18 MONTHS OF ACTION IN HAITI

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On February 3, 2010, the French ambassador to Haiti, Mr. Didier Le Bret, was awarded the Claude Érignac prize for his efficient and courageous handling of the crisis. He decided to give half of the prize money to Handicap International to support the association's actions to help Haitians affected by the earthquake, with the other half he established a fund for the French Embassy's Haitian staff.

Since the launch of Handicap International's response to the earthquake, the association's actions have been supported by:

- **Public bodies:** Aktion Deutschland Hilft (ADH), the Canadian International Development Agency (CIDA), the City of Munich; the European Commission (Humanitarian Office - ECHO), the Flemish Government, the French Ministry of Foreign Affairs, Grand Lyon, the Luxembourg Ministry of Foreign Affairs, the Quebec Ministry for Health and Social Services (MSSS), the Quebec Ministry for International Relations (MRI), Région Île-de-France, Région Rhône-Alpes, the Swedish International Development Cooperation Agency (SIDA), the U.K. Department for International Development, USAID/OFDA, USAID/Leahy War Victims Fund, Ville d'Annecy, Ville de Lyon, the World Food Programme (WFP), the World Health Organization (WHO).

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INTRODUCTION

An earthquake measuring 7 on the Richter scale hit Haiti, one of the poorest countries in the world, at 4:53 PM (local time) on January 12, 2010. Handicap International's team, present in the field when the earthquake struck, escaped unharmed and launched an immediate response to the emergency. Over the following weeks, Handicap International rolled out a multi-disciplinary program in response to the disaster.

Eighteen months on, the association is still heavily involved in activities directly linked to the earthquake and the emergency response to it, while placing an increasing emphasis on development projects, including capacity-building for Haitians and the transfer of skills.

A large-scale and long-term commitment

In addition to its response to the cholera epidemic, Handicap International is continuing its activities to aid persons affected by the earthquake. After setting up a temporary orthopedic-fitting service just a few weeks after the disaster, the association now produces permanent lower-limb prostheses in its fitting center in Port-au-Prince. The association has also been fitting upper-limb amputees with prostheses since April 2011, combined with specific support to enable each beneficiary to once again play a role in their communities. For more than 12 months, Handicap International has been involved in specific construction activities to provide liveable, hurricane-resistant and earthquake-resistant temporary accommodation accessible to isolated and vulnerable victims of the disaster.

Since the beginning of its emergency response to the earthquake in January 2010, the number of people on Handicap International's teams in Haiti has exceeded 600, including some 80 expatriate staff, dropping to the current number of 540, including 60 expatriate staff. Almost all the intervention areas in which the association has developed an expertise have been represented during this mission.

The association's commitment remains as strong as ever; it has, however, entered a new phase that reflects the development of the situation in the country and its medium-term to long-term challenges. This transition will be implemented throughout 2011.
2011 marks a turning point in the organization’s global strategy in Haiti. This strategy will be divided into two intervention areas:

- Local capacity-building in response to emergencies, while retaining an additional response capacity (for risks associated with natural disasters and epidemics) in aid of the most vulnerable populations, while ensuring in particular that their basic and specific needs are met by partner operators or by the association directly.

- Developing long-term activities, particularly in the field of disability, through the continuous provision of rehabilitation services, the training of paramedical professionals, ensuring the accessibility of various buildings (public and private) and building the capacities of local operators (civil society and local authorities).

This transition will be accompanied by a reorganization of the mission, with the August 2011 arrival of a Handicap International team dedicated to development activities.

Advocacy and actions to meet the needs of the most vulnerable people

During humanitarian emergencies, Handicap International’s first responsibility is to aid the most vulnerable and excluded people, paying particular attention to those with disabilities. Due to the scale of their needs, this section of the population is easily forgotten and sidelined during aid operations. By helping to organize relief efforts and performing continuous advocacy work targeted at other aid operators, the association is able to more effectively fulfill its mandate.

Across all aid sectors, and particularly the cross-disciplinary fields of protection and camp management, Handicap International highlights the general need to protect and include vulnerable people and people with disabilities. It reminds the different operators – U.N. agencies, NGO members of sector coordination clusters, the Interim Haiti Recovery Commission, etc. - of their responsibilities toward these people, through awareness messages, recommendations, technical support, training sessions and the distribution of information and technical guides. Another example of the association’s involvement in 2011 was the setting up of an “accessibility” cluster responsible for managing an advisory mission on the inclusion of persons with disabilities. This venture was targeted at international humanitarian organizations in Haiti and other operators involved in reconstruction activities.

Haiti has a long history of excluding people with disabilities, commonly known as kokobés ("good for nothing’s"). It is essential to avoid a situation in which people with disabilities caused by the earthquake are severely marginalized despite their large number and exceptional circumstances. The work of Handicap International’s teams includes specific actions adapted to the widespread deprivation prevailing in urban areas, such as the protection section of its health program, which aims to reduce the abuse and violence often suffered by the most vulnerable people in Haiti.

A major disaster and on-going crises

The earthquake of January 12, 2010 was the most violent to hit the region in 200 years. Its epicenter was located nine miles from the capital, Port-au-Prince. It exacted a heavy toll on human lives: some 230,000 people are thought to have been killed (as many as during the tsunami on December 26, 2004) and more than 300,000 injured.
A million and a half people lost their homes. International aid organizations immediately supplied these people with makeshift shelters, but due to the slow reconstruction process, many are still living in these temporary shelters, 18 months after the disaster struck.

According to the International Organization for Migration (IOM), at the end of May 2011, more than 630,000 people were still living in some 1,000 camps. The number of these camps is declining slowly as the months pass. For the IOM, this phenomenon is explained by the fact that “internally displaced persons are faced with a growing shortage of accommodation.” The IOM also points to the “continuing and growing pressure on internally displaced persons to leave the camps. The arrival of the hurricane season, the frequent flooding that increasingly threatens those living in the camps, and a drop in the number of NGOs present in the area has led to a gradual decline in service provision in camps, increasing the health risks to the population exposed to contaminated water.”

Already in 2010, the spring rainy season exposed the precarious living conditions of victims of the earthquake. Then on November 5, Hurricane Tomas, despite its relatively limited impact, caused widespread panic and highlighted the absence of systems capable of responding to another natural disaster. With the approach of another cyclone season predicted to be more intense than the last - 17 cyclones and 9 hurricanes have been forecast (UNPD) - the country is not better prepared to handle major bad weather conditions. According to USAID1 hundreds of thousands of people still living in camps in the urban area of Port-au-Prince are “highly exposed to the damage caused by flooding, landslides and strong gusts of wind. Outside the metropolitan region of Port-au-Prince, the rest of the Western region, the southern peninsula and the region of Artibonite are also exposed to the impact of tropical storms and hurricanes, to the extent that they are particularly subject to flooding and strong gusts of wind as a result of the country’s large-scale deforestation.”

At the same time, according to the Haitian government2 the cholera epidemic, which emerged suddenly in October 2010 (causing more than 5,500 deaths and leading to the hospitalization of 196,000 people), peaked again in May/June 2011. According to the Haitian Ministry for Public Health and Population (MSPP), from May 2 to June 20, 2011, 70,000 new cases of cholera were recorded across the country.

Since November 2010, Handicap International has adapted its activities to achieve three goals, with regard to cholera management and prevention:

- Ensuring the security and continuity of its operations performed since January 2010, particularly for the most vulnerable people;
- Performing complementary prevention activities to ensure that the people supported by the association are not confined to the margins of general prevention activities and that they benefit from essential information provided to help prevent infection;
- Making an effective contribution to combating the epidemic nationwide, by enhancing the logistics platform managed in partnership with the World Food Programme (WFP), in order to supply dedicated humanitarian equipment to organizations working to fight the disease (NB: the logistics project was completed in March 2011). This process was completed by the installation of an equipment storage warehouse for operators, in the Petit-Goâve region involved in the fight against epidemics. This project is ongoing.

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The association has established contingency plans that outline an effective and rapid response in the event of severe weathers. It also plans to put in place an emergency rapid response mechanism (a project is currently being discussed with UNICEF).

The cholera epidemic, added to a tense electoral situation, has given rise to outbreaks of violence. The first round of voting in the presidential and parliamentary elections on November 28, 2010, stirred up tensions across the country. This insecurity represents an additional obstacle to implementing relief and development actions. The political unrest and demonstrations lasted until the final announcement of the results of the presidential vote, which ended in the election of Michel Martelly on April 21, 2011. The political balance remains precarious, however, and the government is forced to work without a parliament majority.

The importance of coordinating actions with other operators

The destruction of decision-making centers, the ensuing chaos and the arrival of multiple humanitarian aid agencies made it challenging for Handicap International to organize its emergency relief efforts. However, Handicap International has endeavored to work closely with numerous organizations. These include direct partnerships\(^3\), as well as numerous international operators\(^4\) and Haitian organizations\(^5\).

Starting two days after the earthquake and lasting until March 31, 2011, a total of 14 months, Handicap International helped to optimize the coordination of the humanitarian aid effort by transporting aid for some 100 organizations using its logistics platform of 70 trucks, managed in partnership with the World Food Programme (WFP).

On January 26, 2010, the United Nations and the World Health Organization requested two international nongovernmental organizations, Handicap International and the German organization Christoffel Blindenmission (CBM), to lead the Injury, Rehabilitation and Disability Working Group within the U.N. Health Cluster in coordination with the Haitian Secretariat of State for the Inclusion of People with Disabilities (SEIPH). This Working Group is coordinating all activity in Haiti concerning the rehabilitation of injured persons, the fitting of orthopedic devices and the provision of assistance to people with disabilities.

Within this framework, Handicap International and CBM have been working with the Haitian Ministry for Public Health and Population (MSPP) and SEIPH to coordinate international and national aid stakeholders operating in disability-related fields. Handicap International has been organizing the coordination of international aid operators, while CBM is coordinating Haitian organizations working in these fields, under the general coordination of the WHO’s Health Cluster.

On December 1, Handicap International transferred this coordination role to the MSPP, to restore Haitian authorities with the responsibility and any associated prerogatives for activities in this field. However, Handicap International remains an active member of the Injury, Rehabilitation and Disability Working Group.

\(^3\) Christoffel Blindenmission (CBM), Healing Hands for Haiti, the Haitian Ministry of Public Health and Population, the Haitian Secretariat of State for the Inclusion of People with Disabilities (SEIPH) and World Food Programme (WFP).


\(^5\) Civil Protection Department (DPC), Civil Protection Communal Committee (CCPC) in Petit-Goâve and Grand-Goâve, health facilities and associations.
LOCATION OF PROJECTS

Accessibility
Prostheses and orthoses
Support for vulnerable persons
Cholera prevention
Transitional shelters
Handicap International Bases
SUMMARY OF ACTIONS TAKEN

Current Actions

Health and protection

- Providing and fitting lower and upper limb orthopedic devices (prostheses and orthoses).
- Training of local staff.
- Supplying orthopedic devices, mobility aids and specific rehabilitation equipment.
- Assisting vulnerable people, particularly people with disabilities, within communities; protection activities.
- Community psychosocial support.
- Supporting the case-management of children with cerebral palsy.
- Supporting the case-management of people with spinal injuries.

Meeting basic needs

- Building temporary hurricane-resistant and earthquake-resistant shelters accessible to people with reduced mobility.
- Ensuring the accessibility of transitional structures, building the capacities of international and national operators in the field of accessibility.

Responding to the emergency

- Cholera prevention and raising awareness of the disease.
- Support for NGOs in the fight against cholera.

NB: For each of its projects, Handicap International has developed contingency plans in response to possible new emergencies.

Completed actions

Health and protection

- Supporting hospitals in the case-management of the injured (until July 2010).
- Fitting of emergency orthopedic devices (until June 2010)
- Specific distributions to cover the needs of the most vulnerable people affected by the violent storm of September 24, 2010.
- Taking into account the specific needs and the protection of the most vulnerable persons during the passage of Hurricane Tomas in November 2010.

Meeting basic needs

- Distribution of tents, food and essential items to earthquake victims, while facilitating access to aid for people with disabilities and the vulnerable (completed in August 2010).
- “Cash for Work” activities in Port-au-Prince and the Mornes -- a mountainous region near Petit-Goâve and Grand-Goâve (completed in August 2010).

Humanitarian logistics

- Transport of humanitarian aid and the management of an inter-agency logistics platform for the World Food Programme (WFP), completed in March 2011.
KEY FIGURES
(As of March 31, 2011 – next update July 20, 2011)

Human resources
- Some 540 people, including around 60 expatriate staff.
- Since January 14, 2010, more than 200 expatriate staff, from more than 20 different countries6 have been present in the field.
- Since January 2010, training has been organized for more than 600 Haitian staff members.

Health
- More than 10,000 beneficiaries of Handicap International's health activities.
- More than 82,000 basic care and physical rehabilitation sessions performed.
- Some 5,600 technical aids (mobility aids, orthopedic devices and specific rehabilitation equipment) have been distributed.
- Prostheses (lower limbs): 426 beneficiaries recorded (fitted or currently being fitted).
- Orthoses: 465 recorded beneficiaries (idem).

Psychosocial assistance
- Some 25,000 beneficiaries, including 500 provided with regular follow-up care.

Logistics/distributions/“cash for work”
- Some 20,000 tons of aid transported (food, basic emergency equipment, medical equipment, reconstruction equipment) between January 14, 2010 and March 31, for around 100 organizations.
- More than 5,000 tents distributed to more than 26,000 people.
- More than 30,000 items of equipment distributed to more than 43,000 people.
- More than 36 tons of food for more than 10,000 people.
- More than 4,000 people have benefited from “cash for work” activities.
- More than 80 transitional shelters for 330 beneficiaries.

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6 Including Australia, Austria, Belgium, Canada, Colombia, El Salvador, France, Finland, Japan, Lebanon, Luxembourg, Nicaragua, Pakistan, the Philippines, Switzerland, Togo and the United States.
HEALTH AND PROTECTION

Handicap International’s health activities are performed in coordination with the Haitian government and other key national and international operators in the sector. The health team in the field is currently divided between two fitting and rehabilitation centers, mobile Disability Focal Points and two mobile fitting teams. The Haitian staff recruited are mainly rehabilitation professionals and community workers.

300,000 INJURED PEOPLE

The Haitian government estimates the number of people injured in the earthquake at more than 300,000. Humanitarian aid operators were therefore facing a challenge of historic proportions, given the lack of care capacity in Haiti following the disaster.

A very large number of amputations

During the weeks immediately after the earthquake only the most serious cases were admitted to hospitals and other treatment centers. Some patients with closed fractures had to leave without treatment to allow the most urgent cases to be treated first. Many patients who had not received care initially arrived in hospitals at a later date with complications and serious infections. As a result, amputations represented an exceptionally large proportion of the surgical operations performed by practitioners. Some amputations performed under extremely difficult circumstances required corrective surgery.

Handicap International’s health team in Haiti produced a report at the end of January 2010 on the situation faced by people with injuries. The total number of amputations was estimated at between 2,000 and 4,000, with at least 1,000 people requiring a lower limb prosthesis. This conservative estimate is based on direct visits to 17 hospitals and data gathered by telephone or by email from most of the country’s other health facilities in which operations had been performed, and from the relevant authorities. This evaluation has not been challenged since and it is supported by most operators in the field. It has not been possible to re-assess these figures due to problems collecting data at the national level; the data collection criteria also vary too widely from one organization to the next.

Assistance to hospitals

From January 17 to July 2010, Handicap International provided support in some 20 hospitals and medical facilities in Port-au-Prince and its suburbs. The aim of this assistance, particularly post-operative rehabilitation care, was to prevent injured and/or paralyzed persons from developing permanent disabling after-effects. Within this framework, Handicap International’s members have performed 25,000 rehabilitation sessions for more than 1,800 patients and distributed more than 1,200 items of equipment (crutches, wheelchairs, walking frames and, mattresses). Handicap International’s hospital-based activities were gradually scaled-down before coming to an end in July 2010 because far fewer patients injured in the earthquake were turning up for treatment, and many had returned to live with their families. At the same time, Handicap International increased its community-based activities.

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7 Disability Focal Points enable us to provide the most vulnerable populations and people with disabilities with a local reception point to identify their needs and supply them with responsive aid.
Fitting of upper limb orthopedic devices and rehabilitation

After launching its lower limb orthopedic fitting service in the immediate aftermath of the earthquake, the association launched a fitting service for upper limb amputees in April 2011. This project is focused only on adults because the fitting process is more complex than for lower limbs and would, therefore, require an excessively large number of fittings for growing children.

At the end of May, 150 people were registered to be fitted for orthopedic devices. Around 85 percent of people requiring orthopedic fitting had a limb amputated after the earthquake. On May 30, 110 people were seen after they had been assessed as suitable recipients for an orthopedic device. One person in 20 will not be fitted with a device, either because they do not wish to have one, or because of a therapeutic contraindications.

Among those assessed, 80 percent will be provided with an aesthetic prosthesis, while the others will be equipped with a mechanical or functional prosthesis. Mechanical and functional prostheses require a high degree of technical expertise: the hand functions like a grip and is controlled from the shoulder.

Fifteen upper limb prostheses had been produced by May 31.

The length of rehabilitation depends both on the type of prosthesis and on the capacity of the patient to learn how to use it, and on a psychosocial assessment.

The upper limb fitting process requires a specific approach and personalized support to promote the acceptance of the prosthesis and its correct usage by the beneficiary. A specific area dedicated to “self-reliance and daily activities” was set up for this purpose.

The “daily activities” area

This area, located inside the functional rehabilitation center in Port-au-Prince, is coordinated by a physiotherapist or an occupational therapist, an assistant who has had an arm amputated (fitted by Handicap International), and a psychosocial worker.

It enables everyone who visits the center to:
- try the daily technical aids (cooking, clothes washing, writing);
- assess the value of these technical aids to ensure beneficiaries receive devices that are most suitable to their specific needs;
- provide training to use them, when necessary;
- assess and adapt these aids, if necessary.

This area plays host to patients fitted with an upper limb to help them become self-reliant as quickly as possible using their prosthesis and to avoid its rejection or under-use. They familiarize themselves with the prosthesis and how to maintain it; they practice controlling the mechanical grip and, if necessary, the mechanical elbow, and the right amount of strength needed to operate it; they practice daily life activities requiring the use of the prosthesis and an able arm.

This area allows the beneficiary to practice daily activities in a reassuring environment, supported by the participants and without fear of failing in front of other people. They perform several activities, including cooking, washing and hanging clothes to dry, dish washing, carrying objects, changing and feeding a baby, making a bed and getting dressed.

The daily activities area also promotes participation in mediation sessions run by psychosocial teams in which people express their anxieties and personal difficulties, exchange advice and take part in informal mutual aid and support networks with other
beneficiaries.

This area also plays host to people fitted with an artificial lower limb who are experiencing self-reliance issues at home. This support is provided in addition to walking exercises.

**Fitting of lower limbs (since March 2010)**

In partnership with the Healing Hands for Haiti association, Handicap International set up a fitting and functional rehabilitation center in a former warehouse near the Champ-de-Mars, in the heart of Port-au-Prince. The center’s team consists of national and expatriate staff, including a team from the University of Don Bosco in El Salvador. Several members of Healing Hands for Haiti have also joined the team.

Between the opening of the center in early March 2010 and March 31, 2011, 883 patients were registered, 426 of whom have been fitted with a prosthesis and 465 with an orthosis. Some 4,500 rehabilitation sessions have been performed.

**N.B.:** Approximately 10 other organizations also perform orthopedic-fitting activities.

Initially, emergency temporary prostheses were supplied to lower-limb amputees. An essential stage in the orthopedic-fitting process, these temporary prostheses enable patients to rapidly stand up again, prepare them to be fitted with a permanent prosthesis and promote their rapid reintegration into society.

The production of permanent prostheses, which take longer to produce, but which are more aesthetic and longer-lasting, began in April 2010. They are designed to last between three and five years for an adult, but need to be changed every six months for a growing child.

The production of temporary prostheses ended, for all intents and purposes, in September 2010.

**Rooftop obstacle course**

An obstacle course consisting of several uneven surfaces similar to that of roadways in Port-au-Prince was set up on the roof of the functional rehabilitation center. It is designed for people who already benefit from a high degree of self-reliance in terms of their prostheses.

**Dance workshop**

Fabienne Michel, an above-the-knee amputee fitted by Handicap International and a well-known traditional and hip-hop dancer in Haiti, has set up a dance workshop for beneficiaries. Since May 2011, she has been working on four new dance routines, accompanied by two percussionists. The sessions have been held in a functional rehabilitation center gymnasium every week since June.

**A mobile orthopedic-fitting team**

The fitting center has a mobile team that visits communities and, until the end of June, Disability Focal Points. It initially focused on delivering prostheses and orthoses, and performed technical monitoring for people fitted with devices, which included making adjustments and doing minor repairs.

The team has now shifted its emphasis to assessing the environment of those fitted with devices. It is also able to identify a person’s accessibility needs and make adjustments to their living space (toilets, shower, floor cleaning, repairing steps, fitting of handrails, etc.).

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8 An orthosis is a device that corrects an impairment affecting a limb or the spine. For example, a splint, collar or corset. Unlike an orthosis, a prosthesis replaces an absent limb or organ.
The team also ensures the correct usage of the prosthesis and its operation and assesses, if necessary, the additional functional needs of the person fitted with the orthopedic device.

**A second rehabilitation and orthopedic-fitting center**

After arriving in Haiti on January 18, 2010, the Belgian section of Handicap International performed physiotherapy and rehabilitation activities in hospitals set up by Médecins sans Frontières. From March onward, the Handicap International Belgian office focused its attention on Sarthe hospital - a surgery and post-operative referral center. A physiotherapy room and a fitting workshop were opened there for the rehabilitation of patients and the production of temporary prostheses for amputees. The next stage in this rehabilitation initiative is the transfer of activities from Sarthe to a new hospital, Tabarre, which is currently under construction. These projects have enabled 1,300 patients to benefit from physiotherapy follow-up care; some 1,000 walking aids (orthoses, prostheses, wheelchairs, etc.) have also been distributed.

Physiotherapy and orthopedic aids are not always sufficient, however, when a person is suddenly confronted with a permanent disability. They also need to be prepared for their return home: Once they have left the sheltered environment of the hospital, a new life begins. Two projects have been developed to meet this need - a functional rehabilitation center and a community village - where patients learn to move around in a wheelchair or with a prosthesis, as well as practice going to the toilet, washing themselves and cooking.

To tackle two additional issues - the need to earn a living and social integration - the Belgian section of Handicap International recently launched a socio-economic inclusion project to foster income-generating activities which currently benefits about 60 patients. By raising the awareness of social leaders, Handicap International Belgium promotes the training and inclusion of persons with disabilities in key local occupational facilities.

The Belgian section of Handicap International in Haiti currently has 75 staff, including eight expatriates.
Training of Haitian staff and local rehabilitation capacity-building

The association’s goal is to create and coordinate the country’s long-term and sustainable capacity to provide rehabilitation and fitting services by training Haitian staff. Expatriate technicians are working in collaboration with staff from the Healing Hands for Haiti, both national and expatriate, for the time being, before other Haitian staff receive training.

Seven rehabilitation assistants are currently following a training course, consisting of 10 hours of academic study a week, along with practical center-based training. This course does not lead to a recognized qualification.

Six people are also taking on-going training to become orthopedic-fitting technicians. They are taking 9 hours of academic study a week in addition to their practical experience in the fitting workshop. They are then expected to take a recognized training course.

In partnership with Healing Hands for Haiti (HHH), the association is also prepared to provide ISPO level two training for ortho-prosthetist technicians before the end of 2011, over a period of two and a half years, training that is in compliance with recognized international standards. The theoretical training modules will be taught by teachers from the University of Don Bosco (El Salvador) for more than 30 Haitian students.

These newly-trained ortho-prosthetist technicians are then expected to be able to take over from the expatriate teams sent to Haiti after the earthquake. They will provide long-term follow-up care to patients fitted with orthopedic devices, in conjunction with HHH, which will ensure the sustainability of the orthopedic-fitting and rehabilitation activities in a new fitting center, which is now under construction.

At the same time, 108 rehabilitation assistants (three classes of 36 people over three years) may also receive basic training. They would then be assigned to hospitals for six months and another six months with communities, working in Haitian health facilities.

Another training project aimed at 24 physiotherapists already trained outside Haiti is also ready to be launched. This three-year project would provide support during training activities and develop the management capacities of these physiotherapists.

Support for children with cerebral palsy

Handicap International’s functional rehabilitation center has played host to groups of children with cerebral palsy, aged four to six, accompanied by their parents, since the middle of April 2011. Based around six sessions held over six weeks, the association helps parents independently case-manage their children by teaching them a number of simple gestures. It also provides them with an educational guide at the end of the process. In addition, the psychosocial unit gives the children very close support.

Following an initial evaluation performed in communities by Handicap International’s mobile teams and other organizations that also identified children with cerebral palsy, a total of 70 children were identified and placed on a waiting list.

The home evaluation consists of identifying needs in terms of orthopedic-fitting (orthoses), technical aids for daily activities and advice to enhance self-reliance.

During the sessions organized at the center, the children, accompanied by a parent, perform sensory simulation activities (based in particular on games and drawing, which also enable children to express their needs), and rehabilitation and functional exercises (learning to sit down, eat, etc.)
Handicap International produces or assembles aids such as chairs or vertical surfaces to help the children stand up.

This project’s team consists of an expatriate physiotherapist, two assistants and a translator/COORDINATOR.

**FOLLOW-UP AND MEDICAL CARE IN COMMUNITIES**

In order to adapt its activities to the developing needs of the most vulnerable people, Handicap International closed its immobile focal points at the end of June, except for those in Gonaïves and Petit-Goâve.

And, since the beginning of July, the teams have been working on a group approach.

This approach aims to create a peer-to-peer network to promote solidarity between people and the sharing of life experiences with the aim of identifying collective solutions, while continuing the multi-disciplinary case-management (rehabilitation, psychosocial, protection, community, health/cholera awareness) of our beneficiaries.

This involves ensuring they enjoy support within their communities and identifying resource persons to organize meetings over the long-term and coordinate solidarity and mutual aid networks.

In addition to these group activities, the association’s teams will also organize community mobilization sessions to promote the social integration of persons with disabilities.

This social integration will be based on various forms of community awareness-raising (theatre, dance, sport, etc.) to foster the inclusion of persons with disabilities and to fight against discrimination.

In Port-au-Prince, the association is currently giving priority to mobile focal points. These mobile focal points are able to work in conjunction with existing structures (churches, dispensaries, schools, etc.) for several days at time to meet and work with beneficiaries. They can also work alongside local associations. Each mobile focal point consists of a manager and two mobile teams: One works on campaigning and awareness, through community workers and psychosocial activities, while the other performs group sessions, by type of disability. Cholera protection and prevention activities remain cross-disciplinary.

Initially, Handicap International set up six Disability Focal Points in 2010 (four in Port-au-Prince, one in Petit-Goâve and one in Gonaïves) in partnership with the German organization CBM, with the Secretariat of State for the Inclusion of Persons with Disabilities and with the support of Haitian organizations of persons with disabilities.

The aim of these focal points was to improve the protection and service access conditions of people with disabilities and other vulnerable groups (the elderly, sick and isolated). The six mobile teams also used these focal points as a base for visiting the districts and suburbs of the capital, including Carrefour, Delmas and the Champ de Mars, and for working in a camp housing more than 40,000 people in Pétion-Ville.

Because we were present in communities, we were able to provide basic care, perform physical rehabilitation activities for people with disabilities, offer psychosocial support and distribute mobility aids and equipment, such as mattresses and mosquito nets for day-to-day activities. People with specific needs were identified by the mobile teams and referred to appropriate facilities, such as organizations responsible for targeted food distributions to malnourished children or organizations that were providing individual psychological support.
Home care team for paraplegics and quadriplegics

Many Haitians live in conditions of extreme deprivation, and paraplegics and quadriplegics, who have specific and continuous case-management needs, are particularly at risk. Established in June 2010, a mobile team consisting of a physiotherapist, an occupational therapist and a community worker operate in Port-au-Prince and the surrounding area and provide paraplegics and quadriplegics with rehabilitation care, direct patients to medical facilities when necessary, assess their needs in terms of technical aids and basic equipment, and perform any corresponding distributions. The mobile team is also developing cholera awareness and prevention actions targeted at this category of patients, who are rarely included in normal prevention activities.

PSYCHOSOCIAL ASSISTANCE

The recreational events and discussion groups organized by the Disability Focal Points and subsequently by the mobile Disability Focal Points enable visitors to these centers to share their experiences with other victims, and provide an initial response to the psychological suffering caused by the earthquake. Psychosocial workers visit communities to perform follow-up work. They measure the level of the family’s distress, identify possible family conflicts and refer people for individual psychological support if necessary. They also evaluate the level of inclusion of people with disabilities, if need be, and raise the awareness of their family and friends.

Amputees in orthopedic-fitting centers benefit from individual consultations with psychosocial workers to evaluate each patient’s psychological condition. They are provided with follow-up care throughout the fitting process and beyond, when these patients return to their communities.

As part of its long-term strategy, Handicap International is a member of two working groups, “Mental Health” and “Inclusion, Rehabilitation and Disability”, which bring together Haitian and international operators. As such, the association is helping to establish a national plan on mental health issues and a national plan on the inclusion of people with disabilities.
PROTECTION

The protection of vulnerable people in crisis situations represents a major challenge during any emergency operation. In situations of extreme deprivation, heightened tension and social instability, vulnerable people, in particular people with disabilities, must be protected from the risk of violence, exploitation and abuse. Handicap International therefore monitors the implementation of specific protection measures as part of its actions and takes part in international coordination processes dedicated to these issues.

The association implements protection activities to intervene in the most difficult cases identified in communities (psychological, physical and sexual violence). Based on identification operations performed in communities and targeted at vulnerable individuals, these actions also aim to improve and develop referrals to other institutions involved in protection activities - in the field of gender-based violence, domestic violence, child protection, etc. - and to check that all available services (access to sanitary facilities, distributions of aid and food, etc.) are accessible to people with disabilities.

CHOLERA PREVENTION

Since October 19, 2010, when a cholera epidemic was identified in Haiti, the activities of the association’s health teams have been seriously affected. Their actions have also been revised to include awareness and prevention elements. According to the government, since October 2010, the epidemic has killed more than 5,500 people and led to the hospitalization of 196,000 others.

Handicap International launched an awareness-raising campaign on October 26 targeted at the country’s most vulnerable people. Personalized awareness activities were performed, including the vulnerable person’s immediate circle, family and neighbors, to overcome the difficulties they face in accessing mass awareness initiatives.

Awareness activities are also performed to avoid stigmatizing the sick and to encourage solidarity. Hygiene and cholera kits were also distributed. Lastly, a production workshop dedicated to the construction of transitional shelters in Petit-Goâve has produced 100 beds adapted to cholera treatment centers in Petit-Goâve, Grand-Goâve, Miragoâne and Les Cayes.

Handicap International has also distributed recommendations for the inclusion of people with disabilities in the response to the current cholera epidemic, targeted at operators working in the fields of health, protection and camp management in particular.

The association has decided to maintain the current high level of its response to the cholera epidemic, which has peaked again since May 2011.

The association’s dedicated team currently performs prevention and awareness-raising actions targeted at people in high-risk areas. The emergency team also ensures the distribution of hygiene kits. It is able to intervene immediately if new cases are identified in a particular sector in order to raise the awareness of the population to the hygiene practices to perform to prevent the spread of the disease.

10 The kits contain a plastic bucket with a lid, a bag to keep belongings dry, a fleece blanket, a bath towel, a sponge, bars of soap, water purification tablets and oral rehydration solution packets.
Handicap International also manages an equipment storage warehouse in the Petit-Goâve region, to support stakeholders involved in the fight against the cholera epidemic.

PREPARING FOR AN EMERGENCY

Contingency plans

The association is currently establishing contingency plans with a view to providing an effective and rapid response to severe storms or hurricanes. Our goal is to be in a position, especially following a hurricane warning, to ensure the security of our most vulnerable beneficiaries, to prevent a situation in which they are isolated or unable to access assistance, and to transport them to secure assembly areas.

The association will also stock equipment that can be used in the event of a new emergency, such as tents, blankets, walking aids, flashlights and radios (to ensure isolated persons are able to receive information about a hurricane, etc.).

Emergency rapid response mechanism

Handicap International also plans to put in place an emergency rapid response mechanism (a project is currently being discussed with UNICEF).

In conjunction with other humanitarian operators present in the country, and local authorities, this involves planning for the next disaster in order to reduce the impact of a major catastrophe on vulnerable populations.

Our teams will, therefore, perform an evaluation of the areas to cover, identify the risk sectors and the resource persons to mobilize in the event of a new disaster. They will meet with local aid operators in order to identify logistical resources and emergency access routes in association with the Haitian Civil Protection Unit.

If a new and major emergency arises, the association will be able to mobilize pre-identified teams to immediately perform evaluations based on pre-defined procedures and to provide a multi-sector response in the following key sectors: water, hygiene, sanitation, health, nutrition, education and child protection.
MEETING BASIC NEEDS AND HUMANITARIAN LOGISTICS

Faced with a population deprived of its very means of existence, Handicap International contributes to the logistical organization and coordination of the relief effort and to meeting basic needs in order to fulfill its mandate to help the most vulnerable sections of the population. Meeting the basic day-to-day needs of Haitian victims includes the distribution of aid, “cash for work” activities and the construction of transitional shelters for vulnerable and isolated people. This project now also includes the work performed by a unit dedicated to accessibility, which intervenes in support of other humanitarian operators and professionals present in the country and involved in the reconstruction effort.

The association also manages a humanitarian aid transport platform (in partnership with the WFP) for all humanitarian actors present in Haiti. Since the end of October 2010, this logistics chain has formed part of the response to the cholera epidemic. This activity was completed in March 2011.

CONSTRUCTION OF TRANSITIONAL SHELTERS

Handicap International has begun building more than 1,000 transitional, hurricane-resistant and earthquake-resistant homes accessible to people with reduced mobility. These shelters are designed primarily for the most vulnerable sections of the population. Soon, 5,000 people will have been provided with accommodation in Petit-Goâve and Grand-Goâve.

These shelters are theoretically designed to last three years. However, if properly maintained, they can last longer, since their structure is designed to resist bad weather. They have a wooden framework and walls of woven wooden slats, with a roof designed to withstand strong gusts of wind. The floor is made of a raised concrete slab to protect occupants from humidity during the rainy season. If necessary, these transitional shelters are fitted with a ramp to ensure their accessibility.

Offering a living area of 194 square feet (18 square meters) and a 65 square-foot (6 square-meter) covered terrace, each shelter is designed for a family of five. Modules of different sizes will also be made available to suit various family sizes and construction areas. These prefabricated transitional shelters are prepared in packs by Handicap International’s teams in a workshop created especially for this purpose before being transported to the field and assembled with families to foster full “ownership” and to ensure they are able to keep the shelter in a state of repair.

By the end of March 2011, 80 transitional shelters had been delivered, providing accommodation for more than 330 people. Several others have been delivered to Grand-Goâve where Médecins du Monde has converted them into health centers, in conjunction with the Haitian Ministry for Public Health and Population.
Accessibility

Handicap International assists several other associations with its expertise in the field of accessibility. It is also part of several working groups formed by humanitarian operators present in Haiti.

Its task is to promote the accessibility of new temporary or permanent structures (medical facilities, latrines in temporary encampments for earthquake victims, etc.) and to ensure the requirements and principles of accessibility are taken into account in rebuilding projects.

The association uses advocacy to raise the awareness of its partners, NGOs and medical facilities, etc. to the need to include people with disabilities at each stage of an emergency response and to help them access aid.

A dedicated “Accessibility” unit was set up in January 2011. Launched to intervene in transitional structures, it now takes into consideration demands from humanitarian operators and local authorities. It therefore intervenes, on request, in projects run by humanitarian operators, in transitional shelters and in the homes of beneficiaries whose homes need adaptation. During visits to these beneficiaries, some of whom were recently disabled (because of an amputation, for example), the team assesses the building, ensures that its inhabitants can circulate easily, and that the access points comply with current standards. When a person with disabilities is found to be living in accommodations that are difficult or impossible to access, specific adjustments may be made to make it accessible.

Its actions extend to operators involved in the reconstruction of the country’s infrastructure. Training is also provided to building professionals to ensure the principles of accessibility are taken into account.

MANAGEMENT OF THE INTER-AGENCY LOGISTICS PLATFORM

After Haiti was hit by a series of hurricanes in 2008, Handicap International managed a logistics platform for the transport of humanitarian aid, in partnership with the World Food Programme (WFP) from 2008 onward. Handicap International’s humanitarian logistics team in Haiti included some 160 people (including five expatriate staff) spread over four operational bases (Port-au-Prince, Cap-Haïtien, Gonaïves and Jacmel). It managed a fleet of 70 trucks, including some 50 six-wheel drive all-purpose vehicles each capable of transporting 3.5 tons of goods to areas that are difficult to access, which conventional transporters were unable to reach. The association also coordinated 20 flatbed trucks made available by the Clinton Foundation after the earthquake and capable of transporting eight tons of freight, which were used mainly in urban areas. The association managed two humanitarian aid storage warehouses with a capacity of 26,910 square feet (2,500 square meters) and 32,292 square feet (3,000 square meters) respectively from February 2010 onward. The first closed in June and the second in September 2010.

Since January 14, Handicap International has transported almost 20,000 tons of aid, including 9,000 tons of food for some 100 organizations11, including some 15 Haitian organizations12.

11 They include U.N. agencies, Action contre la Faim, Caritas, Croix-Rouge, Food for the Poor, Fraternité Notre Dame, Médecins du Monde, Mercy Corps, Oxfam, Pompiers sans Frontières, Plan, Première Urgence, Save the Children, Secours Islamique and World Vision.
DISTRIBUTION OF EMERGENCY AID AND “CASH FOR WORK”

The distribution activities performed by Handicap International take into account the specific needs of people with disabilities, the vulnerable and the elderly, particularly in terms of facilitating access to aid and taking into account their mobility conditions.

**Petit-Goâve and Grand-Goâve**

Located around 6.2 miles (10 kilometers) from the epicenter of the earthquake, these two intervention areas were 60 percent destroyed, with some 50,000 people affected in these regions alone. Relief was harder to transport to these areas, which are surrounded by mountainous terrain.

More than 1,000 ShelterBoxes, with a unit value of $1,047 (€750), were given by the organization ShelterBox (www.shelterbox.org) to Handicap International, which distributed them in the most acutely affected rural areas. ShelterBoxes are plastic boxes containing a ten-person tent and equipment suitable for daily life in this type of shelter for several months, including a floor mat, blankets, a stove, cooking utensils, jerry cans, a water purification system, a saw, an axe, a shovel, a rope, a mosquito net and activity packs for children.

The association has also distributed more than 4,500 tents to over 23,000 beneficiaries, as well as 36 tons of food to more than 2,000 households (equivalent to more than 10,000 people) and almost 30,000 items of equipment to more than 8,000 households, reaching more than 42,000 beneficiaries. The non-food aid distributed mainly consisted of items essential to everyday life, such as plastic sheets, rope, jerry cans, cooking and hygiene packs, mattresses, blankets, mats and mosquito nets.

In Haiti’s particularly inaccessible mountainous regions (the Mornes), Handicap International and its partners distributed aid, most often by helicopter, or by truck when possible.

**Port-au-Prince and the surrounding urban area**

More than 660 tents have been distributed, providing shelter for 3,000 people. More than 1,300 items of equipment have also been distributed to more than 430 households (more than 2,100 beneficiaries). This also involved covering day-to-day needs. Between May and August 2010, 45 shelters were built. These temporary shelters have a wooden frame, plastic sheeting or plywood for the walls and corrugated roofs. Each of these shelters was made accessible to people with reduced mobility. The distribution of tents and the construction of shelters were sometimes accompanied by small-scale clearance or facilities projects, mostly performed as part of “cash for work” schemes.

“Cash for work”

“Cash for work” projects supply the population with a source of income through occasional work, generally as part of manual clearance operations. The workers are paid the Haitian minimum wage - 200 Gourdes ($5) a day. Between May and August 2010, Handicap International set up three “cash for work” programs involving more than 600 people for a total of 4,000 direct beneficiaries: the renovation of the Route de Palmes, at the top of the Mornes mountain range in Petit-Goâve and Grand-Goâve, the demolition and clearance of houses in Petit-Goâve, performed in conjunction with the Civil Protection Unit, and the establishment of a center to produce temporary shelters in Port-au-Prince.

Impact of the 2010 hurricane season

Following the storm that hit Haiti at the end of September 2010, Handicap International evaluated 500 beneficiaries at Disability Focal Points, who were among the most vulnerable individuals. Each person was contacted to identify their needs in terms of tents and plastic sheeting. Distributions were performed to meet these specific needs. The emergency shelters built in Port-au-Prince (wooden frames, walls made from plastic sheeting, corrugated roofing and a cement base) stood up well to the storm. In preparation for the passage of Hurricane Tomas on November 5, the association performed identification and prevention activities aimed at the most vulnerable groups and ensured that the weakest among them were transported to secure shelters.