof pit latrines directly impacts the need for emptying; IFRC took charge of this frequent, costly and technically complicated desludging activity from other PNS. Once the pit is emptied, excreta management remains of sanitary concern. From a sanitary perspective, the use of vacuum trucking systems remains the most effective way, but due to high cost, over the long term cost efficiency is very low. Moreover, this desludging system makes the exit strategy or the hand over to local partners' even less realistic (see the paragraph Transition for more information). Given the various constraints of building emergency latrines in this complex urban context it is important to address both the need for sanitary infrastructures and to ensure good control of the excreta-related transmission routes of diseases, the elevated pit latrine was an appropriate solution for most of the camps. Trying alternative solutions was suggested but they were not ultimately implemented. Step-by-step and participation-based research of local solutions (involving local authorities, land ownership, camps leaders, representative from IDPs groups, etc.) while certainly would not have fixed all the complex issues it could have produced more alternatives. A more camp-by-camp approach would probably have decreased the burden of costly desludging systems.

In situation - like what happened in Haiti - of massive displacement of people in densely populated urban areas and with many social intricacies, issues and gaps regarding sanitation (from prior to the EQ), technical solution cannot be fully achieved anyway. However, by actual recognition of the priority need for sanitation at field, project management and line supervisors' levels, the toilets components of the project could have produced better impact.

Sanitation does not only concern access to toilets. Especially in those particular urban contexts, the environmental health issues have to be considered. To address these environmental health concerns the IFRC Watsan program put in place activities related to solid waste collection, access to emergency showers and drainage activities to avoid flooding of the IDP camps. The timing of the final evaluation makes it difficult to conduct an in-depth analysis of the effectiveness of those operations. However it is observed that the more IFRC is implementing activities with high running cost (desludging, pumping of stagnant water, etc. and without a great level of local participation, the more the phasing out of activities and the level of durability of current services remains of a challenge and leads to sanitary concerns (see more details in the paragraph 'Transition'). Regarding drainage, some camps still flood when it rains: in some camps additional drainage has been implemented, in others drainage adjustments cannot be addressed due to upstream water run-off. Nevertheless, in a location such as the 'Annexe la Mairie' T-shelter, the location selection should have been better considered. It points out the crucial need for brief or detailed systematic environmental assessment prior to any shelter construction or any hardware intervention in an urban context.

Evaluation Question 9: Effectiveness of hygiene promotion and community mobilization activities

IFRC's commitment to integrating hygiene promotion activities into its Watsan programming is well documented and interviews with IFRC staff at all levels of the IFRC operation indicated that it should be a key component of any Watsan emergency response by the movement. In the early days of the emergency response there is evidence that in general the movement both identified the need for hygiene promotion as well as set about to establish a network of hygiene promoters to work in the camps that PNS were working in. While the focus of the evaluation was not to assess overall movement HP activities, interviews with PNS found that there was significant variability in the degree of HP activities in the camps under the movement's Watsan programming efforts. The ARC, BRC, FRC and SPR all looked to have significant number of HPs trained and on the ground shortly after the earthquake. These PNS initially looked to the HRC for volunteers, and when sufficient HPs were not available, they assisted the HRC to increase their number and/or recruited and trained their own HPs. While the IFRC has indicated that HP should be a strong component of any Watsan response, the evaluation found HP to be significantly deficient in its implementation, particularly during the first thirteen months of the response, critical months for hygiene promotion in IDP camps following a disaster. Structurally many interviewed felt that HP should have fallen under the health program, and/or that there was not sufficient integration of HP with the Watsan program. During the cholera outbreak, three departments or units (Watsan/HP, Health and Cholera) were engaged in HP or some aspect of the cholera response, which created divisions among the teams, contributed to inefficiencies and reduced effectiveness as indicated in the cholera evaluation report. The IFRC focused its HP efforts in 33 of 66 the IFRCs targeted for Watsan activities, specific to camps where IFRC was conducting sanitation activities. There is no information available as to why the IFRC choose to focus its HP in just these camps, and at least two of the camps visited during the evaluation had no latrines in the camp. While other IFRC Watsan activities had been discontinued, HP activities were still underway at the time of the evaluation. Figure 1 below provides an overview of personnel, plans and systems in place over the past twenty-three months of IFRC's work in the camp.

Figure 1 - IFRC Hygiene Promotion Efforts January 2010-April 2012

HP People, Strategy and Reports	PERIOD	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	
Hygiene Promotion Delegate																														
HP Delegate 1	3/2010-5/2010																													
HP Delegate 2	7/2010 to 12/2010																													
HP Delegate 3	6/2011 to present																													
Cholera WatSan Delgate																														
RIT Watson/HP Temp Assignment																														
RIT Guatemalan RC	12-14-10 to 2-13-11																													
RIT Canadian RC	February 2011 ?																													
RIT Guatemalan RC	1-19-11 to 3-18-11																													
RIT Guatemalan RC	2-11-11 to 4-10-11																													
RIT Honduras RC	3-15-11 to 5-14-11																													
RIT Costa Rican RC	6-7-11 to 9-6-11																													
RIT Costa Rican RC	6-7-11 to 9-6-11																													
National Staff																														
Hygiene Promotion																														
HP Supervisor	9/1/10 to present																													
Community Mobilization																														
Community Mobilizer 1																														
Community Mobilizer 2																														
Community Mobilizer 3																														
HRC/IFRC Hygiene Promoters																														
1st Group of 7																														
2nd Group of 6																														
3rd Group 42																														
Camp Hygiene Promoters																														
Camp Community Facilitators																														
246 w/in camps/reduced to 112 4/2012																														
Peer Groups																														
In 33 Sanitation Camps/Trained 11/2011																														
Strategic Plan/LogFrame																														
IFRC/Health WatSan HP Strategy																														
IFRC Concept Paper WASH Strategy v. 2																														
RIT HP Strategy-Training Plan/Guidelines																														
Draft Watson 2 Yr Program Plan Log Frame																														
Misc Planning Worksheets																														
Available Reports/Data																														
Narrative Reports (some quan. data)*																														
Quantitative Only Reports																														
KAP Survey (310 HH)																														

*Hard copies of some HP reports on file, mostly for period of RITS, shared on last day in field unable to do a complete review

The figure calls out the following shortcomings to IFRC’s HP and community mobilization efforts:

- There were challenges in recruiting and retaining sufficiently qualified HP Delegates over the course of the response.
- To address the gap in HP delegates, RITs primarily from PADRU, were deployed on short-term assignments. Review of available CV’s of the deployed RITs found them to have limited HP training or background. IFRC staff interviewed indicated that while some RITs were helpful, many were seen to be in Haiti to be trained and as a result were more of a burden than helpful. In addition most of the RITs did not speak French or English.
- The IFRC was slow in bringing on HPs with only six to seven HPs through the HRC up through the early months of 2011, when the IFRC partnered with the HRC to increase the number to 42.
- Community Mobilizers, as indicated earlier in the report were not hired until April 2011, fourteen months after the earthquake.
- The knowledge and skills of the HPs and Community Mobilizers were found to be at a very basic level, however HPs in particular indicated that they had received training from IFRC and felt that their skills and knowledge related to changing hygiene behavior were improving. (See Annex 7 for translated written responses to a questionnaire distributed to HPs during the FGD held on 4/20/12)
- Development of a cadre of Relais Communautaires (community facilitators focused on HP) among camp residents also did not take place the spring of 2011.

Outside of inadequate and sufficiently qualified HP personnel, the HP program lacked strategic plans to guide and focus the work. The first available IFRC HP plan developed in April 2010 was detailed, but it was never implemented and was reported to not be supported by the Watsan Coordinator at the time. Other planning documents were either not available, or if available they were limited in scope and or lacked specificity and/or there is no documentation that the plans were implemented. For example, the one outcome and associated output for HP in the IFRC September 2010 POA is very basic and lacks measurable indicators.

Outcome 3: Improved hygiene practices – targeting in particular women and children – through hygiene promotion activities, dissemination of key health and hygiene messages on water and excreta-related diseases, and by building capacity for participatory health and hygiene promotion.

Output 3.1: “Water and sanitation interventions for people living in Port au Prince and outlying areas and/or with host families (approximately 300,000 people) are supported through the creation, training and support of water committees and accompanied by hygiene promotion and household sanitation practices”.

In addition to not having HP focused strategic plans there were no log frames to guide HP work up until January 2011 and there is no documentation that this log frame was used to guide or monitor the efforts of the HP team. To measure whether or not hygiene promotion activities were effective data needs to be available to measure changes in knowledge, skills, attitudes, practices and/or behaviors. There is no data available from the IFRC to measure change in these areas among the camps where IFRC targeted their HP efforts. IFRC did not collect any household level baseline or post implementation data that would allow for such an evaluation, so we are unable to assess the effectiveness of the IFRC’s HP program. The program did collaborate with a local organization COPED to conduct a household Knowledge, Attitudes and Practices (KAP) survey in June 2011. However, the questionnaire had limitations and the team only interviewed 310 HH from medium sized camps (housing 1,000-2,000 people) and did not use a representative sample of HHs. While the survey had its limitations, that it was done indicated that the team on the ground towards the end of the evaluation period recognized the importance of such tools and were able to take some information from the findings, e.g. respondents indicated that child feces is not a potential health hazard, to modify their HP efforts.

The IFRC looked to use a combination of HP approaches in the camps. The team of HPs and Relais Communautaires were trained on a modified PHAST approach as well as on the CBHFA. The team made use of card decks approved by the MSPP and WASH HP actors and developed another set of cards requested by the HRC as discussed earlier to use as visual aids for discussing problems in the camps. Whether or not these methods are effective in changing behavior and/or appropriate to urban IDP camp settings is unknown. In addition, hygiene kits were distributed, in conjunction with hygiene promotion efforts, and/or provided to Relais Communautaires as an incentive. The IFRC 36 month Plan of Action dated September 1, 2010 (IFRC POA vs020910 v_ cleaned) developed after the summit in Montreal called for the distribution of hygiene kits to 80,000 families on a monthly basis through December 2010.³²

For HP efforts to be effective, an enabling environment needs to be in place to support the practice of desired behaviors. The lack of, or insufficient, access to latrines and the lack of hand washing facilities at latrines were found to be significant infrastructure barriers for the promotion of hygiene practices. That HP is conducted in two camps where no latrines are available is problematic. While hand washing facilities (five gallon buckets with taps) were reported to have been installed at latrines, none were in place at the time of the evaluation. FGD participants indicated that the stations had not been in place for some time and that when they were available they were often stolen, had broken taps or were without water.

Despite these challenges, there is indication that the program has improved over time. A delegate was brought on board that had experience managing HP programs previously, including in Haiti and increased HPs were also

³² The total number of hygiene kits distributed by IFRC over the course of the program was requested by the evaluators, but the data was not made available.

secured and trained. More planning efforts, e.g. community mapping of environmental health concerns and household interviews to assess health and hygiene concerns were underway and better documentation of activities were also in place. In addition, a draft agreement between the HRC and IFRC to re-define and clarify the role and expectations of HRC HPs has been developed. HP has now moved under the health program and while this looks to be a good decision, the transition is still in process. In addition concerns were raised that HP may become diluted and/or lose its focus particularly given the HRC has not clearly indicated Watsan and associated HP as a key pillar of its work. Finally, as the rainy season is just starting in Haiti there are renewed concerns that cholera will once again be on the increase as it was during last year's rainy season and the same time the Watsan program is being dismantled. While the HP program component remains planning regarding how the IFRC should prepare for, engage in prevention activities and respond to a potential outbreak have just started.

Evaluation Question 10: Adequacy of and impact of human resources

Dedicated Human Resources for the Watsan Operation

IFRC Watsan EQ Response was a huge operation, involving a large amount of staff, from delegates to national staff and volunteers. The early emergency phase received the support of 5 ERUs and temporary Red Cross Movement expertise. Afterwards, the Watsan team relied on 26 short-term RITs to fill some gaps in human resources. Over a period of 2 years, the Watsan operation had in total, 40 Delegates³³, a certain amount of national staffs³⁴ and a large amount of daily workers and HRC volunteers. As a whole, the Watsan team staff accomplished a lot, with high level of dedication and with tremendously challenging working and living environments.

The complex context of urban PAP required experienced humanitarian workers with senior management level experienced who were particularly seasoned in how to best address the complex challenges of such a disaster. However, given HR limitations (more details under Support Services), many positions were filled by personnel who had limited experience working in an emergency context. Not having highly experience senior level emergency WASH managers on board looks to have ultimately affected the overall quality of work and ability to be more strategic in IFRC's overall WASH efforts.

For the total EQ operation (2 years), the average contract period for Delegate positions was low and there was a high level of turnover in supervision/management level positions. For the first emergency response phase the reliance on the support of ERUs and RIT more or less covered the HR needs. But for the recovery phase, the use of short term position along with high staff turnover was much more detrimental for achieving timely and quality work. In addition to staffing gaps (frequent in the program) and changes in management methodology/style, one of the main consequences of the high turnover was the regular loss of information between the delegates. Many interviews of former delegates showed the lack of clear information or rationale behind the decision making process of their predecessors. Face-to-face handovers were rarely feasible and the documented process of hand over was generally too limited (see monitoring paragraph for more details) or in some cases non-existent. 'End of Mission' reports remain confidential and therefore do not serve any value for passing along lessons learned or knowledge management of the project to new in-coming staff, except for HR purposes. In terms of management capacity, the project was faced with two main challenges:

- (i) The Management of a project of such scale requires a high level of comprehensive, i.e. Water, Hygiene and Sanitation, expertise in emergency WASH management – including strategy, planning and monitoring, and senior level experience managing large teams, budgets and activities.

³³ Figures from Haiti Human Resources Department

³⁴ Figures requested to the Human Resources Department, but not obtained

- (ii) The Watsan Coordinator position had an extremely large SOW with extensive project management and coordination responsibilities.

Based on these challenges, there was a need for additional management resources to ensure that these challenges were properly addressed. Having for instance one more management person (whatever the scheme of position: at the same level, a manager or a deputy) could have potentially improved the ability to address more effectively the management challenges of a project of this scale. The adjustment would have required re-organization of duties to ensure that all aspects of project management, e.g. technical support to the team, planning and monitoring, strategic overview, etc. were covered and that the individual skill sets of the persons filling the roles were utilized to their highest capacity. Among the top ten lessons learned from the tsunami response was that HR systems need to be scalable to meet the needs of large scale disasters and recovery programs. While that lesson was captured in the tsunami it doesn't appear that the lessons were applied in Haiti. Haiti and Zone HR staff indicated that there were considerable difficulties identifying and securing qualified WASH applicants. While some barriers look to be contextual, e.g. initial French language requirements and camp living conditions, some look to be related to an insufficient number of qualified applicants, particularly when priority was given to applicants who have RCRC society experience.

HR issues associated with hygiene promotion and community mobilization aspects of the project are addressed under hygiene promotion.

Evaluation Question 11: Utilization of local committees and outcomes

The IFRC Watsan program looked to have three different types of community structures, or positions, to support the management of water points. In the two T-shelters water committees were in place, however IFRC was only responsible for water trucking in La Piste. In IDP camps the IFRC looked to the camps Central Committees (CC) to identify individuals among their members who served as a "water committee". These water committees identified 1 to 3 "water care takers" who may have been part of the CC or a resident in the camp that were responsible for managing the water point within the camp. When free water trucking discontinued it appears that these same water caretakers continued to be the operators of the system and became responsible for collecting and managing funds paid by users, as well as chlorination of reservoirs/tanks and testing for chlorine residual. FGD found variance in how each camp managed their associated water point. Water point operators and CC members interviewed during site visits reported that IFRC had trained them on proper chlorine dosing and how to measure chlorine residual using pool testers. None of the operators reported receiving training from IFRC on fiscal management or how to set aside funds for future repairs. Two operators indicated that they put funds in a bank account and withdrew as needed to pay for the delivered water, it's not know if this is practiced by all operators. Funds were being collected in coffee cans at the sites visited and no accounting sheets were available to indicate the amount collected by individual users. Of the water points/kiosks visited, all were operational except one. This system had shut down after the first month of operation as beneficiaries did not want to pay for water and they had access to free water right next to the camp, even though this water was identified to have been of very poor quality by IFRC HP staff. The second month following operation access to the free water was cutoff due to the owner constructing a wall. Due to the availability of free water, the operator did not have sufficient funds to continue to pay for water and the water tanks were empty and non-operational and had been since January of 2012.

The IFRC did not form any sanitation committees in the IDP camps. Structures established to maintain latrines looked to vary from camp to camp and determined by the CC's. In some camps, CC's had identified 1 to 2 people on the committee who were responsible to either clean or oversee the cleaning of the latrines. In other camps, the responsibility fell upon the Relais Communautaires (RCs) community facilitators. The IFRC HP team also organized cleaning days involving the RCs and community Peer Groups to clean latrines and general camp waste collection. In some camps, RCs reported being taunted and even had feces thrown at them or outside their

shelter. They indicated that some in the camps thought that they were being paid to clean up, and were jealous of this and purposely tried to make their “jobs” harder. The IFRC provided cleaning kits to the CC’s on a regular basis. While data is not available on the number of cleaning kits distributed in 2010, since the arrival of the most recent HP Delegate 738 kits were distributed to camps and the T-Shelters by the HP team to facilitate maintenance of facilities. HP staff indicated that materials from the cleaning kits often went missing and/or were stolen. None of the camps visited looked to have facilities where materials could be safely stored and/or a system in place for material inventory and monitoring systems and lacked transparency, which could have assisted in insuring that materials remained available in the camps.

In conclusion:

- Camp capacity to manage water and sanitation infrastructure over the long term after the IFRC’s exit was weak. IFRC looked to Central Committees to organize the management of facilities and the CC’s demonstrated varying degrees of capacity and/or perhaps interest in seeing that the facilities were well managed.
- Training of those involved in maintaining facilities was limited and look to focus only on technical areas. No systems were put in place to prepare the camps to prepare them for the purchasing of cleaning supplies on their own following IFRC’s exit.
- HP had varying degrees of success in maintaining facilities, in part due to individual camp culture and interest in maintenance of latrines. Smaller camps looked to have more success in maintaining clean facilities.
- Missed opportunity to engage community and increase skills of committees to enable their long term management and maintenance of facilities.

Formation of water and sanitation committees in IDP camps has been utilized by other NGO’s in PAP camps and in other IDP settings globally. However, information on their effectiveness in IDP camps as well as in development projects is sparse. While such committees are probably more relevant to a long-term development project they can still play a role, and in the case of PAP are particularly seen as relevant, given the period of time IDPs have and will continue to remain in some camps following the exit of IFRCs and other NGO’s from the camps. Overall engaging beneficiaries in participatory processes in camp settings such as those in PAP, which, were very dynamic, densely populated and sometimes socially and politically charged, is acknowledged as challenging. Such settings call for trained staff with specific skills that go beyond basic participatory engagement skills, to staff with skills and training in the area of psychosocial relationships, conflict management and mediation. It does not appear that the Watsan team had staff with these particular skills on board and that overall participatory processes were limited to PHAST processes, which were also limited in scope and more recently community mapping exercises by the HP team.

Evaluation Question 12: Effectiveness of engaging beneficiaries

As an organization, the IFRC looks to support the importance of engaging beneficiaries in program activities. The IFRC is one of the original founders of Communicating with Disaster Affected Communities (CDAC) initiative established in 2009, which serves to improve communication between the humanitarian community and the affected population following a disaster.³⁵ In addition among the top ten lessons learned from the tsunami response was the importance of beneficiary accountability and participatory processes that engaged beneficiaries throughout program operations. In Haiti the Peer Review on Accountability to Disaster Affected Populations pointed out that too often participation of affected people was limited to the assessment phase and

³⁵ Evaluation of OCHA Response to the Haiti Earthquake (January 2011)

<http://ochanet.unocha.org/p/Documents/Evaluation%20of%20OCHA%20Response%20to%20the%20Haiti%20Earthquake.pdf>

that humanitarian actors needed to foster more two-way communication. In the 2010 IFRC POA a federation wide strategy to improve communication and accountability with beneficiaries was developed. The plan is very detailed, and while two-way communication is emphasized the identified two-way methods recommended (talk back radio, television productions that interact with beneficiaries in the field, publications with beneficiary news and use of SMS to collect feedback on specific questions/issues) provide limited capacity for engaging beneficiaries in a real meaningful two-way dialog. IFRC looked to be very effective in its dissemination of information to beneficiaries and employed a variety of mechanisms to both inform and educate beneficiaries about problems (e.g. cholera), protective practices (e.g. importance of hand washing and water treatment) and upcoming changes in program activities (e.g. discontinuation of free water trucking); however, these mechanisms for the most part were one-way. The communications team did employ systems to collect information from beneficiaries through SMS surveys, phone hot lines and radio call-ins, but recognized that these mechanisms had limitations and were no substitute for face-to-face engagement.

The communications team and the methods developed and employed looked to be very strong. The team developed and applied monitoring systems to assess the effectiveness of the methods employed, including conducting an evaluation of overall beneficiary communications and a SMS survey among beneficiaries regarding the distribution of hygiene kits. They looked to apply findings from these evaluations and lessons learned to improve overall communications with beneficiaries. Utilization of the communications team by the Watsan program appears that it was not as strong as it could have been. The communications team worked less closely with Watsan team than with the other teams (e.g. shelter and health) and that often requests by Watsan for communication team assistance occurred later than the communications team would have desired (e.g. in development of the water exit strategy communication plan). The communications team played a vital role in disseminating key hygiene promotion messages, particularly during the cholera outbreak and around specific events, e.g. world hand washing day. However, the communications team indicated that there was a dearth of assessments related to conditions in the camp and/or beneficiary knowledge, skills and practices, which could have assisted them to create more effective targeted communication strategies. Likewise, the Watsan team could have also capitalized more on the communications team's expertise, for example by involving them in the training of hygiene promoters around communicating with beneficiaries.

Engagement of beneficiaries looked to be more organized around special events, e.g. clean-up days, world hand washing day rather than on-going dialog. Community mobilizer staff were hired in April 2011; 14 months after the earthquake (See Figure 1 on page 26). Interviews held with community mobilizers indicated that most of their work was geared around "sensitizing the community". They indicated that they had some involvement with the sanitation delegate related to maintenance of the latrines through identification of Watsan focal points within the camps and preparing the community for IFRC's exit. Specific information or methods employed to prepared camps for the cessation of sanitation services were not indicated. The IFRC used an extensive communication plan to inform beneficiaries about the discontinuation of free water services.

Overall engagement of and communication with beneficiaries related to Watsan was limited and relied primarily on one-way communications. Engagement was implemented late in the programs operations reducing the ability for an early and sustained impact on behavior. National staff hired as community mobilizers had limited experience and skills and could have benefited from more training and coaching to ensure that the activities undertaken and the methods they used were effective. Efforts to engage the surrounding community in issues of importance to both camp residents and neighbors look to have been limited. Issues that were identified during FGD such as latrines that were burnt down presumably by outsiders to force camp residents out (Republic Argentine) and construction of a wall by an adjacent landowner (Henfrasa) to presumably prevent camp residents from using water on their property did not appear to be responded to by community mobilizers in collaboration with the camp community.

There appeared to be a lack of clarification on the roles between community mobilizers and HPs. The program did not appear to have a strategic plan related to community engagement and how such engagement should

evolve over time. It is not clear why community mobilizers were not hired until April 2011 or why, when the program was being closed down, they were hired at this time. Getting beneficiary input with respect to latrine design, location, and accessibility looked to be lacking. There is no available information to document beneficiary involvement in any phase of the program design or implementation or evaluation to assess level of satisfaction of implemented program activities outside of surveys conducted by the communication team that were very targeted and limited in scope.

Evaluation Questions 13 and 14: Engagement of local governments/authorities and other actors

Similar to the above the level of engagement with local governments/authorities (mayors, ASECs, CASECs, etc.) outside of working with camp CC's appears limited based on the documents available for review and interviews and FGDs. It is not known to what degree the Watsan program engaged with local leaders as no documents or correspondents was made available that documented such meetings or communications between the Watsan team and local officials. The evaluation team recognizes that such engagement could have taken place informally in phone conversations, or during camp visits, but documentation of such meetings was limited. During one FGD it was noted that the local mayor had stepped into replace the CC, to make it more effective, but IFRC's role in this change is not known.

More advocacy with landowners, particularly around construction of latrines, could have taken place. Some camps were on public property including two visited that were on the school property. One clearly had good relationships with the camp residents and allowed them access to the schools latrines, etc. The other, a public school, had very poor relationships with the camp and staff indicated that the principle of the school wanted the camp residents to leave the property. In this particular camp IFRC was only engaged in providing hygiene promotion activities. The latrines that were on the camp had recently been burnt down and approximately 100 shelters had also been burned down, killing at least one child. While IFRC had a limited Watsan focus in this camp, there was a need for some level of engagement with the school administrator and the community that was beyond the capacity of the HP team. Ultimately not engaging the community and school administrator may serve to reflect negatively on the IFRC given outside of one other NGO they are the only actor still working in the camp.

Evaluation Question 15: Watsan program involvement in and support of IFRC Shelter program

IFRC EQ response was organized through several departments: Relief, Shelter, Watsan and Health. Even for emergency response, it would have been more productive for an aid organization to have a more integrated and comprehensive response to address as much as possible the beneficiaries' needs. While some coordination mechanisms were in place, all departments mentioned the need for more effective collaboration and improved communication between the Watsan Department and the other operational ones – this implies improved efforts from all parties. Decision of implementing related activities in different locations does not optimize the impact of IFRC response and does not facilitate the collaboration process. Considering unproductive collaboration or coordination gaps from time to time, plus the difficulties to address them practically, having separated departments did not help towards institutional coordination on a daily basis. Again, this does not jive with tsunami lessons learned which call for effective coordination at both the strategic and operational levels.

Therefore, specific issues that occurred throughout the project may have been prevented. The decision of having separate departments necessitates great communication and collaboration between delegates. The teams could need to work deeper to address the day-to-day issues, but most importantly, the management level (Department Managers, Head of Operations) should supervise the integrated response process by notably making sure each department integrates technical inputs in service delivery. At the Watsan Department level, key documents were not found to indicate Watsan perspectives, especially regarding specific issues to be considered in details. One of the lessons learnt from the collaboration of operational departments is about the

need for systematic validation of integrated considerations through documented decisions. This would have been a great opportunity to address issues and requirements from each of the programs: difference of technical perspective, appropriate timing for support, joint needs assessment, etc. Regarding the collaboration with Shelter Program, both departments have already learned from the EQ response experiences; at present, the issue is to make sure that the INA program will integrate them (see more details in paragraph Transition). Main identified room for improvements are notably related to: environmental considerations in shelter construction, community mobilization regarding water and sanitation issues, shelter activities to assist camps decongestion in priority places (absence of appropriate sanitation or water supply), etc. Regarding T-Shelter activities, Watsan activities are of great quality despite some potential technical improvements (drainage in Annexe la Mairie, toilets location in la Piste – near the road).

Outside of the Watsan's team engagement with the shelter program, there was limited coordination with the Health Program. Coordination increased somewhat during the cholera response, but even then, it looked to be lacking. Coordination that did occur was appropriate; however, there were missed opportunities for better integration of health expertise into hygiene promotion activities. That HP, not well integrated into the IFRC Health program, is unusual for emergency WASH programs and identified by most interviewed to be not strategic on behalf of IFRC management.

Evaluation Question 16: Efficiency of support services

The success of Watsan EQ Operation depended considerably on fruitful collaborations with the different support services. It is therefore crucial to develop great interaction with them. As the Watsan Operation was of very large scale, the workload of support services was de facto significant too. Nevertheless, in many emergency contexts, some criticisms and conflicts often happened between operational departments and support services; this was also the case for the Watsan EQ Operation. Each side respectively lamented about the other one, often characterized by the Watsan complaining about the poor capacity of support services to fulfill their demands on time and by the Support services pointing out the absence of planning in requests to support and the attitudes of the Watsan staff towards Support services teams.

In emergency context, the activities must be operational on the ground as fast and effective as possible. This is therefore of the utmost importance that the concerned teams understand the objectives and limitations of the other ones and that they work jointly towards more productive collaboration. Those internal conflicts between departments and related staff must be settled internally. This is firstly the responsibility of each Department Manager to improve as much as possible the level of coordination with the respective department, but this also the ultimate responsibility of the Country management team to ensure that the most productive system is internally in place to address the needs of the beneficiaries living in IDP camps.

Specific collaboration with Human Resources

Due to the scale of the program, the demand for experienced Delegates and national staffs and occasional labor force (daily workers) was considerable. Having effective and very responsive HR support is a key success of an emergency operation. After the EQ, the HR Department had only one Delegate for the whole IFRC EQ Operation; this was obviously not adequate and supportive enough for the Watsan Department's needs. As a consequence, the Watsan Department took initiatives and decisions into its own hands (with no clear and coherent HR protocols and monitoring system). This system continued until about the middle of 2011 and eventually led to some HR issues regarding the daily workers.

The Regional and Global supports were supportive on the recruitment of specialized teams (ERU, FACT, RIT, specific expertise) within the Red Cross Movement pool of available and trained resources. Some trained PNS staff did not match the specific requirements of a complex and large-scale urban emergency though. Regarding the recruitment of Delegates, IFRC had difficulties to identify suitable candidates for Delegates positions. While

the humanitarian context, working and living conditions were indeed quite difficult and the competition between aid agencies in Haiti was very high for the most qualified staff, there is a need for a more productive assistance on Delegates recruitment from the remote HR Departments (Geneva, Zone Office). This is not assessed in any detail for this external final evaluation, as it requires a more in-depth analysis of internal HR recruitment process.

Delays in filling Watsan Delegates positions often led to the reduction of qualifications requirements. The initial emergency phase had quite a lot of IFRC delegates with related senior experiences on board; the second part of the project is characterized by the presence of many inexperienced staff (in terms of WASH urban emergency contexts). Although it is acknowledged that one important part of the success of an assignment depends on individual qualities and personality (this is even more reinforced during emergency response), the lack of appropriate experienced Delegates for critical supervision positions was as a whole detrimental to the project. Emergency response management requires technical, HR, reporting, strategic programming, coordination, etc. personnel all with a high-level of expertise, especially for such a huge program and within such a complex humanitarian and socio-political urban context. As long as the profiles required are not met, IFRC should have a proactive mechanism for quality control and close support to the field.

Consequently, for lack of capacity to provide the field operation with the appropriate quantity of qualified staff - which comes in addition to HR management conflicts within the team – IFRC EQ Watsan operation faced with too many HR limitations. Providing suitable profile for the expected period of time is one of the key elements for the institution to have the ability to implement large-scale urban disaster response in the future (the absence of required capacity jeopardizing the quality response to the identified needs).

Specific collaboration with Logistics

Emergency Watsan Response requires rapid and performing logistical capacity, especially for the implementation of hardware activities. This is all the more critical in a large-scale and devastated urban context. Logistic needs are not only about materials and equipments purchase but it also concerns the day-to-day activities with the allocation of the suitable resources for massive operations such as water trucking, waste desludging systems, warehouse for latrines construction as well as for putting at disposal cars for field visits, working conditions and living conditions for Delegates. Despite many ways for improvement have been identified, the support from logistics remained large. In the meantime, considering the critical role of logistics support in this massive emergency operation, there was a need for an increased emphasize on working out appropriate and successful work between the Watsan and the Logistics Departments (as previously mentioned in the beginning of the paragraph, especially in terms of communication and collaboration).

Having one Delegate dedicated to logistics in the Watsan team helped for facilitating the communication and reaching the needs. This however should have been integrated from the beginning of the emergency phase (when designing the Watsan team at the outset of the response). Most importantly, it remains relevant to highlight that although very important, an appropriate team scheme does not systematically address all the issues in practice. Indeed, whatever if the position is based in the Logistics or in the Watsan Department, productive and successful work strongly depends on the capacity (experiences on both Watsan and logistics) and on the quality of individuals (actual work effectiveness tended to vary throughout the project).

Materials and equipments procurement faced with several major delays that affected the proper implementation of the project. There was a variety of reasons for it (customs and licenses for water trucks and cars, procurement time for international tenders, lack of foreseen requests, procedures length, etc.). IFRC tended to purchase too much from oversea. One typical example is about the procurement of soap: this is not very clear why 50% of the significant stock of soap was imported while there was actual capacity of production in the country (factories still running after the EQ, validation of Haiti Log Department to purchase locally). It is noted that some materials or equipments did not match the actual needs: 15 water trucks almost not used

during and after the operation, significant quantity of pipes still, tanks, expired PUR sachets and other materials still in stock at the time of the evaluation, etc.). While procurement process faces with some difficulties (mainly for the above-mentioned reasons), there is also the need for increasing the order of adequate materials from the Watsan team by finding the right balance between the anticipation of emergency needs and the proper appropriateness of materials required.

The warehouse was initially managed by the Watsan team but it was finally taken over by the Logistics team. This action was not well accepted by the Watsan team as there were some concerns about large delays (to be linked with the tendency of the Watsan team to rely on itself for more effective results). However, this decision to have the warehouse management under the logistics department seems more relevant for them as per the core role of logistical support services and the need for improved safe working environment (chlorine products, absence of water and electricity, etc). It also helped the Watsan team, often under capacity, not to diversify too much their activity.

Evaluation Question 17: Adequacy and appropriateness of monitoring

The top ten tsunami lessons learned indicates that accountability to donors through effective monitoring, evaluation and reporting must be ensured. As IFRC does not have the usual donor constraints and requirements for reporting given the primary IFRC funding mechanism the IFRC has few required monitoring and evaluation in comparison to other large humanitarian donors, e.g. ECHO, USAID, USAID-OFDA. While IFRC was able to produce basic Watsan donor reports, these reports were not efficiently or effectively produced (e.g. data was not consistent from reporting period to reporting period) and the IFRC PM&E team reported considerable challenges with getting accurate reports due to the lack of basic program management tools and plans. Available reports fall far short of what other organizations require for effective monitoring and evaluation of implemented programs.

For example, while the IFRC looked to implement initial assessment tools at the beginning of the operation through its FACT and RAT team's limited documentation, particularly assessing conditions and needs down to the camp level with quantitative data is not available. This limitation was not unique to the IFRC as pointed out in the Evaluation of the OCHA Response to the Haiti earthquake report, in the early phases of the emergency. Interestingly the OCHA report points to best needs assessment practices including the IFRC's own Needs Assessment Tool (see footnote 7 for link to report), however these tools do not appear to have been implemented by IFRC. Some staff interviewed indicated that first responders did not feel that assessments were needed, that problems were everywhere and easily identifiable. IFRC Latin America zone staff indicated that funds were available to conduct assessment and that they had been identified as tasks to be completed. It is not clear why after the initial emergency phase, which understandably present difficult circumstances to conduct more in-depth assessment, why more in-depth assessments, including HH assessments were not conducted. All assessments that had been conducted that could inform the Watsan program (September 2010 HH Economic Assessment, Water Economic HH Quick Survey February 2011 and FACT and RAT reports) were all conducted within or close to the first year of the operation. A hygiene behavior focused KAP survey of 310 households was conducted in May of 2011 by a local organization COSPED. While the survey results reportedly provided the hygiene promotion and cholera teams with some information that helped to shape their HP efforts the survey did not use a representative sampling methodology and the survey tool itself was poorly conceived. There is no available data available outside of the two economic surveys to inform the Watsan's work or to measure change over time.

Limited strategic planning documents were developed for the Watsan program. If developed they were for the initial phases of the program and for the first year of operation. A HP strategic plan was developed in April 2010 however the HP delegate left a few months later and it does not appear that any action was taken to adopt or implement the strategic plan. Overall it does not appear that log frames or other tools were put in place to measure results or achievements towards identified strategic plans. A Watsan log frame covering years 2011

and 2012 was developed by the IFRC PME Coordinator, but there is no evidence that the tool was used or adopted by the program. Staff reported that the M&E systems changed over the course of the program, however there is no documentation of the changes and how they impacted reporting or program activities. The program lacked monitoring tools that went beyond basic information gathering, such as the number of liters of water delivered or people served. The HP team used several different tools to report on its activities over the course of the two years and up until recently and these systems looked to be improving over the last year of the program. However, again reports were primarily output based (# of activities conducted, where) and lacked specificity. Some narrative reports were also prepared by HP team members over the course of the program, for example by the RIT team and since the latest HP Delegates arrival in June. However, there are no reports available that indicate the total number of HP activities conducted at individual camps or aggregate information, or to adequately indicate what the focus of activities were on (e.g. hand washing vs. cholera prevention, water treatment, and safe water handling practices) over the course of the program or the total number of beneficiaries reached. No information is available upon which to measure change in behavior, knowledge or practices – basic tools for hygiene promotion programming or needs (e.g. reduced water needs).

Not having this information available meant that data was not available to be used to inform or improve program activities. Given high turnover in the Watsan team it also meant that when staffing changes occurred data was not available to inform new staff of what had taken place previously to inform future activities. A certain amount of learning documents in the first months of the emergency (RTE, sanitation after 6 months, 'from emergency to transition', etc.) were available, but documentation of lessons learned looked to drop off considerably after the first six months to a year of the operation.

As indicated in the Methods and Limitations section of this report not having appropriate monitoring systems in place has greatly affected the ability to evaluate the extent to which the IFRC Watsan program was effective.

4.3 Transition

Key Transition Findings:

- Considering the local capacities and in comparison with most of the WASH actors involved in free water trucking, IFRC practically anticipated exit strategy late during the project.
- Despite the need for more field follow-up in certain IDP camps where the implemented system failed, the exit strategy has led to effective results and the water supply is run by private local vendors. There are some concerns about the long-term local capacity of maintaining the infrastructures but this could not be evaluated within the framework of the present evaluation report.
- The sanitary situation in all the visited camps (18) is of high concern before the outset of the rainy and hurricanes seasons. Mitigation risks about the occurrence of acute-diarrhea diseases, and all the more new cholera outbreaks, are not in place: latrines pit and solid waste not controlled (desludging and waste collection services being deficient), low rate of latrines usage, weak vector control, absence of handwashing practices, etc.
- There was a need for effective camp-by-camp approach for successful sanitation exit strategies, but also for continuous mentoring / support to the IDP camps at the present time (referring to water-borne diseases outbreak and safe and dignified access to sanitary infrastructures).
- Collaborating with DINEPA within the objective of handing over the activities and building national capacity was relevant. However, the appropriate, realistic and cost-effective nature of the MoU is questioned as the 1-year plan will not be achieved and water trucking to DINEPA has never occurred (leading to a very limited use of the 15 water trucks handed over). Preliminary Risks and Assumptions about such a type of collaborative work were quite under-estimated.
- The DINEPA-embedded staff is an interesting positioning for IFRC but also helped DINEPA capacity building on many aspects. Planning and monitoring are nevertheless too limited and information sharing

and supervision (MoU extension, activities, budget, tendering) is urgently needed for the rest of the MoU completion (risk management approach).

- IFRCs involvement with the Haitian Red Cross looked to vary over time, and continues to be a work in progress. Watsan is not a key strategic focus area of the HRC's 20120-2015 strategic plan, which inhibited the IFRCs ability to effectively engage the HRC in its overall Watsan activities and subsequent transition plan.

Evaluation Question 18: Relevance and effectiveness of the transition strategy

Water Trucking Exit Strategy

IFRC respected the deadline of the Government requirement (October 2011) about stopping emergency water supply in the camps. Compared with others aid organizations involved in the same activity in PAP and as mentioned in the paragraph 'Strategy', the exit could have occurred earlier. In the first semester of 2011, IFRC finally anticipated the exit strategy by developing effective collaboration with local actors in the field and started to withdraw gradually from the camps. At the time of the final evaluation (minimum of 6 months after the effective exit strategy in the camps), most of the existing IDP camps had access to potable water through the water kiosks built, inside or in the vicinity of the camps, or through other resources up and running in the community for some time, e.g. osmosis water providers.

Benefiting from IFRC investment in the new infrastructure, local vendors can afford selling water at lower price than usual local prices (3 HGD instead of 5 HGD); this is stipulated in the agreements. The vendors must systematically add the appropriate amount of chlorine (based on training and fact sheets on adjustments depending on initial chlorine level and volume of water). The few water quality tests in the field cannot give a comprehensive overview but tend to show that the water at the new kiosks is of satisfactory quality (most of the random field tests showed appropriate Free Residual Chlorine at the tap; one did not have chlorine. Children were observed to drink directly from taps). It is important to stress the needs for regular and on-going mentoring monitoring and ensure that appropriate effective camp-by-camp adjustments should be accordingly in place for some time again (in anticipation to the rainy and Hurricane seasons at least).

In the few places where the system has not worked, people living in the camps still have access to 'protected' water through other neighborhood water vendors; however, this water is in more expensive five HGD as opposed to three. This reinforces the findings from one IFRC survey in January 2011 that showed most of people can find alternative water for drinking and 75% of them mentioned that free water distribution is not a priority concern for their household.

IFRC has organized regular visits to the camps; but information showing existing water supply problems has not been clearly documented. At least where problems were identified during evaluation site visits, no attempts to address them have looked to have been taken by the IFRC since the exit strategy was implemented (i.e. for 4 to 6 months). Field supervision investigations are very important even after the handover of activities (enhancement of local capacity always requires time and close support in the first months). However, they should produce more results in the sense that any identified problem should be followed by the reinforcement of community-based support and come up with appropriate solutions (detailed action plan, follow-up). Here again, better documented monitoring system will facilitate both process and timely overview of the whole situation.

For some reason, IFRC was not closely involved with ACF, another key actor in water trucking, which had 156 IDP camps plus one embedded staff in DINEPA in charge of the "Beyond Water Trucking" Project for 15 months (most of the camps were handed over by March 2011). Several aid organizations had partnership with ACF DINEPA Project and worked in close coordination for more effective and earlier water exit strategy. This was a

potential missed opportunity to learn from and collaborate with another organization involved in the same activity for the benefit of all.

Continuation of water trucking was expensive, reported to be a half a million USD a month, so over the course of the program, approximately \$11 million USD was spent on water trucking alone.³⁶ That camp residents were relying on other resources for drinking water questions whether or not this was a cost effective, or even an appropriate, public health intervention. Had free distributions been discontinued earlier funds could have been used for longer term durable options, as well as to increase the capacity of water suppliers in general.

Sanitation Exit Strategy

While the evaluation was conducted five months after the program ended, latrines were overall found to be in poor condition. However, this did vary greatly from camp-to-camp, with larger camps found to have more poorly maintained facilities. Because of poor maintenance, open defecation, which has been a common practice for many prior to the earthquake, continues in camps. This is a particular problem in highly densely populated camps and increases the potential for disease outbreak, such as a resurgence of cholera. Moreover the insufficient cleaning of cabins, the non-regular desludging of pits, the absence of hand washing points, the destruction of public showers (or when existing, with no privacy), the limited drainage around the tents, the need for more solid waste collection are all of high risk in terms of sanitary vector control, particularly in such living settings. At the present time, people are still leaving in camps and should stay for a certain period of time; they met the structural characteristics of displaced population with emergency sanitary needs. Current conditions in many IDP camps are under humanitarian standards, especially in terms of dignity, gender considerations, protection, assistance to displaced persons, disaster resilience, etc.

Some IFRC reports written in 2010 highlighted the issues of limited sanitation efforts or need for more efforts on that respect; failing that, they predicted potential waterborne disease outbreak. Considering the withdraw of humanitarian aid in the IDP camps, the near rainy and hurricane season and within the additional contextual burden of endemic cholera in the country, this analysis is still valid now as the situation assessment showed high risk level in terms of occurrence of epidemics caused by poor environmental conditions.

Emergency latrines have no durability (wood structure) and may need to be rehabilitated if people continue to live in the camps over the long term. This may lead to a shift towards more open defecation eventually. The environmental health analysis should be considered in perspective with the political decision of not building any more sanitary infrastructures in the IDP camps. While this is not clear how IFRC has anticipated future needs for IDPs (presence of IDP camps versus political decisions of no emergency assistance versus sanitary risks), the environmental health analysis concludes to urgent initiatives, involving local actors. One of the exit strategies relies on decongestion but external factors such as stopping sanitation service or absence of toilets will not send people 'home' as discussed earlier. The lack of services will just result in harder conditions and higher environmental health risks. Even if IFRC should not remain deeply involved, it is suggested to consider some rapid and realistic support from IFRC such as being a mentor for the committees for a certain period of time (end of hurricane season or end of the year?) and ensuring sanitary situation is under control as much as possible in each camp.

Assessing the relevance and effectiveness of the sanitation exit strategy should consider the extreme complexity of the situation: in addition to technical, social and political difficulties to reach humanitarian standards during the emergency, the management of sanitation services cannot be handed over to the local actors due to high financial needs. However, there were potential ways for improving the hand over and reduce the burden of sanitation management. A camp-by-camp approach is mandatory for successful exit strategies, but also for continuous mentoring / support to the IDP camps. From what is understood, IFRC implemented a camp-by-camp

³⁶ Financial data that indicates the final amount spent on water trucking is not available.

approach but this not clear how and to which extend this has been done; this was worth to be properly documented (priority selection, specific PoA, field reporting, hand over monitoring, current environmental health situation, etc). It seems to be a need for increased field and community-based efforts during the preparation of the hand over and afterwards (mentor support). Certainly, the situation is made even more complicated with limited community approach. Another obstacle to appropriate use and maintenance of sanitation services would reduce the quality level of maintaining the services: where emergency service did not meet the basic needs (for instance, IDP camps with about 100 persons per latrine or absence of privacy or any convenience), how to successfully convince the populations about the necessity of having clean and operational service?

Regular desludging of waterproof latrine pits does not help as no simple exit strategy can be figured out. This is not affordable by the local populations and even so, sanitation is not considered as a payable service such as for water. Several IFRC reports and publications documented this quite well. At the time of the exit strategy for sanitation activities, there has been 2 years of dependency with desludging assistance system that could not be handed over to local actors, except to private companies under institutional funding (as this is the current situation). During the program, it was proposed innovative solutions (biodegradable bags, collaboration with the Bayakou community, subsidizing toilets maintenance, etc.), to be tried but this never really happened. While those actions would have remained at small-scale pilot project level, it would have been relevant to put more efforts on developing alternative technical options in complex urban settings. This would of course require additional human resources for effective and productive implementation (innovative community-based pilot project needing close supervision).

Ensuring proper sludge disposal is crucial within the cholera outbreak context and the inappropriate existing facilities. And it is understood that this – under way - project needed additional financial support to be completed. However, from a broader strategic perspective, the decision of financially supporting the rehabilitation of the waste water treatment plan (about half a CHF million) can be questioned. What is the rationale for IFRC of supporting large infrastructures rehabilitation? How is this linked with IFRC Watsan/Recovery operational strategic plan? As a very low knowledge of actual implementation by supervision/management teams (Haiti, Panama and Geneva) has been observed, what are the detailed planning and monitoring processes to ensure quality performance? In case of delays, who will monitor the project activities? Similarly, as mentioned in the paragraph related to the involvement of HRC, what is the strategic planning of handing over vacuums trucks to HRC and what is the level of actual sustainability issues?

Evaluation Question 19: DINEPA capacity and transition progress

Regarding the MoU with DINEPA, the Risks & Assumptions analysis was too limited. This might be potentially due to enthusiasm related to promising discussions with DINEPA and the perspective of finding a suitable and sustainable solution about the costly water distribution. However, by using – the missing analytical planning tools, related needs assessment would have identify potential threats related to former system for private water trucking and related business (plus high-level political influence?). Thus, the MoU would have not designed activities such as the one which are not considered anymore at the present time. For instance, the handover of 15 water trucks which are no meant to be used as for now – as described below -, have important budget considerations given the amount at stake (CHF 1.6 million).

DINEPA being considered as one of the most performing national authorities in Haiti and being the national public body for Water and Sanitation, collaborating with the national authority to enhance capacity and ownership makes a lot of sense in terms of national capacity building and within the framework of recovery perspective. But DINEPA still remains a young and learning structure that needs technical support. Also, DINEPA is highly requested by a variety of WASH actors for collaborative programs; it has to manage and supervise loads of programs simultaneously. Therefore, IFRC took a certain level of risk – timely wise especially – of relying in priority on the collaboration with DINEPA for handing over the water exit strategy in IDP camps. Integrating

more balanced private / public partnership would lead to better results and be more appropriate to local context and actual capacities.

Moreover, the definition of an agreement of this scale should include in-depth socio-political assessment. This would have shown that the water trucking sector has been historically a large but the preserve business of private sector. Besides, the actual high-level influence of water unions on some political decisions is not totally transparent. As a result of the completion of free water distribution (especially since rental of water trucks came to an end), the private sector pushed to come around the negotiations. Eventually, IDP camps water distribution through DINEPA water trucks has never been effective; the activity of handing over 15 water trucks remained of poor efficiency.

In total, the 15 water trucks purchased by IFRC only worked during 4 months just before the completion of free water distribution. As a result of renegotiation of water trucking conditions in PaP, the whole fleet (except a few on maintenance) to be officially handed over to DINEPA in July 2012 are only used for special occasions (carnival, public gatherings throughout the country, emergency needs in particular places, etc.) and for specific purposes, such as water trucking to the waste water treatment. Beyond high investment costs for IFRC, it might be an additional financial burden for DINEPA for keeping up the whole fleet (operation and maintenance costs). This might be of concern in terms of durability of services, especially if the fleet is mainly used under exceptional circumstances.

Due to long arrangements for setting up a new collaboration between IFRC and DINEPA, the MoU between the 2 parties was consequently delayed with negative impacts on the effective water exit strategy: (i) signature in July 2011 blocked any opportunity and effective implementation of handing over the water distribution in the camps (ii) budget available in the last quarterly of 2011 which delayed the others activities, especially the construction of water kiosks to extend the public WSS. Therefore, in addition to delayed water hand over, implementation of MoU activities can not be implemented in time (official end in July 2012). An extension will be requested soon but no actual period duration has been yet found out (depending mostly on time for procurement procedures).

Generally speaking, DINEPA is satisfied with the collaboration with IFRC. The embedded IFRC staff facilitates the process of improving this new collaboration between 2 different organizations. For the reasons evoked above, the list of obligations from IFRC is far behind schedule (low level of effectiveness at the time of the final evaluation). Surprisingly it has been observed a low level of knowledge from IFRC managers (except the Watsan Department) in terms of actual activities progress. This is linked with limited access to detailed activities progress monitoring tools, including the comparison of initial objectives and actual implementation, proposed readjustment. The monitoring tool should not be limited to reporting of undertaken activities but real supervision plan that shows the whole picture and the main issues at stake.

There is therefore an urgent need for increased sharing of information and production of monitoring tools (in addition to regular monthly reports). For appropriate risk management decision (all the more given that the Watsan Department will end up by May 2012), there is a need for IFRC management and support services to find out more about accurate amount of budget at stake (both spent and provisional), information on provisional plans of actions and related decision-making process regarding the extension of MoU.

Evaluation Question 20: Involvement of the Haitian Red Cross

Involvement with the Haitian Red Cross looked to vary over time, and continues to be a work in progress. A draft strategic plan for the period of 2010-2015 for is in place covering three pillars or focus areas – DRR, Health and Blood Services. The plan is not specific to PAP or to its work with the IFRC. It is not clear to what degree the HRC is interested in Watsan activities and the way to look forward. While the official HRC strategy does not mention in particular the Watsan area as a clear objective (except for community-based awareness-raising activities), some within the HRC stated that it is a priority area in Haiti and the HRC should be involved. External to the HRC,

there is a divergence of opinion about the type of approach to move toward: some reports indicate the capacity of HRC and the importance of supporting the National Society in the recovery programming whereas some interviewed persons indicated that the HRC was interested in Watsan, but not clear to what degree (illustrating the limited technical and management capacity building of the HRC Watsan managers during IFRC Watsan Program) and others pointed out that more diversity of activities might be counter productive for the quality development of the HRC and it will be more relevant and effective to follow the on-going objectives.

The HRC played a vital role in identifying HPs in the initial phase of the earthquake response, particularly for PNS, however the IFRC only had six to seven HPs in collaboration with the HRC up until March 2011 when a total of 42 HPs were recruited and trained in collaboration with the HRC. It appears that paying HPs, as it was common practice among many NGO's and PNS, as well as the IFRC during the initial phases of the emergency posed philosophical challenges for the HRC in that HPs were technically referred to as "volunteers" yet were receiving a stipend of 450 HTG a day when deployed into the field. The IFRC and the HRC has recently revised HP position descriptions and worked to clarify that such positions are volunteer not paid positions. It is not clear how decisions were made between the HRC and the IFRC when it came to HP strategies, of if any discussions took place about whether such decisions were based on evidence. For example the IFRC was requested by the HRC to create a new set of cards to use in hygiene promotion participatory activities using a local artist, despite the fact that cards already existed and had been approved by the MSPP and WASH cluster. In addition the HRC focuses on using CBHFA and ECV education approaches, which limited evidence is available to indicate that these are effective for bringing about behavior change, also a finding in the cholera evaluation.

At the point of the evaluation, the HRC and the IFRC HP and Health programs were in transition and it was not clear to many what the future direction would be for these three components and some concern that HP would lose its focus and thus its potential to bring about change in hygiene behaviors if diluted. Regarding Watsan technical activities, the HRC is the counterpart of IFRC activities and is involved in protocols or agreements (MoU with DINEPA, agreement with water committees, etc.) but with no real operational functions. Besides, even with HRC having only one dedicated Watsan person for the whole national territory, IFRC Watsan Department does not have a detailed PoA for supporting the development of HRC capacity on any technical aspect of Watsan. The absence of clarity makes difficulty to judge of the actual involvement of HRC in Watsan operations and, most importantly it questions the relevance of donated equipments to the HRC, such as the vacuum trucks, pre-positioned materials for disaster response, etc. At last, in the event of a future emergency in Haiti, what would be the role of HRC in respect with Watsan emergency response? 2 years of collaboration – even limited – in a large-scale EQ operation should come up with informative decisions about the collaboration between the 2 organizations and the support level to be adjusted in the future (emergency and / or longer-term development).

4.4 Coordination

Key Coordination Findings:

- Coordination within the Red Cross Movement has been internally judged as satisfactory.
- Learning from the Tsunami lessons learnt, separated coordination and implementation have been eventually put in place, but after 19 months of operation. There was overwhelming agreement that the IFRC Movement Coordinator position should have been in place from beginning of the operation.
- Not having this positions looked to limit the role the IFRC had in developing broader WASH strategies not only among PNS and the RCRC movement but also for the broader WASH EQ response in PAP.
- Considering the recognition of IFRC and the entire Red Cross Movement in the WASH sector, IFRC Watsan EQ Operation but also the related Movement Coordination could have developed best practices and lessons learnt documentation to be shared with the WASH Cluster. It would increase the technical representation of IFRC in the Haiti EQ Response.

Evaluation Questions 21 and 22: Relevance of and contribution of IFRC movement coordination role and Relevance of and contribution of IFRC with non RCRC actors

The Red Cross Movement – IFRC, PNS, HRC and ICRC – has a regular coordination mechanism in which IFRC Secretariat has an important role to play guided by policy and practice to coordinate the membership. The meetings helped in coordinating sites location, needs and gap coverage, optimal utilization of resources, standardized activities. Throughout the EQ Response operation, 3 successive IFRC staff was in charge of leading the coordination process for the Watsan operations: the 2 Watsan Coordinators fulfilled this duty during their assignments and for a period of 20 months. From September 2011, IFRC finally created a specific position for the Watsan Coordination of the Red Cross Movement. IFRC learnt the lesson from the 2004 Tsunami Response that separated coordination and implementation positions are crucial. This lesson from the past was considered during the first stages of the Haiti EQ Response, but not put in place in practice (valid for all the Program Departments).

Although the individual opinions might slightly diverge, the general feeling from HRC, PNS and IFRC interviewed persons is that the level of achievement was correct; in the meantime it suffered from the comparison with the outputs produced by the Shelter Department which requested an additional position for the coordination role (obtained with the support of Geneva office). It is worthwhile to mention here that IFRC Shelter Department is also the Shelter Cluster Coordinator. The Watsan department did not consider relevant to have one specific position for coordination and convinced Haiti management, in spite of Geneva telling otherwise.

As mentioned below the absence of one dedicated Watsan Movement Coordinator was detrimental in many aspects. Another potential conflict was the lack of detachment of the Watsan Movement Coordinator as an independent body. Being an IFRC staff brings more emphasis in IFRC work (physical proximity and participation to IFRC internal meetings). As for an example, the learning conference gathering all the PNS involved in Watsan mainly focused on IFRC work, even though some scattered opinions pointed out the prioritized focus on PNS rather than IFRC. At least this illustrates well the need for maximum of independence and proactive collaboration with the operational teams.

In that matter, there is also a need for better information management with proactive data collection (field visit to camps, visit to PNS offices, etc.) to develop proactive exchanges / collaboration.

The embedded IFRC Watsan staff in DINEPA (actually based at DQD office) has improved direct coordination and communication with the national authority. By being often in the offices of DINEPA and with regular face-to-face communication with the national authorities, this position is often requested to pass information for PNS and/or DINEPA. This is a great opportunity to facilitate communication provided that there is no overlap and potential relationship conflicts eventually. However, in that matter, as the Water and Sanitation Country Focal Point, the Watsan Movement Coordinator should keep the control of the supervision of those direct communications.

Evaluation Question 23: Impact of not having a dedicated Watsan Movement Coordinator

Based on interviews conducted with key external stakeholders, PNS and IFRC staff there was almost unanimous agreement that the IFRC Movement Coordinator role should have been in place from beginning of the operation. Those interviewed indicated that the work needing to be done under the IFRC Watsan Coordinator was too extensive for any one person, regardless of skills and experience of the person filling the position, to do both day-to-day program management as well as overall federation wide coordination. In addition some indicated that not having this role kept the IFRC from being more strategic in its own Watsan operations, including formation of and implementation of an earlier exit strategy. Those interviewed indicated that having such a position earlier on would have benefited the federation overall Watsan operations if the position could have had been in place and linked more effectively with outside federation players such as with DINEPA, MSPP

and UNICEF and been a more active participant in WASH cluster meetings particularly after the initial emergency phase.

Given the scope of the IFRC's overall involvement in Watsan activities in the camps (both in numbers being served and budget), not having a strategic presence amongst the other major partners limited the role the IFRC could have played in developing broader strategies. When the decision to bring a movement coordinator on board was effective, it was 19 months after the initial earthquake response and at a point when exit strategies were in the process of being formed and implemented. The timing for implementing this position looked to be off.

5. CONCLUSIONS

The Water and Sanitation Haiti Earthquake (EQ) Operation was a large-scale program in a complex and poor urban setting affected by one of the most devastating sudden-impact natural disasters worldwide. This program was the biggest Watsan emergency response implemented by IFRC. It targeted a large number of beneficiaries, with massive deployment of means (budget, logistics and human resources). Exacerbating the emergency response, with hundreds of thousands living in IDP camps with limited access to water and sanitation services, ten months after the earthquake the largest outbreak of cholera in modern times struck Haiti. These successive large-scale disasters were both unprecedented in Haiti. Likewise the scale and complexity of the international aid sector's interventions were also unprecedented. Finally, as discussed in the introduction, the IFRC Watsan EQ response was taking place in an environment characterized by unfavorable political, economic and social conditions which presented additional barriers to IFRC's ability to respond effectively.

The IFRC Watsan EQ Response was made up of two main phases- 1) the emergency phase, focused on rapid response interventions shortly after the earthquake, and 2) the recovery phase. However, it was difficult to differentiate between the two phases and subsequently difficult to evaluate the appropriateness strategies implemented over the course of the two years of operation. Standard emergency response guidance usually calls for these two phases to overlap for a certain period of time for more coherence and to optimize longer-term benefits. Issues related to recovery should be anticipated and considered from the beginning of the emergency and if not feasible, as was the case for this program, the emergency interventions should be scheduled for immediate and short-term periods only. As a whole, periods of transition from 'emergency to recovery' as well as 'recovery to exit' were under considered and the "software" aspects (community mobilization, enhancement of local actors, etc.) were not emphasized from the very beginning of program operations as they should have been³⁷. As a result of being deficient in these matters, the actual process of handing over was greatly challenged (although the absence of simple solution is acknowledged). These, and other external causes outside of IFRC control, have contributed to the poor sanitary situations that still exist in the camps, months after IFRC's exit.

The evaluation team got the sense that the IFRC Watsan EQ response was so large that the operational staff, very much dedicated to their day-to-day emergency duties, were too focused on addressing these immediate (and substantial) needs and thus lacked the time and/or capacity to step back and anticipate strategic planning needs. This is a common occurrence for most emergency response efforts, especially for large-scale interventions. As a global emergency response institution, IFRC has the potential capacity as well as existing systems in place and related guidance tools to ensure proper inclusion of broader strategic programming and suitable project supervision (beyond day-to-day operations management and activities reporting). However

³⁷ For the recent years, there has been a global major development on naming the 'Water Sanitation and Hygiene' Programs. Before, it was generally called Watsan (Water & Sanitation) or WES (Water and Environmental Sanitation). Following the various lessons learnt of many years, the international aid sector has shifted for a designation term that would incorporate the third pillar of Hygiene promotion. The term WASH (Water Sanitation and Hygiene) has been notably selected at the time of the Humanitarian Reform that led to the creation of technical clusters (i.e. the WASH Cluster). While recognizing the crucial interactions between the 3 pillars of WASH actions, IFRC remains one of the few leading humanitarian agencies that continues to refer to Water, Sanitation and Hygiene operations as "*watsan*" instead of WASH (for notably better integration of Hygiene Promotion).

these look to have been only partially applied to this effort. IFRC should have worked out more reliable mechanisms to ensure the effective provision of additional resources to support the operational team on the ground. While the detailed mechanisms can be discussed internally, notably the practical roles and responsibilities of the Country management, Panama and Geneva offices, bringing in short-term strategic planning and monitoring expertise and imposing a baseline study and a mid-term evaluation must be considered as priority to complement operational staff in the field to ensure that both day-to-day operations and longer term planning are suitably implemented.

The following serves as a brief assessment of the performance of the IFRC Watsan EQ Operation using DAC criteria for evaluating humanitarian action³⁸ :

- **Impact:** Taking into consideration the limitations related to the emergency context and the very complex and challenging context, the project brought a minimum level of control for high-risk waterborne diseases at the outset of the emergency response and very basic (under humanitarian standards) water and sanitation services (plus vector control and cross-cutting considerations). The WASH sector in general delivered low humanitarian basic services. However, the impact of IFRC Watsan EQ Operation could have been higher (i.e. increased level of services for the same amount of beneficiaries), mainly if not remaining narrowly focused on one intervention strategy (water trucking) without sufficient consideration to the evolving situation in each of the IDP camps and the surrounding neighborhoods and recovery in the communities' water supply system. Given the lack of outcome data, the program is only able to report how much water was delivered and how many toilets, showers, etc. were constructed, significant but lacking the level of specificity to show what changed (e.g. did hygiene behaviors improve, did the incidence of diarrhea go down, was making free water available enabling HH's to put their economic resources towards other good that would enable them to move back into the community, etc.) as a result of these activities.

- **Connectedness:** The nature and complexity of the EQ response, exacerbated by the cholera outbreak that started in end of October 2010, brought additional challenges to working on implementing activities that could be sustained and handed over to the community following the initial emergency phase of the operation. That said, as described above, the transition phases could have produced earlier and better outcomes with more appropriate allocation of means. While the emergency phase is over and despite political decisions by the Government of Haiti which have called for an exit of aid agencies from the camps, humanitarian challenges and needs remain in the targeted camps and surrounding communities two years after the emergency.

- **Appropriateness:** the selected approaches were relevant and appropriate to the conditions surrounding the emergency. While the transition phase from relief to recovery was challenged by the sudden threat of cholera outbreak, there were divergent opinions internally about the selection of approaches and the timing of the shift between the two phases. Despite meeting part of IDP needs, the emergency activities left the beneficiaries reliant on external assistance (such as water trucking) for too long, offering no affordable community solutions that involved enhanced management capacity of local actors until very late in the operation. Given the scale and focus on ensuring that day-to-day provision of services continued, it was difficult for the IFRC to dedicate more priority toward more community-focused solutions. Moreover, the consideration of local (sanitary and social) contexts could have been better integrated into the program's approaches. Putting more resources on preparing for the transition and withdrawal of activities would have allowed some IDP camps to rely earlier on local options. This would have considerably scaled down the financial and operational burdens and freed-up personnel to work on other tasks, such as how to increase access to sanitation in and/or near to camps. Generally speaking, the project tended to focus too much on activities instead of being more results-oriented.

- **Coverage:** The project coverage was quite impressive in terms of population needs. The mandate of IFRC to target the most vulnerable people has been generally achieved. This evaluation highlights some areas where

³⁸ http://www.alnap.org/pool/files/eha_2006.pdf

improvements in the quality of service delivery and in some detailed interventions can be made. In particular, the project's coverage could have been greater by ensuring closer achievement of humanitarian standards (for instance, more available and/or accepted and better maintained toilets would have presumably led to decreased open defecation practices). By not having sufficient data collection throughout the project, there is a lack of information on which to assess what degree IDP camp beneficiaries were integrated into their surrounding communities and the degree to which needs of both were better served as a result of IFRC's interventions.

- **Coherence:** The project has followed national guidance established by DINEPA and the WASH Cluster in Haiti and partially reached the minimum standards for Haiti EQ response. IFRC had nevertheless the tendency to justify the inadequacies of some aspects of the program, e.g. number of persons per latrine, due to the contextual decisions made by the WASH sector and the national authority. Searching for increased achievement based on camp-by-camp need analysis approach instead of using average data fixed on a general basis could have produced better results for the population in some camps. That said data is only available to indicate what was achieved on an aggregate basis, for example in the number of persons per latrines, whereas site visits indicate that access from camp to camp varies greatly. IFRC needs to be more transparent about actual coverage achieved as well as changes in coverage over time due to population shifts and increase or decrease in access to services.

- **Effectiveness:** Measuring the extent to which an activity achieves its purpose turned out to be very difficult without planning tools and SMART performance indicators. The project put priorities on specific activities that required significant effort (management, logistics, budget, HR) to the detriment of other activities. With improved priority objectives, the whole response could have been modified and reoriented to place a higher priority on achieving more outcome based objectives. There was a strong need for more detailed and comprehensive strategic, planning and monitoring tools. In addition, there is a need for an institutional shift for future large-scale urban response efforts; to go from capturing basic activities to more of a focus on, and use of, performance measurement tools that are outcome based and focused on overall accountability.

- **Efficiency:** The efficiency of the project is particularly low. While expensive activities can be justified for the very first phases of the emergency, the continuity of services such as free water trucking and to a certain extent latrines desludging were extremely budget-consuming. In addition:

- There was a need for better collaboration and coordination between the departments in Haiti, e.g. between Shelter and Health and the Cholera team. There was also a need for better overall oversight and involvement on operational supervision from the Zone (Panama) and Geneva office, notably from Watsan and Health (in relationship to hygiene promotion) technical experts and administrators to ensure that Watsan services were seamless and provided quality evidence-based or best practice approaches.
- Human resources were inadequate for the size of the project. While some of this could be attributed to recruitment challenges, and others to the context (base camp living and working conditions were identified by some as a barrier to recruiting staff), the Watsan team also had problems with retaining staff that it had successfully recruited, more so than other departments. In addition the Watsan team relied heavily on short-term responders, in the earlier days through use of the ERUs and then later on through RITS. While this provided "feet on the ground", it looks to have inhibited the development of a focused strategic team.
- The Red Cross Movement had no substantial experience in large-scale urban disaster response and recovery with those specificities, neither had others aid agencies. Therefore, it is imperative that the IFRC focuses on capturing detailed knowledge management to draw practical lessons learnt for the future.

- Within the need for a clear positioning of IFRC on supporting the Host National Society, there is a need for clarifying the actual objectives of Haitian Red Cross in line with their existing and future Watsan capacity.
- From institutional risk management perspectives, IFRC should ensure that procedures and internal quality control measures are in place that allow for productive and results-oriented decision-making processes, adequate information sharing, and effective monitoring of budget spending and program activities. Moreover, while the current sanitary situation in the IDP camps is of concern with the ensuing rainy season and considering the high risk for additional cholera outbreaks, the IFRC should consider continuing activities to ensure that a third emergency is kept at bay. This should be done in strong coordination with beneficiaries, local authorities and donors and with stringent monitoring of activities.

In conclusion, the purpose of an external evaluation is not only to look at how much was done but also to figure out whether the program approach was the best possible approach, whether it was adequate and what was done to effectively address identified gaps. The report highlights the very complex context, the large scale of the intervention and the massive involvement of persons and resources for the project. Meanwhile, the external evaluation also points out the key areas for potential improvement in the future for increasing the accountability of IFRC (effectiveness, impact and efficiency) and for reaching more outcomes in terms of support to the local actors.

The question was asked of key informants “Was this project too big for IFRC?” Only a very few of those interviewed considered it to be too big overall, but the majority recognized that there were inadequate resources targeted to meet the situational demands. While IFRC is a large and leading aid agency in Watsan emergency operations, the lack of adequate human resources such as described in the schematized *'having the right persons at the right places at the right moments'* (valid for all levels of the organization) tends to conclude that the project capacity did not match the scale. IFRC looks to have the institutional capacity to run large-scale projects in complex urban areas. However, IFRC must ensure the lessons learned from the Haiti EQ response are applied to improve overall quality control and HR capacity.

The IFRC Haiti EQ Response will produce a large amount of lessons learned for this response and although the nature and scale of this type of disaster may be rare, given increased urbanization in developing countries it is imperative that such lessons are captured. It is important that lessons learned from this disaster prove instructive for all future large-scale urban emergency contexts. In particular, the question of project scale versus actual capacity is a key element.

6. RECOMMENDATIONS

6.1 Haiti Completion and Phasing out of Watsan Transition

Recommendation 1: Considering the lasting emergency status of displaced people living in camps and the high sanitary concern at the dawn of the rainy season, increase specific Watsan focus in existing IDP camps in order to mitigate the occurrence of waterborne diseases and / or outbreaks in a near future:

- Advocate for increased and urgent consideration of the on-going environmental health situation in the IDP camps and for effective support in terms of sanitation and vector control in each IDP camp,
 - Integrate the components of suitable access to sanitation and safe sanitary environment in IFRC Humanitarian Diplomacy Plan of Action
 - Implement proactive advocacy towards the national and local authorities, track effective changes and adjust advocacy strategy accordingly

- Present the related findings of the present external final evaluation to the WASH Cluster and to the Red Cross Technical Movement
- Develop a detailed plan of action (including specific indicators of performance and allocated resources) for effective priority support to local (IDP camps and the neighborhoods) capacities:
 - Implement periodic sanitary assessments,
 - Assist the camps management structure to prevent waterborne diseases,
 - Facilitate the collaboration between the beneficiaries, the local authorities and companies in charge of water and sanitation services,
- Set up a comprehensive Watsan team (one experienced Watsan Delegate and national staffs) - from ASAP to end of 2012 (7 months) with priority focus on local empowerment, involvement, behavior change and vector control:
 - Extend existing contracts of the Community Mobilizers, the Watsan technicians and the administrative staff currently under contract, based on performance evaluations,
 - Readjust related job descriptions for priority focus on community mobilization, empowerment, behavior change and social facilitation and include measurable outcomes and specific work plan expectations,
 - Collaborate with the Health Department to obtain the support of HRC volunteers in the camps and make sure of additional training and adjusted duties (in line with developing multi-skills volunteers team for community-based activities),
 - Develop day-to-day field reports and monitoring tools, and inform activities progress.
- Document activities progress of Watsan support to IDP camps for best practices and timing strategic decision making process:
 - Prepare any upcoming emergency in IDP camps (Cholera or Acute Diarrhea Disease ADD outbreaks, floods, hurricanes, etc.) and ensure prepositioning of Watsan materials
 - Ensure integrated coordination with the other IFRC operational departments, document and raise Watsan issues in decision-making process and effective implementation
 - Monitor DINEPA MoU implementation progress and explore strategies and ways forward
 - Enhance the collaboration between the Watsan Delegate and the Watsan Technical Movement for effective information sharing and best practices development in IDP camps
 - Develop appropriate plans for materials in stock
 - Document activities progress in IDP camps and propose regular updates on strategic programming

Recommendation 2: for increased clarity in future appropriate and comprehensive strategies, undertake proactive advocacy for the development of a clear strategy from the Haitian Red Cross on Watsan Operation in the future. This must be implemented within the joint development - including relevant PNS – of a realistic Plan of action (period, objectives, monitoring plan, allocated resources, risks & Assumptions analysis, etc.).

Note: the purpose here is not to decide if the Haitian Red Cross should do Watsan or not and in which context, but to work out with the Haitian Red Cross detailed analysis of capacity, opportunities and risks for clear positioning. This will lead to the definition of appropriate strategy of the Red Cross Movement in the event of an emergency as well as adequate strategic planning of Watsan capacity building support from IFRC and PNS in the future). A clear Watsan-related strategy about the roles and objectives of the Haiti Red Cross is a key document for defining directions, actual capacity and constraints before supporting Watsan emergency actions.

Recommendation 3: In order to promote project best practices as well as clearly inform future large scale urban projects about challenging issues and options, develop practical lessons learned documentations (technical notes based on study cases) for improved knowledge management:

- Production of technical best practices for improved knowledge management:

- Technical lessons of experiences, in the field of water trucking, mass media communication and door-to-door activities, urban desludging, floods protection and drainage, IDP water and sanitation management entities, exit strategies, issues around linking relief and recovery in complex urban contexts, national
- Socio- economic / anthropologic study,
- HRC capacity building , role of host RC society in large-scale urban EQ / cholera emergencies
- Contract short-term senior experienced specialists for developing the proposed above-mentioned technical notes
- Ensure proper information management by ensuring all data from the Watsan Operation is saved on the server

Recommendation 4: for better clarity and information management process, redefine the exact coordination roles between the Red Cross Movement and DINEPA

- Clarify internally the exact role (including responsibilities and limits) of the embedded IFRC Watsan Delegate in terms of direct communication at DINEPA's offices regarding any topic that refers to the collaboration DINEPA and PNS and/or IFRC Secretariat (as per a 'field focal point' for facilitating information management),
- Meanwhile, ensure the embedded Watsan Delegate systematically reports to the Watsan Movement Coordinator when it refers to direct coordination activities between PNS, IFRC Secretariat and DINEPA.

6.2 Strategy and Programming Recommendations

The aftermaths of the EQ in Haiti were unique, with very specific contextual issues. Some of the recommendations cannot be applied to all urban disasters in the future. However, as based on Haiti lessons learnt and findings, this can be integrate to any kind of urban disaster (flooding, earthquake, epidemics, displacement of population, etc.) with a certain level of flexibility that the local contexts of future disasters will impose.

To prepare for future large-scale urban disasters the following is recommended:

Recommendation 5: IFRC needs to prepare resource materials and technical notes that are off-the-shelf ready and can be easily picked up and modified as needed to address the context to which the IFRC responds. The tool box³⁹ of materials should include at a minimum:

- Basic assessment tools such as a basic household WASH KAP survey and questionnaires that can serve to guide information gathering following a disaster and throughout the response to gather baseline, mid-line and endline assessment. In addition to the survey tool, basic information about where the tool may need to be modified to fit the context (e.g. type of latrines used, typical water sources in the area, cultural considerations, etc.) and how the survey should be conducted (e.g. importance of representative sampling, bias, confidentiality, etc.) and resources for identifying assistance, if needed, to conduct the survey and to complete the report regarding sampling, use of enumerators, analysis, etc.
 - Emphasis should be placed on doing assessments in large urban disaster settings and how that may differ from smaller rural disaster issues in terms of complexity, sampling, working with larger camp populations, etc.
 - Consider including the two PAP economic surveys and discuss the strengths and limits of these two surveys
 - Consider including participatory mapping and community problem identification methods and the strengths and challenges of such methods

³⁹ IFRC staff indicated that a IFRC water and sanitation mission assistant from the health care department is a potential tool to assist with some of these recommendations

- Basic WASH log frame sheets and a log frame 101 how-to develop a log frame primer to guide managers on how to go about developing a log frame for their program as well as how to use the information to guide the on-going management of the program⁴⁰; including how to determine when you've met your desired outcomes and can redirect your efforts.
- Latrine design options for densely population urban areas, starting with options used in PAP and their pluses and minuses
- Water treatment (POU and storage points) and water supply options beyond initial emergency phases in densely urban contexts and their pluses and minuses
- Integrate urban context in emergency ERU and FACT / RIT training

Recommendation 6: Develop strategic plans/POA based on assessments. Insure that proper resources are in place and that staff have the skills to develop and follow through on the implementation of plans, including modifying them as necessary. Insure that all relevant delegates and program staff are engaged in the development of the plan and stay abreast of progress and challenges as implementation moves forward. Insure that monitoring systems are in place to assess implementation of the POA, including fiscal analysis.

Recommendation 7: Hygiene Promotion and community mobilization efforts need to be in place from the very beginning of the response. Resources (HR, Budget and logistics) need to be allocated and available to insure implementation takes place. Implementing HP activities should not be an option.

- Modify the Watsan Coordinator and other WASH delegate job descriptions to include experience, skills and or knowledge requirements related to hygiene promotion and community mobilization
- Implement 1a and 1b above to guide HP efforts as soon as feasible after the initial emergency crisis
- Consider developing basic information modules that can be modified to fit the context in the field based on key public health/hygiene concerns that contribute to health problems (e.g. hand washing – critical times for hand washing, latrine use, safe water handling practices, etc.) these should be initial “bang” materials that will need to be adjusted and modified to fit the findings from the needs assessments as more information becomes available.
 - Consider providing examples from Haiti beneficiary communication strategies and other successful approaches used by IFRC so that the wheel does not have to be recreated, but only modified to fit the specific context
- Clarify what the roles should be for community mobilizers vs. hygiene promoters and how they should relate to one another in the Watsan and health programs.

Recommendation 8: Look at bringing back the Health/HP technical expert(s) in the IFRC system that can serve as a hands-on resource person to HP delegates in the field. Considerations for the SOW:

- Research HP strategies that are effective in the urban context (e.g. is PHAST appropriate for large urban IDP camps, if yes – where should modification need to be made in approach, if not what other alternatives are available)
- Assess whether the CBHFA curriculum is effective for bringing about behavior change? Consider partnering with leading health promotion/behavior change university experts to assess. Modify accordingly based on findings.
- Look at other potential models (e.g. Community Health Clubs⁴¹) and how such methods could be adapted to longer term urban contextual response efforts.

Recommendation 9: For larger scale urban disasters consider adopting a more geographical approach to working with targeted communities/camps where IFRC works to bring a more team-based approach to both

⁴⁰ Both c and d should be living documents that are updated as new information and/or lessons learned become available

⁴¹ <http://www.africaahead.org/rapid-sanitation-uptake-in-idp-camps-of-northern-uganda/06/01/2008/>

identifying and addressing assessed conditions/issues in targeted areas rather than a sectoral approach. This will work to develop better and more focused relationships with local leaders and an overall more strategic response in camps, provide an opportunity for back stopping and joint planning, and more effective working relationships among the sectors, particularly if the teams are focused on common goals. Given the demands in the field, where resources are often limited, a pure sectoral approach can easily lead to a siloed approach where each sector is focused on its given day-to-day work demands and loses sight of overarching broader IFRC community/response goals. While sectoral approaches enable teams to focus in on their individual targets, if not done in collaboration with the other sectors implemented sectoral-only focused strategies may fail to take into consideration critical information that could have led to more efficient or effective outcomes.

6.3 Service Delivery/Implementation Recommendations

To improve service delivery and overall effectiveness of implementation the following are recommended:

Recommendation 10: Human Resources

- For large scale disasters, both a Watsan coordinator and a Watsan Movement Coordinator should be hired, ideally at the same time and supported to work jointly as a team. Both should have senior level proven experience in managing large programs and coordination of emergency response efforts related to WASH. Watsan coordinator needs to have proven effective large team manage experience and skills
 - If the scale of the project is very large (e.g. similar to Haiti) consider different team configurations that are geographically focused (see 5 above under Strategy/Program Recommendations)
- If such experienced personnel are not found in the IFRC or PNS system look outside the system and train new staff on the essential expectations for working within the federation, including expectations about working with the host national society.
- Broaden recruitment strategies (use of WASH networks, LINKED in WASH lists, universities list serves [e.g. Stanfords], schools of public health with international health programs, etc.).
- Develop partnerships with civil engineering companies, schools of public health and engineering and other organizations to increase the cadre of potential pool of applicants that have the skills you need on the ground.
- Consider developing a Watsan on-call team such as being developed by the BRC and Oxfam and other NGO's where team member's capacity is being built throughout the year and members are available for longer than ERU response periods.
- Add a description of living conditions and challenges to job descriptions that are posted during the hiring process so that applicants are informed of conditions at the beginning of the process, not after long review processes

Recommendation 11: Information Management/Monitoring

- Improve basic information management for documents and information control:
 - Inclusion of the date document was created/version(s)/date of modification on all documents and spread sheets
 - Inclusion of the document author(s)
 - Importance of backing-up documents and any policies related to where documents should be stored (e.g. on servers vs. personal computers, etc.)
 - Etc. (Both c and d should be living documents that are updated as new information and/or lessons learned become available)
- Develop objectives for data collection for appropriate documentation (# of liters distributed not a priority, relevant info for decision-making process, etc.) and use information for relevant analysis. Document the progress of activities and systematically validate the effective data collection. Use data

collection for appropriate and effective monitoring of project progress (expected vs. achieved monitoring, updated PoA).

- Implement mid-term evaluations depending upon the emergency phase to assess progress to date and to propose adjustment to activities as necessary.

6.4 Transition Recommendations

Recommendation 12: Design, prepare, implement and monitor both Water and Sanitation Exit strategies from the early stages of the emergency response, based on priority needs, opportunities and constraints

- Make sure the most appropriate emergency solutions take into consideration longer-term local contexts and, if not possible at that time, ensure they remain within the immediate or short-term periods,
- Ensure sufficient allocated resources from the validation of the exit strategies to prepare and implement the programmed plan of action, focusing in priority on local empowerment,
- Assess regularly (monthly-based) the local situation, monitor the progress of detailed PoA and propose timely and relevant readjustments for effective and non-delayed hand-over to local actors,
- In case any external constraint occurs leading to any delay, make sure the readjusted PoA is validated by all IFRC involved departments (Watsan Department, Country Management, Support Services, Zone and Geneva offices),
- Develop innovative pilot projects based on local development empowerment.

Recommendation 13: Develop recovery program activities to enhance local capacity of the Host RC National Society and the local authorities

- Plan for supporting the national RC and the local authorities, based on actual capacity and perspectives
- Ensure appropriate senior experienced management staff (IFRC)
- Develop a team of 2 Watsan Coordinators for ensuring quality implementation and strategic perspectives – the scheme can depend on local needs: both at the same level or one Coordinator and one Deputy Coordinator positions

Recommendation 14: Keep a significant number of community-based and supervision resources for close monitoring of local management (during a long period – depending on sanitary situation and local capacities).

6.5 Coordination Recommendations

Recommendation 15: One Watsan Movement Coordinator, outside of the IFRC Implementation team, for Red Cross Coordination should be in place from the very beginning, particularly for large urban response disaster response programs to:

- Coordinate PNS / IFRC / ICRC efforts
- Link with WASH Cluster and main stakeholders (National Water and sanitation governing bodies e.g. DINEPA, etc.)
- Coordinate the production of best practices and promotion of Red Cross Movement.

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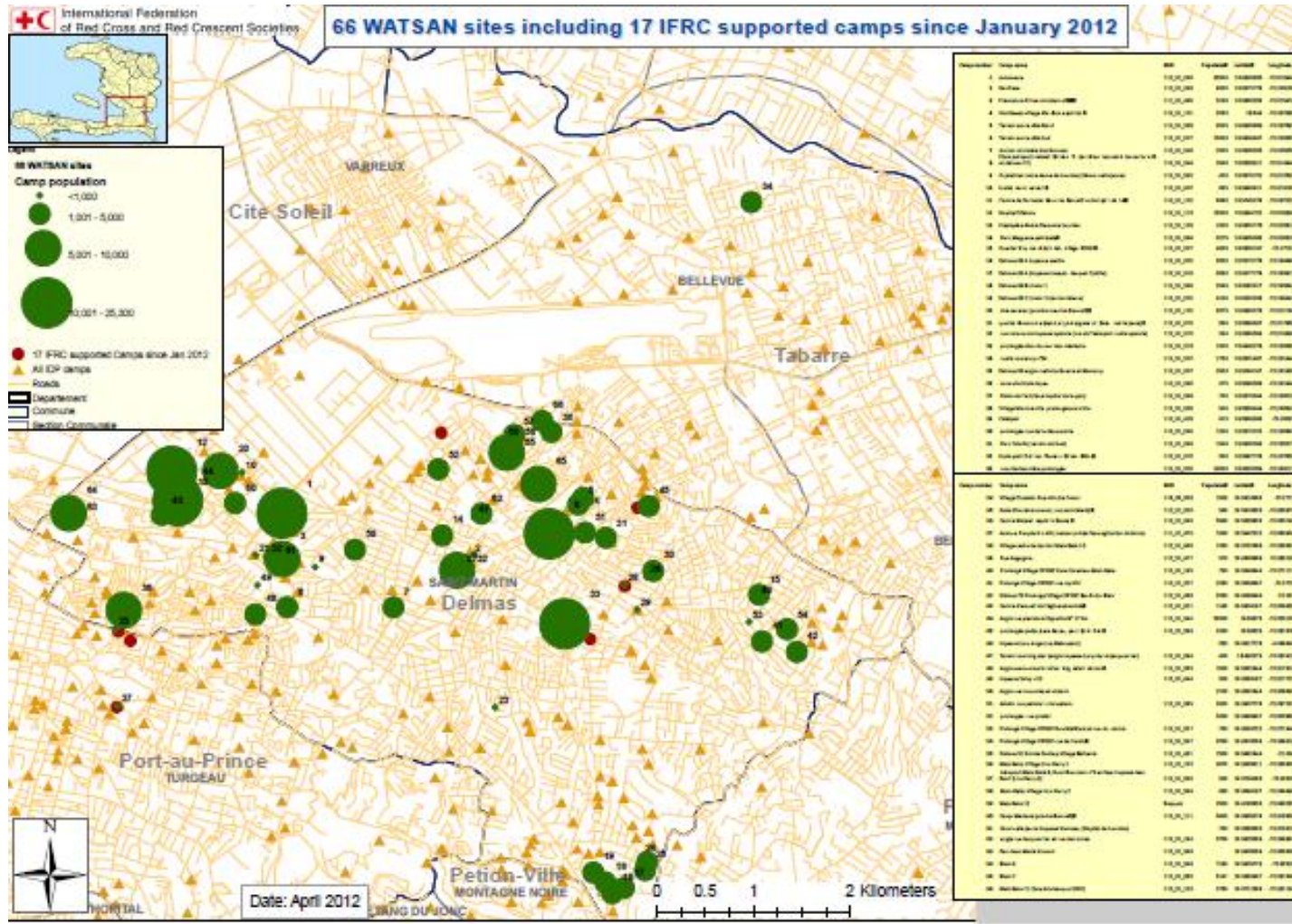
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Annex 2 - Map of IFRC WatSan Camps



Annex 3 – Evaluation Terms of Reference (TOR)



International Federation
of Red Cross and Red Crescent Societies

Terms of Reference (TOR)

Programme: Water, Sanitation and Hygiene Promotion: final evaluation

Haiti Earthquake Operation

1. SUMMARY

The International Federation of Red Cross and Red Crescent Societies (International Federation) in Port-au-Prince is planning an evaluation of the water, sanitation and hygiene promotion (WatSan) programme from its inception in January 2010 to 31 December 2011. To support this plan, the International Federation's Recovery Operation in Haiti is seeking the expertise of two experienced programme evaluators, specialised in WatSan programming to lead this evaluation. It is expected that one evaluator will lead the technical review and one evaluator will lead the review of hygiene promotion and community mobilisation activities.

The evaluation is to focus on four key areas of inquiry: the Haiti Earthquake Operation strategy for water, sanitation and hygiene promotion programming; service delivery; the programme transition strategy; and coordination. It is intended that the evaluation will provide the International Federation with insight into the appropriateness and effectiveness of the programme approaches, and the quality of technical deliverables, e.g. construction of water and sanitation facilities, and community engagement.

The International Federation expects to receive a report that informs the reader of the appropriateness and effectiveness of the WatSan programme in Haiti, identifying programme strengths, areas in which improvements could have been made, and direction on what could/should be done differently in future emergencies, especially those occurring in urban environments, to enhance programme quality. The report should also provide information and recommendations related to lessons to be learned that may inform future emergency responses.

1.1 Purpose

The purpose of the evaluation is to assess the water, sanitation and hygiene promotion programme against the objectives set in the Haiti Earthquake Operation's Plan of Action of 2010, as well as assessing the appropriateness of the strategy so as to improve future IFRC large-scale operations.

1.2 Audience

The primary audience for the evaluation report is the International Federation's Haiti Recovery Operation, and especially WatSan officers. It is expected that the evaluation team will report on the effectiveness and appropriateness of the methodology/ies adopted in the WatSan programme in Haiti, technical assessment of outputs, the extent of beneficiary satisfaction, including the national water authority, DINEPA, and the sustainability of the transition strategy. The International Federation's WatSan department in Geneva and in Panama will be included in the evaluation and is a key recipient of the report. The evaluation is also expected to be of interest to planning, monitoring, evaluation and reporting (PMER) offices in Panama and Geneva.

The evaluation report will be presented to Haitian Red Cross, and to partners to the International Federation's WatSan programme.

Results and conclusions drawn from the evaluation will be communicated to participating beneficiaries via a context appropriate communications strategy.

The evaluation report will be made available to the wider Red Cross Red Crescent Movement via reporting of findings to the WatSan Technical Committee, the Movement Operations Committee (MOC) in Haiti, and as appropriate to other international IFRC WatSan programmes.

The report will be made public via the International Federation's online evaluation database, and the ALNAP evaluation database.

1.3 Commissioners

The International Federation's WatSan programme in Haiti is the commissioner and funder of this evaluation.

1.4 Reports

The evaluation team will report to the Planning, Monitoring, Evaluation and Reporting Coordinator of the International Federation, based in Haiti.

1.5 Duration

The evaluation contract is for 25 working days per consultant, of which at least 20 days will be spent in Haiti. The evaluation report can be finalised remotely.

1.6 Timeframe

The preferred commencement date is as soon as possible in Haiti.

- Haiti: desk review, tool development, and data gathering = 20 days
- Preliminary findings presented to the Haiti Recovery Operation before the consultant leaves Haiti

- Final report due 10 days after the consultant leaves Haiti.

1.7 Location

The consultants will be required to spend up to 20 working days in Port-au-Prince, Haiti, residing at Red Cross Base Camp. Visits to WatSan sites and localities will be undertaken in Port-au-Prince and in accordance with security conditions and guidance provided by the International Federation security coordinator in Port-au-Prince.

Languages:

- Fluent English
- French and/or Creole preferred

APPLICATION PROCEDURES Applications are to be submitted by 29th Feb 2012 to Steve Powell, acting Technical Adviser – Planning, Monitoring and Evaluation, IFRC Haiti, c/o Strategic HR advisor Lyn Bishop lyn.bishop@ifrc.org,

2 BACKGROUND

On 12 January 2010 an earthquake measuring 7.0 on the Richter scale struck Haiti. The earthquake's epicentre was some 15km south-west of the country's capital, Port-au-Prince, and close to the city of Léogane. According to statistics from the Government of Haiti, over 200,000 people died, 300,000 people reported injuries, and 1.5 million people were displaced by the earthquake and the subsequent aftershocks that occurred during the weeks that followed.

Prior to the earthquake, access to water and sanitation in Haiti was poor. No Haitian city had a centralised sewage system, and regular access to drinking water was only available to 63% of the country's population, with a mere 10% to 12% of the population having access to piped water connections with intermittent service. The majority of the population was dependent on trucked water, and water packaged in bottles or small plastic bags. According to statistics released by UNICEF in March 2010, sanitation services in Haiti prior to the earthquake reached only 17% of the population.

IFRC has provided large-scale emergency water and sanitation services in and around Port-au-Prince since early 2010.

Water trucking was identified as the best solution for supplying drinking water to the affected, displaced population. In January 2011, the Red Cross Red Crescent was serving 66 camps in this regard. At this time the IFRC undertook surveying in all 66 camps to determine the best transition strategy from water trucking. The key objectives were to ascertain the exact number of people living in each camp, determine the availability of alternative water sources, identify the presence of a functional camp committee, assess whether the camps would continue to

exist, and confirm the quantity of water supplied vis-a-vis the camp population. The survey results were analysed and indicated that the population of most camps was over-estimated, while in other instances, some camps no longer required the water distribution services of the IFRC. A key action arising from the survey results was a reduction of water supplied to most of the camps. This led to a reduction in the number of camps serviced and the number of beneficiaries reached, accounting for the reduction of the numbers of beneficiaries receiving water on a daily basis from 218,910 at the end of January 2011 to 94,000 at the end of June 2011.

The earthquake also impacted the sanitation infrastructure of Port-au-Prince, which was already unable to meet the demands of the capital's growing population. The IFRC's sanitation team responded by installing above-ground tank latrines, accompanied by desludging services and community mobilisation to develop community-run solutions for daily cleaning of latrines, the management of excreta disposal, organic and solid waste. The IFRC was unable to implement 'dug' pit latrines in camp sites as permission for this activity was refused by the owners of the land on which the camps had formed.

Hygiene promotion activities have been delivered in camps consistently by hygiene promotion volunteer teams since the early days of the response, and this was intensified in the wake of the cholera outbreak of October 2010.

The transition strategy reflects the need for sustainable water and sanitation infrastructure in Haiti. To this end, IFRC constructed community water points (water reservoirs) that support private vendors to provide water to IDP camps. IFRC is also working with the Haitian government's water and sanitation authority *Direction Nationale de l'Eau Potable et Assainissement* (DINEPA) so that they resume responsibility for providing water to the population through water trucking, as well as through the network, which will be progressively repaired. A Memorandum of Understanding (MOU) between IFRC and DINEPA was formalised on 14 July 2011 following an extensive period of negotiation. The MoU provides for transfer of institutional capacity from Red Cross Red Crescent to the public authorities through technical advice, training and the provision of 15 water trucks and 3 desludging trucks, 1 back hoe, 1 bob cat and one pick-up truck, including maintenance, fuel consumption and spare parts for the trucks for one year. Also included in the package is the salary of the truck drivers. In Port-au-Prince all water supply is related to network-piped water and water truck delivery; however, in the rural areas the strategy is focused on rehabilitating drawdown wells and boreholes and eventually disrupted springs, creating new water points when necessary.

The water, sanitation and hygiene promotion programme of the Haiti Earthquake Operation concluded on 31 December 2011. In 2012, water, sanitation and hygiene promotion will be

incorporated into the Haiti Recovery Operation's integrated neighbourhood approach (INA) programme.

3 EVALUATION PURPOSE AND SCOPE

3.1 Purpose/overall objective

The purpose of the evaluation is to assess the water, sanitation and hygiene promotion programme against the objectives set in the Haiti Earthquake Operation's Plan of Action of 2010, as well as assessing the appropriateness of the strategy so as to improve future IFRC large-scale operations.

3.2 Scope

The evaluation will assess the activities of the water, sanitation and hygiene promotion programme *including WatSan implementation in the International Federation's Shelter program* from the outset of the operation in January 2010 to 31 December 2011. *References to "the WatSan program" in this TOR should be taken to include WatSan implementation in the Shelter program as well as the WatSan program proper* The activities includes water supply to 66 camps in Port-au-Prince, sanitation services in 13 camps, and hygiene promotion activities in camps and communities. The target groups to be included in this evaluation include: DINEPA, local government authorities, beneficiaries in the camps in which the programme delivered its services, neighbours to the camps in which the services were provided, and Red Cross Red Crescent partners, including the Haitian Red Cross.

4 EVALUATION OBJECTIVES AND CRITERIA

4.1 Objectives:

The evaluation is to focus on four key areas: the Haiti Earthquake Operation **strategy** for water, sanitation and hygiene promotion programming; **service delivery**; the programme **transition** strategy; and **coordination**. The objectives addressing these key areas of inquiry are:

5. To gain greater understanding of the major impacts (intended, unintended, positive and negative) of the strategy to deliver water supply and sanitation services in camps in Port-au-Prince, which can inform water, sanitation and hygiene promotion programming in future large-scale urban-based emergencies.
6. To gain a clear and transparent assessment of the extent to which the water, sanitation and hygiene promotion programme met the objectives of the Haiti Earthquake Operation Plan of Action, and the quality of the services delivered.
7. An assessment of the programme's transition strategy and input that can inform the ongoing management of the transition, especially the transfer of responsibility to DINEPA .
8. Clarity regarding the extent that the International Federation's coordination role was strengthened or weakened as a result of implementing a large-scale operation, and a view of what could have been done differently?

4.2 Evaluation criteria:

It is anticipated that the evaluation will provide insight into the following areas of inquiry (*to be prioritised through collaboration between consultants and programme teams in Haiti*).

- **Strategy**

1. *Alignment with cluster strategy*: Did the International Federation's programme align with the strategy of the WASH cluster, and if not, was there sufficient justification for deviating from the strategy?
2. *Distribution of free and potable water*: how aligned was this decision with needs and the local context? How was the potential negative impact of free water distribution considered vis-à-vis livelihoods of local water vendors?
3. *Context*: to what extent were local habits and practices taken into account in the development of the WatSan strategy both at the outset and as time progressed? Was there any change in the programme plan as new information became available through assessments?
4. *Vulnerability*: did the decision to supply drinkable water and sanitation services in camps fulfil our mandate to service the most vulnerable? Was there a point when this strategy was no longer aligned with the mandate, and did the programme adapt accordingly?
5. *Haitian Red Cross*: how was the National Society involved in the strategy development process?
6. *Cholera*: how appropriate was the decision to continue water supply and sanitation services in the wake of the cholera outbreak?

- **Service delivery/programme implementation**

7. *Water trucking and sanitation*: to what extent did the team deliver an effective service? Comment on technical inputs, including water quality, site selection and assessments, monitoring, community engagement, problem solving, and the extent to which concerns including children, gender, people with disabilities, vulnerability, were taken into account in programme planning, implementation and monitoring.
8. *Water points and kiosks*: assess the quality of constructed/rehabilitated water points and kiosks, as well as the quality of the water available from these facilities.
9. *Hygiene promotion*: how effective was the hygiene promotion programme? Comment on methodology, volunteer recruitment and training, community targeting and engagement, assessments, surveys and follow-up.
10. *Human resources*: how adequately resourced was the programme with the skilled expertise to deliver the services required under the Plan of Action? What impact did human resourcing issues have upon the programme?
11. *Local committees*: how were committees identified, reinforced or created, and what have been the outcomes of this engagement?
12. *Beneficiaries*: how were beneficiary communities engaged in the WatSan programme activities? Was the engagement appropriate and could it have been improved?

13. *Local governments*: were local authorities appropriately consulted in WatSan activities?
14. *Other actors*: is the involvement of other actors in key activities, e.g. water trucking contractors appropriate? Were roles and responsibilities clearly articulated and agreed?
15. *Shelter programme*: The evaluation should cover WatSan implementation in the International Federation's Shelter programme as well as the WatSan programme proper. In particular how did the WatSan programme support the Shelter programme, particularly the transitional shelter project? Were there any problems with this support? How helpful was the decision to separate shelter and WatSan departments?
16. *Support services*: how timely and efficient were the key support services, i.e. logistics and finance in support of the WatSan programme? How constructive was the decision to not position a logistics delegate to the WatSan department.
17. *Monitoring*: were monitoring mechanisms adequate? Is the data reliable and verifiable? Were challenges and obstacles appropriately recorded and reported? What beneficiary feedback processes were utilised and how did the team respond to feedback received? What improvements could have been made to enhance monitoring activities?

- **Transition**

18. Have the following characteristics been appropriately addressed?
 - Alignment with national guidelines/strategy
 - DINEPA capacity building and resourcing
 - Location of water kiosks, i.e. extent to which they are accessible to neighbourhoods and camp communities
 - Contingency planning
 - Sustainability outlook of the new water points constructed, including structural and the management system of these facilities, e.g. comite de gestion.
19. How is the transition of responsibility to DINEPA progressing; are there any red flags to be aware of and any adaptations to be considered?
20. To what extent has the Haitian Red Cross been involved in the transition strategy of the WatSan programme? Do they have interest and capacity to continue WatSan programming? How should the International Federation support the transfer of hygiene promotion activities to the National Society?

- **Coordination**

21. It is the role of the International Federation to coordinate the activities of Red Cross Red Crescent actors. To what extent was this role fulfilled and was it adequate and constructive according to Red Cross Red Crescent partners?
22. How adequate was WatSan's coordination with non Red Cross Red Crescent actors, i.e. clusters, in terms of both the information contributed and the information received through the available mechanisms?

23. What was the impact of not having a dedicated Movement Coordinator for WatSan?
What can we learn from this experience?

5 EVALUATION METHODOLOGY

It is expected that the selected consultants will develop the methodology for this evaluation.

Expected activities will include (though not limited to):

- Desk review of documentation held by the IFRC WatSan team in Haiti including the Shelter program.
- Site visits
- Beneficiary surveys and focus groups, e.g. kiosk proprietors, camp and neighbourhood residents where WatSan activities have been delivered
- Stakeholder interviews: Haitian Red Cross, Partner National Societies, IFRC WatSan Movement Coordinator, IFRC Shelter, DINEPA, and other external stakeholders, such as local government authorities.

6 OUTPUTS

It is expected that the evaluation team will present their initial findings in a debrief meeting with International Federation key stakeholders.

The team will produce a report that addresses the purpose and objectives of the evaluation, and includes:

- The appropriateness and effectiveness of the approach and processes adopted by the IFRC WatSan team in Haiti, including technical, coordination and community engagement activities.
- Recommendations to inform future WatSan programming in large-scale emergencies.
- Review the transition strategy and make recommendations for managing the impact of the transition process.

The report should follow the following headings:

1. Executive summary
2. Abbreviations/acronyms
3. Introduction
4. Literature review
5. Review aims and objectives
6. Methodology
7. Findings
8. Recommendations
9. Conclusion
10. Appendices

7 PROPOSED TIMELINE

The proposed schedule for the evaluation is as follows:

- Haiti: desk review, tool development, and data gathering = 20 days
- Preliminary findings presented to the Haiti Recovery Operation before the consultant leaves Haiti
- Final report due 10 days after the consultant leaves Haiti.

8 EVALUATION QUALITY & ETHICAL STANDARDS

The evaluators should take all reasonable steps to ensure that the evaluation is designed and conducted to respect and protect the rights and welfare of people and the communities of which they are members, and to ensure that the evaluation is technically accurate, reliable, and legitimate, conducted in a transparent and impartial manner, and contributes to organisational learning and accountability. Therefore, the evaluation team should adhere to the evaluation standards and specific, applicable practices outlined in the IFRC Evaluation Framework accompanying the TOR.

The IFRC Evaluation Standards are:

1. **Utility:** Evaluations must be useful and used.
2. **Feasibility:** Evaluations must be realistic, diplomatic, and managed in a sensible, cost effective manner.
3. **Ethics & Legality:** Evaluations must be conducted in an ethical and legal manner, with particular regard for the welfare of those involved in and affected by the evaluation.
4. **Impartiality & Independence:** Evaluations should be impartial, providing a comprehensive and unbiased assessment that takes into account the views of all stakeholders.
5. **Transparency:** Evaluation activities should reflect an attitude of openness and transparency.
6. **Accuracy:** Evaluations should be technical accurate, providing sufficient information about the data collection, analysis, and interpretation methods so that its worth or merit can be determined.
7. **Participation:** Stakeholders should be consulted and meaningfully involved in the evaluation process when feasible and appropriate.
8. **Collaboration:** 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

9 EVALUATION TEAM & QUALIFICATIONS

The International Federation is seeking a team of two consultants for this evaluation with a mix of technical and community mobilisation skills, with one consultant leading the technical review and one consultant leading the hygiene promotion and community mobilisation review.

The team will be composed of experienced water, sanitation and hygiene promotion professionals with a mix of the following skills and experience:

- Monitoring and evaluation: able to design, implement, analyse and synthesize evaluation processes and findings
- Water and sanitation: experienced in designing and implementing water and sanitation activities, particularly during the emergency to recovery phase in disaster response.
- Hygiene promotion: strong knowledge and understanding of hygiene promotion.
- Community mobilisation: experience in community mobilisation in community health disciplines.

All consultants will have the following qualifications and competencies:

Essential:

- Tertiary qualifications in relevant technical discipline
- Excellent writing and presentation skills in English
- Strong analytical skills and ability to clearly synthesize and present findings
- Experience in participatory approaches to evaluations

Preferred:

- Ability to converse comfortably in French and/or Creole.

Note: the final report will be made available to the readership in both English and French languages. The International Federation in Haiti can assist with translation services.

Annex 4 – List of interview participants

IFRC Watsan Evaluator Interviews	
IFRC*	External
Ademolo, Reporting Delegate	?, Save the Children
Ascension Martinez, Community Development Program Coordinator	Arnaud Pfeil, former IFRC Sanitation PM
Camelia Marinescu, Acting Head of Office Leogane - Previous Watsan Delegate	Django Mazars, IRC Environmental Health Manager
Charlotte Mujina, HP Watsan Delegate	Edwige Petit, Head of Sanitation Direction, DINEPA
Coralie Rey, Reporting Delegate	Fidel Pena, Senior WatSan Delegate ARC
Daniel Finan, Regional Emergency Watsan Delegate/Panama	Galle Fohr, UNICEF WASH Manager, Former IFRC HP Delgate
Danielle Louise Marie, Watsan HP Supervisor	Ina Bluemel, Health Delegate ARC
Didier Boissavi, Watsan Movement Coordinator	Laurent Auguste, Private Soap Manufacturer
Dorthy Adolphe, Watsan Administrative Officer	Lili BAZIN, Watsan & Food security coordinator, FRC
Elsimey Frantzy, Watsan Community Mobilier	Luca Salon, Former Watsan Coordinator (2010)
Fabrice Fotso, Watsan Delegate, MoU DINEPA	Melvin Tebutt, Head of Delegation BRC
Florent DELPINTO, Haiti Operation Program Advisor/Panama & Former Head of Delegation, French RC	Dr Myrtha Isaac Louissaint, HRC Health Director
Iilir Caushag, Latin America Zone Logistics Manager, Panama	Dr Michaèle Amédée Gédéon, President of Haitian Red Cross
James Bellamy, Former Shelter Coordinator & Head of INA	Paco Maldonado, PADRU, FACT Watsan Member
John FLEMMING, Health Coordinator	Pierre Wilguens, National Watsan Coordinator, HRC
Keston Fleming, Logisitics, Watsan Delegate	Ranjan Mohnot, ARC Director of M&E
Lorenzo Villante, Haiti Support Team Coordinator/Panama	Ruth Angerville, Head of Water, DINEPA
Marc Antoine Francois, Watsan Database Administrator	Theodad, Director DQD, DINEPA
Marcel Fortier, Former Head of Delegation, Geneva	
Margaret Stansberry, Technical Movement Coordinator	
Maria Solis, former Sanitation Delegate & Watsan Coordinator Leogane	
Marie Yardley Eugene, Watsan Community Mobilier	
Massimo Marghinotti, Log Coordinator	
Omar ROBINSON, Watsan Coordinator	
Peterson Astrel, Watsan Community Mobilier	
Pierre BOUDET, Head of Support Services	
Sharon Reader, Former Communications Delegate	
Thomas Wilson, Acting HR Coordinator	
William Carter, Senior Officer, Water, Sanitation and Emergency Health Unit (WatSan/EH), Geneva	
Winnie Magamda. IFRC Latin America Zone HR Director/Panama	
Yvette Mbazo'omve, Watsan Cholera Delegate	
Zamira Muca, Finance Advisor-Haiti Operations/Panama	
(*All Haiti IFRC located staff unless identified otherwise)	

Annex 6 – Camp Site Visit FGD Question Guide

General Introductions:

- Facilitators/Interpreter

Purpose of meeting: To gather feedback from IFRC program beneficiaries about your experience with the WASH program, the services you received and your knowledge and practices related to hygiene. Evaluation. Don't have any role in securing future services or goods.

Meeting Points:

- This information gathered today will not be tied back to you as an individual recipient of services, and will be kept confidential. Only summary results will be provided to staff/funder
- We want you to share openly and honestly about your experience
- If you are uncomfortable answering any question you do not have to answer it

Beneficiary Focus Group Participant Questions

Introductions

- 1) Please share with us your name and when you came to the _____ camp (month/year)?
 - a. Where did you live at the time of the earthquake (be specific – address/area/type of house)?
 - b. What is your role here at _____ camp

Program/Hygiene (HP) Awareness

- 2) Have you been visited by an IFRC (HTH) Hygiene Promoter at your house/tent? If yes, can you tell us about your experience?
 - a. What information did you receive from them?
 - b. How often did they come to your house/did you go to a meeting w/ them?
- 3) Have you participated in any group hygiene activities conducted by Hygiene Promoters at the _____ camp?
 - a. If Yes, when _____
 - b. What was the focus of the meeting
- 4) What have you learned from IFRC about how to prevent diarrhea/cholera?
 - a. What do you think was the most important thing you learned from them?
- 5) What about hand washing – what did you learn?
- 6) What about treating your water – what did you learn?
- 7) What about sanitation – what did you learn?

Services Received

- 8) Where do you get your drinking water most of the time? (both source and location)
- 9) Do you use the latrines built by IFRC here at _____ .
 - a. Tell me what you like about them?
 - b. What could be improved have a latrine at your house?

Wrap-up:

- **Anything else?**
- Thank you for your time!

Wat-San Committees/CC Committee/Water Caretaker Focus Group Participant Questions

Questions:

1. Please share with us your name and when you came to the _____ camp (month/year)?
 - a. Where did you live at the time of the earthquake (be specific – address/area/type of house)?
 - b. What is your role here at _____ WatSan committee
2. Tell me how you became involved in the IFRC WASH Program/WatSan Committee?
3. How many members are on the WatSan Committee?
4. Tell me about your meetings:
 - a. How long have you been meeting? (Date of first meeting)
 - b. How frequently do you meet?
 - c. How are your meetings run? (agenda, facilitator, do you take meeting minutes?). Can you show them to me?
 - d. Do you have by laws/rules?
5. Did you receive any training from the IFRC?
 - a. If yes, what kind of training
6. What is the role of the WatSan Committee?
 - a. Has your role changed since you first started?
 - b. Do you see your role changing after the end of the month when the IFRC project ends?
 - c. Will you continue to meet?
7. Tell me about some of the work your committee has been involved in at the camp:
 - a. What are you most proud of and/or feel are your greatest accomplishments?
 - b. What has been the most challenging and why has it been challenging?
8. What do you think about the latrines built by IFRC?
 - a. What were the challenges in getting these constructed?
 - b. What do you like about them?
 - c. What, if anything would you change?
 - d. Who maintains them?
9. Are hand washing stations available?
10. Where do most people in this camp get their drinking water now?
 - a. Has that changed over the last year?
 - b. What has IFRC's role and yours been in getting the drinking water?
11. What are your plans to insure that these projects will be maintained over the long term?
 - a. What maintenance challenges do you expect to see?
12. Do you think that behaviors have changed in the community as a result of the IFRC's work in this camp?
 - a. If yes, what specific behaviors have changed?
 - b. What was most effective in bringing about those changes?
 - c. What behaviors have not changed, or still need more work to bring about further changes?
13. How could have IFRC been more effective in their work in the camps?
14. Any questions, or final thoughts, about the IFRC/your work?

Hygiene Promoters FGD

Introductions:

- Please share with us your name and when you came to the _____ camp (month/year)?
 - a. Where did you live at the time of the earthquake (be specific – address/area/type of house)?
2. How long have you been a Hygiene Promoter?

3. Tell me how you became a Hygiene Promoter?
4. How many HPs are there in this camp?
5. Did you receive any training from the IFRC?
 - a. If yes, what kind of training
6. What is your role as a Hygiene Promoter?
 - a. Has your role changed since you first started?
 - b. Do you see your role changing after the end of the month when the IFRC project ends?
 - c. Will you continue to do hygiene promotion?
7. Tell me about some of your work as a HP in at the camp:
 - a. What are you most proud of and/or feel are your greatest accomplishments?
 - b. What has been the most challenging and why has it been challenging?
8. Do you think that behaviors have changed in the community as a result of the IFRC's work in this camp?
 - a. If yes, what specific behaviors have changed?
 - b. What was most effective in bringing about those changes?
 - c. What behaviors have not changed, or still need more work to bring about further changes?
9. What do you think has been most effective methods you used to change people's behavior?
10. What do you think about the latrines built by IFRC?
 - a. What were the challenges in getting these constructed?
 - b. What do you like about them?
 - c. What, if anything would you change?
11. Tell me about hand washing in this camp...where do people wash their hands, what are the barriers to people washing hands? Where are the hand washing stations, do they always have water/soap? What are the three most important times to wash hands?
12. How could have IFRC been more effective in their work in the camps?
13. Any questions, or final thoughts, about the IFRC/your work?

Annex 7 – Hygiene Promoter Written Questions Survey Results

IFRC Hygiene Promoter Focus Group Translated Written Responses (4/20/2012)

10. Piece of paper exercise

1. What knowledge and skills have you learned related to <u>Hygiene Promotion</u> from this program that you didn't know before?			
Code #	Male Comments	Code #	Female Comments
1M	PHAST	1F	I have collected knowledge in hygiene promotion, I have learned and shared too. When I see people keeping camp clean, it helps me in my work.
2M	Focus Group: to promote health and waste management	2F	Capacity to manage aggressive people and how to train people
3M	Focus Group, waste management, communication and PHAST	3F	I have learned so much with the federation to educate the community. PHAST is essential for hygiene promotion
4M	With IFRC I have learnt PHAST to help people to participate. We have been trained in PSSBC and Cholera	4F	I have learned many things I did not know before and now I am putting them into practice
5M	With IFRC and specially after the trainings: focus group, PHAST, CBGFA, I have learned how to drive a better community approach. PHAST specially helped me to understand Hygiene promotion program better	5F	I have learned PHAST which helps people to manage their community and drive more people to talk. I do not mention names when this can cause disgust
		6F	I have learned a lot with IFRC specially in the trainings that enable us to train people and help them to live in their problems
		7F	I have learned a lot with IFRC in Hygiene promotion. I know now how to work in public.
		8F	With IFRC I have learned things on education, preparedness, organization and training
		9F	We have learned things to better understand people, to communicate and sensitize them.
		10F	I have learned how to manage people and understand them, find solution for their health problems
		11F	Manage the population and the community. Training from Federation in PHAST and PSSBC helped us to work with communities
		12F	With all these trainings, I can talk with whomever. Before being trained I was afraid, now I feel ok to speak with them
		13F	Some participatory methods: PHAST, CBHFA, training in fumigation, focus group and Cholera
		14F	Training On PHAST, CBHFA, Gender-Based Violence, plastic recycling

2. What, if any, specific behaviors have changed in the camp as a result of your work, and why do you think they've changed?			
Code #	Male Comments	Code #	Female Comments
1M	Participation: before, people were very inactive. Now they are participating more and more. They have changed because after having sensitized, they know they must work for their welfare in the camp.	1F	We have organized meetings with camp inhabitants when something wrong happens. If the situation remains, we meet people once more to help then in changing
2M	Behaviours changed at handwashing and latrine levels related to prior times.	2F	Related to hand washing, people understand importance of clean hands. They wash their hands more often to block diarrheal diseases like Cholera rate getting decreased now.
3M	The habit to always wash their hands and have treated water home	3F	It is difficult to change people, but we reach some. If people do not participate, we sensitize them and the next shows good participation.
4M	I have learnt how to manage people, to deal with them. People learned to wash their hands when back from latrines and before doing anything. They treat water and clean their surrounding	4F	I am not afraid of people in the camps anymore
5M	I am working as community mobilizer. About behavior change, I have worked in sensitization	5F	People use kitchenware for clean water. More people drink potable water. We have less diarrheal disease cases than before
		6F	Water treatment, waste recollection, latrine use and washing hands are changes operated in the camps
		7F	People reach good water treatment and enhance cleaning
		8F	Help people in community. Capture people's attention by speaking
		9F	Latrine management, environment, keep facilities clean
		10F	They have changed by practicing hygiene recommendations
		11F	Hand washing skilled people, latrine management disposition by sensitization
		12F	Brink treated water: people do it. They learnt to stay away of wastes. And it is practiced.
		13F	Hand washing and waste management. Behaviors changed with sensitization and support brought
		14F	Start using latrine well. Know and practice critical moments to wash one's hands, pay attention to hygiene standards
3. What have been your greatest challenge(s)for changing behavior in the camps?			
Code #	Male Comments	Code #	Female Comments
1M	People think that their change and welfare depend on NGO, so they leave anything for NGO s to do.	1F	If my pride is by seeing people change, my challenge is a lack of human resources
2M	People refused to understand. But when they start being sick, they react better	2F	Stubborn people force us to use some strategies. We use collaborative people to talk to them.

3M	Supervision assistance and consciousness	3F	Our challenge: A small group stays firm in no changing and threatening people. But persuade some of them
4M	Sometimes they want to work, but lack of materials block everything	4F	Even when we talk with the community, they keep doing the same undoable things
5M	The greatest challenge is lack of infrastructure like materials for PHAST workshops	5F	Sometimes the population is, sometimes lack of infrastructure is.
		6F	Not all the time people find materials and equipment ant want to work. None willingness to change
		7F	Lack of materials and equipment. Sometimes you find willingness but not equipment.
		8F	Latrine management and use by the community. Help people to decrease risks
		9F	People are rebel. They neglect caring the infrastructure and facilities. We always have to sensitize people.
		10F	The community does not want to listen us when they are disappointed about things they were promised
		11F	Garbage (solid waste), channels, infrastructure. difficulty in changing behaviors
		12F	The bad customs of people to not being able to manage (solid) wastes. RC provides infrastructure and facilities but people cannot even use them well.
		13F	Misuse of facilities in the camps
14F	Health is not their first Interest, they do not protect it. Facilities' use is not standardized in the community, not all use them well.		