EVALUATION REPORT

Evaluation to assess Merlin’s Emergency Response in Haiti

Executive summary

Context
Merlin has been working in Haiti since the magnitude 7.0 earthquake struck the island on the 12th January 2010. Over 250,000 people were killed and over 1 million people were displaced. The earthquake exacerbated an already inadequate health situation in Haiti, with the collapse of hospitals, nursing schools, Ministry of Health offices, and dozens of health centres in Haiti’s most densely populated West Department.

Merlin’s Emergency Response
Merlin sent a Rapid Assessment Team to Haiti on 16th January 2010 and initiated an emergency response to the disaster, focusing on the following interventions:

- **Surgical care for trauma patients** - The Merlin Response Team (MRT) set up a fully-equipped surgical field hospital in PaP, and mobilized a surgical team started to deliver orthopedic and plastic surgery care from the 27th January.
- **Improving access to primary health care services** - Merlin provided support to primary health care clinics and initiated mobile medical teams to support the displaced population living in IDP camps in Port au Prince (PaP) as well as in remote areas affected by the earthquake in Petit Goave (PG).
- **Surveillance and communicable disease control** - Merlin responded to the Cholera outbreak in October 2012, supporting the Communicable Disease Surveillance system, delivering key health promotion messages and treatment services in the West departments (PaP and PG), North-East and Nippes.
- **Increasing institutional capacity** - Active coordination of health activities with the DSO and DSNE at Departmental and Municipal levels and with the Health Cluster at the central level.

Merlin’s Transitional Support
While the health needs remain high and complex in the camps and rural areas where Merlin offers mobile clinic services, Merlin is now transitioning away from these emergency activities. In order to offer more long-lasting support to Haiti’s existing health system, Merlin plans to focus support on existing Ministry of Health (MSPP) health centres for 2012, providing drugs, equipment, staff incentives and training. Merlin strives to strengthen existing government health systems, rather than create parallel services.

The evaluation
The evaluation assesses Merlin’s achievements in response to the earthquake in January 2010 and the cholera epidemic in October 2010, as well as the perceptions of stakeholders regarding quality of services during the period 1st August 2010 - 31st July 2011. Based on the evaluation, this report formulates recommendations for the second phase of the project from August 2011 - January 2013.

The focus of the evaluation is as follows:

1. Merlin’s initial assessment, response and proposed program activities.
3. A focus group discussion held with the Country Management Team (Port-au-Prince) and Project Coordination team (Petite Goave).
4. Lessons learned and recommendations to be considered for Merlin’s strategy and support during Phase II, as well as Merlin’s global approach to emergency response.
5. An action plan that details activities and timescales to meet recommendations.
6. A debrief with the team on the evaluation report to discuss preliminary findings and recommendations.

Key achievements:
- 7,338 outpatients were treated in surgical mobile hospital, including 1,200 patients who received trauma/first aid care
- Merlin’s beneficiary population for the services provided by the mobile clinics is 76,000 people
- Two mobile teams in Petit Goave and five mobile teams in Port-au-Prince were fully operational
- Under the provision of other health care services and community health promotion, there was 246 bed nets distributed in the community and 799 house to house health education visits have been held in Port-au-Prince

Conclusions
Response: Merlin responded quickly after the earthquake and the Cholera epidemic, despite constraints at the beginning of the epidemic due to lack of resources. The national and international Merlin team have shown strong commitment, professionalism, organisation and dynamism, despite high turnover. There is a relatively good view of the response to cholera and its integration into the national response and country health system.
Coordination: In general there is good coordination with partners and stakeholders, despite some overlapping in Petite Goave.
Resources: The goals of the programme were overambitious considering the constantly context, low HR capacity and challenging coordination environment
Programme management tools: There were challenges in communication and coordination between geographically separated project sites.
Strategy: The challenges with the long-term funding in Haiti, constantly changing donor priorities and the need to respond to several emergencies required the Country Management Team to continuously review and adjust the response. Due to the continued high level of needs it has been difficult to define an exit strategy and to handover the activities to the Ministry of Health.

Recommendations
- With the greater knowledge of Haitian context, the organization should make sure that the programme is adjusted to the financial, geographical and human resource capacity constraints.
- Having responded to the cholera outbreak, the country management team should re-evaluate the country strategy and focus more on sustainable programming.
- Disaster Risk Reduction must be made a priority, including the prepositioning of sufficient kits and a clear strategy in the event of an emergency.
- Merlin needs to think about the ways to attract experienced francophone staff, preferably longer than normal emergency response contract cycles.
- The importance of Advocacy and Policy issues should be highlighted in future funding applications.
- The current Merlin strategy needs to be revised to include a reduction in mobile clinics and a greater focus on Ministry of Health support, preferably the North-East.
Management response to the DEC evaluation to assess the emergency response to the earthquake in Haiti that occurred on January 12, 2010

• With the greater knowledge of Haitian context, the organization should make sure that the programme is adjusted to the financial, geographical and human resource capacity constraints. Merlin is in the process of secured funding with large institutional donors (UNICEF and ECHO) for long-lasting projects in the North East, however we still lack sufficient core funds to ensure true financial stability for a full 2 years. As emergency-funding (for earthquake response and for cholera) is drying up in Haiti, many NGOs are competing to for longer-term development funds to sustain their projects. Merlin has strong relations with development donors in Africa and Asia (such as SIDA, DFID, etc.), which may help Merlin to secure additional long-term funding for our work in Haiti.

• Having responded to the cholera outbreak, the country management team should re-evaluate the country strategy and focus more on sustainable programming.

In December 2011 Merlin closed all of its mobile activities in Petit Goave, and closed 4 of the 5 mobile clinic sites in Port au Prince. This decrease of mobile clinic activities is in line with Haiti’s national health strategy, which encourages the use of MSPP-managed and MSPP-recognized health facilities that offer services for small user fees. Many of Merlin’s urban mobile clinics were set up in IDP camps or communities where government health centers were no longer functional following the 2010 earthquake. Two years on from the earthquake, some government health facilities have been rehabilitated and reopened, which has reduced the necessity of mobile clinics.

Merlin is now finalizing the rehabilitation of 3 MSPP (and/or semi-private) health centers in Port au Prince, and all 3 centers will reopen in January 2012. In addition to the rehabilitation and re-equipment of these 3 centers, Merlin will support one of them (Bas Boen) for a minimum 6 months with drugs, equipment, salaries and training in 2012.

Merlin decided to continue operating one mobile clinic in Haiti’s largest remaining IDP camp, Canaan, which is on an exposed hillside outside Port au Prince and home to over 50,000 people. The government offers no health services in the camp, and Merlin strongly believes the inhabitants of Canaan will greatly benefit from the access to Merlin’s mobile clinic services. Merlin currently operates a mobile clinic in Canaan 5 days per week (in 2 different sites)

By the end of 2012, Merlin plans to close all activities in Port au Prince in order to concentrate our efforts in the North East. This process will include the gradual handover of government health centres, and the closure of the last remaining mobile clinic in the large semi-rural IDP camp of Canaan.
• **Disaster Risk Reduction** must be made a priority, including the prepositioning of sufficient kits and a clear strategy in the event of an emergency.

We are working on the design of the new ECHO project where a significant focus is on the EPREP and prepositioning of the supplies. Merlin plans to work with MoH to build its capacity to respond to the potential cholera outbreak without referring to the help of INGOs.

In the timeframe of the DEC project implementation, Merlin has renovated/rebuilt (funded by other donors) several facilities to make their structures more earthquake resistant. Since Merlin is moving away from the emergency response, DRR will be embedded into the normal programming.

• **Merlin needs to think about the ways to attract experienced francophone staff, preferably longer than normal emergency response contract cycles.**

This is a challenge in any emergency in a French speaking country, since the demand for francophone staff is very high. Considering that Merlin works in several French speaking countries, we are looking into a number of practical options to improve the situation for the future.

• **The importance of Advocacy and Policy issues should be highlighted in future funding applications.**

Use of evidence to advocate for change is one of the main Merlin global objectives. Since Haiti programme is not longer emergency response focused, advocacy may become one of the country objectives.

• **The current Merlin strategy needs to be revised to include a reduction in mobile clinics and a greater focus on Ministry of Health supoprt, preferably the North-East.**

Following Merlin’s strategic workshop in September 2011, Merlin has made significant changes to composition and size of our 2 teams in Haiti’s West department (Port au Prince and Petit Goave). Merlin has now closed our base in Petit Goave and significantly reduced activities and staff in Port au Prince. Merlin now operates only one mobile team in Port au Prince, has eliminated unnecessary positions, and has nationalised a few key positions (PAP Health Coordinator). These changes have been made with the understanding that Merlin will continue to reduce activities in Port au Prince throughout 2012 in order to focus more of our efforts in Haiti’s North and North East departments.

Merlin plans to focus its resources on supporting the government’s Primary Health Care system in the North East department of Haiti. This focus is materialising already, with co-funded projects (ECHO; UNICEF; AmeriCares) in Community Nutrition and Capacity Building which will start in 2012. Merlin will also seek funding for a Reproductive Health project in the North East, to help reduce maternal mortality.