



## DISABILITY AND REHABILITATION



The number of people with disabilities in Haiti prior to the earthquake was approximately 10% of the population or 800,000 people. Following the earthquake the total number of people with disaster-related disabilities may have risen to 1.1 million (1). Approximately 310,930 people were injured and the number of people with mental health conditions has increased above pre-earthquake baseline rates (2-3 % for severe mental disorders and 10% for moderate and mild).

Immediately after the earthquake an Injury, Rehabilitation and Disability Working Group (IRDWG) was set up under the Health Cluster with a separate cross-cluster working group on Mental Health and Psychological Support (see related factsheet). The Secretary of State for the Integration of Persons with Disabilities (SEIPH) and the Ministère de la Santé Publique et de la Population (MSPP) have primary responsibility for the IRDWG with support from CBM and Handicap International.

### Activities carried out:

Following the earthquake in Haiti the Pan American Health Organization (PAHO) and the World Health Organization (WHO) carried out activities under the following areas:

#### *Policy and strategy*

- Provided support to SEIPH and the MSPP to develop a national strategy plan for rehabilitation.
- Active participation in the IRDWG through the disability focal point at the PAHO/WHO office in Haiti.
- Joint cooperation with the technical secretariat on disability from the Organization of American States (OAS) to coordinate rehabilitation activities.

#### *Information gathering and dissemination*

- Carried out a rapid assessment to determine the needs for trauma care and rehabilitation and available resources.
- In partnership with the MSPP and the IRDWG identified the needs for assistive devices including orthoses and prostheses and developed strategies for distribution.
- Collected information on existing rehabilitation services (including orthotics and prosthetics workshops) and available human resources.
- Provided rehabilitation manuals and other relevant WHO publications to support service providers to deliver appropriate interventions.
- Promoted universal accessibility standards for reconstruction efforts.

#### *Service delivery*

- Active participation, in collaboration with other agencies such as the OAS and European Union, in the humanitarian response directed at people who had existing disabilities or who had been injured as a result of the earthquake.
- Promoted the involvement and organization of volunteer professional groups (e.g. physiatrists, physical therapists and occupational therapists) from countries such as Nicaragua, Argentina, Costa Rica, Panama, Ecuador, Brazil, USA, Dominican Republic in providing rehabilitation for people during the acute stages of injury.
- Provided support for the care of people with severe injuries as a result of the earthquake in Dominican hospitals, ensuring receipt of medical and orthopedic treatment and rehabilitation.
- In partnership with the Dominican Ministry of Health, raised awareness about earthquake victims in the border area and facilitated rehabilitation provision in Fond Parisen (Haiti) and Jimaní (Dominican Republic).
- Direct provision of raw materials and assistive devices to the orthotics and prosthetics workshop managed by Handicap International.

#### *Training*

- Provided training for local health staff (in Haiti and the Dominican Republic) in Community Based Rehabilitation (CBR) under a USAID project directed at strengthening rehabilitation services.
- Organized training courses on basic rehabilitation activities for local health personnel in Haiti and the Dominican Republic.
- Provided training to civil society groups on human rights and disability, and carried out joint activities with mental health.



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### Challenges and next steps:

- In April 2010 there were more than 50 organizations providing rehabilitation services including State and private hospitals, the Cuban brigade and a large number of non-government organizations. This number has dropped considerably. There have been continued challenges relating to coordination between these agencies, limited strategic planning and insufficient financial support to rehabilitation. Continued coordination meetings are needed to support collaboration and coordination of activities between stakeholders.
- The IRDWG requires continued support to: monitor unmet rehabilitation needs; maintain a directory of available rehabilitation services; function as a central source for information on disability and rehabilitation; and provide a forum for individuals and organizations involved in disability related issues.
- The MSPP requires continued support to strengthen their Technical Unit for Rehabilitation, as well the SEIPH to strengthen the coordination of intersectoral programmes.
- Rehabilitation capacity needs to be strengthened across all levels of the health care system (primary health, secondary, tertiary and community) by formalizing referral networks, supporting the implementation of CBR to ensure provision of basic rehabilitation services at the community level, and developing and implementing accredited training programmes for rehabilitation and health personnel and other relevant people .
- People with disabilities are seldom included in ongoing mainstream development initiatives limiting their ability to participate in a range of opportunities that are likely to increase their capacity e.g. livelihood opportunities. Steps need to be taken to include people with disabilities in all mainstream development initiatives. Finalization of the national plan for disability is a high priority to give overall strategic direction to these efforts.
- Few construction and reconstruction plans are considering the accessibility needs of people with disabilities. The promotion and technical support and oversight to implement standards on accessibility are required.

### References

1. Atlas Alliance, Fact sheet: Disability in conflicts and emergencies (<http://www.atlas-alliansen.no/Faktaark-HTML-versjon/Disability-in-Conflicts-and-Emergencies>, accessed 30 April, 2011)