



# Research Summary: Evaluation of post-earthquake physical rehabilitation response in Haiti, 2010

*A Systems Analysis: The objective of this study, carried out by the London School of Hygiene & Tropical Medicine and funded by CBM, was to assess the impact of the emergency response following the 2010 earthquake on the rehabilitation sector in Haiti.*

On 12 January 2010, an earthquake of 7.0 on the Richter scale hit Haiti, killing over 222,000, injuring more than 300,000 and displacing 2.3 million people. Mindful of the complex and difficult context, the response to the disaster was rapid and multi-sectoral, bringing together UN agencies, international military forces, government and non-governmental actors.

Rehabilitation interventions played a crucial role in the emergency response, providing much-needed assistance to the many people who became impaired in various ways during and after the earthquake. The rehabilitation sector comprised 125 agencies of various natures, sizes and roles.

This study examines issues arising from the complex collaboration, with a strong focus on relationships between actors.

A key consideration is the cluster coordination model – intrinsic to large disaster response, especially in contexts where structures are weak in the first place. Although seen to improve coordination, the

model was criticised in Haiti for being implemented in a top-down fashion, with little respect for existing national structures.

Data for the evaluation were collected using a variety of qualitative methods, including 61 in-depth, face-to-face guided interviews, observation of eight rehabilitation centres, review of programme documents and statistics, and social network analysis, all taking place between January and November 2011.

The research report outlines the institutional and historical context of the emergency response, and the position of physical rehabilitation services therein: Prior to 2010, prosthetic and orthotic and in-patient rehabilitation services were very weak in Haiti, while treatment for Spinal Cord Injured patients was virtually non-existent. An active Haitian disability movement had been lobbying for decades with varying degrees of success. Subsequent to the disaster response, the range of rehabilitation services is now significantly expanded in Haiti.

## Key findings

Key study findings include:

1. The rehabilitation sector in post-earthquake Haiti was composed of a wide variety of actors, sometimes using conflicting approaches.
2. The cluster coordination mechanism focused on day-to-day activities, neglecting the building of a common vision for the sector.
3. The majority of international actors lacked connection to the Haitian context, and national authorities and civil society felt excluded.
4. The range of services for people with disabilities in Haiti was greater after the emergency response, thanks to the introduction of new capacities such as spinal cord injury services.
5. Continuity of care was compromised by upheaval due to the disaster response, with instability resulting in out-migration of Haitian professionals.

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## Coordination

- Creation of the Injury, Rehabilitation and Disability Group within the Health cluster had a positive impact on coordination.
- Many smaller organisations were inexperienced in humanitarian settings and unfamiliar with international guidelines.

## Relationships with Haitian national actors

- Compared to the health sector, the rehabilitation sector was quick to bring Haitian authorities on board and give the lead to national actors.

## Social network analysis

- The social network of the rehabilitation system is dense and composed of 125 diverse actors
- Rehabilitation actors varied by their nature (local, hybrid or international), size, religion and specialty (service providers, policy, assistance to people).
- Most ties between rehabilitation actors were generated by two international NGOs, CBM and Handicap International – the result of these organisations' proactive approach to make people work together – but this may become a weakness if these INGOs leave Haiti.

## Service delivery

- The short-term contracts of medical and rehabilitation teams in the early disaster response, and a lack of systematic record-keeping compromised the transfer of useable knowledge to Haitian health services.
- Haitian professionals felt undermined, jeopardising the quality of long-term rehabilitation care.

## From emergency to development

- By four months after the earthquake, more than half of rehabilitation service beneficiaries were not earthquake victims, revealing the high needs not covered by services prior to the disaster.

## Key recommendations

- Improve the impact of the rehabilitation 'cluster' by conducting meetings in local languages (Creole or French) in easy-to-reach venues.
- Provide alternative ways of receiving cluster updates (e.g. email, telephone or Skype).
- Develop a standardised form for collection of clinical and programmatic data.
- Organisations should make staff and volunteers aware of international standards for rehabilitation through organised training prior to engaging with emergency responses.
- Rehabilitation actors should start building the future rehabilitation system as soon as the acute emergency response ends.

“ *The rehabilitation sector in post-earthquake Haiti was composed of a wide variety of actors, sometimes with conflicting approaches...* ”

### Credits

Karl Blanchet and Myroslava Tataryn, Evaluation of Post-earthquake physical rehabilitation response in Haiti, 2010, ICED Research Report

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