



# EVALUATION OF MSF OCB HURRICANE MATTHEW EMERGENCY RESPONSE, HAITI 2017

## RECONSTRUCTION MATERIALS DISTRIBUTION

July 2017

This publication was produced at the request of Médecins Sans Frontières – Operational Centre Brussels

It was prepared independently by *Malik Allaoua and Simon Deprez*.

### DISCLAIMER

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

# I. CONTENTS

II.	ACRONYMS.....	4
III.	EXECUTIVE SUMMARY.....	5
IV.	INTRODUCTION .....	8
A.	PROJECT BACKGROUND .....	8
B.	EVALUATION SCOPE .....	10
C.	METHODOLOGY.....	10
D.	LIMITATIONS.....	12
V.	FINDINGS.....	13
A.	RELEVANCE - OVERALL RESPONSE.....	13
B.	RELEVANCE – DISTRIBUTION OF RECONSTRUCTION MATERIALS.....	15
C.	APPROPRIATENESS .....	18
D.	EFFECTIVENESS.....	22
E.	EFFICIENCY .....	25
F.	IMPACT.....	27
G.	CONTINUITY .....	29
H.	ACCOUNTABILITY.....	30
VI.	CONCLUSIONS .....	31
VII.	RECOMMENDATIONS.....	33
VIII.	ANNEXES .....	34
A.	ANNEX I: TERMS OF REFERENCE .....	34
B.	ANNEX II: EVALUATION MATRIX .....	35
C.	ANNEX III: LIST OF INTERVIEWEES.....	41
D.	ANNEX IV: DOCUMENTATION REVIEWED .....	42
E.	ANNEX V: DISTRIBUTION SITES.....	44
F.	ANNEX VI: PHOTOGRAPHS .....	46

## Acknowledgments

We would like to extend our sincerest thanks to all who have been involved in providing support, advice, information, solutions and for making this evaluation possible. Special thanks go to the teams in Port-au-Prince and Port-à-Piment who hosted the evaluation team, made us feel welcome and put up with our requests and needs. Without you, this evaluation would not have been possible.

Additional thanks go to the Emergency Pool staff who made time to provide valuable information, while often being deployed to other missions. Their inputs were invaluable in helping to define the context, timing and understanding of the situation at the time. Lastly a big thank you to those who helped make it possible to get to and from the field, often in difficult road conditions and long steep walks. Thank You.

## II. 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

### III. 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 spread 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 exists 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 nature<sup>1</sup>:

⇒ **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

---

<sup>1</sup> Note, these recommendations are further elaborated in the report below

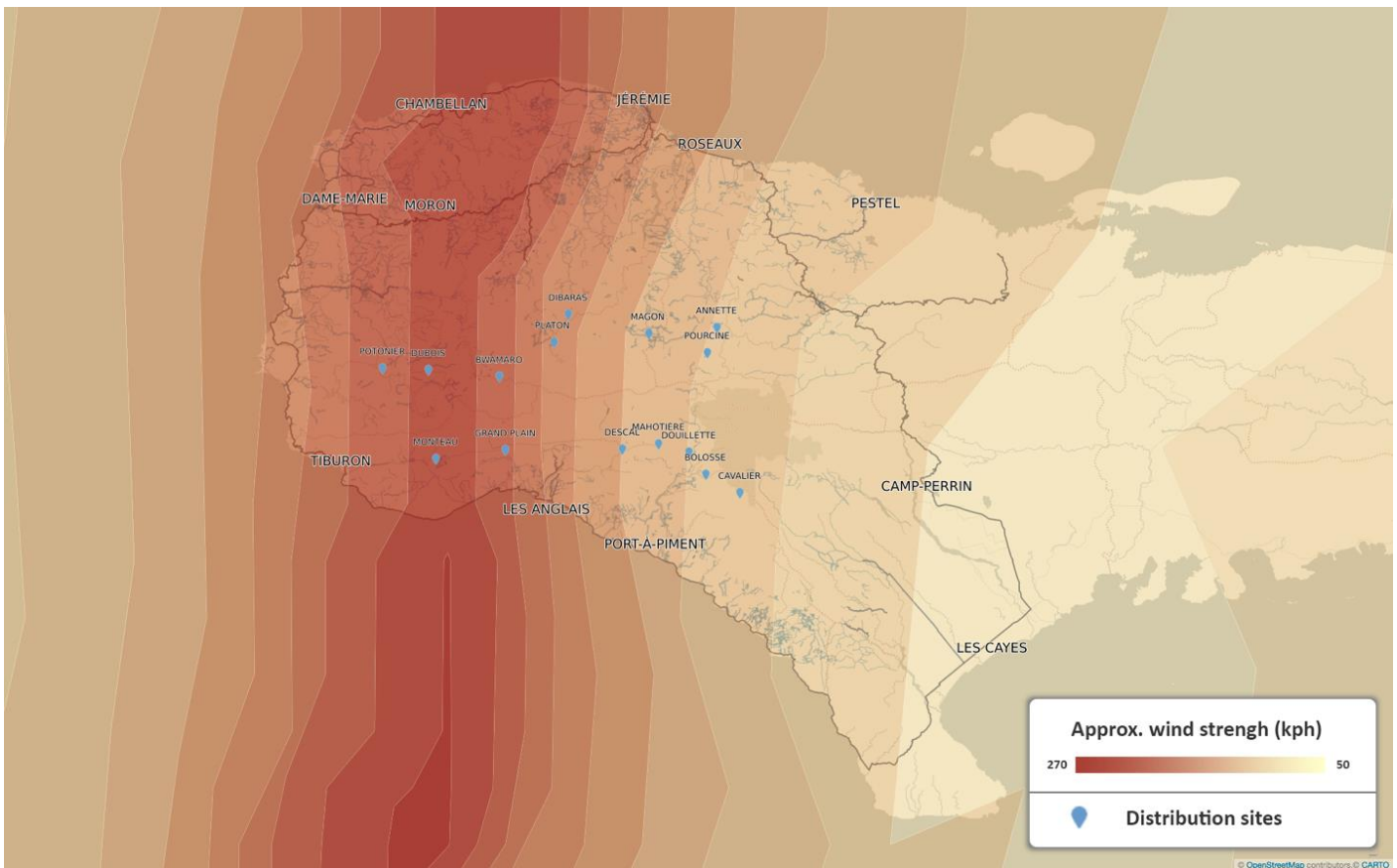
# IV. INTRODUCTION

## A. PROJECT BACKGROUND

Hurricane Matthew struck south-western Haiti near Les Anglais on October 4, 2016, leaving widespread damage in the impoverished nation. Matthew was a late-season Category 5 hurricane on the Saffir–Simpson scale, having formed in the south-eastern Caribbean on September 28. The hurricane weakened to Category 4 before making landfall near Les Anglais on October 4, at which time the National Hurricane Centre estimated maximum sustained winds of 240 km/h. This made it the strongest storm to hit the nation since Hurricane Cleo in 1964, and the third strongest Haitian landfall on record.

Haiti is located on the path of seasonal hurricanes in the Caribbean and because of its deforestation; hurricanes have a particularly devastating impact as they cause floods and mudslides. 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.

The cyclone, and its cyclone surge, impacted a large coastal band covering the extremity of the Grand Sud Peninsula, (i.e. the departments of Sud and Grand’Anse) and across Haiti with a decreasing impact from the South to the North.



Map of Hurricane Matthew track on October 3-4

A partial damage assessment on 8 October indicated that more than 200,000 houses were severely affected<sup>2</sup> and the Haitian government confirmed a death toll at 546, 438 injuries and 128 people missing<sup>3</sup> (although other sources reported more than three times this number of deaths). The hurricane affected 1.4 million people, and 750.000 of them were considered as requiring urgent and immediate assistance according to the United Nations Flash Appeal<sup>4</sup>.

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 side-lined, overwhelmed, and overridden by international actors. As a result, rather than activating the UN's "cluster" system (which had been deactivated in 2014), the government chose to coordinate the response through sectoral working groups chaired by its respective line ministries or government departments with international agencies providing support. On 10 October 2016, the United Nations launched an initial Flash Appeal seeking US\$119 million in emergency funding. On November 5, the appeal was revised to request an additional \$19 million – for a total of US\$139 million. The amount did not appear commensurate to the extent of the assessed needs and structural damages; ostensibly sending a message that it was not a big disaster and as a result meant that the emergency response did not get the same level of resources – either financial or in terms of the deployment of experienced international humanitarian staff<sup>5</sup>.

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, including to secure Tabarre Hospital against strong wind, 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 from 6 October by helicopter and reached Jérémie and les Cayes on the same day and Port à Piment on 8 October; rapidly supporting local health structures, and undertaking medical consultations and mobile clinics in the respective areas.

The decision was rapidly made for the Emergency Pool to take 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 victim 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.

---

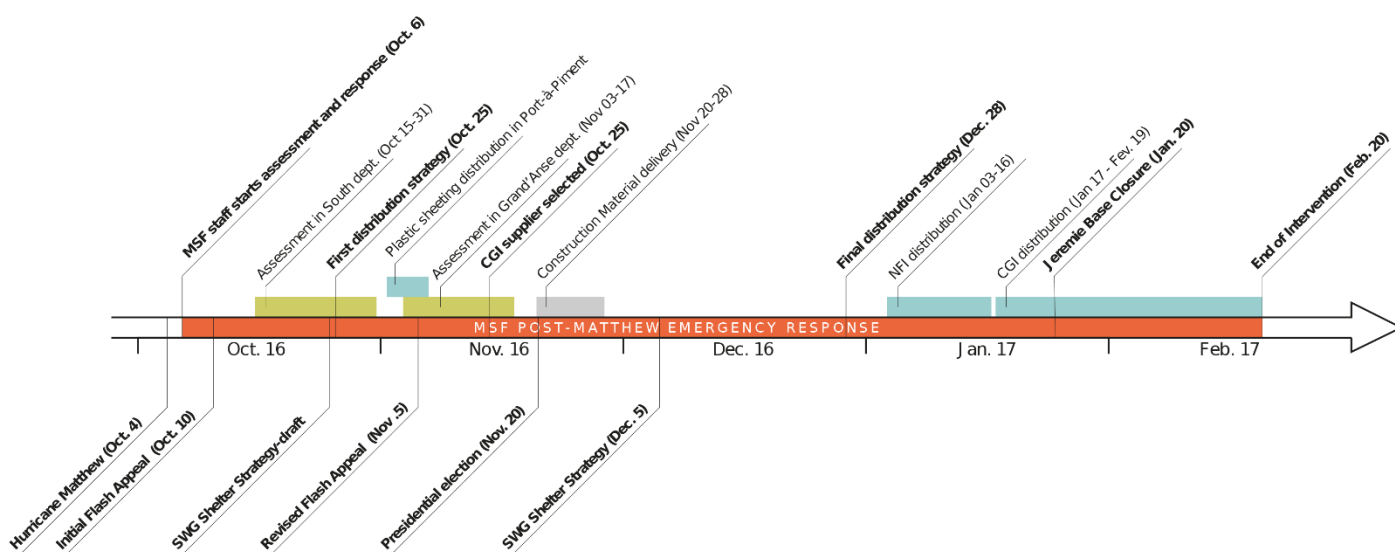
<sup>2</sup> [Haiti Hurricane Matthew Situation Report No. 4 \(08 October 2016\)](#). World Food Programme (Report). October 8, 2016

<sup>3</sup> [Haiti: Hurricane Matthew - Situation Report No. 11 \(15 October 2016\)](#). United Nations Office for the Coordination of Humanitarian Affairs (Report)

<sup>4</sup> [Haiti: Flash Appeal October 2016](#). United Nations Office for the Coordination of Humanitarian Affairs (Report). ReliefWeb. October 10, 2016

<sup>5</sup> Two Steps Back: Haiti still reeling from Hurricane Matthew. Refugee International, April 2017.

<https://www.refugeesinternational.org/reports/2017/4/6/haiti>



*Shelter Distribution Timeline of MSF Matthew Emergency Response*

## B. EVALUATION SCOPE

The purpose of this project evaluation is specifically 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 briefly reviews the overall relevance of the emergency intervention and how far it responds to the needs of the population and remains within MSF mandate, principles and policies. The evaluation then comprehensively assesses the distribution of reconstruction material in remote and hard to reach areas against the standard OECD / DAC criteria of relevance, appropriateness, effectiveness, efficiency, impact and continuity. These criteria will be assessed within the existing policies and technical guidance of MSF-OCB for NFI and Shelter activities in emergency responses; as well as against the agreed standard for Shelter and Construction at global and national level.

The evaluation covers the entire duration of the response from 6 October 2016 to 20 February 2017, and covers the overall geographical area of intervention for the reconstruction material distribution (Grand'Anse and Sud Department), even though not all distributions sites and localities benefiting from the shelter intervention could be visited during this evaluation.

## C. METHODOLOGY

The evaluation 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.

The evaluation uses a combination of qualitative and quantitative approaches<sup>6</sup> and uses data and information collected from the following sources:

- Review and analysis of project documents<sup>7</sup>;
- Review and analysis of MSF Policies, Guidelines and evaluations relating to NFI and Shelter intervention<sup>8</sup>;

<sup>6</sup> See Evaluation Matrix in Annex II

<sup>7</sup> See List of reviewed documents in Annex III

<sup>8</sup> Ibid

- Review of external documents relating to Hurricane Matthew and industry-wide technical standards and guidance<sup>9</sup>;
- Interviews with key staff at headquarters, field levels and returned field workers;
- Interview with external representatives including UN agencies, donors, NGO's and government;
- Natural group discussions or Focus Group discussions in areas of intervention;
- Interviews with individuals / households benefiting from the shelter distribution;
- Interview with individuals in localities targeted by the shelter distribution;
- Interviews with members of the distribution committee;
- Interview with Local / Villages representatives and political representatives;
- Physical observation in distribution sites and villages targeted in the distribution of reconstruction material.

## Interviews

The selection of the interviewees was both purposive and opportunistic, meaning that participation was thought based upon the expectation that individuals would be able to contribute and they were available. The sampling objective was representative of all areas<sup>10</sup> (HQ, Epool, Field Staff, International/National, Internal/External, Community Leaders, Beneficiaries male and female) and not systematic interviews with all stakeholders. Similarly, the interview with beneficiary groups consisted of semi-structured focus group discussion and individual discussions with beneficiaries / residents in the targeted locality. Individuals and group were chosen randomly and aiming for a saturation and redundancy in the answer provided by localities. These interviews were then complemented by physical observation of the status of houses and the level of reconstruction in the concerned localities. This does not provide the evaluators with a statistical representation, although it does provide a comprehensive qualitative outlook of the beneficiary's perspectives and level of reconstruction in visited villages.

Semi-structured interviews were also held with approximately 10 members of distribution committees (CASEC, ASEC, local representatives). The information collected from these interviews proved to be limited as the information provided was often inaccurate, incorrect or subjective.

## Visits

The field visits were based on the sampling of distribution sites, localities and houses. The distribution sites were selected to be representative of the locations characteristics, such as the remoteness (accessible by road, under 1 hour and more than 1 hour walk from road), the geographic situation (located on southern or northern side of main mountain range), and the distance from Hurricane path. The localities were also selected to represent different distance from distribution site. The houses visited were randomly selected to reflect the different level of damages suffered, the stage of reconstruction and the apparent socioeconomic status of their occupants.

Evaluators visited five distribution sites areas where shelter activities took place (Annette, Bolosse, Douillette, Monteau and Pourcine). In addition, the evaluators were able to collect partial information on three additional locations which were not visited due to time constraints (Bwamaro, Dibaras and Platon).

Due to the remoteness of some locations which could not be visited, an alternative methodology was tested. The evaluation team tried to contact by phone some beneficiaries of Dibaras to hold structured interviews with them.

---

<sup>9</sup> See Bibliography in Annex IV

<sup>10</sup> See List of interviewees in Annex III

This proved not possible as people were difficult to contact and that after several attempts the CASEC called back to question the reason of the calls and to claim that the distribution went well and that every household received their NFI.

NAME	VISITS	ACCESSIBILITY	PROXIMITY FROM HURRICANE PATH	SITUATION
Annette	Yes	Under 1 hour walk from road	High	Northern Side
Bolosse	Yes	Under 1 hour walk from road	High	Southern Side
Bwamaro	Info	More than 1 hour walk from road	Extreme	Northern Side
Cavalier	No	No info	Extreme	Southern Side
Descal	No	Under 1 hour walk from road	High	Southern Side
Dibaras	Info	More than 1 hour walk from road	Very High	Northern Side
Douillette	Yes	Accessible by road	High	Southern Side
Dubois	No	Under 1 hour walk from road	Extreme	Northern Side
Grand Plain	No	No info	Extreme	Southern Side
Magon	No	Accessible by road	High	Northern Side
Mahotièrre	No	More than 1 hour walk from road	High	Southern Side
Monteau	Yes	Accessible by road	Extreme	Southern Side
Platon	Info	More than 1 hour walk from road	Very High	Northern Side
Potonier	No	Accessible by road	Extreme	Southern Side
Pourcine	Yes	More than 1 hour walk from road	High	Southern Side

Evaluators have tried to visit as many localities around the different distribution sites, although due to their number and geographic spread, only a fraction of them could be visited. This limitation has a minor impact as intervention effectiveness and impact were homogeneous in the different localities under the same distribution site. Observations were made at the level of individual locality and evaluators moved to another locality when the collected information became redundant. Evaluators conducted detailed visits to approximately 90 houses, and carried out technical observations on houses structures.

#### D. LIMITATIONS

The fieldwork and sites visits was undertaken in June 2017, more than 8 months after hurricane Matthew making landfall in Haiti. This meant that many MSF staff involved in the response, as well as staff from other agencies, had already departed Haiti. In addition, some emergency projects had already wrapped-up all together. For instance, WFP and Samaritans Purse, who were two major actors in the first phase of emergency response, had already closed their emergency projects by the time of the field visits. This was however compensated by the fact that several international staff from the Epool availed themselves for interviews and were interviewed face to face or through Skype or telephone. In addition, staff from the regular Haiti country mission were interviewed as some had been involved from the onset and were kept abreast during the implementation of the emergency response.

While many documents (email, situation reports, individual end of mission reports, etc.) have been provided to the evaluation team, a specific emergency response strategy was not available. More important to this evaluation was the distribution of reconstruction material strategy that defined a broad objective of “support to families of communities in hard to reach areas” and so without a defined timeline for implementation. This lack of a more defined objective renders the understanding of the specific purpose of the intervention and its positioning within an emergency or recovery framework difficult to define and therefore to appraise.

The remoteness of the localities targeted by the distribution of reconstruction materials limited the number and localisation of the possible sites visit, as well as the time spent in each site, due to the travelling time constraints and limited transportation means (by car and foot – no air transport). However, this was partly compensated by a tailored site selection composed of more reachable sites (road or close to road access) and harder to reach areas (several hours walking). In addition, opportunities were taken to pro-actively approach individuals who were coming from, or travelling to, localities which were targeted by the distribution and to interview them.

Attempt were also undertaken to interview population from localities that were not reached. The team was however thereafter contacted by a local political representative enquiring on the purpose and nature of our interview. This undermined the possibility to conduct objective and uninfluenced interviews and this initiative was therefore aborted. Likewise, the interviews held with local representative often proved to be of limited interest as the information provided was often inaccurate, incorrect or subjective. Similarly, it was noticeable on several instances to the team that the presence of local political representatives during the interview of locality’s inhabitants heightened the apprehensiveness of the interviewees and therefore distorted the response provided. This situation was mitigated by carrying most of the interviews as soon as entering the locality and before the evaluation team presence had been noticed. Similarly, the evaluation avoided being accompanied by local representative as far as possible.

Lastly, the evaluation team visits were supported by a national staff who was key in the reconstruction material distribution and involved throughout the duration of the project. He was therefore well known by the local population and project beneficiaries. While this could have influenced the respondents, the evaluators were aware of this risk and the presence of a Creole speaking evaluator limited this possibility. Meanwhile, the openness of many interviewees as well as the number of interviews conducted indicates that responders did not appear to be influenced by the staff members presence. To the opposite, his support to the evaluation team brought valuable contextual and geographical understanding and significantly assisted in accessing remote sites and localities.

## V. FINDINGS

### A. RELEVANCE - OVERALL RESPONSE

While the primary purpose of this evaluation focus on the distribution of reconstruction material, the evaluation briefly reviews the overall relevance of the emergency response to assess how the distribution of the reconstruction materials contributed to the overall objective of the emergency response and whether needs were prioritised adequately and resources allocated accordingly.

This brief review however does not constitute a comprehensive appraisal of the response, but is simply drawn from a review of core documents and a limited number of interviews.

## Policy Framework

MSF-OCB has a policy towards responding to natural disasters and response to natural catastrophe is considered as a default response for MSF-OCB and corresponds to “classical emergency interventions, reacting to a break in equilibrium”.<sup>11</sup> MSF-OCB Operational prospects also call for a better balance between the attention given to curative care and prevention activities in target population while responding to natural catastrophes.<sup>12</sup> Responses to natural disaster is also part of Haiti country policy paper<sup>13</sup>, and specific reference is made to timely and efficient response to hurricanes in the country. An emergency preparedness scenario<sup>14</sup> was also existing and response planning was drawn towards population displacements, structural damages (e.g. health, water supply) and related disease outbreaks (e.g. cholera). A contingency stock was in place and in accordance with response scenarios.

The emergency response to Hurricane Matthew was therefore fully within MSF-OCB operational policy framework at global and national level. This policy commitment certainly eased the decision process and accordingly a timely emergency response.

## Needs Assessment

A multi-sectoral needs assessment was not undertaken from the inception of the response as the strategy consisted more of an assessment-response. This is justified due the sudden onset nature of the emergency and is also suggested as a possible strategy in the Floods MSF-OCB Manual.<sup>15</sup>

The lack of an initial assessment did not appear to hamper the development of the response as information was gathered as activities deployed, and additional activities were planned according to information gleaned during the process.

## Prioritisation

The prioritisation of activities was made in accordance to existing policies and contingency plans. Medical care was rapidly provided, focusing first on trauma and pathologies related to hurricane Matthew through support to the department referral hospital and mobile clinics in Jérémie. In Port-à-Piment, the primary focus was on the treatment cholera cases in the town hospital due to the large number of cases already admitted at the arrival of the first team. Medical activities then developed through mobile clinics around both locations and deploying to more remote areas by cars and helicopters.

Water and Sanitation activities were also promptly put in place and consisting of support to cholera treatment centres, water supply, and hygienic / WASH kit distribution (Aquatabs, Soap, Jerrycan). In the meantime, assessment for the distribution of reconstruction materials was undertaken in the hard to reach mountainous areas (*Mornes*) from 15 October until 17 November 2016.

It should also be noted that a distribution of plastic sheeting was undertaken around mid-November 2016 and benefiting approximately 2.000 households. Unfortunately, no written information on this distribution has been found, and very little reference were made to it during interviews, seemingly indicating a lack of ownership from

---

<sup>11</sup> Operational Prospects OCB 2014 – 2016

<sup>12</sup> Ibid

<sup>13</sup> Country Policy Paper Haiti 2016

<sup>14</sup> Haiti Eprep Scenarios 2016

<sup>15</sup> MSF-OCB Flood Manual 2016 – DRAFT

this exercise and bringing about a lack of capitalisation and lessons learned. This distribution of plastic sheeting is not part of the scope of this evaluation and was not referred to in the terms of reference.

While some problems emerged during the first phase of the emergency concerning the allocation of the helicopters due to their limited availability, relating to weather constraints, the prioritisation made to medical activities seemed pertinent. Therefore, the prioritisation of activities and accordingly of resources looks adequate.

## Conclusion

As a Project Committee was not organised for the validation of the Matthew Emergency response, and no overall strategy nor project documents developed, it is not possible to appraise the response against defined response objectives.

However, considering the respect for the policy framework in which the response took place; the timeliness in the assessment and response, and the pertinent prioritisation of activities, combined with an adequate balance of medical care and preventive activities, the overall response appears relevant.

The willingness and strategy to engage and support organisations who were already present in the area of intervention, although did not have the necessary resources and capacity (i.e. ACTED, MDM), also appears to have been effective and efficient, and provided good opportunities for continuity. This approach was also praised by a large European donor.

## B. RELEVANCE – DISTRIBUTION OF RECONSTRUCTION MATERIALS

### Policy Framework

While MSF recognises the importance of shelter for affected communities in emergencies and acknowledges shelter as providing protection from elements and against vectors, and restoring a sense of privacy and security, very limited policy framework exists within MSF.<sup>16</sup>

Similarly, in MSF-OCB, and despite the recent multiplication of individual shelter reconstruction projects during emergencies in the organisation (e.g. Pakistan, Nepal, Philippines), a limited organisational policy framework exists to define and guide the nature and scope of such interventions.

For instance, in the Refugee Health Book, despite placing shelter as the fifth priority (after initial assessment, immunisation, water and sanitation, and food and nutrition) and indicating that the “provision of shelter is a high priority”; only 2 pages of the book (of 383 pages), and limited guidance are dedicated to this specific aspect.<sup>17</sup> Similarly, the MSF-OCB Pocket Guide Shelter 2007 provides limited guidance in terms of shelter construction and states in the MSF Policy chapter that “material assistance for refugees/displaced persons is the mandate of the UNHCR” and that “each time possible MSF will not be involved in the supply of shelters”.<sup>18</sup>

This limited policy framework is also not applicable to all situations as it is placed within a context of displacement – and seemingly a conflict related displacement – as referring to UNHCR as the primary duty bearer within the humanitarian response framework being referred to.

---

<sup>16</sup> MSF (1997), Refugee health: an approach to emergency situations. Macmillan: Oxford, United Kingdom

<sup>17</sup> Ibid

<sup>18</sup> SHELTER – Situation with Displacement of Population – MSF OCB 2007

This constitute two main shortcomings within the limited existing policy framework. First, that natural disaster is not considered in the existing policy as the coordination mechanisms in such emergencies differs from a conflict-affected displacement crisis and UNHCR has no leadership role within natural disaster. More so, under the United Nations cluster approach, the International Federation of Red Cross and Red Crescent (IFRC) is leading the Shelter Cluster, however it is not considered as a 'Provider of Last Resort' and therefore does not have a responsibility in terms of response, but simply coordination.<sup>19</sup> Secondly, the United Nations Cluster Coordination mechanism is not systematically initiated in humanitarian crisis, and more so in natural disaster where a greater role is often left to the affected country authorities. Therefore, the coordination responsibility falls under the host government as was the case during Haiti Matthew response.

Lastly, the Flood Manual of the emergency pool makes no reference to shelter intervention and only makes limited reference to plastic sheeting distribution.<sup>20</sup>

Therefore, while MSF-OCB commits "to re-invest capacity in nonmedical activities such as water, shelter, food and sanitation"<sup>21</sup>, it provides very limited technical guidance in terms of shelter and no real policy framework for interventions and objectives. In addition, it was not possible to identify a technical referent for Shelter – or NFI as a matter of fact – activities in MSF-OCB HQ.

The implementation of the shelter intervention and distribution of reconstruction materials was therefore developed within a policy vacuum and provided very little guidance to the team in charge of its implementation. The absence of defined objectives for the shelter intervention and the lack of clarity as to whether it constitutes an emergency or a recovery response certainly relate to this lack of policy and overall guidance.

## Needs Assessment

The assessment of the hurricane affected localities in the hard to reach areas was undertaken in two phases. A first phase from 15 to 31 October for the localities in the South Department (communes de Port-à-Piment, Charbonnières, Les Anglais and Tiburon); and a second phase from 03 to 17 November 2017 for the localities in the department of Grande'Anse (communes de Roseaux, Jérémie, Moron et Les Irois).

The chosen geographical area was pertinent and the external stakeholders interviewed systematically acknowledged the specific vulnerability of the hard to reach areas in the Tiburon peninsula. Similarly, they were in consensus on the relevance of MSF intervening in the area and being one of the first one to do so.

The information intended to be collected<sup>22</sup> were the name of village and surrounding villages, the number of inhabitants and families, the "degree of remoteness" (e.g. distance from main market, health post, means of transportation, etc.), the health and hygiene status of the population, priority needs expressed by the population and the status of the houses.

All this information was to be collated in the distribution database. However, the evaluators consulted the database that was populated primarily by geophysical information (i.e. name of the village, GPS location, altitude and number of inhabitants), all other information were not included. For instance, the number of houses

---

<sup>19</sup> Operational Guidance Generic Terms of Reference for Cluster Coordinators at Country Level. Global Cluster Coordination Group. September 2010.

<sup>20</sup> MSF-OCB Flood Manual 2016 – DRAFT

<sup>21</sup> Operational Prospects OCB 2014 – 2016

<sup>22</sup> Exploration/assessment questionnaire

damaged by localities was not recorded, neither in terms of level of damage nor in percentage of houses affected. No information was collected in terms of vulnerability of specific households or group.

The assessment therefore has constituted more a planning exercise of the distribution to be undertaken than an assessment of existing and perceived needs by the population.

## Prioritisation

Given that the assessment primarily aggregated geophysical information and population numbers, that no assessment report exists and that the database does not record of the needs expressed by the population; it is not possible to conclude that the distribution of reconstruction materials constituted a priority at the time.

While it could be assumed that the distribution of shelter reconstruction materials corresponded to an identified need and will have constituted a priority at the time of the assessment, the distribution was undertaken at least 2 months after the assessment. As MSF had no presence or visits in the concerned localities during this period, the existing or expressed needs may have therefore varied over this time.

In addition, this period could have been valuable in refining the overall approach, in terms of specifying non-food items requirements or reconstruction materials, as well as in terms of quality and quantity of the items to be provided.

Lastly, if considering that the reconstruction materials will have been a priority need, it remains questionable that all affected household will have had the same requirements, and would have required the same reconstruction materials and support in the reconstruction of their dwelling.

## Targeting

The assessment considered the entire population of remote localities as affected and vulnerable due to their geographical locations in hard to reach areas. No distinctions were made in consideration of how affected households or individuals were, nor according to their vulnerability, and even less so as a weighting of these two aspects.

The targeting for the distribution of reconstruction materials was therefore solely geographically based and to benefit 100% of the target population in the defined geographical area.

As indicated in the NFI Distribution guidelines<sup>23</sup>, a systematic distribution can be considered in certain context and including in sudden onset emergency such as Hurricane Matthew. However, the purpose of such an approach is to implement activities as fast as possible (within a week), even prior to undertaking any form of assessment. In the concerned distribution of reconstruction material, the assessment was to take several weeks and the timeline of the distribution was still to be defined at the time of the assessment. Therefore, a more comprehensive assessment to implement a more targeted and tailored approach should have been considered.

## Conclusion

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.

---

<sup>23</sup> Non-Food Items Distribution, Emergencies IDPs/Refugees and Natural Disasters. MSF-OCB 2009

The lack of a clear shelter policy framework in MSF, and MSF-OCB, impeded the capacity of the response team to define clear objectives for the shelter response and its purpose as an emergency or a recovery response.

However, the distribution team had several opportunities to define, or refine the objectives of the intervention and its implementation. The lack of clear implementation timeline meant that the distribution team was in a permanent state of urgency and focusing on the distribution mechanisms rather than existing and perceived needs of the affected population; and the evolution of the context.

Finally, while it is understandable and acceptable to implement a systematic distribution in the first phase of an emergency and for acute needs (or high risks), it should be acknowledged that having an egalitarian approach represents a compromise to the core humanitarian principle of impartiality. Considering the recovery nature of a distribution of reconstruction materials and the timeline for its implementation, the systematic distribution approach was inappropriate and an unnecessary compromise on MSF's principles.

## C. APPROPRIATENESS

### Coordination

MSF was represented in central coordination mechanisms from the onset of the emergency. The Head of Mission represented the organisation in a first stage, and the Emergency Coordinator thereafter ensured consistent and adequate representation at national level and throughout the response.

The Distribution Team however did not participate in coordination meeting and specifically not in the Shelter Working Group (SWG). From interviews with the two coordinators of the SWG, neither of them had seen MSF in the SWG meetings or were aware of the nature of their shelter activities. The SWG was informed of MSF distribution afterwards by the World Food Programme (WFP) and could inform their shelter activity matrix accordingly.

Equally, the distribution team was unaware of the standard defined by the SWG and specifically so the technical guidance, including strategies, technical specifications and the design of the agreed standard reconstruction kit for shelter assistance.

Concerning local and national authorities, MSF primarily involved the localities political representatives (CASEC and ASEC) in the distribution planning and implementation. Those were systematically consulted in the definition of population numbers and in the implementation of the distribution. The mayors of the concerned communes were not involved, consulted or informed of MSF's planned shelter response in the first stage. This issue was however addressed in mid-December and the team met with the mayors of all the concerned communes, although this was mainly and reportedly solely for information purpose.

### Implementation Strategy

#### Transport

At the time of the shelter intervention design, air transportation and helicopter was the only possible means to access the targeted areas for intervention. Several coastal roads were impassable, flooded or closed. Roads and tracks to access the Mornes – often close to or crossing river beds – were severely damaged or had totally disappeared. The abrupt changes in weather patterns following the Hurricane was bringing safety issues for road movement and helicopters flight, and accordingly it was not possible to consider leaving the team on the ground in the mountainous areas in the first few weeks.

In addition, due to the frustration of the local population regarding the delay in receiving humanitarian assistance, the security situation was challenging, even more so on the coastal areas. Humanitarian convoys were regularly attacked and looted on the road till mid-November, leading several organisations and United Nations agencies to use armed escorts from MINUSTAH and Haitian National Police.

Concurrently, populations living in the mountainous hard to reach areas were afraid to come down to the coast to receive assistance as several incidents occurred during the early distribution. Reportedly, they were chased and stoned by coastal residents who wanted to prevent them from accessing aid distributions.

Considering the above constraints and challenges, the only way to access the area was by air and by helicopter for the first phase of the response (assessment and immediate response). This is similarly applicable for the transportation of materials and relief items to affected communities in the hard to reach areas.

### Distribution Strategy

The strategy for the distribution of reconstruction materials was to rely entirely on local committee composed of local and political representatives (notable, religious leader, CASEC and ASEC) for the implementation of the distribution.

However, it is to be noted that the documents relating to the distributions do not make any reference to the practical implementation of the distribution as it is primarily centred on the logistic and transportation means in the different versions of the strategy.<sup>24</sup> No document exists relating to the organisation of the distribution, including the beneficiaries selection, training of the distribution team, information to population, monitoring of the distribution, complain mechanisms or post-distribution monitoring, but to name a few.

As indicated in the NFI distribution pocket guide<sup>25</sup>, distribution through local authorities and/or through local representatives represents great risks in terms of the impartiality and fairness of the distribution, the political or local bias in allocation of aid, as well as the difficulty for the most vulnerable to assert their rights. As anticipated by the guideline, a number of those risks materialised during the distribution, as reported in the effectiveness section of this report.

The guideline also advises on using this method of distribution only if there are no other solution. This was certainly not the only solution considering the timeline of implementation of the distribution, although it does not appear that any alternatives methods were considered throughout the implementation period.

### **Contextual Adaptation**

The first strategy for the distribution of reconstruction materials was developed on 25 October 2016, 10 days after the initiation of the first assessment.<sup>26</sup> As previously mentioned, the strategy was primarily, if not solely, on the logistic means and more specifically so the transportation means to implement the distribution.

The strategy was thereafter revised on 2 November 2016<sup>27</sup>, and this revision reconsidered some logistical aspects and primarily the handling operations to be undertaken on the barge. However, it did not seem to consider any

---

<sup>24</sup> NFI Distribution Doc – Strategy d’Intervention. No name, 25 October 2016; Distribution – Proposal, Urgence HAÏTI, Nico & Anibal, 2 November 2016.

<sup>25</sup> Non-Food Items Distribution, Emergencies IDPs/Refugees and Natural Disasters. MSF-OCB 2009

<sup>26</sup> NFI Distribution Doc – Strategy d’Intervention. No name, 25 October 2016

<sup>27</sup> Distribution – Proposal, Urgence HAÏTI, Nico & Anibal, 2 November 2016

information collected from the assessment or to develop further the distribution mechanisms or targeting process.

By that time, a clear timeline for the distribution was still not existing and many practical aspects (e.g. fuel, storage, helicopters, cost.) were still unresolved.<sup>28</sup> Similarly, the tender committee selected the iron sheet suppliers on 14 November 2016, which were delivered between 20 and 28 November 2016. Therefore, while the distribution team may have still been unable to establish a clear timeline for distribution at this stage, it should however have been clear that it was not to be undertaken in the following weeks and therefore that some adaptations were possible and likely required.

By end November, the security situation on the coastal roads had improved and the number of incidents targeting aid convoys had reduced as assistance was being provided to those areas.<sup>29</sup> Concurrently, the security apprehension from the hard to reach areas population may have also altered as inhabitants had come down to receive assistance from aid organisations (e.g. Red Cross), or to access markets on the coast. Road and tracks to access valleys and mountainous areas were reopening as river levels came down and people resumed the use of those tracks. The weather was not as unpredictable as immediately after the hurricane and it would have been possible to leave a team on the ground in the mountainous areas without obvious and significant safety and/or security risks. Accordingly, the distribution through local and political representative was certainly no longer the only solution for its implementation.

It appears that none of the contexts changes or opportunities occurring during the delay in implementation were considered to revise the existing strategy. While this demonstrates a lack of strategic agility, it should also be noted that the emergency team reached a point of saturation after significant delays and tergiversation, and therefore it was no longer willing to reconsider or revise the strategy by the time of the arrival of the last distribution coordinator by end of November 2016.

## Learning Organisation

MSF-OCB has some experience in the distribution of reconstruction materials. For instance, such a project was implemented in Pakistan in 2005 following the earthquake in Kashmir. The distribution of reconstruction took place in some of the most remote villages as well, and a house to house survey was undertaken and vulnerability criteria were considered (e.g. widows, orphans, disabled persons). The reconstruction kit was adapted and revised during the response to better respond to the assessed need and a voucher system was used to implement targeted distribution, benefiting a total of 8.300 households. This shelter intervention was positively appraised.<sup>30</sup>

In 2013, MSF-OCB responded to the emergency following typhoon Haiyan that hit the Philippines on 2 November 2013. MSF distributed reconstruction materials to approximately 4.000 households. The approach and distribution strategy was very similar to the one used in Haiti. The reconstruction kits distributed were standardised, although more substantial than for Haiti; the distribution was the responsibility of the community council; and no specific technical support was provided to the household for the reconstruction.

---

<sup>28</sup> Email exchange EmCo – Epool Coordo

<sup>29</sup> Real Time Evaluation - Response to Hurricane Matthew in Haiti 11/11 to 29/11/2016. DRAFT

<sup>30</sup> OCB Earthquake intervention in Kashmir, Pakistan. April 2006, W. Claus

Operational research conducted in May 2014<sup>31</sup> concluded that 88% of the house repairs were incomplete because the materials provided were insufficient or inappropriate, and 97% of beneficiary's household indicated that the material was insufficient. The research also concludes that only one commune (barangay), representing 3% of the total beneficiaries, distributed the materials according to the needs and level of damage, although making no reference to the consideration of household vulnerability in the allocation process. The rest of the materials were distributed evenly, leading the authors to question the equity of the distribution process. In addition, if vulnerability aspects were to be considered, the authors could have also questioned the impartiality, and not simply the equity, of the distribution.

More recently, MSF-OCB also intervened in terms of shelter reconstruction in Nepal in 2015 following the earthquake in the Kathmandu valley, although no information was available to the evaluators to compare to this response.

While the experience in Pakistan may have been too long ago, the recent intervention following the typhoon Haiyan in the Philippines should have been part of the collective memory and therefore informed the post-Matthew shelter response. However, some of the shortcoming identified in the Philippines in terms of standardised approach, community led and even (systematic) distributions were replicated.

## Conclusion

While MSF was represented 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. The team could have garnered valuable information in terms of access, distribution strategy and local dynamics and potentially adapt its own strategy accordingly. For instance, international and local organisation operating through community-based approach were mindful of the significant risks of working through local political representative and were adopting a more targeted and hands-on approach.

The chosen transportation method is also representative of this lack of information gathering, contextual adaptation and strategic agility. For instance, while the air transportation may have remained the only possible way to access some of the most remote localities, several identified distribution sites had become accessible by road during the month of December. Simultaneously, the apprehension from the mountainous communities to come down to the coast had reduced and the possibility to bring materials to mid-range altitude had occurred, making possible have greater proximity for the organisation of the distribution.

In addition, the shelter response did not seem to integrate the lessons learned from the cyclone Haiyan intervention despite several response staff being involved in both interventions. The standardised and even distribution mechanisms may be a necessary compromise for first phase timely intervention, although a more equitable and impartial approach is certainly feasible and required in a reconstruction project.

Therefore, the strategy of the shelter intervention cannot be considered as having been appropriately designed, because it did not adequately anticipate the required time for implementation. Therefore, it did not integrate and use the time that was available, and capitalise on the foreseeable opportunities that developed.

---

<sup>31</sup> "Providing a Roof" and More to Communities Affected by Typhoon Haiyan in the Philippines: the Médecins Sans Frontières Experience. 2016:1-5 Disaster Med Public Health Prep

## D. EFFECTIVENESS

As mentioned earlier, the objectives of the interventions of the distribution of reconstruction materials have not been sufficiently defined. The lack of strategic objectives is also present at the guidelines level, as documents such as the contextual (Flood) and the technical (NFI & Shelter) guidelines are limited to intervention methodologies. This weakness has been underlined in several appraisals of recent MSF interventions (e.g. Haiti, Philippines). These evaluations also highlight the lack of quantified objectives and criteria to guide and evaluate the projects.

As for the post-Matthew response, the only stated objective is the support to families in hard to reach areas. In the absence of monitoring, a post-distribution exercise and records (e.g. population, individual handovers, vouchers), it is not possible to verify the number of families who received the reconstruction materials. The final distribution reports states that 134 pallets of CGI were distributed, or 99840 CGI sheets.

### Distribution

The visits to 5 distribution sites, and the information collected from a sixth one (Bwamaro), indicate that while reconstruction materials arrived to most of the localities, a clear majority of the families only received between 8 and 9 CGI (instead of the planned quantity of 10<sup>32</sup>). The evaluators could generally verify the use, or presence, of the distributed materials at beneficiary's homes.

In addition, it was found that some families in served localities and entire localities did not receive any reconstruction materials. Visits also showed households who had not received any materials – within a locality which had received – were often the most vulnerable (e.g. single women with children mainly). It was also found that localities where no household received material were also the most remote localities in the targeted areas.

### Misappropriations

The main reason suggested by beneficiaries to explain the lack of material is the organised misappropriation of material (specifically the CGI) by the distribution committees. This issue was reported in most sites to varying extents.

Despite not having all the necessary evidence to substantiate it, the diversion and misappropriation appears generalised and systematic. It ranges from diversion for individual use (Bwamaro) to organised resale systems by the distribution committee, or the individuals composing it (Douillette, Monteau). The two diversions methods consisted of the reduction in the number of CGI distributed per family; or the rejection of certain families, or the rejection of entire localities based on their geographical location, or the absence of the locality's representative during distributions.

Some of these issues were known by the distribution team, and the distribution database refers to:

- The impossibility, after the drop of the material of knowing if the metal sheets will be distributed to the latecomers (Bolosse);
- The diversion of items for political ends (Descal);
- The existence of a temporary warehouse on the location and date of the distribution (Monteau).

---

<sup>32</sup> In only two sites families stated they received 10 iron sheets: in Bwamaro and Bolosse. For the later this is however contradicted by the distribution database which notes 9 CGI were distributed per family in Bolosse.

For their part, the distribution committees' members explain the shortage of metal sheets by the difference between the number of considered families and the number present at the distributions. MSF staff acknowledge that a few cases of underestimated population have been reported and that it had advice to distribution committees to reduce the number of CGI per family in order to distribute to every families. These cases are not documented in the distribution database which indicate a minimum of 10 sheets distributed per family.

The scale of the misappropriation and actual number of families who did not receive the reconstruction materials is impossible to confirm due to the inexistence of any list, voucher system or post-distribution exercise. Similarly, it is impossible to arbitrate on the accuracy of population number used for the allocation of materials per locality or distribution sites. However, interviews with beneficiaries indicates that in the case of an overestimated beneficiary population, the additional materials were appropriated by the distribution committee's members (i.e. Bwamaro).

The main reason for the generalised diversions appears to be primarily the limited presence of MSF teams before and during the distribution and its total absence thereafter. The weakness of the distribution system is also evident, both in terms of methodology (no lists or vouchers) and in entirely relying on local representative in the distribution process (not governed nor counterbalanced). In addition to these weaknesses, no accountability system to control, inform or receive complaints were put in place (see Accountability).

The distributions of the other NFIs took place one to two weeks before the distribution of the reconstruction materials, it would have been possible during this time to verify the number of families, adjust the methodology and review the implementation of the NFI distribution. Conversely, the low control and presence of MSF staff would have given confidence to the distribution committee members to consider and organise diversions.

## Delays

The project suffered from many delays due to difficulties in identifying, developing, and agreeing on the transport methods. The operation was originally expected to begin by mid-November, then foreseen by mid-December and would finally start in early January and end a month later.

The successive distributions methodologies were undermined by the logistical difficulties due to the challenging nature of the intervention, and more specifically the size and remoteness of the target area and the complexity of the chosen mode of transportation (offshore barge and helicopters). The intervention reports<sup>33</sup> presents in detail the process for the definition of the transport methods, and can be referred to for more details.

Despite these difficulties, it appears that the identified methodology was only questioned belatedly and that the distribution team was only focusing on the development of the transport method. An alternative distribution strategy was identified at the very beginning of the response (18 October), and it was considered to do the distribution from sites accessible by road and let people transport the materials with donkeys to their localities. Regardless of its apparent appropriateness, this methodology was not reconsidered at a later stage.

Finally, in the face of the logistical difficulties, the implementation of the distribution was made possible using an alternative logistic solution, the WFP helicopters. The agency, in the framework of an empowerment of local and international NGOs made available two helicopters and a stock of CGI<sup>34</sup>. The use of WFP helicopters, was initially considered in early December 2016, debated internally and not retained because of reasons relating to MSF's independence and the United Nations' image in Haiti. Owing to continued difficulties in setting up the transport

---

<sup>33</sup> Rapport de fin d'intervention (Lily Caldwell) and Rapport de fin d'intervention Distribution de kits NFI/shelter (François Giddey)

<sup>34</sup> Provided by DFID

method, the distribution team finally resorted to the use of WFP helicopters for its simplicity and speed of implementation. MSF swiftly booked the full amount of flight slots made available by WFP thus guaranteeing a quick start of the operations.

The impact of these delays in the implementation of the response, and on its effectiveness, is difficult to evaluate as the expected impact is not defined and a hypothetical impact of a quicker intervention can hardly be estimated.

That being said, the needs in terms of reconstruction material stayed high during the months following the disaster and even as the context evolved the distribution remained relevant. The impacts of the delays on the effectiveness of the project can thus be estimated as limited. The intervention mainly suffered from a poor contextual knowledge and from a constant lack of defined objectives.

Despite identified gaps (e.g. census, need assessment) and contexts changes (see Relevance and Appropriateness), the approximately two months between the assessments and implementation has not been identified as an opportunity to develop the distribution strategy and methodologies, and the distribution team stayed focused on the logistical issues. The goal of the intervention remained the carriage of the NFI and reconstruction materials to the different sites. Helicopter transportation remained an end rather than a mean to an end.

### **Comparison with other projects**

Compared with other actors' activities, MSF reconstruction materials distribution activities remains an atypical intervention in the post-Matthew response framework in terms of the size and isolation of the target area, as well as its specific positioning and timing (between emergency and recovery). Other actors have mainly undertaken rapid distribution operations in the most accessible areas (tarpaulins along the coast) and/or are currently implementing reconstruction projects (construction material distribution and technical support for the most vulnerable families). The comparison of the MSF intervention with other projects is therefore difficult in terms of effectiveness and efficiency.

### **Conclusion**

Considering that large quantities of the reconstruction materials did not reach the intended beneficiaries, and that the most vulnerable appears to have been the most deprived, the effectiveness of the project appears dubious.

Regarding timeliness, while the effect of delay in implementation is difficult to appraise, not using this time to adapt and refine the approach and methodology, may have borne the most impact on the effectiveness of the project.

The intervention suffers from the following dilemma: to do the "right thing at the right time" or to do "things right in more time" and fails to adopt one or another of the postures. The lack of objectives for the intervention seems critical but beyond the necessary strategic positioning, some changes or adjustments could have been made in the approach and in the methodology to improve the effectiveness of the project.

- A better contextual understanding would have given more accurate information on security (from MSF and beneficiaries perspective), accessibility, reconstruction activities (population needs, means, and willingness), population size and specific vulnerabilities, economic activities and local governance. This concerns both the initial assessment that was insufficient (see NFI guidelines) but also the needed follow-up of context changes.

- Some critical information and data (e.g. accessibility, location of villages, population) should have been mapped to facilitate interventions and to adapt the transport methods. MSF has proven experience in using Global Information Systems tools and the management of the Matthew context is, from that perspective, a missed opportunity.
- A greater presence on the ground would have improved the general contextual understanding, reinforced the project definition and impact, and mitigated the level of misappropriation. This would have been possible through longer stays in the different target areas. The distribution team overlooked proximity, one of MSF's core value.
- Better distribution mechanisms (even with same timeline) would have reduced diversion and possibly increased the equality of distribution, if not its equity or impartiality.

## E. EFFICIENCY

The efficiency of the project is evaluated with regards to the mobilisation and management of the available financial and non-financial resources for an effective implementation of the activities. As the financial accounting and documents does not make it possible to extract the costs referring solely to distribution activities, only reconstruction materials and transportation costs can be estimated:

- Helicopter cost for exploration	239 572 EUR
- WFP Helicopter cost (reconstruction material carriage)	938 860 EUR
- Reconstruction materials except CGI (e.g. tools, nails)	35 000 EUR
- CGI	309 382 EUR
- JET A1 (fuel)	121 134 EUR
- <u>TOTAL</u>	<u>1 643 948 EUR</u>

The share of the reconstruction materials in relation to the total cost is low (20%) due to both the high cost of helicopters and the reduced quantity of provided material.

### Transportation costs

From the definition of the distribution intervention, reconstruction material transport appeared as the main item of expenditure, with estimations from 0.7 to 1.8 million EUR. The use of WFP helicopters resorted to in early January was initially meant to be a free of charge (until 8 February) which presented a significant financial advantage, especially since it included the provision of storage areas and fuel. Thereafter, WFP revisited this agreement and requested an operating cost recovery and the PAM-MSF Service Level Agreement (SLA)<sup>35</sup> was signed for 938,861 Euros. The service was used for the transportation of all NFI and reconstruction material, the latter representing 76% of total flight time. The transport solution ultimately retained (WFP) is in the low range of the initial price estimates. However, given the transport method adopted, the fuel bought in November<sup>36</sup>

<sup>35</sup> "SLA MSF B Air operation Haiti 27 Jan 2017 Correct.docx"

<sup>36</sup> See End of Intervention Report

became unnecessary and impossible to resell, which represents a loss of approximately 121,134 Euros.



Dossier Jet  
A1pdf.pdf

In addition, the use of WFP as an external resource was very useful for the completion of the intervention. However, interviews with external stakeholders have pointed to the fact that it had prevented other organisations (including local NGOs) to make use of the service., This was the case for example for a NFI distribution planned by IOM in some hard to reach areas, and which had to be cancelled as no flights slots were available. One could argue that, at the time of the intervention, MSF, with its financial means, could and should have had the capacity to have its own transportation means.

Furthermore, as we have seen, the accessibility of the sites had greatly improved between October and January and a road transportation strategy could have been envisaged for at least half of the 15 sites, which would have represented a significant cost saving.

### NFI costs

Not considering the transport costs, the costs associated with the intervention are relatively low (less than 40 EUR per household), compared to the SWG standards (EUR 180 / HH).

These low intervention costs mainly relate to the fact that the provided kit include less material, and of lower quality, than the standard reconstruction kit recommended by the SWG. These quantities are also lower compared to kits distributed in previous MSF interventions (i.e. Pakistan, Philippines).

	MSF	SWG	MSF-Pakistan	MSF-Philippines
CGI	10	10	25	12
Timber	X	✓	X	✓
Rope	✓	✓	X	X
Nails	✓	✓	X	✓
Roofing Nails	✓	✓	X	✓
Galvanised tie wire	X	✓	X	X
Plywood	X	X	✓	✓
cement	X	X	✓	X

## Use of resources

From interviews and observations, it did not appear to have been competition of resources between activities. Even though some tensions and constraints have been related to the use of the helicopter during the exploration/assessment phase.

In addition, the other distribution-related activities for this type of intervention have been carried out at minimum (e.g. recommended by the NFI guidelines: assessment, monitoring, community mobilisation, technical support). Given the organisation's financial resources for this response, it would have been possible and appropriate to engage in these complementary activities to improve the effectiveness of the project (see Effectiveness and Impact).

In conclusion, financial resources were used economically, not by objective but by default. The limited quantity and quality of reconstruction materials provided and the absence of many distribution-related activities have reduced the overall cost of the operation. However, higher materials standard in terms of quantity and quality and implementation of associated distribution activities would have achieved better effectiveness and greater impact.

## F. IMPACT

External stakeholders have often expressed appreciation for the MSF intervention as it promptly brought to light the problematic of people living in the Mornes and their vulnerability. All beneficiaries appreciated the assistance as MSF was one of the rare actors in these areas.

The visits and interviews showed, however, that the overall impact of the project in terms of supporting the reconstruction of housing is limited, whether for the construction of temporary shelters or the reconstruction of permanent housing.

### Use of reconstruction material

Following hurricane Matthew, the mountains inhabitants built precarious shelters with the debris recovered from their damaged houses. Little by little, these shelters were consolidated (notably with the tarpaulins distributed in some places) and some families began to rebuild their homes. However, the reconstruction materials were distributed by MSF after the construction of the temporary shelters and were not used for this purpose.

The visits showed that no CGI had been used for the construction or consolidation of a temporary shelter. All the beneficiaries preferred to keep the CGI and nails received to reconstruct, or build, permanent houses at a later stage. The population did not wish to construct limited surface for mid-term purpose, families are more inclined to prioritise long term reconstruction. Likewise, there was no double use of CGI for temporary shelter and then permanent housing.

The materials distributed by MSF were mainly used in two ways:

- For the repair of moderately affected roofs. These cases are therefore encountered when the structure of the house is still viable (frames and walls were preserved) and when most of the metal sheets have been kept. The MSF CGI are used to replace those that are too damaged to be reused.
- For the construction of new roofs. On severely affected houses or in the case of new constructions. The construction of a complete roof requires about 40 to 50 CGI, such work systematically involves the purchase of complementary sheets and nails and is therefore reserved for the wealthiest households.

CGI was thus used by moderately affected families (moderate needs) and by the wealthiest households (additional purchases). The purchase of complementary sheets is generally carried out in local markets (Beaumont, Moron, Port-à-Piment, Chardonnières) and involves considerable transport time and costs. CGI were bought locally, sold by local families (unable to use it) or by members of the distribution committees (misappropriation).

The poorest and more affected families rarely used their CGI and kept them for future construction. Thus, most of them continue to live in shelters made of recovered materials (debris) or rudimentary repaired houses. Some are also hosted by friends or family, which makes it possible to pool resources together and commonly undertake the repair work. Some particularly vulnerable families (single women with children mostly) are still living in very precarious shelters as they have difficulty finding accommodation and as their resources do not allow them to rebuild a home. These families were also the ones most often excluded from the distributions.

## Reconstruction

Mountain dwellers often use local construction techniques and materials (wooden structures, *clissage* walls, cob and lime plaster). The choice for these constructive modes is first economic as most families aspire to build a house made of concrete blocks, but do not have the means. The local building techniques are relatively economical and construction is carried out over periods of several weeks by the members of the family themselves as the hiring of qualified labour is rare.

Local constructions require a lot of wood, which in the Haitian context is problematic. The supply of local timber is relatively easy, it sometimes comes from trees felled by the hurricane (whose logging requires tools and know-how), or more generally of trees cut for this purpose (young trees of small diameter). The use of local wood poses two major problems: first, it further aggravates the severe deforestation of these areas and, secondly, requires the use of wood of varying cross-section and quality. Visits showed safer implementation when families used imported timber (supplied by several NGOs).

Visits also showed that the plastic sheeting is still very popular in the hills as they allow temporary shelters and damaged houses to be maintained prior to repair / reconstruction. The tarps are deteriorating rapidly and the needs persist, the distributions of tarpaulins made in some places by WFP last May was relevant and appreciated.

The impact of the project in terms of shelter is therefore limited, specifically for the most vulnerable households whom appear to have been left out in several instances. At best, it can be estimated that the distribution of building materials is a small input to the family in the perspective of an upcoming reconstruction.

## Disaster Risk Reduction

Unlike the strategies put in place by the SWG and all the other shelter actors, MSF has not developed any Disaster Risk Reduction (DRR) objectives. The distribution was therefore not accompanied by technical support or communication on the proper use of reconstruction materials, or by the dissemination of better construction techniques. In addition, no strapping or wire has been provided to solidarise the roof frame with the house structure, as commonly used.

Due to their technical specifications, the items are unsuitable for permanent and safe housing. The CGI are very thin (0,20 mm), which makes them highly vulnerable to corrosion and high winds, they are estimated to last from

3 to 5 years<sup>37</sup>. Recommended CGI are thicker (0,40 mm at least<sup>38</sup>) and can last for decades under tropical climate. Likewise, roofing nails provided by MSF are smooth and unsuitable for hurricane resistant, while people can buy at local markets twisted roofing nail, as recommended by guidelines.

Without technical support, affected populations have built structures which are unsafe because they are highly vulnerable to climate events. Technical support would have undoubtedly had an important impact on this aspect, since most of the time the families carry out the work by themselves (capacity and materials available locally) and because it is their main asset.

### Other expected impacts

The health impact of the construction material distribution is difficult to assess but is estimated to be minor mainly due to the rather limited use of the provided material. The effects of the hurricane on population health had dissipated by the time of the distribution, the health issues are now more contextual and relate mainly to access to health services, water and food security. The impact of reconstruction material distribution on health might have been greater if the intervention would have happened earlier as it could have increase protection against to the elements (e.g. sun, rain, cold, wind) and against vectors (e.g. mosquitoes).

The access to water is a challenge in the remote and mountainous areas, the assistance to build new roofs have been identified by some stakeholders as an opportunity to provide a way to collect rain water. The visits did not show any rain catchment system or storage installed, such material remain expensive and fragile. Some NGO have developed specific project to support families to set up such systems.

### Unforeseen impacts

As the capacity for families to use the provided material was limited, the impact of the project on coping mechanisms is very limited. People continue to struggle to access food, employment, education and health services. The usual sources of income are the sale of charcoal and wood. In some cases, the poorest families have been selling provided CGI to other families.

The impact of the distribution on local market is also very limited. Population continue to have access to local markets (located lower in the valleys or on the coast), where they buy construction material to build their homes. Material sold in market are of similar, or lower, quality than those provided by MSF.

In terms of local community and governance, the project had a rather negative impact as it incited the misconducts of CASEC/ASEC and local representatives without any means of control. Diversions appears systematic and are organised to serve individuals interests. As a result, the confidence of the population in local authorities and community representatives has been tarnished and the identification and assistance to vulnerable families remain low. Tensions are still present regarding these issues, and the evaluation team had to leave localities on two occasions as discussions between people got tense.

## G. CONTINUITY

As we saw above, the beneficiaries used the provided construction materials directly to build permanent housing. The continuity of the project impact could therefore be evaluated according the reconstructed houses durability.

---

<sup>37</sup> Interviews with beneficiaries and engineers (CARE)

<sup>38</sup> SWG Guidelines and National Building Code

The expected lifespan of these new or repaired construction depends on the durability of the construction materials themselves, and on the capacity of the building techniques to withstand the climatic events.

The construction technique used by beneficiaries to build their homes is very basic. Wood framing is only assembled with nails and without the use of traditional or imported building method (e.g. wood assembly, dowels, strapping). Buildings are thus unable to withstand high winds and are likely be heavily damages by the upcoming annual tropical storms. Buildings using local construction techniques and materials are durable to withstand years of rough treatment. Even basic rural housing construction integrate lighter elements which can be easily rebuild after weather events, such as stone walls and thatched roofs.

In conclusion, the distribution project mainly supports the hurricane affected population in the long-term reconstruction of their homes by the contribution of reconstruction materials, but because of reduced quantities of low quality materials and no technical support, it contributes to limit the durability of the reconstructed homes.

## H. ACCOUNTABILITY

As seen before, diversions appear as systematic in the different distribution sites. This has been made possible by a very low presence of MSF in the field and was further aggravated by the absence of control or accountability mechanisms.

The interviews and reports show that distribution team was aware of cases of diversions and unfairness of the process, so during the first NFI distribution. The known risk represented by community distribution have not been mitigated by any control process. The intervention did not include either any support during CGI distribution or post-distribution monitoring. It is therefore impossible to know the exact number of project beneficiaries as well as the extent of misappropriations.

Moreover, the only contacts collected in the field were those of local leaders, which makes MSF or external evaluators unable to carry out any verification without going to the field and visit affected families. The only persons able to contact MSF was the local representatives who had the main health promoter staff number. This communication line has been used mainly during the assessment phase to communicate localities population numbers.

The interviews with beneficiaries who estimate to have been deprived showed that these people did not have any means to contact MSF, but were also unwilling to do so as they thought that nothing could be done against leaders willing. No complaints were thus received but a lot of dissatisfaction remains.

## VI. CONCLUSIONS

The overall MSF-OCB hurricane emergency response was relevant as it was clearly placed within the operational policy framework and offered a response at scale, timely and in the most hurricane affected areas. The distribution of the reconstruction material was however peculiar within the overall response as it addressed reconstruction needs, which are usually addressed during the recovery phase, rather than immediate emergency needs in terms of shelter. This is represented by the fact that the distribution of reconstruction materials was initiated by the time that the rest of the emergency response was wrapping up, as they started to be confronted with conjectural and structural issues, rather than needs relating to the hurricane emergency. Hence, the distribution of reconstruction materials was not integrated, or in phase, with the overall emergency response and therefore its relevance dubious.

While it is undisputable that significant shelter needs were existing following Hurricane Matthew and that the chosen geographical area of intervention was relevant, the response strategy and its implementation did not correspond to the immediate needs of the population, but rather to its recovery requirements. As the distribution of reconstruction materials was taking place in an organisational shelter policy vacuum, the distribution team would have been challenged to define the specific objectives of the intervention and would have lacked guidance in terms of its implementation. The limited information collected during the assessment and the lack of proximity to the affected population also hampered an adequate understanding of the situation and accordingly the design of an appropriate strategy.

The importance of shelter is commonly agreed within MSF and constitute a high priority need in emergencies and specifically so in sudden onset emergencies. Its absence can have a significant health impact on the affected population if they cannot protect themselves from the elements and against vectors. Conversely, the earlier these needs are addressed, the greater the preventive health impact will be. Thanks to its operational and financial capacity, MSF will therefore have a role to play in the provision of shelter in emergency response and such commitments exists in MSF-OCB operational prospects. The nature and scope of the intervention to be undertaken will however have to be clearly defined and outlined within an adequate policy framework.

The lack of clear objectives for the distribution of the reconstruction materials resulted in the team being in a permanent hurry to implement the project and the deliver the material. Consequently, the team lost perspective of the distribution objectives and the means to deliver became the objective itself, and the subject of all attention and tergiversations. However, a recovery response is not to be implemented within a first phase emergency response and the quality of a recovery response may matter more than its timeliness. The strategy was therefore not adapted to the needs, or at the very least, to the reconstruction objectives that were defined.

Correspondingly to the expected timeline of the shelter intervention, the resources allocated to the reconstruction materials and associated activities were insufficient. Beside the quantity of materials provided not being sufficient, the quality of the materials was not of the commonly agreed standards and did not allow to reconstruct with the minimum level of disaster risks reduction. This is more so the case as beneficiaries were not supported technically in the reconstruction of their dwelling and therefore lacked the necessary technical knowhow to rebuild adequately. These aspects had somehow a greater impact on limiting the effectiveness of the project, although the absence of adequate targeting, the lack of consideration for vulnerability as well as the level of misappropriation further reduced the effectiveness of the shelter response. As to the efficiency of the shelter response, it benefits in a sense from the same lack of resources allocated to the project and makes the cost per beneficiaries appear low considering the level of logistic resources involved (i.e. air transportation) and compared to other similar intervention. However, this low cost mainly represents a lack of quantitative and

qualitative inputs in the implementation of the projects as mentioned above.

Lastly, the impact is always difficult to appraise and probably even more so for a non-medical intervention. The shelter intervention is not immune to this challenge and the real impact of the project cannot be asserted, although one can assume that an immediate shelter response will have had a greater health impact than a recovery response. In addition, beneficiaries systematically expressed their appreciation for MSF intervention, which was one of the first actors to intervene in the area and brought the problematic and challenges of the communities living in these areas to light. The materials provided will also contribute to the reconstruction of the dwelling of many households, although the level of misappropriation certainly negatively affected the community dynamic and its already low confidence in their local political representative. MSF's image does not appear to have been affected, although considering the equal nature of the distribution undertaken, it will require efforts and resources to reinstate an impartial approach in the concerned area.

## VII. RECOMMENDATIONS

### To the Operations Department:

To meet the Operations Departments objective of ensuring better balance between curative care and prevention activities in emergencies, including through re-investing capacity in non-medical activities such as water, shelter, food and sanitation. The Operation Department should **develop and reinvigorate the Shelter policy framework, and the distribution guidelines**, and including the development of necessary guidance and a clear definition of typologies of intervention.

### To the Operations and Medical Department:

**Allocate the Shelter portfolio to a technical referent** to support the development and updating of guidelines and tools for Shelter interventions. In addition, supporting the strategy development of interventions, **define methodologies and technical specifications according to nature of such interventions** and contribute to organisational knowledge building.

**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**. Accordingly, for the referents to support the NFI strategy development for interventions, define methodologies and NFI technical specifications according to nature of interventions, and contribute to organisation knowledge building.

### 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.

### To the Country Office:

The Haiti Country Office – in consultation with the Operations Department – should **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**. This project would correspond to the objectives of Field Opportunity Envelop and could constitute a pilot project for MSF shelter reconstruction activities. (NB: The purpose would not be to investigate or address the misappropriation of reconstruction materials).

### To MSF-OCB:

While there is broad consensus that MSF aims to assist the most vulnerable, there is limited guidance, knowhow and practice of defining these groups. Vulnerability is defined as the conditions determined by physical, social, economic, environmental and political factors or processes, which increase the susceptibility of a community to the impact of shocks and hazards (IFRC 2008). As MSF at large appears to have very limited policies and guidance defining vulnerability, **MSF-OCB should develop a framework to assess risks, vulnerability and capacity to cope at the community, household and individual level**. (This could be informed and built from external experiences)

## VIII. ANNEXES

### A. ANNEX I: TERMS OF REFERENCE

[Click here to view a PDF of the final terms of reference](#)

## B. ANNEX II: EVALUATION MATRIX

Evaluation issue	Evaluation question	Judgement criteria	Indicators	Data sources
RELEVANCE	Do project objectives correspond with identified needs?	<i>Was an independent multi-sector initial rapid needs assessment possible and carried out appropriately?</i>	Stakeholders' perceptions of the alignment between identified needs and the project and its objectives	Documentation review (Needs assessment, studies on context) MSF Policy Documentation Project reports (strategy, timeline, reports) Stakeholders Interviews - Em CO & EM Coordo - Technical Referents
		<i>Were intervention choices appropriately prioritized to meet the most urgent needs first?</i>	Evidence of prioritization in activities in accordance with needs	
		<i>Were priorities of interventions defined according to MSF policy in the existing situation?</i>	Evidence of coherence between approach and policies	
	Did the NFI/Shelter component of the project correspond with identified needs?	Was a specific shelter needs assessment possible and carried out appropriately?	Evidence of need assessments, targeting and selection process. Stakeholders' perceptions of the relevant of criteria	Project report Stakeholders interviews: - Em CO - Distribution TL
		Was the identification of target populations/ villages needs based or were there other factors involved? (e.g. vulnerability, most affected)		
		How accurate were selection criteria (remoteness, damages, water) and population estimation to assess affected areas and populations?		
		How did it correspond to the perception (expressed needs/demand) of the target population?	Stakeholders' perceptions of the alignment between identified needs and the project and its objectives	Stakeholders interviews: - Em Co - Beneficiaries - Field Staff - Local authorities and Leaders
		Was MSF close enough (to the extent possible) to the target population to understand their situation as well as possible changes in their needs (proximity)?		
	To what extent was distribution of reconstruction materials a relevant activity for MSF in this situation?	<i>To what extent was distribution expected to contribute to improved or maintain, the health status of the concerned population ?</i>	Stakeholders' perceptions of the initially expected outcomes of the programme.	Project documentation (strategy, report) Stakeholders interviews: - Em CO & EM Coordo & Coordo - Management staff
		Is the programme coherent with the framework of MSF thematic guidelines (e.g. RHB, Operational Prospects, NFI & shelter) ?	Evidence of coherence between approach and guidance	MSF Policy and guidance Documentation Project reports (strategy and reports) Stakeholders interviews : - OD - PAP HoM & Coordination staff - Em CO & EM Coordo & Coordo
		Is the programme coherent with the framework of MSF policies at national level (e.g. Country Policy Paper, Contingency plan) ?	Evidence of coherence between approach and policies at national level	
		Were the distribution linked with MSF core activities at national and local levels ?	Evidence linking approach and MSF activities at the strat of the programme	
APPROPRIATENESS	Is the programme coherent with the framework of national policy and the international community (shelter and health) ?	<i>To what extent MSF coordinated its strategy / activities with others stakeholders (including Public authorities) ?</i>	Evidence of coherence between MSF approach and activities and Policies and guidance at national level	Project documentation (strategy, report) Stakeholders interviews: - Em CO & EM Coordo & Coordo - National and local Authorities

		Were local and national authorities involved or consulted during the assessment/strategy phase ?		<ul style="list-style-type: none"> <li>- MTPTC</li> <li>- MSPP</li> <li>- MAST</li> <li>- CIAT</li> <li>- UCLBP</li> <li>- SWG</li> <li>- OCHA (and other coordinating agencies/organizations)</li> </ul>
	Was the strategy/methodology appropriate in order to achieve the objectives? Was the project's strategies and activities contextually appropriate over time? What are the limitations/opportunities inherent in the approach?	<p>Was the <b>transport method</b> appropriate to overcome specific context challenges (security, remoteness, ...) ?</p> <p>Was the <b>supply strategy</b> relevant to local market characteristics ?</p> <p>Were the <b>distribution activities</b> in line with programme objectives?</p> <p>Was the <b>local distribution</b> logistic appropriate/effective to ensure distribution to beneficiaries homes? How did leaders distributed the materials (uniformly / according to needs, size of the families), how was the process chosen? How was the process perceived as appropriate by the beneficiaries (Do beneficiaries believe materials were fairly distributed) ? Was the local governance viable to ensure efficient/equal/equitable/transparent/ distribution (how was this evaluated) ?</p> <p>Was the <b>targeting process</b> appropriate? Are there any overlap or gap in targeting? (e.g. unreachable areas) ?</p> <p>Was the distribution of <b>standardized kits</b> appropriated? (were needs and vulnerability similar from one hh to another?)</p>	<p>Stakeholders' perceptions of the alignment between the strategies/ activities and the objectives</p> <p>Stakeholders' perceptions of whether strategies and activities adopted are contextually appropriate over time</p>	<p>Project documentation (Timeline, reports)</p> <p>Visits</p> <p>Stakeholders Interviews</p> <ul style="list-style-type: none"> <li>- Beneficiaries</li> <li>- Em Co &amp; EM Coordo</li> <li>- Distribution TL</li> <li>- Flight Co</li> <li>- Beneficiaries</li> <li>- Local Authorities and Leaders</li> </ul>
	Was space made for strategic reflection allowing for timely adaptations made as needed (strategic agility)?	<p>Were alternatives methods of distribution consider according to potential improvement of the contexts (e.g. security, market, road status)?</p> <p>Were area targeting reevaluated between exploration and distribution (longer period than expected) ?</p> <p>Was a realistic and adequate lead time for supplies materials considered and needs requirement and distribution</p>	<p>Evidence of study and discussion on strategic adaptation</p> <p>Stakeholders' perceptions of whether alternatives methods or changes were considered</p>	<p>Project documentation (Timeline, reports)</p> <p>Visits</p> <p>Stakeholders Interviews</p> <ul style="list-style-type: none"> <li>- Flight Co</li> <li>- Distribution TL</li> <li>- Supply Co</li> <li>- Em CO &amp; EM Coordo</li> <li>- Technical Referents</li> </ul>

		defined accordingly (evolving needs and contexts) ?		
		<i>Did items list evolved between exploration and distribution phases (needs changing) ?</i>		
	<b>To what extent was the strategy based on MSF (or other) standards and/ or experience in this kind of intervention?</b>	<i>Did MSF applied lessons learned from previous responses (e.g. 2010 earthquake)?</i>	Stakeholders' perceptions of whether lessons learned or recommendations were applied	Stakeholders Interviews - Em CO & EM Coordo - PAP HoM - OD - Technical referents
		<i>How was MSF prior experience and lessons learned in similar context / situation mobilized? (Aceh, Pakistan, Nepal, Philippines, Djibouti? South Africa?)</i>		
		<i>Was MSF hurricane scenario (Epool guideline) used and recommended strategies and actions appropriate to this specific intervention?</i>	Stakeholders' perceptions of whether scenario and recommended strategies were applied	
	<b>Was the distributed items appropriate?</b>	<i>Were items appropriate to beneficiaries needs? How were items chosen ?</i>	Stakeholders' perceptions of whether items were appropriate	Stakeholders Interviews - Beneficiaries - Local leaders - Distribution TL
		<i>Were items in accordance with agreed standard kits ? Were items consistent with local policies (SWG) technical specification of NFI/construction material (CGI, tools,...)?</i>	Evidence of accordance between items and policies	Supply/Log documentation (technical specification) Policies (SWG,...) Stakeholders Interviews - Supply Co - Distribution TL
		<i>Were the materials provided sufficient for the required repairs/construction?</i>	Stakeholders' perceptions of whether items were appropriate (kind and quality)	Visits Stakeholders Interviews - Beneficiaries - Local leaders - Distribution TL - Field Staff
		<i>Was the material used? Were all the material used? Which material was most appreciated? Most lacking ?</i>	Evidence of material use Stakeholders' perceptions on material quantity	
		<i>Did beneficiaries have enough knowledge to use the material? To use the material to build a safer house (BBB) ?</i>	Stakeholders' perceptions on beneficiaries knowledge (inc. auto-evaluation)	
<b>EFFECTIVENESS</b>	<b>To what extent was the NFI/shelter component of the project successfully implemented?</b>	<i>Did activities have achieved the project objectives ?</i>	Evidence linking actual activities to planned activities Evidence demonstrating outputs / results of the project Stakeholders' perceptions of the results achieved or not achieved	Project documentation (Timeline, reports) Visits Stakeholders Interviews - Beneficiaries - Em CO & EM Coordo - Distribution TL - Local authorities and Leaders - National Authorities
		<i>Did all targeted beneficiaries received NFI?</i>		
		<i>What were the main reasons for achievement or non-achievement?</i>		

	<b>To what extent was the intervention timely given the manageable and non-manageable constraints?</b>	<i>Was the expected timing of the NFI/Shelter distribution adequately planned at the design and inception stage (e.g. access, supplies, transport) ?</i>	Evidence linking actual activities to planned activities	Project documentation (Timeline, reports) Visits Stakeholders Interviews - Em CO & EM Coordo - Distribution TL
		<i>Were activities achieved on time ?</i>		
		<i>Were the activities carried out as planned? What were the main reasons for delays? What are the effects of delays on programme impacts ?</i>		
		<i>How were main challenges overcome ?</i>	Evidence linking changed strategies/ activities to contextual changes and specific challenges	
		<i>Was the timing of the intervention adequate and the response appropriate by the time of the implementation ?</i>	Evidence linking project appropriateness and impacts with contextual changes	
	<b>How well do the achieved results compare to relevant quality standards (MSF and industry-wide) ?</b>	<i>How can be the project effectiveness compare with similar projects (shelter rehabilitation in remote areas).</i>	Evidence of MSF and other organizations programme results.	Visits Stakeholders Interviews - SWG - Other organizations
	<b>What could be done to make this type of intervention more effective?</b>	What adjustments or changes in approach and activities would have improve results or outcomes ?	Evidence of improved results or outcomes with others approach and activities	Project reports Similar projects reports Stakeholders Interviews - Em CO & EM Coordo - Distribution TL - Brussels Technical referents - Other Organizations
EFFICIENCY	<b>How cost-efficient is the program, in terms of the quantitative and qualitative outputs achieved as a result of the inputs (cost/ benefit)? (what criteria/ benchmarks can be used to substantiate?)</b>	How does the programme 'cost per beneficiary' compare to other similar programs? (are there comparable programs?) How did it compare to local/agreed standard in terms of cost?	Evidence of cost per beneficiaries for MSF and others organizations programmes	Project reports (Finance) Stakeholders Interviews: - Financial Manager - Em CO & EM Coordo - Distribution TL - Other organizations - SWG
	<b>To what extent has MSF utilized available logistics (and supply?) capacity to contribute to the efficient use of resources and effective implementation?</b>	To what extent were MSF resources adequately used (including in regards to other activities) ?  Were external available resources were considered / used for this response? (e.g. To what extent the use of WFP logistic means represented an economy of resources?)	Evidence of best use of resources (financial, human, time)	Project reports (Finance, HR, Timeline) Stakeholders Interviews: - Financial Manager - HR manager - Em CO & EM Coordo - Distribution TL - PPM/Jeremie Field Co - Vaccination Field Co - Watsan Co - Med Co - Flight Co - PAP HoM & Coordination staff
IMPACT	<b>Did the programme make a difference and in what way for the targeted population?</b>	What do beneficiaries and other stakeholders affected by the intervention perceive to be the effects of the intervention on themselves?	Stakeholders' perceptions on project impacts	Stakeholders interviews: - Beneficiaries - Local authorities

		Can a contribution to changes in the health status be attributed to the project?	Evidence of impact of distribution on beneficiaries health	Specific reports Stakeholders interviews: - Medical staff (Med Co) - Beneficiaries
		Did the project had any impact on food security ?	Evidence of impact of distribution on food security	Specific reports Stakeholders interviews: - PAM - Beneficiaries
		<i>How was different the material use, for which purpose (short term shelter, long term house, other construction) ? Were better construction techniques introduced / supported (technical support) ?</i>	Evidence of NFI use	Visits Stakeholders interviews: - Beneficiaries
	<b>Did the programme have any unforeseen positive or negative impact?</b>	<i>Were the CGI used for rain water collection? Are there any non-expected use of provided NFI?</i>		
		<i>Did the programme had any impact on local markets ?</i>	Evidence of programme impacts on specific issues	Projects reports Stakeholders Interviews: - Beneficiaries - Local Authorities (ASEC/CASEC) - Local Leaders (School masters, Religious leaders, ...) - Thematic experts
		<i>Did the project contribute to reduce coping mechanisms (indebtedness, sale of goods, withdrew children from schools)?</i>		
		<i>Did the programme had any impact on school attendance, local governance ?</i>		
		<i>Did the programme have any impact for the community beyond the individual beneficiaries?</i>		
		<i>Did the programme had any impact on local governance (local representation, relationship between leaders/ with municipalities, social tensions, ...)? Did the programme support a community resilience process ?</i>		
	<b>Did the programme had any impact on policy/practice in terms on Shelter and NFI distribution distribution?</b>	<i>To what extend has the programme influence MSF practices or reflexion on Shelter and NFI activities?</i>	Evidence of practices evolution	MSF technical Guides and Policies Reports of programme implemented in other contexts
CONTINUITY	<b>To what extend are the programme impact sustainable?</b>	<i>What is the expected durability of distributed items ?</i>	Evidence of items durability or wear	Visits Stakeholders interviews: - Beneficiaries - Technical experts (SWG, Build Change, ...) - Technical authorities (CIAT, MTPTC, UCLBP) - Local and National Authorities - Distribution TL
		<i>What is the expected lifespan of rehabilitation/construction works realized with provided material?</i>	Evidence of items durability and good construction methods (safe construction)	
		<i>Do the project contribute to long-term home reconstruction ?</i>	Evidence of long-term reconstruction	
		<i>Extent of transferring the project to a more permanent home or base</i>	Evidence that suggests the project is embedded within existing structures and will continue?	
ACCOUNTABILITY AND PARTICIPATION	<b>Can beneficiaries express their feedbacks and complaint throughout the project?</b>	<i>Which accountability mechanisms was proposed to beneficiaries ?</i>	Evidence of accountability mechanisms	Projects reports Stakeholders Interviews: - Beneficiaries - Management Staff - Field Staff

		<i>Were authorities involved in any accountability mechanisms ?</i>		<ul style="list-style-type: none"> <li>- Local Authorities</li> <li>- Distribution TL</li> </ul>
		<i>Did stakeholders always received an answer to their complaints/feedbacks ?</i>		
		<i>Did the programme included post distribution assessment ?</i>	Evidence of post-distribution assessment	Projects reports Stakeholders Interviews: <ul style="list-style-type: none"> <li>- Distribution Manager</li> <li>- Beneficiaries</li> <li>- Local Leaders</li> </ul>
REPLICABILITY	Is the approach replicable in others contexts ?	<i>In what context the approach would be appropriate (specific needs, context characteristics,) ?</i>	Evidence of links between contexts characteristics and projects achievements and limits  Evidence of success and limits of similar approach in different contexts	Previous programmes reports Project reports Stakeholders interviews: <ul style="list-style-type: none"> <li>- E-Pool</li> <li>- Technical referent</li> <li>- Distribution TL</li> <li>- Em Co</li> </ul>
		<i>In which context the approach would be replicable (coordination, logistics means, access, ...) ?</i>		
	What activities/processes are necessary for implementing the approach in contexts ?	<i>What processes are necessary to ensure the approach be appropriate (strategy validation) ?</i>		
		<i>What activities are necessary to ensure activities be effective (adaptation to context)?</i>		
	To what extent is it relevant MSF as a medical humanitarian organization engages in this type of activity and under what conditions?	To what extent are approach and implemented activities relevant with MSF mandate and positioning, at international and national level ?	Stakeholders' perceptions of whether approach and activities are relevant with MSF mandate/positioning.	Project Report Reports on Recent/ongoing Programmes at national and international level (positioning and approach) Stakeholders interviews: <ul style="list-style-type: none"> <li>- Em CO &amp; EM Coordo &amp; Coordo</li> <li>- OD</li> <li>- PAP HoM &amp; Coordination staff</li> <li>- Technical Referents</li> </ul>

## C. ANNEX III: LIST OF INTERVIEWEES

### MSF

[First name, Last name, Title]	[Function]
Alberto Zerboni	Operational Coordinator Cell 3
Angelo RUSCONI	Distribution TL
Anibal Ordenes	Deputy Log-Co
Axelle Ronce	Medical Emergency Coordinator Brux
Azzurra d'Inca	Em Co Response (Ad. Interim)
Balla THIAM	Log Co
Bart Janssens	OD
Chiara Burzio	Med Co Response
Elisabetta Faga	Em Co Response
Francois GIDDEY	Distribution TL
Gert Verdonck	Field Co Jeremie PPM
Jean-Nicolas DANGELSER	Distribution TL
Kerby Dessources	HP
Marie-Christine Ferir	Emergency Unit Coordinator
Peter Maes	Water Hygiene and Sanitation Unit Co
Philippe de St Georges	Flight Co
Sebastien Libert	HoM
Sophia Cheresal	Haiti Deputy Medical Coordinator
Tiziana Gidoni	Finance Coordinator, Emergency Unit

### Others Organizations

[First name, Last name, Title]	[Function]
Xavier Génot	SWG / Shelter/NFI Working Group Coordinator
Kettie Jean Klefeker	IOM
Ernseau Nerestan	CARE / Shelter Officer
James Rochefort	CARE / Shelter Project Manager
Job Joseph	JP/HRO
Jordi Torres Miralles	ECHO / Chef de Bureau
Marc Raynal	Comité interministériel d'Aménagement du Territoire/ Conseiller technique
Nancy Doran	CRS / Shelter Project Manager

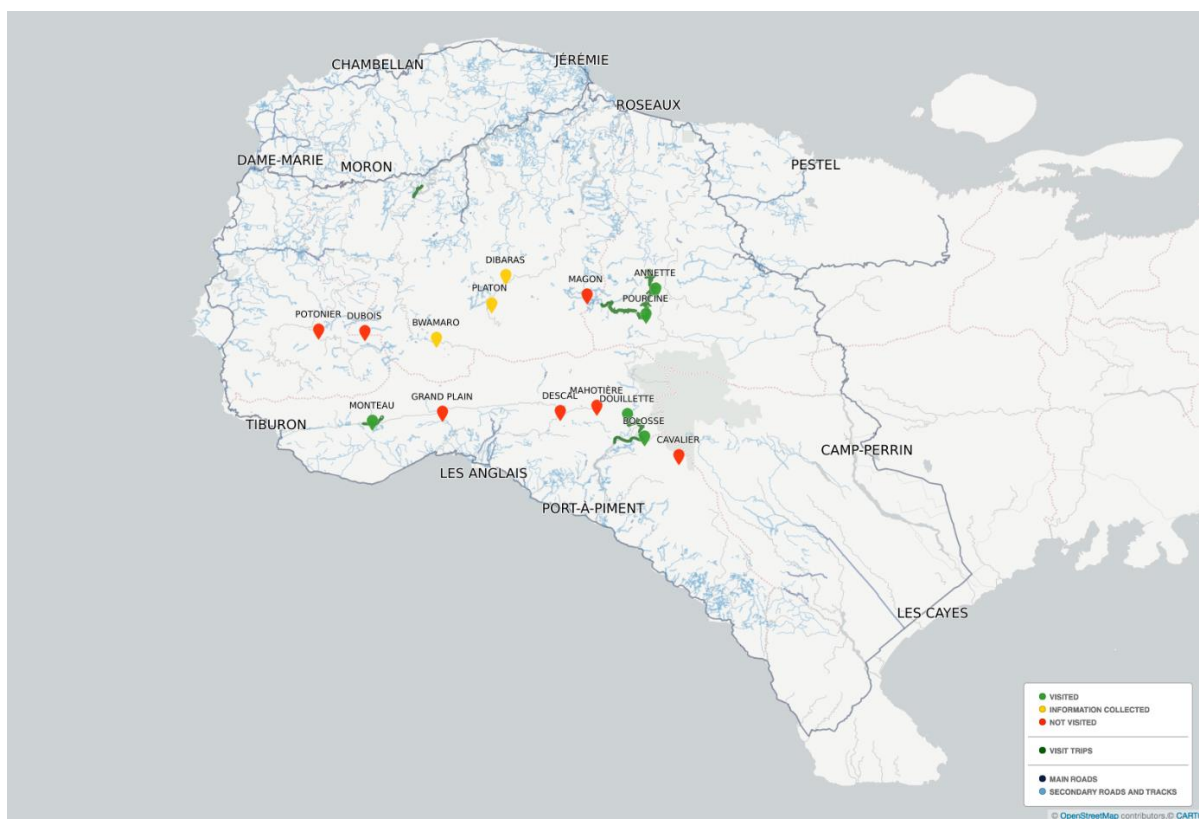
## D. ANNEX IV: DOCUMENTATION REVIEWED

PROJECT DOCUMENTATION	Guideline/Scenario Flood
	Distribution Strategy documents
	Financial and HR reports
	Distribution Database
	Air operation reports
	Situation reports
	Internal communication (emails)
MSF GUIDANCE	MSF OCB Operational Prospects 2014 - 2016
	Amendment to the OCB 2014 - 2016 Operational Prospects
	Pocket Guide Shelter OCB 2007
	Pocket Guide Shelter NFI 2007
	The Priorities - Check-Lists, Indicators, Standards OCB 2011
	Non Food Items Distribution, Emergencies IDPs/Refugees and Natural Disasters, OCB, 2009
	Rapid Health Assessment for Refugees and Displaced Population 2006
	Public Health Engineering in Precarious Situation
	Flood Guideline
	Refugee Health
CAPITALISATION REPORTS	OCB Earthquake intervention in Kashmir, Pakistan 2006
	Haiti Earthquake Response Inter-Sectional Review
	Haïti, S'inscrire dans la transition vers la reconstruction - rapport de capitalisation de l'intervention d'OCG en Haïti, 2010 - 2015
	Emergency response to Typhoon Haiyan - intersectional review
	"Providing a Roof" and More to Communities Affected by Typhoon Haiyan in the Philippines: the Médecins Sans Frontières Experience"
	Aceh Post tsunami intervention Fear and Realities
	MSF Response to Displacement in Open Settings
KEY EXTERNAL STUDIES	Build Change Post-Hurricane Matthew Reconnaissance Report
	CRS Relying on Markets for Shelter Response to Hurricane Matthew in Haiti
	Fews Net Haiti Rural Livelihood Profiles
	REACH Evaluation rapide des localités difficilement accessibles
	URD-HERE Real Time Evaluation, 2016
	WFP, Haiti Hurricane Matthew Situation Report No. 4
	OCHA, Haiti : Hurricane Matthew - Situation Report No. 11
	OCHA, Haiti : Flash Appeal, October 2016
NATIONAL GUIDELINES	Refugee International, Two Steps Back: Haiti still reeling from Hurricane Matthew, April 2017
	CODE NATIONAL DU BÂTIMENT D'HAÏTI

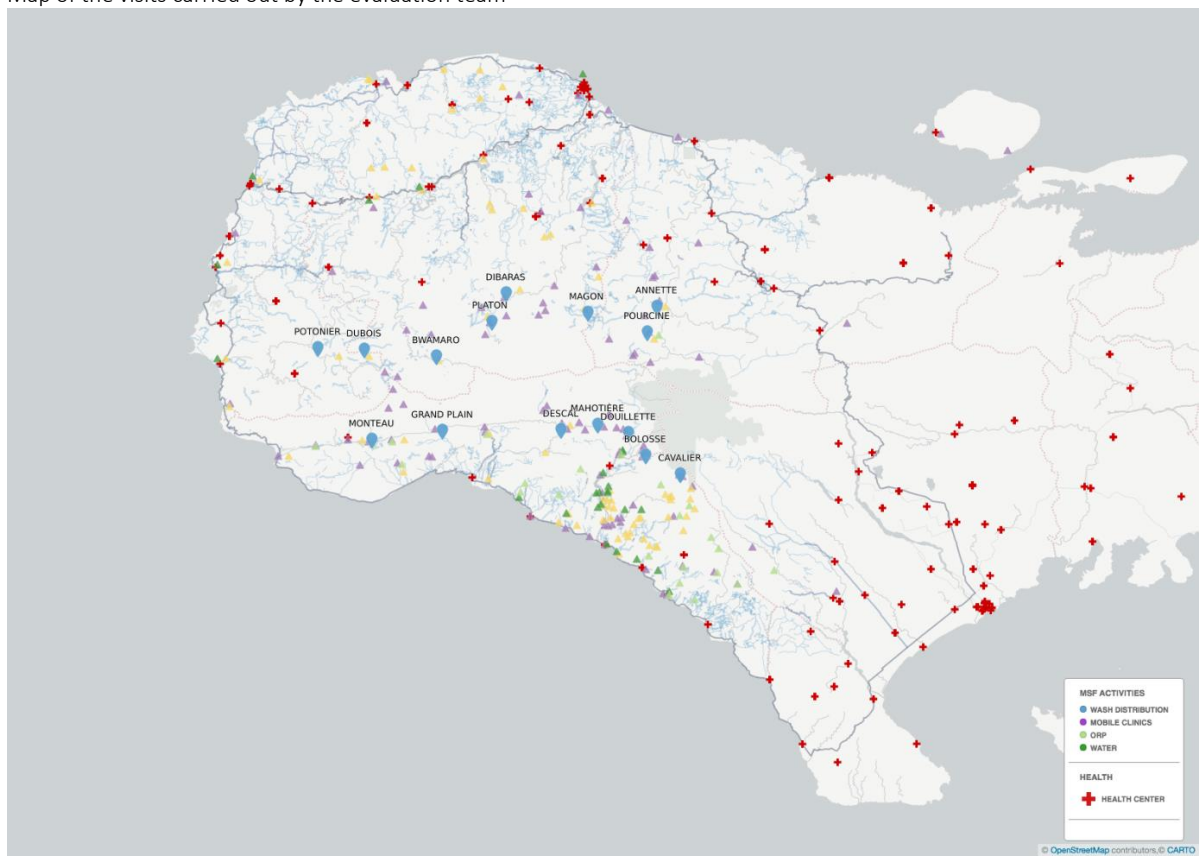
	CIAT Cyclone Matthew Dégâts sur le territoire et Orientations pour la reconstruction
	CIAT Cyclone Matthew Notes de conjoncture
	MEF Evaluation rapide des dommages et des pertes occasionnés par l'ouragan Matthew et éléments de réflexion pour le relèvement et la reconstruction
COORDINATION	SWG Résultats de l' Enquête pour les interventions Abri/logement de relèvement
	SWG DRAFT Technical Guidance
	4W / Intervention maps
	Damage assessments

## E. ANNEX V: DISTRIBUTION SITES

MSF CODE FOR LOCATION	NAME	HH	LOCALITIES	PROXIMITY FROM HURRICANE PATH	SITUATION
A2	Annette	690	Annette, Aconiche, Carrefour Fumé, Robinette, Bas Anette, Siwel, Grand Chemin, Grand Savanne, Bas de l'eau, Trois Rivières, Zabricot, Massanga, La Lame, Torozia, Sablieye, Gilette, Nalette, Fond Bere, Tayo, Mathieu, Zemi, Cayemite, Fransik, Malbou, Korma	High	North slope
B1	Bolosse	660	Bolosse, Rasto, Macato, Delibaren, Dose, Thomant, Lexy, Batichon, Nan Bientôt, Morne Boeuf, Fierville, Saint Alba	High	South slope
F2	Bwamaro	820	Bwamaro, Grand Detour, Dezillon, Tibwapen, Akao, Morne Bouda, Nan Bouhi, Katma, Ravine au Diable, Grand Pleine, St Cid, Plaine Bambou, Bois Gauche, La Fumée, Tinmatin, Bastas, Source Rouge, plain Tendice, Fond Lione, Dos Cheval	Extreme	North slope
A1	Cavalier	400	Cavalier, Mazil, Clergé, Clamet, Titjeudi, Jonce	Extreme	South slope
E1	Descal	670	Descal, Demapu, Mahotier Piment, Boudou, Rossignol, Bacilier	High	South slope
D2	Dibaras	540	Dibaras, Baldari, Lopino, Plie, Nanchaine	Very High	North slope
C1	Douillette	670	Douillette, Mangoton, Terre Blanche, Celide, Derouze, Tous Saints, Morne Quenier	High	South slope
G2	Dubois	530	Dubois, Trois Mare/ Twama, Mapou Tampe, Marché Goman, Bresson, Toman, Bernard, Dadis, Titoupete, Terre Boule / Terre Bonne	Extreme	North slope
F1	Grand Plain	610	Grand Plein, Plaine d'anger, Chaîne d'Orange, Chaîne Citron, Plaine Cacao, Ageant, Mazi, Castanette	Extreme	South slope
C2	Magon	730	Magon, Grand Bois, Plein Magon, Grand Letan, Nan Mazi, Haut Letan, Carrefour Henry, Popot Lidan, La Source, Des Magon, Terre Rouge, Gobin, Nan Sidney, Grand Ravine, Des Gobin, En Haut Gobin, En Bas Gobin, Nan Victoria, Doko Eklere, Grand Doko, Doko Bwagosse, Doko Tissiane, Wanliban, Tiletant Doko, Doko Jazou, Doko Rampa, Latigo, Joly, Tuyodent, Nan Lakou, Nan Siril, Kayo, Tiorange, Doko Chachet, Doko Chodyekafe, Doko Kinzin	High	North slope
D1	Mahotièrre	740	Mahotièrre P.Mombin, Mon ouvrier, Bois Delai, Miala, La Haute	High	South slope
G1	Monteau	980	Monteau, Bereau, Pam, Galette, Source Sevré, La fumée, Bois Grain, Coquillon, Figareau, Janvier	Extreme	South slope
E2	Platon	540	Planton, Grand Plain, Ravinekap, Bouket, Source Monbin, Bwapikant, Bwacabrit, Deaji, Balbari, Rochenwa, La Femen, Avocat	Very High	North slope
H2	Potonier	600	Potonier, Nan Bouchi, Galette 6âj, Nana Joslyn, Morne Adil, Frizer, Terre Blanche, Bazarin, Haute La Rivière, Kwayib / Craïbe, Balian, Source Mapou, Boucher Pain Bas, Pain Bas, Mercier	Extreme	South slope
B2	Pourcine	550	Pourcine, TroisBoispin, Terre Rouge, Cœur Posé, La Haute, Bas Rivière, Sanite, Laurent	High	South slope



Map of the visits carried out by the evaluation team



Map of MSF Post-Matthew emergency interventions

## F. ANNEX VI: PHOTOGRAPHS

Houses affected by Hurricane Matthew



## Shelters built with reclaimed material



Repaired houses



## Reconstructed houses



## Vernacular houses



Kay Mur (Stone walls)



Kay Klissé (Wattle and Daud Houses) with CGI roof



Kay Klissé (Wattle and Daud Houses) with thatched roof



Kay Ajoupa (Wattle Houses)

Stockholm Evaluation Unit  
Médecins Sans Frontières  
[www.evaluation.msf.org](http://www.evaluation.msf.org)