Haiti Emergency

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Introduction: 5 years of post-quake actions

2010: Emergency relief effort

Handicap International launched its first operations in Haiti in 2008, when it managed a logistics platform to supply humanitarian aid to areas that had become difficult to access following severe flooding in the region of Gonaïves. The 7.0-7.33 magnitude earthquake of Jan. 12 2010, was about 15.5 miles from Port-au-Prince, the capital of Haiti. It affected about 3.5 million people, and the United Nations estimates that 222,570 people died and 300,572 were injured. According to a Handicap International study, between 2,000 and 4,000 people have had amputations as a result of the earthquake.

Handicap International launched an immediate response to the disaster—on a scale unprecedented in the organization’s history. More than 500 expatriate staff members were involved in the emergency operation. At the height of the emergency, up to 600 people were working for Handicap International’s field teams, including 80 expatriate staff members.

The organization orthopedically-fitted 1,459 Haitians, transported 20,000 tonnes of aid and built 1,050 temporary shelters to house 5,250 people. Handicap International also provided 90,000 people with basic care and rehabilitation. Some 25,000 people received psychosocial support. The organization distributed 5,600 mobility aids and our physical therapists organized 4,500 rehabilitation sessions.

The emergency phase lasted two years, during which time Handicap International also assisted people with disabilities, and set up a rapid response system to protect people during future disasters and promoted the economic and social inclusion of vulnerable individuals.

Since 2012: Focus on development

Since 2012, the organization has gradually scaled down its emergency relief effort in favor of development actions. The activities performed by Handicap International during the first few months of the emergency have laid the ground for
its longer-term projects. The organization is now focusing its attention on development actions and the setting-up of services to ensure the medical treatment of people with disabilities and their full inclusion in Haitian society. Although the emergency is over, poverty still affects many people in Haiti, particularly people with disabilities, who often struggle to meet their most basic needs, such as water, food, accommodation, care, access to orthopedic-fitting and security.

Key Data
Currently, Handicap International has 51 national staff and 6 expatriate staff active in Haiti.

| Human development index (HDI) | 158/187 |
| GDP per capita | $1,151 per annum |
| Life expectancy at birth | 61.8 years** |
| Surface area | 27,750 sq.km. |
| Population | 10.1 million inhabitants |


Our Activities
Rehabilitation
Handicap International is helping to develop the rehabilitation sector in order to meet the needs of people with disabilities in a coherent and appropriate manner. Handicap International helps its local partners to offer quality rehabilitation services to people with disabilities.

The organization has also set up internationally-recognized training courses for orthopedic technicians and physiotherapists.

Training for a better future
There were no training courses for orthoprosthesists in Haiti before the earthquake of 2010. Handicap International now runs degree-based courses which will ensure patients are cared for in Haiti.

“Initial estimates of the number of people injured during the earthquake of January 2010 revealed an urgent need to develop Haiti’s orthopedic activities, which didn’t exist before the disaster,” explains Patrick Sénia, Handicap International’s field program director in Haiti. In fact, although several thousand people had had amputations and several thousand others were suffering from physical sequelae, almost no services were available to care for them.

“It soon became obvious that there was not just a lack of services — there were too few qualified staff to run them. In the weeks immediately after the earthquake, almost four years ago, our emergency teams tried to get in touch with Haitian physiotherapists. But we discovered that there were only 13 trained Haitian physiotherapists, half of whom were living abroad. Our teams contacted them and they agreed to work with us. Some still work with us today!
“We needed to identify ways of filling the skills gap as quickly as possible, because when our teams start to scale-down their activities and – eventually — leave Haiti, people with disabilities and vulnerable individuals will need to be case-managed locally. The number of people with disabilities in Haiti is estimated at around one million, which is why we’ve decided to give young people access to training.”

At the beginning of 2012, Haitian students were able to sign up for an orthopedic training course for the first time in their own country. Run by Handicap International, the classes include 24-month courses for rehabilitation technicians (assistant physiotherapists) and three-year courses for orthopedic technicians, who learn how to produce and repair prostheses. At the end of the course, they will be awarded an internationally-recognized degree. Within less than a year, there could be 70 rehabilitation technicians and 32 prosthetic technicians in Haiti to help care for people with disabilities.

Partnerships for a better future
Following the earthquake, Handicap International opened a rehabilitation center to supply emergency orthopedic-fitting services and fit permanent orthopedic devices. The project was organized in association with Healing Hands for Haiti (HHH), a local partner which was operating in Haiti before the earthquake, but lost everything in the disaster.

This partnership means that orthopedic-fitting services will now be available over the long-term and, since the beginning of 2013, HHH has gradually resumed its rehabilitation activities. Over the coming years, Handicap International will continue to build the technical and structural capacities of HHH to ensure the viability of providing quality rehabilitation services in Haiti. Handicap International is also setting up a clear and appropriate pricing system, which will enable poor and vulnerable people to receive care.

Handicap International also provides assistance to other local partners, including Nos Petits Frères et Sœurs, which has been helping to care for children with disabilities for more than 20 years by providing them with specially built wheelchairs. Handicap International also works with community centers, including the Sant Koré Lavi center in Carrefour. Handicap International organizes psychosocial sessions and adapted rehabilitation activities which can be performed on a day-to-day basis. These partnerships will help ensure the continuity of rehabilitation services in Haiti.

Inclusion
Handicap International assists people with disabilities and their families in a variety of fields and aims to improve their economic welfare, protection and living environment.

Transport
- Most people use “tap taps” - public buses - to travel around Haiti. People with disabilities find them difficult to use, restricting their ability to travel and increasing their social and economic exclusion. Handicap International has therefore teamed up with several engineering colleges to design a mode of public transport that’s

Handicap International helped 400 vulnerable individuals set up their own small businesses to make them more self-reliant by providing them with packs of food products and training in money and stock management.
accessible to people with disabilities. It is also working with a commune in Port-au-Prince to construct an accessible tap tap stop.

**Disaster risk reduction:**
- Haiti is regularly hit by natural disasters. To ensure the most vulnerable individuals are able to access aid in emergencies, it’s essential to prepare well in advance. Handicap International’s goal is to reduce the vulnerability of excluded individuals - people with disabilities, older people, people with chronic diseases and other isolated people - in emergencies and to strengthen their capacity to cope with disasters. The organization works with those responsible for implementing earthquake preparation plans to ensure the needs of vulnerable individuals are taken into account and to guarantee the accessibility of shelters to people with disabilities.

**Rehousing:**
- Handicap International aims to make sure people with disabilities living in camps and cared for by humanitarian organizations such as CARE and CONCERN benefit from appropriate measures to help them settle in their new homes. The organization trains Haitian reconstruction professionals to this purpose and adapts new housing to make it accessible to people with disabilities.

**Inclusive employment:**
- Some 400 people with disabilities in Port-au-Prince, Delmas and Carrefour were given special packs to set up and manage their own small businesses as part of a strategy to encourage income-generating activities. Handicap International’s aim is to promote the social and economic inclusion of the most vulnerable individuals in Haiti and reduce food insecurity. It is currently being reorganized and will resume in 2014, in cooperation with local partners, including business development centers and vocational training colleges.

**Child protection:**
- Handicap International is helping civil society operators and the Ministry for Social Affairs reform and implement child protection mechanisms for public institutions and other organizations. Handicap International will work with foster families and orphanages to detect and case-manage disabilities and refurbish existing facilities. This project is scheduled to start in 2014.

**Testimonies**

**Personal Story: “A prosthesis can change your life”**

*James Medina, Orthopedic Student*

“Sometimes I wonder why I was in the building when the earthquake struck. Why did I lose my leg? Perhaps fate wanted me to give prostheses to other people.” James, 25, explains why he is taking Handicap International’s orthopedic training course.

“There were 25 of us in the classroom,” James Medina recalls of the moment the earth began to shake in Jan. 2010. As the university building collapsed around him, 19 classmates died, along with more than 1,000 other young people. “I spent the whole day under the rubble. I was protected by the bodies of five friends. I think about it every day.”

Rescuers brought James to a hospital, where doctors amputated his leg. Despite these painful memories, James is nothing if not determined. Every day, he gets up very early to find a “tap tap” (a public taxi or bus) and travels from Carrefour, a neighborhood of Port-au-Prince, to the rehabilitation center in Pétionville run by Healing Hands for Haiti,
one of Handicap International’s partners. He’s almost done with Handicap International’s three-year, orthopedic technician training course. After graduating, he’ll be able to orthopedically fit amputees.

“My journey takes me nearly three hours, so I get home very late in the evening,” he says. “I study at night, in the courtyard, while my two sisters and four brothers are sleeping. Then I sleep for three hours before I need to get up again to attend my course. I’m exhausted. But it’s worth it.”

James’ enthusiasm for his future profession was born during his recovery. “I saw the amazing work done by the orthopedists,” he says. “A few months after the earthquake, my stump had healed. I went to Handicap International’s rehabilitation center. I did a lot of exercises to prepare my body for the prosthesis. The day I tried it for the first time, I understood straightaway: this was my prosthesis, my new leg. Since that moment, I no longer feel like I’m disabled. I haven’t cried since.

“Often my mom cries when she sees my stump. She wants to protect me all the time. Sometimes she sleeps next to me on the ground. I tell her that everyone needs to accept their fate. Sometimes I also wonder why I was in the building when the earthquake struck. Maybe God wanted this to be my fate, so I could give prostheses to people with disabilities. Because a prosthesis changes your life.”

James is very proud of his prosthesis. “I show it to everyone. Sometimes, when I’m at church, I roll up my trouser leg because it’s more comfortable that way. It shocks people, but I don’t care. My artificial leg shouldn’t look like a real leg. I don’t cover the metal. Why? Because I can do everything I want to now I have my prosthesis and I want to show it off. I want to help other people who need one, too.”

James, has passed his first exams and hopes to complete his studies in a few months. He’s already working with patients: “It reassures my patients when they see that I’ve got a prosthetic limb too. Young people feel less odd and realize that it’s possible to study and have a future, even if you’re disabled. On the other hand, I sometimes have doubts too. There’s not much work in Haiti. Will I, with my disability, find work after I finish my studies? There’s only one solution: I need to come top of my class.”

His next patient is Dooly. This five year old boy has deformed knees and needs orthoses. James’s face no longer looks tired. His mind is focused on one thing: helping the little boy, in the same way he was helped after the earthquake.

Report: Wheelchairs specially built for children with disabilities

A specially-built wheelchair can change the life of a severely disabled child. If the child is bedridden, for example, he can sit up and look at what’s going on around him. The chair not only changes his field of vision, it gives him a presence in the world.

Marie and Frantz make a great team—especially when they visit a family together. With Franz’ technical expertise and Marie’s rehabilitation skills, a visit from the two can transform the lives of the people they visit. Sometimes in minutes.

Frantz is in the final stages of Handicap International’s training course for orthoprosthesists. During home visits, he’s often tinkering with wheelchairs to ensure they meet the children’s needs as closely as possible. Meanwhile, Marie, who has been working with Handicap International as a physical therapist since the Jan. 2010 earthquake, examines the children, and advises parents. “You need to keep stimulating the feet,” she urges on one visit.
This dynamic and friendly team pays weekly visits to the homes of disabled children identified by Handicap International’s community officers. Many have cerebral palsy. If Marie decides that a child needs rehabilitation care, she refers the family to a rehabilitation center, such as the one run by Healing Hands for Haiti (HHH), a Handicap International partner.

If a child needs a specially-built wheelchair, Marie and Frantz take the appropriate measurements. “It’s very detailed work because the chair needs to fit the child’s body perfectly, from head to toe,” explains Frantz. Next, Frantz and his colleagues produce the wheelchair in a workshop set up by Handicap International and HHH. The following week, the team returns to deliver the wheelchair and make any final adjustments. The team then visits the family regularly to check if the child is happy with the chair.

Handicap International’s team is always accompanied by a volunteer like Rose-Mika, a student. Since the earthquake, her mobility has been reduced and she is unable to walk without crutches. Rose-Mika pays close attention as Marie gives the family instructions so that she can follow up in the future. Once a week, she visits the family's home to check on the child and to alert Handicap International to any problems they may be having with the wheelchair.

An outing for Esmeralda
Charles' family still lives in a small, 20-family camp that dates to the Jan. 2010 earthquake. They are unable to afford better accommodation, so the tent is their only home.

Charles lives with his grandparents, his mother and her four children. Esmeralda, 11, the oldest child, is severely disabled. She suffers from sickle cell anemia, a serious genetic disorder which has gradually worsened. By the time she was seven, she was unable to walk. Now, she can no longer sit upright without support, nor can she use her hands. Her feet are completely misshapen.

Before Handicap International's team visited in Oct. 2013, Esmeralda was confined to bed in her family's tent. But as soon as Handicap International delivered her specially built wheelchair, she was able to sit upright. She no longer has to stay inside.

The wheelchair supports her body, legs, arms and head. For her and her family, it’s a big relief because she is now more present in their lives and her overall condition has improved. “She finds it easier to eat,” says Bonnet, the grandfather who takes care of her.

Marie, Handicap International's physiotherapist, Frantz, a technician, and Rose-Mika decide to visit the family to check on the little girl's progress. Marie gives the family advice on feeding Esmeralda and caring for her skin. She shows the mother and grandfather how to stimulate her muscles. Frantz, meanwhile, takes notes. “I’m going to make something out of sponge so she can hold her head up more easily,” he says. This follow-up visit is 15 minutes, but it has a big impact on the family.
“Steven loves his wheelchair”

Steven Berthomieux was six months old when he caught meningitis, an illness that affects the membranes surrounding the brain. “It took a long time to reach the hospital,” recalls Ricot, Stevens’ father. “When we finally arrived, he already had severe brain damage.”

When Handicap International’s team — Frantz and Marie — arrive at the family home in Martissant, a densely-populated area of Port-au-Prince, for a routine check one morning in November 2013, Stevens is sitting in his specially-built wheelchair. He is in a small courtyard watching the traffic. “Stevens loves his wheelchair,” Ricot says. “He can’t sit up without support, so he can’t do without his chair. He can watch the cars and the chickens when he’s in the courtyard behind the house. When we take him out of it, he gets really angry.”

Franz adjusted his chair, adding a tablet to lean his hands on, a seat that follows the shape of his back, and a raised footrest. The family couldn’t have afforded to pay for this specially-adapted wheelchair: there is no social welfare system in Haiti and specialist services are extremely rare.

“It’s obvious that this chair stimulates him intellectually as well,” Marie notes. “It’s very satisfying. But from a physical point of view, he needs more stimulation.” Turning to Ricot, she explains, “rehabilitation doesn’t take a week or a month. It never ends. I know it’s hard, but your son does have abilities. If he’s properly stimulated, he can move around a little. You need to have faith in him.”

Report: Inclusion at the Sant Kore Lavi, Carrefour Community Center

Rose Marie’s mother visited our community center to find out how her daughter, who has cerebral palsy and finds it difficult to move, learned to cook. Far from witnessing a miracle, she watched as her daughter learned new skills in Handicap International’s practical workshops. “The rehabilitation process is hard and sometimes depressing,” says Marjorie, an occupational therapist. “If people do it in a group and learn something practical, they’re more motivated and the results can be amazing.”

The community center in Sant Kore Lavi, Carrefour, a densely-populated area of Port-au-Prince, is already a hive of activity by 9 am on Monday. In a small courtyard in front of the building, disabled women are learning to sew, while inside, people with disabilities — men, women and children of all ages — wait with their friends and family for the start of a new psychosocial session and later, a cookery workshop. Having never met each other before, they’re a little nervous.

The mood changes when Handicap International’s team arrives. Marjorie, an occupational therapist, Naama, a psychosocial worker, and Eslyne, a trainee currently studying on Handicap International’s course for assistant physiotherapists, ask everyone to form a circle and introduce themselves. Slowly but surely, they come out of their shells and begin talking about their lives and day-to-day problems.
Marie Guerda, director of the Sant Kore Lavi center, explains that Handicap International’s community outreach teams had identified the individuals as needing support, and encouraged them to visit.

“People can come here for psychosocial support, which is really important,” adds Marjorie, Handicap International’s occupational therapist, who’s in charge of the session: “A lot of people with disabilities find it hard to accept their disability. That’s why we always invite voluntary workers to our sessions. They’ve already overcome their disability and want to encourage other people to do the same.”

After a group discussion, Marjorie delivers some health advice. “It’s important that people with disabilities take care of themselves. We give them advice on nutrition, hygiene, medication, etc. And we encourage them to do rehabilitation exercises. A lot of people here are stroke victims. If they really stick to their exercises, they could do a lot more.

“But it’s true, the rehabilitation process is long, hard and often tedious. That’s why it’s so important to work with local organizations and organize group sessions. It helps people let off steam and gives them a reason to carry on.”

**Cooking, washing clothes and cleaning**

Once a week, the Handicap International team organizes practical workshops for people who have lost an arm or who find it difficult to use their hands following a stroke or accident. At the workshop, they learn how to cook, wash clothes and clean. “Household tasks, particularly cooking, are really important because they help people with disabilities regain their autonomy and their role in the family and society,” Marjorie explains. “It’s more of a psychological thing to motivate them to do their rehabilitation exercises, like cutting vegetables.”

Handicap International has come up with some simple techniques to make preparing a meal easier. “If you want to peel an apple, for example, you can use a vice to hold the peeler. A serrated board stops the apple from rolling off, so you can use one hand to cut it. They’re very simple things but they make all the difference. When someone has attended several workshops, they learn enough to carry on doing it themselves at home.”

At the workshop, there’s no trace of shyness left. Everyone is having fun and those who aren’t getting it right first time get a gentle ribbing from the rest of the group. Their friends and family watch in amazement. “It’s important to invite a person’s family along so they can see what people with disabilities can do. They often underestimate their abilities,” explains Marjorie.

One woman is particularly impressed — Rose Marie’s mother. “Rose Marie had a stroke a year ago,” she explains. “She couldn’t do anything. Then one day she was invited to the center. A few weeks later, she could prepare food by herself. I couldn’t understand how she’d done it. So I’ve come here to see for myself. I’m very impressed.”

After eating the fruit salad prepared by the participants, the mother and daughter leave the center arm in arm, smiling proudly.
Report: Learning to Sew

Three times a week, Françoise Sincère, 42, gives sewing lessons at the Sant Kore Lavi center in Carrefour, Port-au-Prince. It’s difficult to tell who’s more enthusiastic — the teacher or the students. But since they all have disabilities, it’s not surprising they’re so committed to their studies.

Françoise, a primary school teacher, lost her leg in the Jan. 2010 earthquake and spent the next six months at Handicap International’s rehabilitation center, where she was fitted with an orthopedic device. “I’ve still got the prosthesis they gave me,” she says. The organization then helped secure a place for Françoise on a training course for seamstresses. Handicap International convinced the college to offer her a place, along with seven other people who had developed disabilities as a result of the earthquake.

Françoise learned how to use the factory machine and the home machine. Today, she runs her own small business making school uniforms. “I’m so pleased, she says. “Before the earthquake I was a shopkeeper, but I can’t do that anymore. Because of my disability, I can’t travel to the market. Now I can sew, I can take care of my seven-year-old daughter.”

But what makes her really proud is the fact that she now trains other people—her ten students will soon be able to work as seamstresses, too. “The women have a great time and they’re really enthusiastic: they’re learning a trade, they feel useful and they get to talk about their experiences.”

Mireille Dessabe, 52, is one of her students. She worked as a nurse before the earthquake, but found it impossible to continue. “I was very ill,” she says. “I’ve done a lot of rehabilitation, but I can’t use my hands and feet like I used to. I find it really hard to walk or carry heavy objects. I tend to drop things.”
Her husband didn’t survive the earthquake, so Mireille has to look after their five children alone. She depends on aid to survive. “I’m learning how to sew because I want to work and have a better life.”

Françoise shows us the uniforms Mireille has made. “She’s ready,” says the teacher. “But this is when the real challenge begins. All Haitians have a problem finding work, disabled or not. It’s even worse for people with disabilities, even if these women are capable of doing exactly the same thing as seamstresses without disabilities. We’ve still got a long way to go and we’re raising the awareness of companies to make sure they hire people with disabilities too. In any case, I’m going to keep on fighting until I get the message across!”

Dieula: a life thrown into disarray
Dieula is determined to help people in the same way others had helped her after the 2010 earthquake, and is now a voluntary worker with Handicap International’s pediatrics team. One day, she also hopes to be able to care for her mother.

When the earth began to quake on Jan. 12, 2010, Dieula Pierre Charles was at home with six friends and relatives. She was the only survivor.

Dieula, 22, is a strong woman. She has completed half of her medical course, shares a house with friends, and works as a voluntary worker for Handicap International. But the deep scars on her arms and a faint look of sadness on her face suggest life has been hard.

“I couldn’t walk after the earthquake. But after being given rehabilitation care by Handicap International, I learned to walk again. My right hand isn’t very flexible—it gets stiff—but that’s all. I need to do regular exercises so it stays that way.” Dieula is training to be a seamstress with Françoise. It’s a way of exercising her hands. “It’s also very relaxing. It does me good to talk about my experiences with the other women.”

Dieula is the oldest of three brothers and two sisters. “Our house collapsed in the earthquake,” she explains. “My family had to move. They live in the provinces and I really miss them.” Her eyes well up with tears when she mentions her mother. “My father’s dead. My mother’s all alone. She can’t take care of herself because her mental disability has gotten worse since the earthquake. My brothers and sisters rely on friends and neighbors to survive. It’s tough because there’s still a stigma attached to mental illness in Haiti.

“I’m lucky. My godmother pays for my studies in Port-au-Prince. Once I’ve finished my studies and found work I’m going to take care of my mother.”

Dieula wants to become a doctor for one simple reason: to do for others what the doctors and Handicap International physiotherapists did for her after the earthquake. She already accompanies Handicap International’s mobile teams on their community visits, which allows her to help children with cerebral palsy. Dieula’s enthusiasm is impossible to ignore.
Interview: “To build an inclusive society, rehabilitation care and accessibility are both vital”
Claire Perrin Houdon – inclusion coordinator

You coordinate an “inclusion” unit that’s responsible for accessibility-centered projects in areas like transport, public and private buildings, services, employment, etc. Is Haitian society inclusive?

“I only arrived in Haiti two years ago - about a year after the 2010 earthquake. Since the earthquake, the way people with disabilities — particularly physical disabilities — are seen has changed. Before, disability was often caused by problems during childbirth and people with disabilities had real problems accessing education, employment, etc. Since the earthquake, people realize it can happen to anyone, at any time, whichever social class you’re from. Many people with a normal school and university education and jobs in management were injured and developed disabling sequelae. They’re living proof that a disabled person can have skills and a job like anyone else. So yes, the way people see physical disability has changed, although that doesn’t really apply to mental and sensorial disabilities.”

“The government has launched a number of initiatives, and the president and his wife have shown an interest in disability issues, so things are starting to change. The secretary of state for the inclusion of people with disabilities recently organized a job fair. He also pushed for the reform of the national employment policy to bring it into line with a new law on the inclusion of people with disabilities, which was passed in 2012. This law places a duty on employers to employ a 2% quota of people with disabilities. The private sector’s been pretty active too: a textile factory recently refurbished its buildings to make them accessible to people with disabilities. More recently still, ministers attending a meeting of CARICOM, the Caribbean Community and Common Market, which has 15 member countries, organized a two-day event on the inclusion of people with disabilities, to which Handicap International was invited. All of these initiatives show that Haitian society is changing and becoming more inclusive.”

Where do improvements still need to be made?

“One of the keys to an inclusive society is the “travel chain” between the starting point — a person’s home — and the destination, wherever that may be. For this, you need accessible public transportation, particularly in a society where many people can’t afford their own motorbike or car. If people with disabilities can’t access transportation, they find it very difficult to travel to meetings or rehabilitation centers, or even to a friend’s house, workplace or religious event. Without those (activities), they feel more isolated and lonely.

“Transport in Haiti is a nightmare for everyone, particularly people with reduced mobility. Tap taps (buses) are always crowded and no one really looks out for anyone else, not even people with disabilities, although they may make an exception for pregnant women. My colleague, who has had an upper limb amputated, told me he’s afraid to take the tap taps at rush hour because he can’t steady himself. He’s frightened he’ll lose his balance and fall over if he’s jostled by the crowd. The city is built on a mountainside, so there’s a real need to make transport more accessible.”

Three years after the earthquake, there are plenty of projects in the pipeline — the renovation of different neighborhoods, the construction of public buildings, etc. — so we need to work hard to ensure all of these projects are accessible to all. It would be a shame if they didn’t because the buildings they are constructing today are going to last a long time. And if these things are done now it will make it easier for people with disabilities to play a role in society in
the future. It takes time to change people’s habits. That’s why we’re setting up an accessibility platform with the Secretariat of State to advise managers of reconstruction programs on accessibility.

“At the same time, one of my rehabilitation colleagues is developing qualification-based technical training courses and conducting advocacy on including rehabilitation in the national health plan. She also helps local organizations to produce specially-built wheelchairs for children with cerebral palsy and upper limb prostheses and to conduct related occupational therapy activities. Rehabilitation and accessibility are two sides of the same coin.”

**What role does Handicap International play in these inclusive reconstruction projects?**

“A lot of people call on our expertise to ensure their aid is inclusive. They want to provide a response that’s targeted at people with disabilities and their families. CARE and Concern, for example, have asked us to help them relocate people displaced by the earthquake. Some 172,000 people are still living in camps, including at least 900 people with disabilities. These projects aim to help displaced people find accommodation. Our role is to ensure the accommodation chosen enhances the autonomy and social involvement of people with disabilities, as far as possible.”

**Report: Preparing vulnerable people for natural disasters**

Whenever Haiti is threatened by a tropical storm, radio messages are broadcast urging the population to take shelter. Unfortunately, Deaf people can’t hear these messages and many people with disabilities are unable to travel to storm shelters without support. To tackle this problem, Handicap International has been advising communities in Haiti on the need to include vulnerable people in their disaster risk reduction plans.

Haiti lives under the constant threat of natural disasters. In 2008, the country was hit by a series of violent hurricanes, followed in 2010 by an earthquake that devastated Port-au-Prince. The same year, the country suffered a cholera epidemic and a highly destructive hurricane. Handicap International believes it is essential to prepare the population – and particularly people with disabilities – to respond to this permanent threat.
“It’s impossible to prevent dangers like earthquakes and cyclones,” explains Marine Sicre, Handicap International’s disaster risk reduction/emergency coordinator in Haiti. “But we can — and this is vital — reduce people’s exposure to these dangers and improve their ability to cope with them.

“Risk reduction programs don’t always take people with disabilities into account. When disaster strikes, they’re often forgotten by the emergency services when in fact they need special attention. If you’re paralyzed and no one comes to fetch you, you might remain isolated for hours, even days. This is why Handicap International conducts advocacy work with national and local authorities, and with national and international NGOs to ensure the most vulnerable individuals are included in their preparation and rescue operations.

“Our field teams also run training courses. They help the authorities and civil protection forces to draw up contingency plans in the Sud-Est department (around Jacmel and Thiotte) and soon in the Ouest department (Carrefour), where natural disasters are most likely to occur. Warnings are often broadcast over the radio or using megaphones. These messages don’t get through to Deaf people, so we need to develop other means of communication that everyone can understand. We also need to get together with the authorities and the population to look into ways of making their warning systems more inclusive.

“We also help communes and commune sections draw up evacuation plans that include people with reduced mobility and/or those who cannot take shelter without assistance. We need to ensure that authorities automatically take vulnerable people into account and that mechanisms are in place to meet their needs.

“Shelters are another problem. They’re often not accessible to people with disabilities. In January 2014, our teams will make seven shelters accessible in Sud-Est department. Several buildings have been earmarked and accessibility assessments are currently underway. We’re focusing on public facilities recognized as emergency shelters by the Civil Protection Department. We give priority to schools and commune centers because they’ll benefit from the refurbishment even when there’s no emergency. In March, for example, we’re going to upgrade eight health centers. One of Handicap International’s architects drew up the plans and the organization will also be supplying the materials.”

About the Project

Duration
May 2013 – September 2016

Intervention area
Sud-Est and Ouest departments.

Beneficiaries
500 families whose members include people with disabilities, older people, and people with chronic diseases and/or lone mothers with children, 400 volunteers, 160 members of shelter management committees and health centers.

Preparation
Preparing for emergencies also involves supplying immediate relief to the most vulnerable individuals. Handicap International has therefore built up contingency stocks for immediate use in the event of a disaster. Essential equipment is stored in containers and includes hygiene packs, wheelchairs, blankets, plastic sheets, crutches, mattresses, water filters and buckets.

Events
The 2013 International Day for Disaster Reduction, Oct. 13, was dedicated to people with disabilities. To mark the occasion, Handicap International teamed up with the Civil Protection Department and the Office of the Secretariat for the Inclusion of People with Disabilities to organize a number of awareness-raising and advocacy activities. These included a conference debate, a sketch highlighting the exclusion of people with disabilities from disaster risk reduction plans, the painting of a fresco and a civil protection walk. At the end of the event, the Civil Protection Department signaled its support for an action plan to promote the inclusion of people with disabilities in risk reduction plans.