**Request to USAID/BHA: New Award**

**Proposed Activity Name:** Providing Inclusive Emergency Assistance to the Earthquake Affected Population in the Southwest Peninsula of Haiti

**Applicant Organization Name:** Handicap International, DBA Humanity & Inclusion

**Proposed Geographic Area:** Haiti

**Proposed Start Date:** September 17, 2021

**Proposed Duration: 13,5 months (end date October 31, 2022)**

**Submission Date:** September 4, 2021 – **First revision, September 08, 2021**

**Second revision, September 10, 2021**

**Third revision September 13, 2021**

**Fourth revision February 21, 2022**

**Dollar Amount Requested from USAID/BHA** $ 2,409,379

Dollar Amount from Other Sources $ 0

Dollar Value of In-kind Contributions $ 0

Total Dollar Amount of Program $ 2,409,379

**Program Goal:**

Total Number of People Affected in the Target Area: 800,000 people

Total Number of Unique People Targeted (Individuals): **15,670 people**

Total Number of IDPs Targeted (as subset of total beneficiaries): *Will be communicated at reporting stage*

Total Number of Refugees Targeted (as subset of total beneficiaries): 0

**Headquarters** **Contact Information Field Contact Information**

Contact Person: Zachary Eaton Contact Person: Agathe Lo Presti

Mailing Address: 8757 Georgia Ave, Suite 420 Mailing Address: 15, rue Tertulien Guilbaud

Silver Spring, MD 20910 Port-au-Prince, Haiti

Telephone: 301-891-2138 Telephone: +509 3451 6768

E-mail: z.eaton@hi.org E-mail: a.lo-presti@hi.org

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1. **ACTIVITY OVERVIEW AND DESIGN** 
   1. **Goal**

**To provide immediate assistance to the earthquake-affected population through the provision of inclusive health services while supporting the delivery of humanitarian assistance in the southwestern peninsula through the provision of common logistics services.**

* 1. **Theory of Change**

Humanity and Inclusion (HI) will contribute to improving the well-being of the earthquake-affected population in the departments of Great South (Sud, Nippes and Grande Anse) by reducing their suffering caused by the earthquake and its consequences. High rates of casualties, injuries, traumatic stress, loss of assets and livelihood opportunities are the primary causes of suffering. Health service provision (including physical and functional rehabilitation and mental health and psychosocial support) is severely constrained by limited local resources and capacities. Whilst the delivery of food; water, sanitation and hygiene (WASH), shelter; and non-food items (NFI) assistance to the hardest-hit areas is severely hindered by significant logistical and security challenges. In such complex and constrained environment and due to pre-exiting barriers limiting inclusion and accessibility; the most vulnerable groups such as persons with disabilities are at high-risks of being excluded from the humanitarian assistance.

Through its intervention in the Health sector; *when* HI enhances the capacities of health facilities through direct early physical and functional rehabilitation and psychological first aid service provision as well as equipment donations and staff training; t*hen a*ccess to qualitative health care services to the population affected by the earthquake will increased contributing to preventing long term impairments and associated disabilities;

In the Protection sector, *when* HI directly provides mental health and psychosocial support services while enhancing the capacities of humanitarian actors to provide more inclusive humanitarian assistance through the identification and dissemination of the barriers faced by persons with disabilities *then* HI will reduce psychosocial distress of people with injuries and/or disabilities, strengthen community-based social support systems and enhance access and inclusion of persons with disabilities in services provided by humanitarian actors.

In the Logistics sector, *when* HI conducts road clearance activities and light repairs on strategic road/harbor axes and provides common sea transport *Then* the humanitarian access is enhanced and the timeliness and efficiency of the overall humanitarian response to the earthquake is improved through a reduction of the bottlenecks identified in the delivery chain.

* 1. **Purpose**

The proposed 13.5-month project will target **people with critical needs related to physical and mental well-being, in particular wounded people and vulnerable individuals affected by the earthquake.** It will **improve access to physical and functional rehabilitation, psychosocial support.** This will be achieved through the provision of physical and functional rehabilitation services and mental health and psychosocial support coupled with the capacity building of health professionals as well as the strengthening of pre-existing physical and functional rehabilitation services (for example through capacity building, provision of equipment and assistive devices, etc).

In addition, the project will seek to **support and facilitate the immediate delivery of humanitarian aid assistance** to the affected population through improved physical access (road clearance and light road repairs and the provision of common transport services to humanitarian actors).

Finally, the project will **promote a more inclusive humanitarian response** within coordination bodies,UN agencies, humanitarian actors and local targeted communities in line with IASC 2019 guidance on the Inclusion of Persons with Disabilities in Humanitarian Action[[1]](#footnote-2) through the identification and dissemination of barriers faced by persons with disabilities reducing their access to humanitarian assistance and services while contributing to strengthen positive coping strategies at community level through community level psychosocial support. The intervention aligns with BHA’s goals of saving lives and alleviating human suffering. It will reduce the physical and psychosocial impact of the disaster and its consequences, while ensuring long-term impact by building local capacities, improving coordination of actors responsible for assisting disaster-affected persons.

HI will ensure the protection of beneficiaries by incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. In Haiti response, HI is committed to systematically take into consideration protection risks and potential violation throughout the all humanitarian project cycle. This entails a systematic risk analysis done by sector/activity of intervention and take steps to prevent and mitigate those risks. Within Protection Mainstreaming approach HI is integrating GBV prevention and mitigation into the proposed project.

1. **NEEDS ASSESSMENT AND ACTIVITY JUSTIFICATION**
   1. **Problem Statement & Justification**

On Saturday, August 14, 2021 at 8:29 local time a shallow, major 7.2-magnitude earthquake hit southwestern Haiti. It occurred at 12km north-west of the town Saint-Louis-du-Sud and severely affected the departments of Sud, Grande’Anses, and Nippes. Two days after, the same regions were hit by the tropical depression Grace causing floods and landslides and further jeopardizing access to the quake affected areas. According to Haitian Civil Protection General Directorate (DGPC) the combined natural disasters caused 2,207 casualties and more than 12,200 injured people while 322 are still missing[[2]](#footnote-3). More than 130,000 homes were destroyed or sustained significant damages and at least 59 health facilities were affected, including 27 sustaining severely damaged. However, this toll could increase as assessment on hard to reach areas is still ongoing (UNDAC/OCHA).

In the three most-affected departments of Grand Anse, Sud and Nippes, it is estimated that 800,000 people were exposed to the impact of the earthquake including 650,000 people or 40% of the population in need of immediate humanitarian assistance. Access to food and nutrition assistance, potable water, sanitation and hygiene products as well as shelter and NFI items are amongst the most critical needs of those affected. In addition, the delivery of life-saving medical care to the wounded and the provision of psychological first aid to a population traumatized by the earthquake of 2010 is severely compounded by the limited capacities of the medical facilities overstretched by a large influx of injured people. Most of them require immediate medical care or orthopedic surgeries as well as follow-up and early rehabilitation care to mitigate the risk of developing limited range of motion and functionality and thus long-term disabilities. Beyond immediate response, from 3 to 6 months follow-up is often required to support complete recovery and up to 12-months physical rehabilitation support can be necessary in the event of complex injuries with amputation for pre and post prosthetic rehabilitation.

However, the delivery of humanitarian aid is severely hampered by insecurity inherent of gang violence and major physical access constraints since the road infrastructures were severely damaged by the earthquake (landslides, collapse of bridges, etc.) cutting access to the most affected areas. These access constraints have a double impact on the affected populations: on the one hand, their access to basic services and infrastructures (hospitals, water points, markets, etc.) is no longer guaranteed and on the other hand, humanitarian actors are encountering great difficulties in delivering emergency aid to the most isolated and affected areas. In such complex humanitarian emergency, the most vulnerable individuals such as female-headed households, isolated children, elderly or persons with disabilities (it is estimated that 3,500 persons with disabilities were affected by the earthquake) are facing even more difficulties accessing essentials services due to pre-existing barriers.

* 1. **Organizational Background and Capacity**

**HI is a recognized international organization** working in over 60 countries around the world to improve the living conditions of vulnerable people. **HI has been active in Haiti since 2008**, following three hurricanes and a tropical storm that successively hit the country. The organization deployed an emergency logistics platform to deliver humanitarian aid to areas that are not easily accessible. In 2010, an earthquake of magnitude 7 devastated Port-au-Prince. HI responded to the emergency within 48 hours of the disaster by setting up common logistics services, providing rehabilitation, and psychosocial support services for earthquake survivors. In 2016, following Matthew hurricane, HI has been supporting physical and functional physical and functional rehabilitation activities in Grande Anse and Sud, including with USAID/BHA support. Over the past five years, the HI program in Haiti has conducted activities in the following: (i) physical and functional rehabilitation, (ii) inclusive disaster risk management; (iii) road safety; (iv) socio-economic inclusion ; (v) empowerment and emancipation of men and women with disabilities, (vi) responses to humanitarian emergencies related to natural disasters (2008, 2010, 2016, and 2017), and also responses to basic/health/hygiene needs related in particular to the health crisis in COVID-19 in 2020 and 2021; (vii) maritime transport platform, via the MERLUH (Mer Logistique Urgence Haïti) project, and (ix) strategic analysis of emergency logistics, via the SIGNAL (Strategic Analysis of Emergency Logistics) project which is partially funded by USAID/BHA. More information is available in Annex 15: Structure and Performance.

Thus, **HI is a key player in the field of rehabilitation in Haiti** and has been for several years contributing to the development of this sector with WHO-PAHO, the MSPP and other key stakeholders through training, skills transfer and global recognition of rehabilitation professionals. The organization also plans to continue this process of improving the level of functionality, quality of life and well-being of rehabilitation patients in Haiti through early, better quality, more accessible and multidisciplinary care (including maternal and child health, and mental health and psychosocial support (MHPSS)) within diversified services, inscribed in a nationally recognized framework for the next five years in the West, North, Southeast and Northeast with these same stakeholders. Emergency physical and functional rehabilitation with complementary MHPSS support embodies the core of HI’s mission. Complementarily, within this intervention HI will provide emergency care to disaster affected population and strengthen health facilities and community capacities in the Southern department.

Moreover, for many years HI has been advocating that the humanitarian response incorporates a strategic logistics approach, by including an **integrated emergency logistics solution** in its response to best respond to possible crises. By launching this logistic platform in August 2020, HI-Atlas was able to capture the interest of many international and national humanitarian organizations. Today, the decentralized common transport and storage services as well as the Road clearance and light repairs of road facilities expertise are very solicited by other actors in the humanitarian response in the Great South and HI is present in the main coordination mechanisms, in particular that of the logistic sector. Thus, in the framework of this project, HI will pursue its H2H approach and respond to the needs expressed by other humanitarian actors, particularly toward the south of the country.

Finally, HI aims to promote **inclusive humanitarian assistance** across all its programs and sectors of intervention, in accordance with international and internal organizational frameworks and commitments. For 35 years, HI ensures humanitarian response strategies, programs and activities are inclusive of disability, gender and age and promote the rights of individuals and groups affected by humanitarian crises and equal access to all phases of humanitarian interventions. Therefore, as the leading actor in inclusion, HI would like to support other humanitarian actors mobilized in the emergency to make sure that no one is left behind from the humanitarian response through the ongoing response coordination system lead by the Haitian civil protection supported by UNDAC/OCHA in South, Grande Anse and Nippes departments.

Given these past experiences, HI would like to support by doing what the NGO does best in this aftermath of such disaster: provide emergency physical and functional rehabilitation; provide MHPSS in complementarity of the other INGOs; and debris clearance as well as common logistic services. **HI is amongst the very few actors with the capacity to provide immediate resources and expertise in these critical sectors in the most affected areas**, such as the South department.

**FONTEN, Fondation Tous Ensemble**, was founded in 2016 with to support “people with disabilities achieving full integration in community and achieve high levels of health and wellness”. FONTEN has become a well-established actor in the field of physical rehabilitation in the Southern department with a focus on underserved communities. Partnering with FONTEN has a clear added value to the project, bringing in local knowledge of the context and rehabilitation needs of the communities; strong community acceptance; a wide network in the 3 departments among all actors addressing needs of people living with disabilities and other vulnerable sections of the population.

FONTEN and HI have worked hand-in-hand immediately after the earthquake to bring together their skills and resources in addressing the surge of rehabilitation needs. The benefit of further developing this partnership, and for FONTEN to become a sub-awardee, is to provide an appropriate response which goes beyond the emergency and strongly reinforces physical rehabilitation services in the Southern department.

**TECHNICAL DESCRIPTION**

* 1. **Purpose and Sectors**

**Purpose 1: To support existing health facilities in providing appropriate physical and functional rehabilitation and psychological first aid to the affected population.**

* + 1. **BHA Sector: Health**
    2. **Overview:** The provision of early physical and functional rehabilitation and adequate post-trauma care can reduce the occurrence of long-term complications and disabilities. HI past experiences in similar contexts including after the 2010 earthquake in Haiti show that earthquake injuries are often extremely severe (multiple/open fractures, crushed limbs, spinal cord injuries). Therefore, there is an urgent need to ensure that injured people receive immediate treatment, appropriate post-trauma care and follow-up through physical and functional rehabilitation by rehabilitation professionals. Some patients will need follow-up after their discharge from hospital HI teams will ensure continuity of care in the community (fixed structures and/or mobile teams) based on prioritization criteria. In addition, in order to alleviate the immediate distress caused by the earthquake and with the intention of providing comprehensive services to the injured, psychological first aid will be provided to beneficiaries to ensure that the urgent psychological needs of the injured are taken care of. Beyond immediate care, HI will offer rehabilitation services coupled to psycho-social services on a medium term (up to 12 months after the emergency). This will be critical in ensuring quality follow up for patients and support their return to their communities and activities.
    3. **Dollar Amount: $ 1,374,792**
    4. **Beneficiary Numbers (disaggregated by sex):**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PURPOSE 1 - HEALTH** |  | **Under 18 years\*** | | **18-49 years\*** | | **50 years and more\*** | |  |  |
| Activity | Benef | Female | Male | Female | Male | Female | Male |  | PWD\*\* |
| Total Health | 7,440 | 682 | 558 | 2,517 | 2,058 | 893 | 732 | 7,440 | 6,200 |

Of the above total, number of IDPs targeted = *Will be communicated at reporting stage*

Of the above total, number of refugees targeted = N/A

* + 1. **Geographic Areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Admin Level 1** | **Admin Level 2** | **Admin Level 3** |
| Haiti | Sud  Nippes  **Grande Anse** | Les Cayes  Aquin  **Jeremie** | Les Cayes  Camp Perrin  Aquin  **Jérémie,** Beaumont, Ile à vache |

* + 1. **Sector-level Coordination:**

HI actively participates in the national (Port-au-Prince) and local (Les Cayes) weekly **health cluster meetings**, to share relevant needs identified and information on its intervention with other health actors. HI has immediately set up regular **bilateral meetings with government agencies** including the Haitian Institute of Rehabilitation (IHR) and the Ministry of Health (MSPP) as well as with key health actors intervening in the area such as Doctors without borders (MSF) and the Emergency Medical Teams (EMTs). HI has also started to provide early rehabilitation care in four local hospitals in Les Cayes (l’Hôpital de l’Immaculée Conception (HIC), OFATMA, Samaritan’s purse’s field hospital and Notre Dame Hospital through one local rehabilitation partner: FONTEN. These regular coordination meetings and working relationship with local health facilities will enable HI to set up a **clear referral pathway** and process between key health actors for the injured people in need of primary health, rehabilitation and MHPSS services.

In addition, the sharing of data and analysis on the situation of injured people will facilitate **advocacy** to major institutions such as Ministry of Health and donors to support and fasten the access to quality health services.

* + 1. **Keywords**

Not applicable.

* + 1. **Technical Design:**
  1. **Sub-sector Name: Basic Primary Health Care**

HI’s rehabilitation and MHPSS interventions will primarily target people with trauma-related injuries. HI will provide **early rehabilitation** meaning **short-term rehabilitation for inpatient care** (approach that it is not yet available in the area and will fasten the rehabilitation process) as well as longer term rehabilitation services for poly traumatized patients who need up to 10-months care. Material, logistic and technical support will be provided to FONTEN to meet the surge in rehabilitation needs as a result of the earthquake.

As a number of barriers (costs, distances, beliefs etc.) limits people access to health care, HI will implement a two-pronged **community health strategy**, including reaching out remote communities through mobile units whilst reinforcing rehabilitation services in decentralized health structures.

FONTEN will directly contribute to this strategy, leading the mobile units based on its local knowledge and wide community network. Haitian graduated rehabilitation professionals will provide rehabilitation sessions at both hospital structures and community levels according to the **minimum technical standards and recommendations for rehabilitation** and with the close supervision and coaching from HI rehabilitation experts. Furthermore, HI will not only take care of the physical needs of the injured person, but with its multidisciplinary team will have a **holistic approach** and will also address their needs in terms of mental health and psychosocial support.

* 1. **Technical Description:**

HI will provide adequate physical and functional rehabilitation and psychosocial support services to address the risk of complications and long-term disabilities through direct service provision and strengthening of health facilities capacities.

1. Providing physical and functional rehabilitation services combined with PFA and adequate MHPSS referrals

HI will directly provide early physical and functional rehabilitation services for the earthquake-affected through certified rehabilitation professionals (physiotherapists) in the main hospital of Les Cayes, Hôpital de l’Immaculée Conception (HIC). FONTEN will contribute addressing the increased rehabilitation needs building on its existing physical rehabilitation services in les Cayes. FONTEN will organize regular activities supporting patients’ well-being, social bonds and inclusion. This will include training on the rights of persons living with disabilities, peer group support, and large sensitization focusing on prevention and early detection.

Moreover, considering barriers preventing access to health care, HI will facilitate the provision of physical and functional rehabilitation at community level through:

* the reinforcement of existing rehabilitation centers, in Camp Perrin and Aquin (re-opening of previously functional rehabilitation services closed due to lack of resources) and in Port à Piment (technical and material support to an existing rehabilitation service); and
* the provision of screening, education and health services orientation through mobile units covering the 3 departments (Sud, Grande Anse and Nippes);

The mobile units allow reaching remote communities and affected population that, in some instances, did not seek any medical support despites the needs after the earthquake. Such communities are either too far from health facilities, with no road access (eg: island off the coast of the southern department) and/or not informed and sensitized about rehabilitation services

Activities in health structures and in the community will include rehabilitation care and advices, provision of assistive devices (such as mobility aids: wheelchairs, crutches) and education session in particular with home exercises program. These activities will be performed by **8** Haitians rehabilitation professionals and supervised by HI rehabilitation expert in traumatology and post-operative care, and the qualified FONTEN team to which 4 additional technical resources (1 ergo therapist and 3 physiotherapists) will be funded through this project.

Technical and material support will be provided to an existing and already functional rehabilitation service in Port à Piment. This support will increase the services’ capacities to meet the needs in an underserved area.

In addition, rehabilitation teams will be trained by a MHPSS specialist in providing psychological first aid (PFA) as well as in identifying people with manifestations of stress and psychological distress who need dedicated psychological support to then refer them to the PSS workers.

Both formal (weekly integrated case studies) and informal (daily exchanges) communication between psychologists and physiotherapists in health care facilities, will help strengthening a holistic approach to patients needs and establish strong referral pathways.

**Exit strategy**: A robust exit strategy will be implemented to facilitate services closure or hand over to other partners. The strategy includes: i) A phased decrease in new patient admission based on pathologies from end of July; ii) Early communication to patients and communities about service’s closure or handing over to another partner/hospital iii) Identification and formalization of referral pathways iv) When possible, planning for handing over the service to another partner. FONTEN being a key actor providing rehabilitation services in South department with a long-term presence, it will be possible to refer patients to this service after the end of this intervention.

* + - 1. **Sub-sector Name: Health systems support**

**To improve the access to quality health care, HI will strengthen the capacities of targeted health facilities in providing functional and physical rehabilitation and psychological first aid.**

* + - 1. **Technical Description:**

1. **Building capacities of health staff in providing early rehabilitation and psychosocial support services**

Upon the needs raised by health staff and authorities coupled with technical assessment, HI will provide support to the existing health /rehabilitation structures:

* through capacity building to the rehabilitation and relevant health professionals (technical training rehabilitation and protection integrated MHPSS, on the job training, coaching on early rehabilitation, rehabilitation management of complex injuries),
* through organizational support: establishment of referral pathways and data collection process
* through supporting running costs and up-keeping costs in health structures

**Capacity building**: Identified technical gaps in rehabilitation service delivery for health staff working with local and international organization as well as public and private health structures call for additional theoretical training and on the job training of the physiotherapists by rehabilitation expert. A training plan will be established and rolled out in November 2021 to be continued up to August 2022. A particular focus will be placed on developing a person-centered approach to service provision. This will include joint training, daily collaboration and case studies with both physiotherapists and psychologists. in order to develop their understanding of the psychological impacts of the earthquake and how psychological trauma can negatively affect a patient recovery process.

**Organizational and material support to health structures**: Strong collaboration with health structures will be incremental in ensuring the integration of rehabilitation and MHPSS services in the hospital and pathway amongst health services. To ensure quality of service provision, HI will contribute to basic running costs, based on the identified needs in health structures.

**Exit strategy:** The strong focus on regular health personal training, with both theoretical and on the job training will equip health personal with great experience and knowledge to support their practice. The nurturing of excellent relations with health structures’ directors and integration of rehabilitation and MHPSS services within the hospital departments will lay the groundwork for a longer term provision of such services in the hospitals, supported by other actors.

* + - 1. Sub-sector Name: Pharmaceuticals and Other Medical Commodities
      2. Technical Description

1. Enhancing existing health facilities capacities in providing early rehabilitation services

HI will provide medical equipment and commodities to targeted health facilities to ensure that qualitative required material and items for the provision of the rehabilitation service are available and sufficient to meet reported needs.

Based on previous experience in the area, HI has listed key medical equipment that will be procured and distributed by the proposed Action (Annex 20). However, since the initial assessment and the list of targeted health facilities is still subject to change, the list provided is provisional and will be tailored with the result of a detailed needs assessment that will be completed at the start of the project. In addition, to mitigate the risks related to the COVID-19 outbreak, HI will provide targeted facilities and staff with Personal Protective Equipment (PPE) and sanitizers to ensure that preventives measures and standards are implemented during the provision of the service, according to WHO requirements. Planned type and quantities of PPE and sanitizers to be provided are listed in the Annex 20a.

To speed up the delivery process, HI will import and donate medical equipment already pre-positioned in its emergency stock in Dubaï. To ensure the nature and quantity of items are tailored to the identified needs, HI will also procure additional equipment in line with its worldwide and national policies, as per annexes provided.

As detailed in the Annex 14, the procurement will be done according to HI procedures and based on the procurement plan. As per HI’s procurement policies, priority will be given to the purchase from local identified and assessed vendors. This will reduce the risks of delays in equipment/supplies procurement and delivery as well as it will support local economies and mitigate the proposed action’s impact on the environment. When local procurement is not feasible (low quality, unavailability), HI will proceed to regional or international purchase from US or the Dominican Republic will be prioritized, with a Carriage and Insurance Paid (CIP) or a Delivered Duty Paid (DDP) shipping agreement with the suppliers or by the support of our partner Bioport Logistique. HI will also consider the option of having a distributor/supplier who handle transportation and importation process. Further details in the procurement approach for each medical items can be found in the flowing table:

|  |  |
| --- | --- |
| PPE | HI will not procure masks since all the required quantity is already available in Dubai stock. Hand sanitizers and the gloves will be purchased locally after quality check conducted by our technical specialist. |
| Assistive devices: | All equipment (assistive devices and mobility aids) used or donated by HI for its programs in Haiti are either purchased locally or regionally.  HI will not be focus on the brand or on the origin of the products to buy but will privilege the quality according to HI standards and the local availability in order to be more reactive to answer the needs and get the least possible negative impact on the environment. HI has always wanted to promote local purchasing to contribute to the economic strengthening of the country but always prioritizing quality material. That is the reason why we give priority to local or national procurement while keeping an alternative by buying regionally.  The rehabilitation specialist ensures quality check of each category of items prior making the purchase.  Technical aids will be provided to beneficiaries throughout the project. Indeed, each time a beneficiary is identified, a rehabilitation professional assesses his/her physical and environmental situation decides on the most appropriate technical aid to improve his/her independence, adjusts the aid, trains him/her in its use and maintenance. |
| Rehabilitation equipment | The rehabilitation equipment will be bought locally as far as possible. Some items can me made locally (HI will provide the detailed scheme to the provider). The technical specialist ensures the quality of the equipment made locally and follows the different steps of construction.  If some items are not available on the local market, the procurements will be done in port au Prince.  The equipment will be given to the rehabilitation centers at the beginning of the project so that they can be operational quickly and take care of the patients efficiently. |

Assistive devices will be directly donated to beneficiaries and Medical equipment will be donated to targeted facilities through the signature of donation certificates.

**Exit Strategy:** In case some devices and equipment procured through this award are not distributed during the project period, the balance items will be donated to the sub-awardee FONTEN, who will pursue the delivery of physical rehabilitation services beyond the lifespan of the project. The items will be either donated to patients in need or will constitute a contingency stock. This way, HI will ensure the procured items will effectively reach the persons in need even after the project closure. It is not only a way to increase the cost effectiveness of the project, but also a way to conduct a quality project exit strategy, through the capacity building of a local partner.

**Protection Mainstreaming:** Under the Health sector, HI will work with vulnerable groups in particular, such as women, girls, boys, and men of different age groups and people with disabilities. To ensure provision of meaningful access to quality health services in a safe manner, HI will:

* Train all staff on: internal protection policies on Protection of Beneficiaries against Sexual Exploitation and Abuse (PSEA), Child Protection and Code of Conduct, and Protection Mainstreaming Principles.
* HI will ensure that health teams are mixed with male and female staff paired whenever necessary and that frontline staff are representative of gender and disability as much as possible.
* Collect, report and analyze desegregated data per gender, age and disability.
* Individual assessments are planned over the course of the project (conducted by physiotherapists). HI will ensure consultations are conducted in a secure setting where all individuals feel safe to contribute to discussions.
* HI will also ensure that confidentiality and privacy is respected in any form of consultation, counseling or personal information sharing (especially in the health consultations).
* HI will develop a communication plan to ensure that beneficiaries know their right to health care, and where/how to obtain it.
* HI will also set up a complains and feedback mechanism as stated in Annex 11 Accountability to Affected Populations Plan to foster accountability and communication with the various project stakeholder, ensuring the mechanism is accessible by identified vulnerable groups.

**Gender-Based Violence Risk Mitigation**: In addition; HI ensure:

* Gender equality in the recruitment process to mitigate existing GBV and compliance with local socio-cultural behaviors.
* All frontline health workers trained on: how to identify persons at risk or survivors of DGA based violence; how to act in case of disclosure of GBV incidents, how and where to refer persons at risk or survivors.
* All frontline workers trained on how to support GBV survivors in case GBV actors are not present in the area where HI works.
* Guidelines and mechanisms for monitoring and reporting instances of abuse and exploitation are established and operational.

In addition, HI will continue supporting the Health and Protection sectors to ensure an up-to-date mapping of existing services and settings is collected and disseminated to humanitarian actors and that a referral protocols to protection services is put in in place.

In summary:

|  |  |
| --- | --- |
| **Purpose:** (Health Sector) To support existing health facilities in providing appropriate physical and functional rehabilitation and psychological first aid to the affected population. | |
| **Intermediate outcome** | |
| Human welfare is promoted and suffer of earthquake affected population is alleviated by the provision of life saving physical rehabilitation care and PFA services | Ind. % of people with functional limitations completing their physical rehabilitation follow-up who report an improvement of their functional independence |
| **Output** | |
| Access to multidisciplinary services for persons with trauma-related injuries and disability is improved through the direct delivery of physical and functional rehabilitation services integrated with PFA and capacity building of health facilities. | Ind 1. Number of persons receiving physical rehabilitation services at partners and health facilities  Ind 2. Number of people visited in their communities for the purpose of screening, health services orientation, information sharing and prevention of disabilities  **Ind 3. Number of outpatient consultations**  **Ind 4. Number of health staff trained**  **Ind 5. Number of health facilities supported** |
| **Input** | |
| Providing physical and functional rehabilitation services combined with PFA and adequate MHPSS referral |  |
| Building capacities of health staff in providing early rehabilitation and psychosocial support services |  |
| Enhancing existing health facilities capacities in providing early rehabilitation services |  |

**Purpose 2: To support and facilitate the immediate delivery of humanitarian aid assistance to the affected population**

* + 1. **BHA Sector: Logistic support**
    2. **Overview:** Through this funding, HI will support and facilitate the immediate delivery of humanitarian aid assistance to the affected population by improving the Humanitarian access in the affected areas through common transport services and rehabilitated transport infrastructures. These activities described below will be carried out intensively during the first 6 months of the award to respond to the immediate logistics support needs in the affected communities, but for transport activities, may be continued according to continuing needs until the revised end of the project.
    3. **Dollar Amount: $ 767,992**
    4. **Beneficiary Numbers (disaggregated by sex):** 18 humanitarian actors – communities living in the targeted localities for rehabilitation in Nippes, South and Grand’Anse

Of the above total, number of IDPs targeted = NA

Of the above total, number of refugees targeted = NA

* + 1. **Geographic Areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Admin Level 1** | **Admin Level 2** | **Admin Level 3** |
| Haiti | Departments:  South  Nippes  Grand’Anse | Arrondissements:  Civil engineering : Chardonnières  Common transport services: all arrondissements by the sea | Communes:  Chardonnières  Les Anglais  Common transport services: all communes by the sea |

* + 1. **Sector-level Coordination:**

As HI has been operating common transport services since July 2020, HI is identified as a logistics and transport actor in Haiti. HI is working in close collaboration with the Logistics sector to ensure the complementarity of the proposed common logistics services. In addition, for the logistics services sector, HI is basing all its interventions on the Humanitarian to Humanitarian (H2H) mandate. Thus, HI is coordinating very closely with the humanitarian actors requesting sea or road common transport services (Care, Solidarité International, Acted, World Vision, Action Aid, Word Hope International etc.) as well as with authorities to ensure the compliance with national law. For the civil engineering activities, HI will work in very close coordination with humanitarian actors intervening in the Nippes, South and Grand’Anse to collect their needs to improve their access to the isolated and affected communities.

* + 1. **Keywords**

Structures: HI proposes to rehabilitate existing transport infrastructures that have been damaged by the earthquake and storm. In the targeted areas, the tertiary and secondary roads are damaged (by landslide, quagmire, road collapse, etc.), obstructing access to basics services for the isolated communities and preventing access for the humanitarian workers to provide aid in these affecting areas.

Cash and For Work- The rehabilitation work will be mostly conducted through High intensity of labor force (HILF). The selected daily workers will be paid on regular basis through cash. Given the emergency and as the purpose of the activity is to reopen access to isolated areas, HI did not use the Modality decision tool. The estimated amount of cash is based on the current rate for daily workers in the Southern areas in Haiti, but HI will ensure that this amount is adapted to each of the municipality supported. Moreover, the rate will be calculated to ensure to cover an acceptable part of the Minimum Expenditure Basket (MEB). HI will monitor regularly the markets to ensure that the prices remain stable in the activities areas and HI will coordinate closely with any other actors implementing cash-related activities. During the assessment, HI will determine the safest option, strategies and temporality to deliver cash to daily workers (not everyone at the same time, keeping secret the date and place of the cash delivery, externalizing the service, etc.).

The number of working days for each daily worker will strictly follow the national labor law, and HI will foster rotations to reach a wider range of people. In addition, HI will take into account the daily tasks of the selected community members, to ensure that it remains acceptable.

The selection of the daily workers will be determined in close collaboration with the community representatives and authorities (CASEC, ASEC, mayor) as well as DPO and BESEIPH. In collaboration with the protection sector, HI will ensure that women participate in the definition of the selection criteria. HI will ensure that the selection is gender balanced, and will justify to BHA if the fewer than 50 percent of beneficiaries are women. A couple of training will be provided to the selected daily workers, including safety training, technical training on rehabilitation, and protection (PSEA) trainings. When needed, HI may use the High intensity of equipment (semi-mechanized) to rehabilitate the transport infrastructure – but the machines will be only operated by experienced daily workers. HI will not work through local partner/contractor to implement the rehabilitation work but, based on HI’s own Protection mainstreaming principles, HI will collaborate very closely with the local communities and with the authorities to ensure that protection requirements are respected (prohibition of exploitation of persons, under age people, etc.).

The Civil engineering PM will inspect on regular basis the rehabilitation activities to ensure the compliance with the activity specification, safety of work, etc. In addition, HI will ensure that communities and authorities are involved all along the rehabilitation process for a proper handover of the equipment and achieved work. Moreover, as capacity building, HI will train community leaders and members and authorities to operate by their own the road maintenance. HI will propose to handover the equipment pack to the authorities and community leaders to ensure the public use of the tools (but it will depend on the assessment).

* + 1. **Technical Design:**
  1. **Sub-sector Name: Transport (Air/Land/Sea)**

Through this funding, HI-AL intends to improve access for humanitarian actors and goods to isolated and affected communities. Due to the insecurity, the access in the Southern departments is poor and uncertain. The goods delivery to the South is particularly dangerous as the only road reaching Les Cayes from PaP is going through Martissant neighborhood. The delivery of emergency goods is safer by sailing boat, even if the risk of attack is also very high. To mitigate this risk, HI has decided to be low profile and not show any visibility sign. Moreover, HI is working in strong collaboration with local organizations specialized in local navigation (Aquadev), to ensure security of staff and goods. For the civil engineering activities, HI will ensure security and acceptance in the isolated areas by hiring local labor forces from the communities.

For the common transport services, HI will prioritize the life-saving items to be delivered in the affected areas (hygiene / survival kits, medical equipment, shelter/rehabilitation equipment, food, etc.). For the civil engineering activities, HI will select the roads to be rehabilitated in close collaboration with the local authorities and the humanitarian actors.

* 1. **Technical Description:**

HI will support the humanitarian actors and local authorities by improving humanitarian access in the affected areas. To reduce the bottlenecks identified in the humanitarian delivery chain, HI will implement light civil engineering activities – including road clearance and light repairs of transportation facilities - and provide common transport services of humanitarian goods.

1) Road clearance and light repairs of road facilities to improve access in the affected areas

To improve the access conditions within the affected areas, HI will conduct rubble clearance and light repairs of transport infrastructures. This activity will benefit both the humanitarian actors and the communities by improving their access to essential facilities (such as health centers, markets, etc.).

HI civil engineering expert is currently conducting an assessment in the Nippes area to identify and prioritize damaged and/or obstructed roads and hotspots (physical obstacle/damage that obstructs access), in collaboration with the authorities and based on community and humanitarian actors’ needs. HI is planning to start immediately the rehabilitation and clearance work in the Nippes through RTI funding. Depending of the results of the assessments, the civil engineering activities (hotspots) could include:

* Rubble clearance in the secondary and tertiary roads – including rubble clearance of collapsed public facilities (health facilities for instance) that obstruct the road
* Light Rehabilitation of damaged roads due to quagmire, road collapse, landslides, etc.
* Light rehabilitation of port facilities, (in close collaboration with the common transport services activity proposed below: the rehabilitation of the port infrastructure - such as Corail port - will improve unloading operations of the goods/cargo transported by sea).

Depending of the nature of work and the availability of equipment and labor, HI may use a mixed approach of High intensity of labor force (HILF) and/or High intensity of equipment (semi-mechanized). The labor force will be selected from the supported communities and the selection criteria will be defined with the community representatives, local authorities and in coordination with the protection cluster (physical condition, socio-economic criteria, gender inclusive etc.). The tools, protection equipment and rehabilitation material will be procured locally to support the local economy.

An exit strategy related to the rehabilitation work and small equipment will be defined. Moreover, during the rehabilitation work and road clearance interventions, HI will involve communities and authorities as much as possible for capacity building purpose for them to be able to clear and renovate the roads without support.

2) Providing common transport services to deliver humanitarian cargo in southern areas

Since June 2020, HI has been providing a free-of-charge common transport and storage services to the humanitarian actors operating in Haiti. Through this project named “Merluh”, HI is supporting the delivery of humanitarian cargo from Port-au-Prince to the affected areas via sea and road transportation. Moreover, HI is operating a common warehouse facility in Port-au-Prince to store the partners’ goods prior the delivery in the vulnerable areas. HI has on-going work agreements with a local sea transport suppliers. To support the delivery of humanitarian life-saving assistance to the affected areas in the South, HI is seeking to scale-up this existing service by increasing its transport capacities – including the number of delivery transport operations (including cargo collection, temporary storage in PaP and transportation to affected areas) and the diversification of transport resources.

* *Scale up of sea and road transport capacities:*

Due to the road insecurity and with the increase of basic needs in the Southern departments caused by the earthquake and the hurricane, HI has been experiencing an increase of partners’ requests for cargo delivery in the South. The number of requests is expected to increase even more in the coming weeks as funding is released by the international donors. HI is working in strong coordination with the Logistics Sector to ensure the complementary of the common transport services, but also to identify the potential gap in the delivery chain of humanitarian goods.

To conduct the sea transport services, HI is working through a national partners, as AQUADEV and the SEMANAH. Currently, the project includes eight operational boats and dozens of landing points (see map 2 of Annex 16). Through additional USAID funding (RTI and BHA), HI is planning to increase the number of boats up to twenty-one and thus increase the number of sea transportation operations. In case of the demand of cargo is too high, HI will prioritize the transportation of life-saving items (WaSH, food, shelter/NFI/construction, medical items, gasoline etc.).

Moreover, HI is planning to increase its road transportation services, to have the capacity to respond to the demand of cargo transportation by road, depending on security constraints.

HI's logistical transport response will focus on the first 6 months of the earthquake response. However, considering the security situation of the country, and the almost constant blocking of the Martissant district, the delays taken by the humanitarian community response, as well as the cyclonic season (generally starting on June 1st), HI will continue its transport activities, according to the needs and within the limit of the award budget, over the period March-October.

* *Mapping and analysis and coordination:*

In the Southern departments, HI is planning to update the mapping and the analysis of the harbors that are identified as mounting points for the sea transportation services. The analysis will include the capacity and security assessment of each harbor/landing point (see map 2 in Annex 16). This sub-activity will be conducted, by a HQ flying specialist in close collaboration of the civil engineering intervention, in case there are needs of light rehabilitation of the assessed harbor.

* *Capacity building on local partners on transportation services* (cancelled) :

As a continuation of the existing project, HI is planning to conduct capacity building sessions to the local partners including the road transporters, the boat drivers and coasters, SEMANAH staff, NGO staff, etc. These training sessions will cover the following topics: Law of the Sea, Humanitarian principles, project management and humanitarian coordination, etc.

**Protection Mainstreaming:** When providing common transport services to other humanitarian organizations, HI does not work directly with the affected population but rather with humanitarian organizations. Therefore the protection risks are limited since HI will not be directly working with vulnerable groups.

However, the road clearance and light civil engineering activities will involve close collaboration with affected communities and therefore HI staff may be in direct contact with vulnerable groups such as people with disabilities, men, women, boys and girls of different age groups or any other individuals or groups who may be marginalized. Therefore to ensure HI conducts road clearance and light civil engineering activities in a safe manner including the Do No Harm Principle HI will:

* Train all staff on: internal protection policies on Protection of Beneficiaries against Sexual Exploitation and Abuse (PSEA), Child Protection and Code of Conduct, and Protection Mainstreaming Principles.
* HI will develop a communication plan to ensure that beneficiaries know their right to participate in the activities and how to obtain it.
* Prior to the start of the activities, HI will conduct community consultations to design in participatory manner the targeting criteria for selecting laborers. During those consultations, HI will ensure that representatives of marginalized and vulnerable people are actively participating in the decision making process.
* During the laborers selection process, identification documents will be systematically requested to prevent child labor on the working sites.
* HI will also encourage female and people with disability representation in the labour force while it has to be acknowledged that it remains difficult for tasks involving physical strength.
* HI will also set up a complains and feedback mechanism as stated in Annex 11 Accountability to Affected Populations Plan to foster accountability and communication with the various project stakeholder, ensuring the mechanism is accessible by identified vulnerable groups.

**Gender-Based Violence Risks mitigation**: In addition; HI will ensure:

* Gender equality in the recruitment process to mitigate existing GBV and ensure compliance with local socio-cultural behaviors. However, it has to be acknowledge that it may be difficult to recruit qualified and experienced female staff in the logistics sector which is not attractive for women in Haïti.
* All HI logistics support staff trained on: how to identify persons at risk or survivors of DGA based violence; how to act in case of disclosure of GBV incidents, how and where to refer persons at risk or survivors.
* All HI logistics support staff on how to support GBV survivors in case GBV actors are not present in the area where HI work.
* Guidelines and mechanisms for monitoring and reporting instances of abuse and exploitation are set up and operational.

**In summary:**

|  |  |
| --- | --- |
| **Purpose:** (Logistics Sector) To support and facilitate the immediate delivery of humanitarian aid assistance to the affected population | |
| **Intermediate outcome** | |
| Humanitarian access is improved in the affected areas through common transport services and rehabilitated transport infrastructures | Ind. Number of humanitarian actors who has benefited from the improved access in the affected areas |
| **Output** | |
| The transport of life-saving goods is improved to reach the affected communities in the South | Ind 1. Weight and duration of commodities transported through multimodal carriers (t)  Ind 2. Number of municipalities/communities that are newly safely accessible by road  Ind 3. Number of hotspot rehabilitated in the targeted areas  Ind 4. Number of transport delivery operations completed |
| **Input** | |
| Road clearance and light repairs of road and harbor facilities to improve access in the affected areas |  |
| Providing decentralized common transport services to deliver humanitarian cargo in southern areas |  |

**Purpose 3: To improve the protective environment by ensuring inclusiveness of humanitarian response and strengthening positive coping strategies at community level**

* + 1. **BHA Sector: Protection**
    2. **Overview:** In emergency settings, persons with disabilities and other groups are at high risk of discrimination. HI therefore aims to promote inclusive humanitarian assistance across all its programs and sectors of intervention by 1) ensuring humanitarian response strategies, programs and activities are inclusive of disability in intersection with gender and age and by 2) promoting the meaningful participation and empowerment of individuals and groups affected by humanitarian crises and equal access in all phases of humanitarian interventions. HI follows a two-pronged strategy which integrates: 1) supporting and influencing engaging with humanitarian actors to systematically and deliberately take action to mainstream disability in all interventions, tools, process and 2) supporting persons with disabilities and their representative organizations or groups with targeted actions and by enhancing their visibility / role in humanitarian planning and decision-making.

In parallel, the earthquake has led to a high level of distress amongst the affected population and this is urgent to contribute to the rebuilding of social support system to help communities restore their resilience capacities.

* + 1. **Dollar Amount: $ 266,594**
    2. **Beneficiary Numbers (disaggregated by sex):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PURPOSE 3 - PROTECTION** | | **Under 18 years\*** | | **18-49 years\*** | | **50 years and more\*** | | **PWD\*\*** |
| **1. INCLUSION** |  | **Female** | **Male** | **Female** | **Male** | **Female** | **Male** |  |
| **Total Inclusion** | **350** | **-** | **-** | **133** | **109** | **60** | **49** | **95** |
| **2. PSS** |  |  |  |  |  |  |  |  |
| **Total PSS** | **7,880\*** | **867** | **709** | **2,600** | **2,128** | **867** | **709** | **1,590** |
| **TOTAL PROTECTION** | **8,230** | **867** | **709** | **2,733** | **2,236** | **926** | **758** | **8,230** |

\*Amongst the 7,880 , 6,500 will benefit from awareness sessions.

Of the above total, number of IDPs targeted = *Will be communicated at reporting stage*

Of the above total, number of refugees targeted = N/A

* + 1. **Geographic Areas**

|  |  |  |  |
| --- | --- | --- | --- |
| **Country** | **Admin Level 1** | **Admin Level 2** | **Admin Level 3** |
| Haiti | Sud | Les Cayes |  |

* + 1. **Sector-level Coordination:**

Haitian civil protection is the lead for coordinating the humanitarian response at centralized level (COUN), and in each Great South department (COUD) with support of UNDAC/OCHA. Regular meetings are organized for global inter-sector on a regular basis. Nevertheless, as for today, all sectors coordination meetings are not yet all operational in each Great South department, for instance, Protection, Logistics, Food security and Nutrition are not yet operational in all three-department, affecting the quality and efficiency of humanitarian response. Sectors’ leads are shared between decentralized state authorities and humanitarian operators.

Inclusive Humanitarian Action, is followed up by BSEIPH (Bureau au Secretariat d’Etat pour l’Inclusion des Personnes Handicapées) and is part of Protection sector. Nevertheless, BSEIPH actions and capacities within the Protection sector are limited by their stretched resources (technical, HR, financial). HI has been part of the protection sector in the South department since the first week after the earthquake which gave the organization a good understanding of ongoing needs to reinforce the Protection sector and the specific needs regarding inclusive humanitarian action through supporting BSEIPH and humanitarian operators engaged in the ongoing response regarding the inclusion of people with disabilities.

* + 1. **Keywords**

N/A

* + 1. **Technical Design:**
  1. **Sub-sector Name: Protection Coordination, Advocacy, and Information**

The goal of HI strategy for Inclusion mainstreaming in Humanitarian Action is to ensure the participation and access to essential services of the most vulnerable persons at risk of being excluded from the humanitarian response.

To achieve this goal, Handicap International follows a twin track approach in inclusive programming, encompassing:

1 - Persons centred approaches: Interventions aiming at empowering individuals, families or groups in their own capacities to enable access to essential services in emergency settings and increase their voice in and meaningful participation in Humanitarian Action.

2 - Environment based approaches - Inclusion Mainstreaming: Interventions aiming at supporting humanitarian actors and affected communities to identify and reduce barriers and disability specific risk factors that enhance vulnerability among the population at risk. This includes inclusive needs assessments, and targeting, inclusive monitoring and adaptive delivery of humanitarian aid to the persons most at risk of vulnerability.

Through this project, HI will implement activities that comply with the twin-track approach:

On the one hand, the person centred approach will be ensured by delivering specific services aimed at increasing functionality and wellbeing and therefore individuals and families' own capacities to access other services, participate in their community and more generally cope with the situation. On the other hand, a huge attention will be paid to environmental factors of exclusion through identifying risk factors and access barriers as well as provision of awareness and technical support to humanitarian stakeholders to reduce those.

* 1. **Technical Description:**

**Reaching the people who are most in need of assistance is central to the humanitarian mandate and is reflected in the humanitarian principles of humanity and impartiality**. Quality programming aligns with this mandate by ensuring both access to protection and assistance in safety and dignity. In a humanitarian emergency, people with disabilities and other excluded persons are often among those most in need of assistance as they are at a high risk of violence, exploitation or abuse. They also face discrimination due to significant and additional barriers in accessing needed humanitarian assistance. Thus, the proposed action aims to build the capacities of humanitarian actors, Donors, UN agencies and key stakeholders on inclusion and accessibility to enhance the implementation of IASC 2019 guidance requirements in the provision of the humanitarian assistance.

1. Collecting and sharing information with humanitarian actors to improve the inclusion of people with disabilities in the response

HI will conduct qualitative data collection on the situation of people with disabilities and their representative groups (focus groups, key interviews and observations with affected population and services providers) to identify their needs, the barriers faced in accessing essential services and existing protective factors and capacities. The findings will be documented and shared with humanitarian actors and coordination mechanisms to contribute to adapting and improving the inclusiveness of the response. This action will also form the evidence base for empowerment action, technical support and awareness raising among community and humanitarian actors.

1. Sensitization and technical support to the humanitarian actors and coordination mechanisms

HI will provide support to humanitarian actors based on identified needs and capacities to ensure the inclusion of people with disabilities their interventions for example; adapting communication messages to ensure accessibility, rapid sensitization and learning session for staff and service providers on inclusive targeting and adaptation of delivery modalities; adapting needs assessment and monitoring tools for the collection of disaggregated data, adapting mobilization and distribution approaches etc. This support may be conducted at coordination level (ie. Cluster) and/or at individual (ie. Actor) level, and supporting the coordination between actors working on cross cutting action of disability and age inclusion in intersection with gender and protection. HI will also support existing groups of persons with disabilities, will financially support some of their inclusion initiatives, and foster the initialization of representative community groups of persons with disabilities. This is done with the aim of empowerment through e.g. training sessions on their rights, techniques in sensitization and awareness raising, data collection modalities and/or raising their voice in coordination mechanisms, based on their interests and gaps experienced to meaningfully engage in humanitarian response and coordination.

While the mapping of existing services, as well as advocacy and representation at the humanitarian coordination level, will be conducted with the support of an Inclusion Officer and the Area Manager, the training of NGOs and local structures as well as the evaluation of barriers will be conducted by an external consultant specialized in inclusion.

1. Supporting global-sector protection data collection and reinforcing Protection follow-up of Health patients

The management of IDPs sites in the departments of South, Nippes and Grand-Anse is a constant topic of discussion at sector and global-sector meetings. According to IOM, 84 sites have been identified, representing more than 10,200 households and 30,000 people in the three departments.

During the successive relocations planned by the government, HI identifies significant protection risks, especially for the most vulnerable people. With the contribution of its Protection Officer and its Inclusion Officer, HI will bring its technical support for conducting Protection-related data collection, in particular to obtain information on the needs of the most vulnerable people, but also their relocation address, before they are evacuated.

HI will provide individual protection services to HI’s internal Health beneficiaries through a protection team, including protection assessments, service mapping and referrals, as well as case management. Any persons of concern identified through HI activities will be referred for case management to the protection team which will conduct assessment, provide referrals, follow-up and case closure.

Service directories and referral pathways will be maintained and updated by HI in the areas of intervention, in order to ensure a multi-sectoral referral system, to external specialized actors, therefore ensuring timely assistance provided to the most vulnerable individuals. Information about referrals conducted for each beneficiary is uploaded in Hi’s database, ensuring adequate and timely follow up.

When the beneficiary receives services, the specific request for a referral is closed but the protection officer continues to conduct follow up for outstanding referrals that service providers have not responded to.

Once the beneficiary receives all the services needed from external service providers, HI undertake case closure procedures with the beneficiary in which the team verifies whether all the beneficiary’s needs are met and explains where they can reach other services, if they need further support.

In very specific cases, HI will provide extra-support to allow very vulnerable patients to access rehabilitation and mental health care. Indeed, distance and cost constitute two main barriers preventing access to health services for the most vulnerable persons, especially persons living with disability. Protection team will assess patient’s needs based on vulnerability criteria and, in coordination with supported health structures, facilitate accommodation, food and transport. It is deemed necessary that the health field team does not directly manage this extra-support offered to their patients to ensure impartiality as well as staff safety. This support, provided through the Protection team, will facilitate an inclusive access to HI supported services.

* 1. **Sub-sector Name: MHPSS**

Referring to Haiti’s history of previous dire natural disasters, it is extremely important to support potential **coping mechanism** developed by communities and systems of services but as well to take into account that this new disaster may reactivate past potential traumatic experiences and therefore requiring particular attention in the response. HI’s MHPSS programming aims protect and promote **psychosocial well-being** of the patients and their caregivers (and community in large term) affected by the earthquake and mitigate the risk of different spectrum of mental disorders, while supporting **community resilience** to increase their capacities to cope with the past and likely upcoming stressful events.

* 1. **Technical Description:**

1. Facilitating community awareness and psychoeducation sessions

 In reference to the IASC MHPSS pyramid of services in emergency settings, HI will deliver community awareness and psychoeducation sessions within the 2nd   layer for the community; they are essential within disaster-affected population. These awareness sessions can support positive copying capacities for people to face adversity and support each other while contributing to prevent potential longer terms mental health and psychosocial difficulties. Therefore, HI PSS workers will be deployed within the communities to provide group awareness sensitization sessions. They will communicate clear information on the current situation, the services available. Informative sessions will provide messages on normality of the critical emotional state, empathic understanding of people’s state of exhaustion, on simple coping mechanisms, resilience capacities as well as key messages on disability inclusion. With the evolution of the needs in relation with time passing since the event, and the occurrence of other individual or community shocks and traumatic events, HI will focus its intervention in strengthening communities’ and individual capacities to deal with stressful events. Each message will be adapted to the identified needs of community groups (including children, people living with disabilities, wider community, people with trauma-injury and their caretaker, community leaders and community-based organization members).

1. Facilitating support groups / group discussion

In reference to the IASC MHPSS pyramid of services in emergency settings, HI will organize support groups/group discussions for communities by trained PSS teams. They aim at improving the mental health and psychosocial well-being of vulnerable people through their participation that encourages a group dynamic, interaction and connections between participants. The exchange of experiences between peers will build people’s capacities to take action and build resilience and reduce the level of psychological stress. Group approach supports existing bounds and solidarity mechanisms, building in social cohesion and promoting community-based coping mechanism. Those groups will allow the identification and strengthening of existing community-based copying mechanisms to deal with past trauma and be better prepared for upcoming potentially distressing events.

 Providing individual Mental health and psychosocial support consultations

As stated by WHO, “almost all people affected by emergencies will experience psychological distress”. Early basic or non-specialized MHPSS interventions will contribute to restore their psychosocial abilities, well-being and decrease probability to develop long term mental health issues. In reference to the IASC MHPSS pyramid of services in emergency settings, we must emphasize that HI does not plan to intervene at the layer 4 even though HI foresees individual PSS counselling activities for rehabilitation patients, their caregivers and any other persons showing higher levels of distress and who would need individual private attention

Layer 3:

Individual psychosocial support sessions (counselling): for persons showing higher levels of distress and who would need individual private attention (injured + caregivers). There will a PSS assessment conducted by a psychologist which will define the treatment plan. Special focus on mobility difficulties, pain management at the crossroads of psychological and physical issues and difficulties in getting involved in a rehabilitation process.

Considerate of the stigmatization of mental health professions in the Haitian context, the evolution of the population psychological needs and the repeated exposure to a wide range of stressful situations (including natural disasters, violence, poor access to basic services, compounded by economic difficulties), HI will adapt its intervention depending on the affluence of patients in health structures, to reach out to communities through psycho-education sessions and awareness raising activities on mental health and inclusion.

To support community mental health and coping mechanism on the long term, HI will organize trainings for key community actors, identified through its activities. Key community actors will include school teachers, community health workers, community based organization leaders and people living with disability organization representatives. These actors will be equipped and supported to conduct sensitization in their communities and/or organizations.

**Exit strategy**: At the community level, the project will endow key community actors to continue sensitization on mental health and inclusion. A number of sensitization tools will be distributed to key community actors and structures to ensure mental health and inclusion messages will remain available in the communities.

For each health structure an adapted strategy will be implemented depending on the needs and possibility for service continuity beyond the intervention. i) A phased decrease in new patient admission from the end of July; ii) Early communication to patients and community about the service closure or handing over to another partner/hospital iii) Identification and formalization of referral pathways with other organization or structures iv) When possible, preparation for handing over the service to another partner. A mapping of MHPSS actors will be conducted at the beginning of the project and regularly updated.

**Protection Mainstreaming:** Under the Protection Sector, HI will directly work with vulnerable groups including women, girls, boys, and men of different age groups and people with disabilities. To ensure HI provides meaningful access to MHPSS service in a safe manner HI will:

* Train all staff on: internal protection policies on Protection of Beneficiaries against Sexual Exploitation and Abuse (PSEA), Child Protection and Code of Conduct, and Protection Mainstreaming Principles.
* HI will ensure that MHPSS teams are mixed with male and female staff paired whenever necessary and that frontline staff are representative of gender, disability as much as possible.
* Collect, report and analyze desegregated data per gender, age and disability.
* Individual assessments are planned over the course of the project (conducted by MHPSS workers). HI will ensure that consultation are conducted in a secure setting where all individuals fell safe to contribute to discussions.
* HI will also ensure that confidentiality and privacy is respected in any form of consultation, counseling or personal information sharing (especially the MHPSS consultations).
* Community-level consultations will be conducted in the MHPSS sector. Separate consultations with women and men with and without disabilities will be ensured. This to face exclusion, prejudice and stigma.
* HI will develop a communication plan to ensure that beneficiaries know their right to Protection services, and where/how to obtain it.
* HI will also set up a complains and feedback mechanism as stated in Annex 11 Accountability to Affected Populations Plan to foster accountability and communication with the various project stakeholder, ensuring the mechanism is accessible by identified vulnerable groups.

In addition, HI will conduct an assessment to identify the barriers preventing people with disabilities to access the essential services provided through the humanitarian responses. During these exercises, HI will ensure the meaningful participation of people with disabilities and organizations of disabled people. In particular, HI will ensure:

* Female and male assessors and translators will be included in the assessment.
* Consultations will be conducted in a secure setting where all individuals felt safe to contribute to discussions. Separate consultations and focus group discussions will be conducted with women and men with and without disabilities to counter exclusion, prejudice and stigma.
* Training for assessment teams will conducted on ethical and safety issues.
* Information will be provided to the assessment teams on how to act in case of disclosure of GBV incidents.

**Gender-Based Violence Risk Mitigation**: In addition; HI ensure:

* Gender equality in recruitment process to mitigate existing GBV and ensure compliance with local socio-cultural behaviors. However, it has to be acknowledge that it may be difficult to recruit qualified and experienced female staff in the logistics sector which is not attractive for women in Haïti.
* All HI logistics support staff trained on: how to identify persons at risk or survivors of DGA based violence; how to act in case of disclosure of GBV incidents, how and where to refer persons at risk or survivors.
* All HI logistics support staff trained on how to support GBV survivors in case GBV actors are not present in the area where HI work.
* Guidelines and mechanisms for monitoring and reporting instances of abuse and exploitation are set up and operational.

**In summary:**

|  |  |
| --- | --- |
| **Purpose:** (Protection Sector) To improve the protective environment by ensuring inclusiveness of humanitarian response and strengthening positive coping strategies at community level | |
| **Intermediate outcome** | |
| To improve well-being of eathquake affected populations and to enhance inclusion and accessibility of the humanitarian response | Ind. % of beneficiaries (Individuals and Caregivers) receiving psychosocial support who express feeling less burden when discharged |
| **Output** |  |
| Inclusion of persons with disability in the humanitarian programming is promoted and enhanced. | Ind 1 Number of learning sessions implemented targeting groups of persons with disabilities  Ind.2 Number of assessment briefs on barriers faced by PwD produced and disseminated amongst humanitarian and affected communities  Ind.3 Number of awareness and/or learning sessions implemented targeting humanitarian workers, at cluster and/or organisation level  Ind 4 Number of individuals trained in protection |
| **Input – Coordination, Information, Management (CIM)** | |
| Collecting and sharing information with humanitarian actors to improve the inclusion of people with disabilities in the response |  |
| Sensitization and technical support to the humanitarian actors and coordination mechanisms |  |
| Supporting global-sector protection data collection and reinforcing Protection follow-up of Health patients |  |
| **Output** | |
| Persons experiencing psychosocial distress in targeted communities receive tailored PSS support | Ind. 1- Number of individual beneficiaries (Rehab beneficiaries) participating in psychosocial support services.  Ind.2- Number of awareness sessions  Ind.3- Number of group discussions  Ind.4 – Number of community actors trained  Ind.5 - Number of individual MHPSS consultations |
| **Input - Psychosocial Support Services (PSS)** | |
| Facilitating community awareness and psychoeducation sessions |  |
| Facilitating support groups / group discussion |  |
| Providing individual Mental health and psychosocial support consultations |  |

1. **Transition or Exit strategy**

**Transition and sustainability:** HI’s actions are anchored by a relationship between first line emergency and post-emergency response, to ensure that each intervention responds to immediate needs all the while integrating sustainability and resilience parameters. For the health component, HI will address the immediate needs of beneficiaries with functional limitations and mental health conditions with their resilience in mind. This will ensure the increase of their level of functionality, well-being and chance for recovery even after HI’s intervention. In parallel, it will focus on building local capacities (FONTEN) to ensure continuity to the activities after the action as well as to strengthen existing health systems. The protection/inclusion activities, will adopt a similar strategy of intervention. The project will empower disaster affected populations the capacity to advocate for their needs and provide services providers, targeted communities and humanitarian actors with required technical knowledge to improve inclusiveness and PwD participation in community life, in the medium and long term. HI attaches great importance to the partnership approach, both to ensure the sustainability of the action and its effectiveness. With the project extension, HI will address post emergency needs in the intervention areas, adapting its intervention to the evolving needs of the population. Being one of the few INGO actors still present in Les Cayes, this timeframe of intervention (13,5 months) will bring critical value beyond responding to short term needs (through early rehabilitation services and PFA), but also addressing some chronic needs (through reinforcing rehabilitation services, provision of individual, group and community psycho-social services). As such, this intervention is instrumental in strengthening communities and health structures capacity to cope with the next stressful or traumatic events.

**Learning, evaluation and exit strategy:** HI promotes the use of the "after action review", a simple method allowing at key moments during the implementation to capture the axes of improvement as well as the good practices. In addition, a lessons learned workshop will be implemented at the end of the project in order to give a quick overview of practices to be improved, duplicated and to draw lessons for future projects. Moreover, at the end of the project, the team will carry out an internal evaluation in order to draw a balance sheet of the action and to evaluate the needs still necessary. It is in this closing phase that the strategy for leaving the intervention zone will be determined. Using a continuity/exit working document the project team will analyze the situation with a Do No Harm approach in coherence with the complementary actions carried out by HI and the humanitarian aid actors in response to the current crisis in the zone and decide between phasing out, phasing down and handing over, continuity or closure. Other specifications concerning specific exit strategies can be found under Activities Technical Description.

1. **Others**

**Accountability to Affected Populations:** Please refer to Annex 11 Accountability to Affected Populations

**Targeting:** To select its beneficiaries, HI did not use the Government's SIMAST system, but diversified its beneficiary selection processes through i) its geographic dispersion and ii) its identification gateways.

i) HI opened its services in multiple localities and through different health structures or organizations that already existed before the earthquake (HIC in Les Cayes, the health center in Camp Perrin and Aquin, as well as the center in Fonten). All these centers are known to the population and are frequently visited.

ii) HI has developed several service modalities, all of them in an integrated approach, which are all entry points for the population to the service. Thus, a person coming for rehabilitation services can be referred to a mental health and psychosocial support service, and vice versa, a patient receiving mental health support can also benefit from physical rehabilitation services. Community group and awareness activities reach a varied audience (schools, disabled people's organizations), and the community workers take advantage of this to communicate about the other services.

**Public Private Partnership:** In the emergency phase of the earthquake, HI did not consider soliciting private actors from the diaspora as they were not easily identifiable in the first hours of the response; but works in daily coordination with several USAID-funded organizations in its logistics transportation project

**Local Ownership:** In integrating FONTEN as a sub-awardee, HI wanted to let a local organization hold and manage a separate stand-alone budget of $83,620, which represents 4% of the total direct cost budget of this award

HI also dedicated budget to directly support running costs of health centers and organizations for people with disabilities. HI lets these local organizations benefit from a fund for their specific needs while maintaining control of the logistical and financial processes to ensure transparency and compliance with the donor policies and regulations.

1. https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines [↑](#footnote-ref-2)
2. DGPC SITREP N#10 [↑](#footnote-ref-3)