

Responding To and Preventing Disability in Conflict & Disasters

Examples from Haiti 2010

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Check on Terms

- **Impairments** are specific decrements in body functions or structures
- **Disability** arises from the interaction of health conditions with contextual factors – environmental and personal. It is the interaction between impairment, activity limitations and participation restrictions

Source: WHO World Report on Disability 2011

Or:

- **Disability** is a result of the limitations imposed on people with impairments by attitudinal, institutional and environmental barriers to their participation in society

- In the immediate aftermath, the prevention or reduction of **impairment** is dependent on the initial but also the longer term management of these injuries
- The level of **disability** is in a large part dependent on how the society responds to these scenarios in the long term, and the support that they receive to do so.

Who is vulnerable in an Emergency?

- Those with an injury that may be at risk of developing into an impairment (for example, injuries such as bone fractures not properly treated or followed up after discharge)
- People whose injuries result in (permanent) impairment (for example, spinal cord injuries, amputations etc.)
- People who were already disabled prior to the emergency or disaster
- People with chronic diseases (including HIV, epilepsy, diabetes etc, which can all deteriorate without medication)

Source: ICRC World Disaster Report 2007; Focus on Discrimination.

Prevention of Impairment

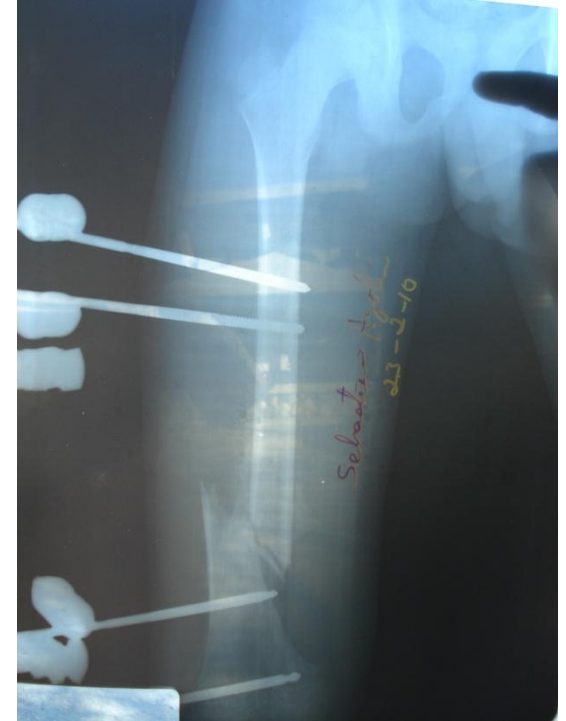
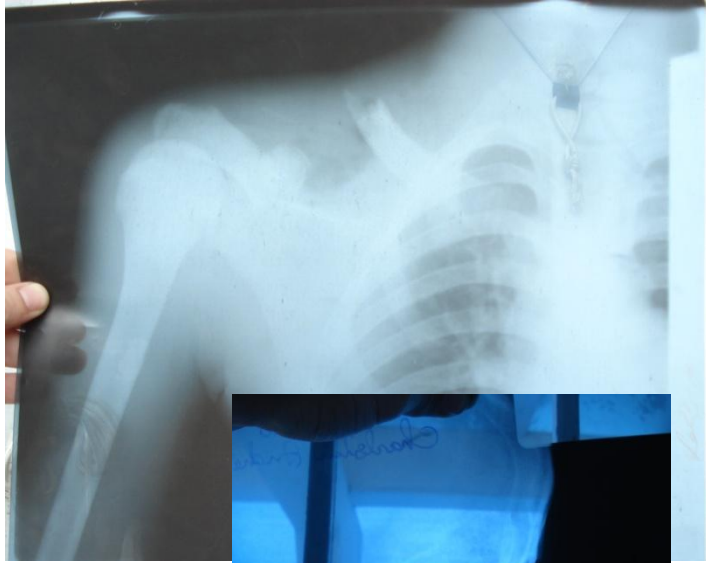


Prevention of impairment





Medical Management



Appropriate Rehabilitation

- Identification of new problems (infection, non-union, inappropriate emergency treatment etc)
- Prevention of secondary problems (infection, pressure sores, contracture and deformity)
- Neurological rehabilitation
- Orthopaedic rehabilitation
- Provision of appropriate aids
- Ensuring most effective use of acute resources



Responding to Disability

(activity limitations and restrictions on participation)

Responding to Disability

1. Ensuring the involvement of people with existing disability/impairment in the emergency response
2. Ensuring that those with new impairments are not marginalised (disabled!) in the emergency response
3. Technical advice during reconstruction
4. Support of Disabled Peoples Organisations
5. Support of Inclusive Education
6. Ensure equitable access to appropriate services (including rehabilitation)
7. Provision of locally appropriate aids and support

CBM Response in Haiti

Conditions of CBM Intervention

- CBM has a partner who requests human resources, equipment, consumables, etc. to strengthen their response capacities
- CBM is able to quickly mobilise competent human resources close to the disaster in the required field of expertise.
- A clear analysis of the involved stakeholders shows the need for CBM to get involved.
- The proposed support with human resources, equipment, consumables, etc. are in line with existing national legislation.
- The decision to support these activities are coordinated with WHO and the local Ministry of Health.
- The security situation and the security monitoring system and network of CBM is strong enough to ensure the safety of the staff and do not endanger the partner.

CBM in Haiti

- Already working with local partners
- UN establishes official “Clusters” to coordinate the response in cooperation with local authorities
- CBM a member of the Health and Child Protection Clusters
- Along with Handicap International, Haitian Ministry of Health and the State Secretary for Inclusion of Persons with Disabilities, CBM appointed joint head of special working group on Injury, Rehabilitation and Disability.

2 Part Emergency Response



1. Provision of essential rehabilitation with local and international partners in hospitals and camps
2. Development of “Antenne Handicap” system

Snapshot 1: Hospital Camps

- Tented hospital site of 300+ patients but no monitoring and no formal rehabilitation
- Surveyed camp, checking wounds and triaging patients
- Coordinate care with other teams (medical specialists, child protection, prosthetics etc)
- Provided essential equipment – crutches, splints, orthoses, mattresses, tents, referral for prosthetics.
- Provided Rehabilitation
- Trained local volunteers to spot life threatening problems and to provide basic rehabilitation



The Hospital Now

- Inpatient rehabilitation
- Community Rehabilitation Centre focusing on physical as well as psychosocial support.
- Community based outreach and rehabilitation services for integration, awareness and sensitization of disability needs and interventions
- Training and capacity building of health care providers, patients, families and caregivers in rehabilitation care, treatment and support
- Capacity building for the hospital to be able to take ownership for the implementation of a comprehensive rehabilitation program

Snapshot 2: Antenne Handicap

- 9 temporary tent facilities were located in close proximity to the main displaced population centres
- Physiotherapists, OT's and other health care professionals act as a liaison between acute medical services and the displaced communities.
- They provided therapy, psychosocial support, assistive devices and referral for specialist medical consultations or further professional counselling.
- Enables patients to be closer to their family/community and return to a degree of normality
- Doubly effective as if rehab can be provided away from hospital camps it reduces infection and frees up valuable beds/tents, staff and resources.



Long Term Plan

- Shift from Antenne to CBR
- Support of existing local partners
- Partnership with DPOs
- Advocacy for full inclusion of disabled people in the reconstruction process
- Training of Haitian Rehabilitation Technicians
- Financial and technical support for specialist centres or programs including SCI, clubfoot and preventable blindness

- CBM a Partner in construction of “National Centre For Inclusion” in Port Au Prince
- Continuation of Inclusion, Disability and Rehabilitation Working Group.
- Working with local and international partners to ensure reconstruction efforts (e.g. of houses, schools, government buildings) are accessible.

Closing Thoughts

- In terms of mortality and impairment, by the time most international emergency teams arrive, it is already too late for the vast majority
- Those already disabled are disproportionately affected and neglected by disaster and conflict
- Emergencies create only a tiny proportion of the worlds disabled – most of whom live in developing countries and will never get access to the support discussed here.

Thank you

