



EVALUATION OF MSF OCB HURRICANE MATTHEW EMERGENCY RESPONSE, HAITI 2017

RECONSTRUCTION MATERIALS DISTRIBUTION

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SHORT VERSION

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DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of Médecins Sans Frontières or the Stockholm Evaluation Unit.

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I. ACRONYMS

ASEC	Assemblées des Sections Communales
CASEC	Conseil d'Administration de la Section Communale
CGI	Corrugated galvanised iron
DAC	Development Assistance Committee
IFRC	International Federation of Red Cross and Red Crescent
IOM	International Organisation for Migration
MINUSTAH	United Nations Stabilisation Mission in Haiti
MSF	Médecins Sans Frontières
NFI	Non-Food Items
OCB	Operational Centre Brussels
OECD/DAC	Organisation for Economic Co-operation and Development
PaP	Port-au-Prince
PPM	Port-à-Piment
SWG	Shelter Working Group
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme

II. EXECUTIVE SUMMARY

Hurricane Matthew struck south-western Haiti near Les Anglais on 4 October 2016. This was a late-season Category 4 hurricane on the Saffir–Simpson scale, with estimated maximum sustained winds of 240 km/h, making it the strongest storm to hit the nation since Hurricane Cleo in 1964, and the third strongest Haitian landfall on record. It left widespread damage in the impoverished nation and a partial damage assessment on 8 October indicated that more than 200,000 houses were severely affected. The Haitian government confirmed a death toll at 546 individuals, 438 injuries and 128 people missing, and the hurricane affected 1.4 million people, and 750.000 of them were considered as requiring urgent and immediate assistance.

Hurricane Matthew struck at a time when Haiti is still to recover from the 2010 devastating earthquake and has been faced with a multi-annual drought, food insecurity and outbreaks of cholera, hence leading to high levels of vulnerability in many parts of the country. In addition, the hurricane hit days in advance of presidential and parliamentary elections, which were planned on 9 October and were postponed by 6 weeks due to this disaster. While the government appealed for international assistance in the days after the event, it did not declare a national disaster; possibly due to the experiences of the 2010 earthquake in which the government was sidelined, overwhelmed, and overridden by international actors; ostensibly sending a message that it was not a big disaster. As a result, the emergency response did not get the same level of resources, either financial or in terms of the deployment of experienced international humanitarian staff.

MSF reacted from the formation of Hurricane Matthew and the issuing of a tropical storm watch for Haiti. Emergency preparedness and contingency plans were activated and discussion about a potential emergency intervention started between the regular country mission, MSF-OCB Head Quarter and the Emergency Pool. MSF staff from the regular mission undertook the first assessments in the departments of Sud and Grand'Anse and rapidly supported local health structures, and undertaking medical consultations and mobile clinics in the respective areas.

Thereon, the Emergency Pool took the lead in the response and Epool's personnel were deployed to Haiti from 8 October 2016. The strategy consisted of curative and preventive activities to treat the victims of the hurricane through support of existing facilities and mobile clinics; treat and prevent the spray of cholera and other water borne diseases through medical and WASH activities; and provide essential core relief items and shelter and reconstruction materials to the affected households in hard to reach areas. This emergency intervention lasted from 6 October 2016 to 20 February 2017.

The purpose of this evaluation was to evaluate the shelter component of the emergency response and more precisely the distribution of reconstruction materials in remote and hard to reach areas. In doing so, it is expected to inform MSF's potential future involvement in such activities. The evaluation covers the entire duration of the response, and covers the overall geographical area of intervention for the reconstruction material distribution (Grand'Anse and Sud Department), and was conducted from 1 June 2017 to 13 July 2017, with a field visit undertaken in Haiti and distribution sites from 11 to 24 June 2017.

Findings & Conclusions

While the primary purpose of this evaluation focuses on the distribution of reconstruction materials, the evaluation briefly reviewed the overall relevance of the emergency response. Considering the respect for the policy framework in which the response took place, the **timeliness in the assessments and responses**, and the

pertinent prioritisation of activities, combined with an **adequate balance of medical care and preventive activities**, **the overall response appears relevant**.

However, its **shelter component suffered from several shortcomings**. While the project may have started with the right hypothesis concerning the vulnerability of the chosen geographical areas of intervention and the unique capacity of MSF to deliver a large-scale programme in hard to reach areas, the lack of clear objectives and purposes of the intervention **significantly hampered its relevance**. It was mainly the lack of a clear shelter policy framework in MSF, and MSF-OCB, that impeded the capacity of the response team to define clear objectives for the distribution of reconstruction materials response.

While, the distribution team had several opportunities to define, or refine, the objectives of the intervention and its implementation, the focus remained on the distribution mechanisms rather than on the evolving needs of the affected population and the contextual changes. For instance, considering the timeline of the distribution of reconstruction materials, the systematic distribution approach **ultimately proved inappropriate and an unnecessary compromise on MSF's impartiality principle**.

Similarly, while MSF was represented at and attended the general coordination meetings, the distribution team did not attend or engage in their sectoral forum. This was a missed opportunity to gain an understanding of others approaches, agreed technical specifications and local contexts (e.g. access, security, distribution strategy). The chosen transportation method is representative of this lack of information gathering, contextual adaptation and strategic agility. Indeed, while the air transportation may have remained the only possible way to access some of the most remote localities, several distribution sites had become accessible by road at the time of the implementation of the distribution in December 2016. In addition, the shelter response did not seem to integrate the lessons learned from previous similar interventions (i.e. Pakistan, Nepal, Philippines).

As a result, **the effectiveness of the shelter component of the project appears dubious**. The evaluation's visits and information collected indicates that while reconstruction materials arrived to most of the targeted localities, **a clear majority of the families did not receive the planned quantities**. In addition, some families in targeted localities and entire localities did not receive any reconstruction materials, seemingly due to the organised, generalised, and **systematic misappropriation of materials** – specifically the CGI – by the distribution committees. The primary cause of the generalised diversions relates to the entire reliance on local committee for the implementation of the distribution of the reconstructions materials, and the limited presence of MSF teams before and during the distribution, and its total absence thereafter.

In terms of efficiency, the evaluation shows that the limited quantity and quality of reconstruction materials provided, and the absence of many distribution-related activities, reduced the overall cost of the operation. However, **higher materials standard and implementation of associated distribution activities would have achieved better cost-effectiveness** through greater efficacy.

In this regard, **the overall impact of the project in supporting the reconstruction of housing is limited**, whether considering the construction of temporary shelters, or the reconstruction of permanent housing. The reconstruction materials were not used for the construction of temporary shelters as the population did not wish to construct small surface for mid-term purpose, as families are more inclined to prioritise long term reconstruction. Therefore, due to limited quantity of reconstruction material provided, CGI were used by moderately affected households (moderate needs) and by wealthiest households who purchased additional materials. However, **the poorest and more affected families rarely used their CGI and kept them for future construction**. Moreover, without technical support, affected households have built unsafe structures which are highly vulnerable to climate events; and the technical specifications of the distributed reconstruction materials are unsuitable for permanent and safe housing.

The distribution of the reconstruction material was peculiar within the overall emergency response as it addressed reconstruction needs, which are usually addressed during the recovery phase, rather than immediate emergency needs in terms of shelter. Hence, **the distribution of reconstruction materials was not integrated, or in sync, with the overall emergency response.**

The importance of shelter is commonly agreed within MSF and constitutes a high priority need in emergencies and specifically so in sudden onset emergencies. Thanks to its operational and financial capacity, MSF has a role to play in the provision of shelter in emergency response and such commitments exist in MSF-OCB operational prospects. To achieve the necessary relevance and impact of this type of response, the nature and scope of the intervention to be undertaken must be clearly defined and outlined within an adequate policy and guidelines framework.

In this regard, the evaluation recommends MSF OCB to implement the following measures as soon as possible in anticipation of the next natural disaster of this nature¹:

⇒ **1. To the Operations:**

Develop and reinvigorate the Shelter policy framework, and the distribution guidelines

⇒ **2. To the Operations and Medical Department:**

a) Allocate the Shelter portfolio to a technical referent to assist with the above and to define methodologies and technical specifications according to nature of such interventions, and to contribute to organisational knowledge building

b) Define Non-Food Items distribution as a means to contribute to sectoral objectives (health, food, shelter, water and sanitation), and integrate NFI activities to respective sectorial technical referents

⇒ **3. To the Emergency Pool:**

Systematically define Shelter specific objectives to contribute to the overall response objective; and ensuring that Shelter activities and outputs dovetail with other sectors of intervention in a common overall objective

⇒ **4. To the Country Office:**

Assess the feasibility and opportunity to identify the most vulnerable and most affected households in their current area of operation (Port-à-Piment), whom have not benefited from the distribution of reconstruction materials, and provide them the necessary materials inputs and/or support to reconstruct their dwellings

⇒ **5. To MSF-OCB:**

MSF-OCB should develop a framework to assess risks, vulnerability and capacity to cope at the community, household and individual level

¹ Note, these recommendations are further elaborated in the full version of the report

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