



HANDICAP INTERNATIONAL

An overview of work in disaster response

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Introduction to HI

**Works internationally
non-political
non-religious
non-profit making**

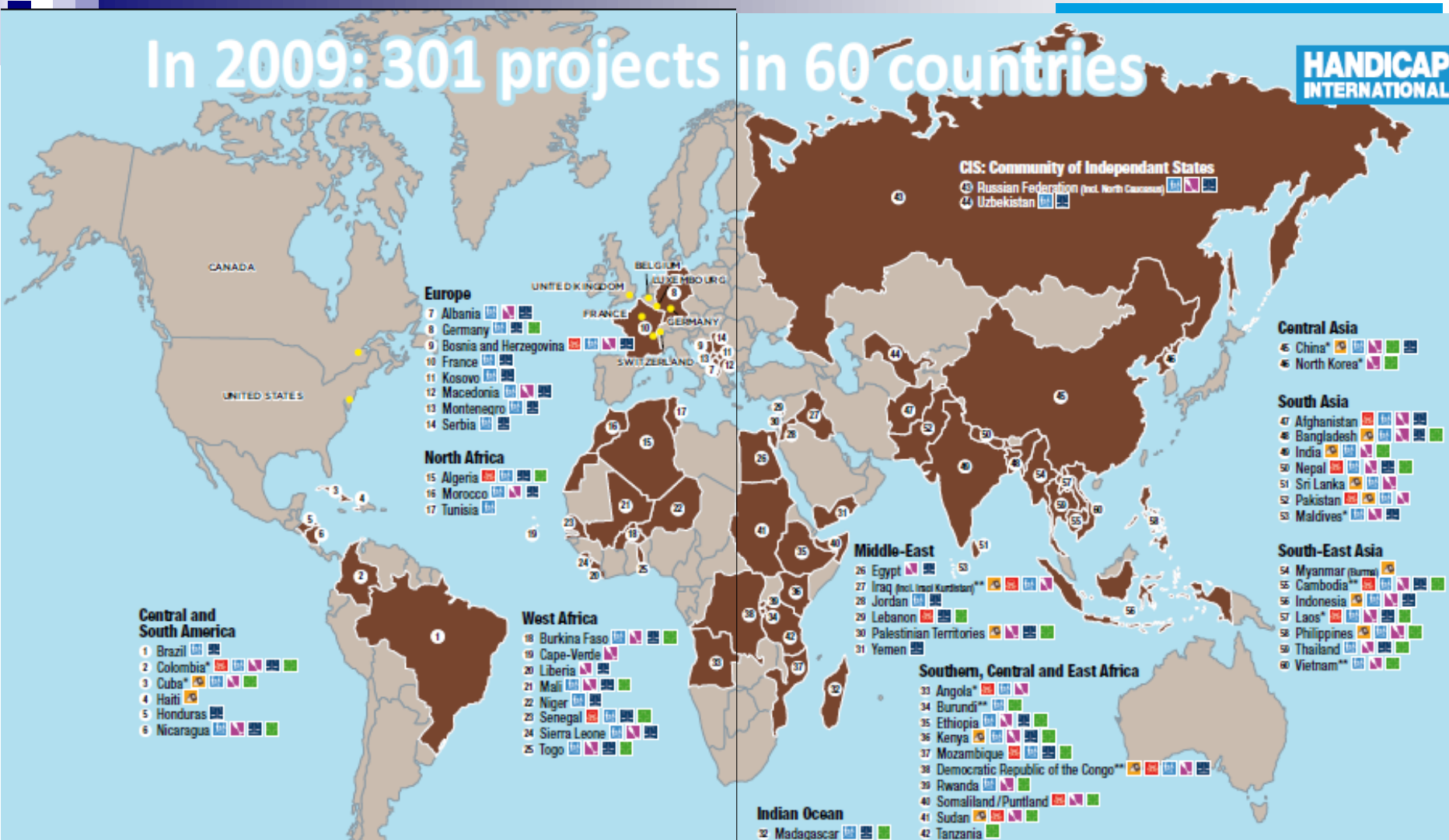
“HI operates as a federation made up of a network of associations that provide it with human and financial resources, manage its projects and implement its actions and social mission”

History

- Established 1982 – Cambodia. **Rehab**
- International Campaign for Ban Landmines. **Advocacy. Mines.**
- Branched into broader disability arena. **Rights. Inclusion. Health and Prevention.**
- Partnered with  **Emergency.**
- Federation strategy. **Global**

In 2009: 301 projects in 60 countries

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- Central and South America**
- 1 Brazil
 - 2 Colombia*
 - 3 Cuba*
 - 4 Haiti
 - 5 Honduras
 - 6 Nicaragua

- Europe**
- 7 Albania
 - 8 Germany
 - 9 Bosnia and Herzegovina
 - 10 France
 - 11 Kosovo
 - 12 Macedonia
 - 13 Montenegro
 - 14 Serbia

- North Africa**
- 15 Algeria
 - 16 Morocco
 - 17 Tunisia

- West Africa**
- 18 Burkina Faso
 - 19 Cape-Verde
 - 20 Liberia
 - 21 Mali
 - 22 Niger
 - 23 Senegal
 - 24 Sierra Leone
 - 25 Togo

- Middle-East**
- 26 Egypt
 - 27 Iraq (incl. Iraqi Kurdistan)**
 - 28 Jordan
 - 29 Lebanon
 - 30 Palestinian Territories
 - 31 Yemen

- Southern, Central and East Africa**
- 33 Angola*
 - 34 Burundi**
 - 35 Ethiopia
 - 36 Kenya
 - 37 Mozambique
 - 38 Democratic Republic of the Congo**
 - 39 Rwanda
 - 40 Somaliland/Puntland
 - 41 Sudan
 - 42 Tanzania

- Central Asia**
- 43 China*
 - 44 North Korea*

- South Asia**
- 47 Afghanistan
 - 48 Bangladesh
 - 49 India
 - 50 Nepal
 - 51 Sri Lanka
 - 52 Pakistan
 - 53 Maldives*

- South-East Asia**
- 54 Myanmar (Burma)
 - 55 Cambodia**
 - 56 Indonesia
 - 57 Laos*
 - 58 Philippines
 - 59 Thailand
 - 60 Vietnam**

Indian Ocean

- 32 Madagascar

NB: (*) Programmes implemented solely by the Belgian section of Handicap International. They are shown on this map to provide a true picture of the extent of the action undertaken by Handicap International.
 (**) Programmes where the Belgian section works with us.

- Countries where activities were started in 2009: Tanzania, Yemen.
- Countries where activities closed down in 2009: none.

The borders and country names shown in this map do not imply an opinion by Handicap International as to the status of these territories.

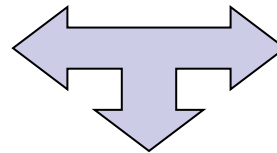
Fields of action

Development action

- Health and Prevention
- Rehabilitation and Specialized services
- Inclusion
- Support to civil society

Mine action

- Demining
- Mine risk education
- Victim assistance
- Advocacy to ban landmines and cluster munitions



Emergency relief services

- Distribution of humanitarian aid
- Assistance to refugees & IDPs, repatriation
- Infrastructure Rehabilitation and Reconstruction
- Assistance to PwDs and vulnerable groups
- Health, Care & Physical Rehabilitation

Advocacy

A cross-cutting activity to defend rights of PwD and International Humanitarian Law

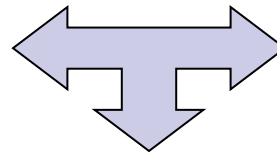
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Emergency responses

- Responses in:
 - Earthquakes:
 - Iran, China, Pakistan, Haiti
 - Other natural disasters
 - Pakistan floods, 2004 Tsunami
 - Instability and migration
 - Cote d'Ivoire 2011, Sudan
 - Conflict
 - Libya 2011, Afghanistan (since 1980s)

Methodologies

- Standardised in part
 - Application of learning from emergency to emergency

- **But** important to adapt to context
 - Earthquake, conflict and other natural disasters are different approaches
 - Geographic cultural differences

Coordination

- International partnerships and coordination
 - Cluster groups
 - Inter-organizational relationships (ex ICRC/HI)

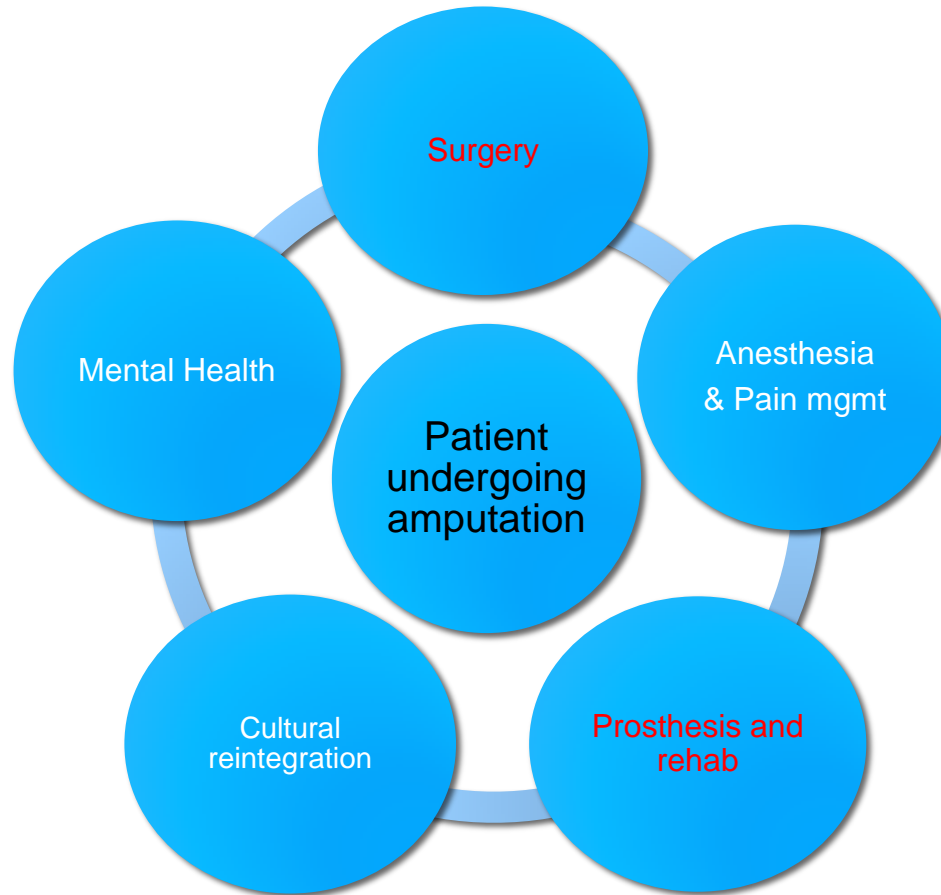
- State coordination
 - Health ministry
 - Others (ex Ministry of Education)

- Local and national actors play a major role
 - National Associations
 - Local NGOS
 - DPOs

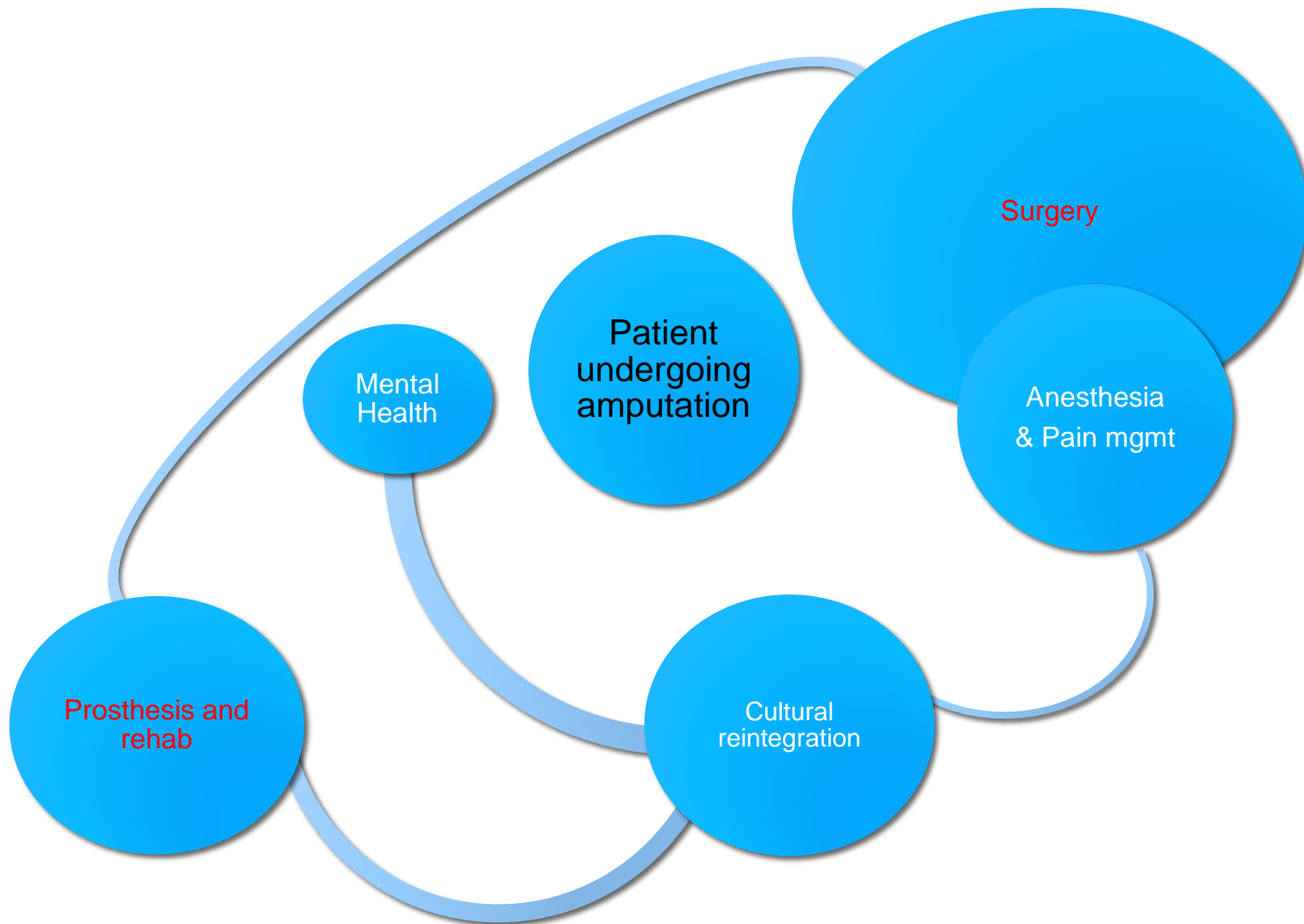
Stages of intervention

- Primary prevention
- Secondary medical intervention
- Tertiary rehab
- Community and social integration

Multidisciplinary model



Reality may be more like this...





Haiti study

Reminder of the Haiti earthquake:

- Richter scale magnitude 7.0 earthquake
- 222,570 deaths and 300,572 injuries (OCHA).
- Over **600** agencies responded in first month (PAHO)

Excessively high amputation rate reported in media – criticisms of response



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Study on the humanitarian response:

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Aims:

- Review surgical response in relation to amputations
- Links to rehabilitation services
- Implications for response to future disasters and responses

Methodology

- Quantitative data element:
 - Statistical data from surgical organizations
 - HI/CBM/SEIPH database

- Qualitative data:
 - 83 semi-structured interviews
 - Local interviewer



Findings: Surgery

- Variation in amputation rates
- Lack/inconsistency of medical record keeping
- Day 2: population rumours
- Day 5: amputation peak

average amputation rate =
14%

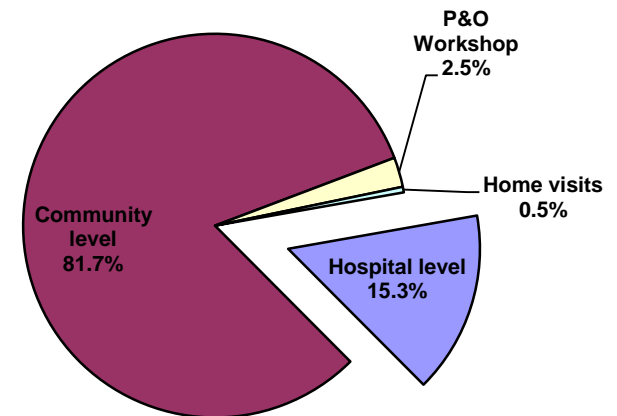


BUT
range = <1% to 46%

Findings: Rehab

- Surgery to rehab limited pathways:
 - Community and self referrals
- Amputees only a fraction of total rehab clients:
 - Orthotic vs. prosthetic requirements
- Prosthetic “shopping around”

Activity Distribution, Patient wise



Implications and conclusions

- Rehab and surgical sectors showed evidence of excellent practices individually. BUT
 - Needs to be better coordinated
 - Integrated trauma care pathways
- Medical record keeping reinforcement
- Proportionalise not sensationalise

Take home messages

- Opportunities for coordination and collaboration

- Be aware of broader picture in humanitarian response

- Other resources:
 - Sphere guidelines: www.sphereproject.org
 - Source: www.asksource.info
 - UN cluster info: www.oneresponse.info