

Impact Assessment Study on the Living Conditions of Women and Children, Haïti

Etude de l'impact d'une catastrophe sur les conditions de vie des femmes et des enfants, Haïti

Evaluación del impacto en las condiciones de vida de mujeres y niños, Haití

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Impact Assessment Study on the Living Conditions of Women and Children Haiti

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Abstract. In response to the earthquake that hit Haiti on 12 January 2010, Solidarités International (SI) provided urgent basic services of Water, Sanitation and Hygiene in over 52 Internally Displaced Peoples (IDP) Sites, and played a vital role in preventing the spread of the cholera outbreak in October of that same year and improving medical care for people affected by the epidemic and to reduce risks of further propagation. Solidarités International's engagement has been further expanded to other programs, including assistance for the return of displaced communities to their original neighborhoods. The daily living conditions and responsibilities of women subject many of them and their children to risks during various phases of a disaster. Women and children are most at risk and suffer the greatest in disaster situations. The present article discusses the impacts of the disaster on women and children, and the impact of SI's programs. It also aims to identify some of the response gaps and mistakes attributed to SI and other humanitarian actors due to the lack of gender sensitive approach.

Keywords. Earthquake, Sanitation, Water, Women, Children, Humanitarian, Epidemics.

1 Introduction

1.1 Context

On January 12th, 2010, an earthquake measuring 7.0 on the Richter scale, struck Haiti. Its epicenter was near Leogane, around 17 km to the south-west of the capital, Port-au-Prince. It triggered widespread destruction and left its people and the government in peril.

Over 220,000 people lost their lives and over 300,000 sustained various degrees of injury including 4,000 people who lost at least one limb. Many, many more sustained psycho-social damage.

Some 250,000 homes and 30,000 commercial buildings collapsed or were badly damaged.

Of 450,000 traders believed to have been working out of their homes, on the street or in markets, in the regions hit by the earthquake, around 45,000 were affected. The estimate also suggests that 75% (33,750) of them were women.

Around 1.3 million people were subjected to living in temporary shelters including 380,000 children¹ and half a

million were scattered elsewhere, seeking refuge in the rest of the country.

With the already struggling Haitian economy, unprepared administration, accumulated and multi layer poverty and a beleaguered natural environment, the destructive potential of the earthquake was compounded, resulting in a disaster on a massive scale. Not only did it have an acute effect on the human and institutional capacity but it also showed how much Haiti and the world were unprepared for such a scale of urban disaster. The earthquake in Haiti also tested the technical, organizational and financial assets of international humanitarian actors including NGOs, International Organizations and the UN system.

1.2 Issues at stake

Recent discourse in the theory and practice pertaining to disaster risk prevention and mitigation has drifted away from the structural paradigm which blames 'hazards' as the single responsible agents producing disasters suffered by individuals, societies and the physical environment.

Turning away from a strict agent-specific approach which was advocated by disciplines like geography and engineering, a sociological approach to disasters has recently come to reinforce the ongoing debate on the determinants of disaster, by adding the dimensions of social vulnerability capability and resilience.

It is widely recognized that women and children are most at risk and suffer the most in a disaster and its aftermath. Such

¹UNICEF, <http://www.flickr.com/photos/unicefusa/sets/72157625761628890/>

vulnerability arises from the social, political and economic circumstances of women before the disaster.

As said before, women household heads are particularly burdened with numerous responsibilities which intensify and become even more complex under disaster environments. However, vulnerability does not equate with a complete lack of resilience and inability to bounce back. Rather, women's crucial but often overlooked roles and responsibilities in their families, society and in the economy make them important actors in disaster preparedness, mitigation and recovery responses.

This article aims to present the results of an impact assessment study on women and children affected by the recent earthquake in Haiti, analyzing the damage sustained, as well as the coping and survival mechanisms they adopted to adjust to losses and rebuild their lives. It also aims to ascertain the implications of SI's humanitarian response programs for the practical and strategic needs of these women and children, from their own perspectives.

2 Scope of the Study and Methodology

2.1 Scope of the study

While recognizing the wider impacts of the disaster triggered by the earthquake on the population as a whole, this study was required to focus on the impact of the latter on the health of women and children and the impact of the humanitarian response in the aftermath of the earthquake: with a particular focus on SI's actions.

This study aims to do the following: a) analyze the impact of the earthquake on the living conditions of women and children with due emphasis on health aspects; b) learn the survival mechanisms they adopted in the course of the disaster and the emergency; and c) identify the positive and negative implications of Solidarités International's action and the humanitarian response in general for these particular groups.

2.2 A Wider Definition of Health

WHO² in July 1946 defined health as: "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Beyond the biology and genetic makeup of an individual, health is determined by income and social status, access to employment, education, health services and social support networks, social and physical environments, personal health practices, coping capacity, gender, culture etc.

It is within this wider definition of 'Health' that the current study attempted to address the three objectives outlined above. It emphasizes the different humanitarian activities of Solidarités International in Haiti with a view to contributing useful feedback and recommendations for future interventions.

2.3 Methodology

"Listening to women and children" was at the heart of this current mission to collect first hand information from women and children themselves. Interviews and Focus Group Discussions (FDG) were held with 208 women, 83 girls and 72 boys in 4 IDP sites where SI was intervening: Bristout (Blocks, 1,2,3,4,5), Jacquet Toto (Pitimé), Jacquet Toto (5), and Dalmas 18. The field work was carried out between 15 April and 6 May, 2011. In that sense, a qualitative and participatory approach has been preferred, using open question interviews. The study was also complemented by interviews with key players: 4 camp management committee chairmen/members, 8 members and a chairwoman from the women's associations in the same sites, a member of the Ministry of Public Health and Population, and three women from the Ministry on the Condition of Women and Women's Rights, a number of SI national and expatriate staff, and a representative from a partner organization, ALIMA.

The opinions of IOM (International Office for Migration) personnel were also collected, and a "child protection" Cluster coordinator from UNICEF was contacted.

A number of documents from internal and external sources, as well as evaluation reports were also referred to.

3 Impacts of the Earthquake on Women and Children

Statistics on human losses and social and economical damage distributed by sex and age are few and far between. There is also a suggestion that the existing estimates of casualties and extent of damage might contain serious disparities.

Demographic pattern of study population:

Of the 208 women interviewed, 122 were single and household heads, 51 of them had partners living with them (on and off) and helping financially, 35 were widows who had lost their husbands either as a result of the earthquake or due to illnesses before and after the 12th January, 2010.

56% of the total displaced population in the sites studied is composed of women. 80% of the women who participated in this study lived in rented houses which were destroyed or seriously damaged by the impact of the quake. Only 1% was property owners whose houses were not severely damaged but are afraid to go back to their original residences due to trauma and emotional distresses.

3.1 Impact on the Economy and Assets

3.1.1 Observed impact on women assets

Loss of employment, housing and assets were widely reported. Women tended to try and revive their pre-earthquake activities in the low paid informal sectors that have been hardest hit. In the samples taken for this assessment, 80% of the women reported being active in the same informal sector as before the earthquake and 95 % have lost their assets and equipment and have not yet been able to replace them.

² <http://www.who.int/suggestions/faq/en/>

The loss of assets has brought about new challenges in the ways women are meeting their basic needs. Women's earning opportunities and the mechanisms they employed to respond to their family's needs have been seriously disrupted.

For most of the women and children, one of the significant impacts of the earthquake is the transition from houses to tents. For a few, nothing has changed in this respect. 25 of the women reported that they were already living in plastic houses after they lost their homes due to hurricanes and cyclones which hit Haiti in 2008. Some reported that they had already left their homes in 2009 due to loss of economic means in a fire accident allegedly orchestrated by Piétonville Town Hall in an attempt to clear open air markets in main streets. These women are still struggling to pay back the goods and money they lost in this incident.

3.1.2 IDPs living conditions

Living conditions in the camps are precarious. In the day time, the women in Bristout said that the tents were like ovens. The absence of trees or shade in the surroundings makes it difficult to find cooler refuge in the heat. During the night the temperature falls and the tents turn cold.

The shelters do not provide safety from robbers. Issues with deterioration of tent materials: holes in the roofs were also raised. Flooding is a common phenomenon which follows every heavy rainfall. With these floods come wastes from flooded latrines and refuse dump sites improperly located or designed.

Following a violent tropical storm and torrents of rain on 28 April 2011, women, men, and children in Jacquet Toto 5, were observed scooping out mud from tents and cleaning the canals and trenches in the camp. The storm has had a serious consequence: lots of tents were inundated.

The plight of women and children (and men) does not stop there. Sadly, many of the IDPs sites across the country are built on private property and are being reclaimed by their owners. For several of these women, the struggle to recover from the impact of the earthquake while maintaining even such levels of gruesome living conditions is not guaranteed either. Efforts to return to former neighborhoods are met with numerous hurdles, not to mention confused property rights and land ownership disputes.

The problem of shelter is a pressing immediate priority and a critical need for women and children but solutions have proved to be multifarious and are progressing at a snail's pace. The prospect of long-term solutions is even thinner for those who are the poorest and who have no land to clear rubbles from and to build new houses on.

In addition, with a consideration on future disaster resilience, Bristout is known to have been a slum where urbanization had taken its course without essential planning considerations. House construction technical standards did not reflect the level of risk of natural and man-made hazards they are persistently exposed to. Reconstruction should consider those realities and the lessons brought to light by the vast urban slums of Haïti in the event of the 12th January, 2010 earthquake. Window dressing solutions would only mean a disaster in waiting and bound to return sooner or later.

3.2 Impact of the Earthquake on Children's education

The inability to send one's child to school has been one major source of anguish and depression amongst 80% of the women we spoke to.

Half of the women no longer send their children to school because they cannot afford to pay the fees. The majority of them said their children were expelled from schools for that reason. Parents who have more than one child were forced to decide which of their children go to school and which do not. These hard decisions are not made based on the sex of the child.

Children who have already reached relatively high levels of education, regardless of their sex, are favored. Some say the child's previous academic performance is also a factor. For women and children (boys and girls alike) the shift from private schools to public ones entailed degradation in students' aptitudes. Public school class rooms are overcrowded and the quality of education and support to students are inadequate. All the interviewed women and children considered government schools as mediocre.

Before the earthquake only 10% of the education service was delivered by public sector schools. Attendance rate declines significantly as children grow up: from 76% for primary school to 22% at secondary school and 10% in higher education. University post graduate degree programs are very rare requiring the few who finish undergraduate studies to migrate elsewhere to pursue higher education. 38% of the population aged 15 and above is illiterate (41% among women).

It is clear that education has always been an unmet priority, even before the earthquake, but it has become even more critical for women and children since.

3.3 Health, Psycho-social Trauma, and Insecurity

All women and children reported suffering from psychosocial impacts including stress and depression. Some of the causes were loss of income, loss of houses and homes, financial dependence on their partners or husbands, or inability to provide education, healthcare, food and clothing for their children.

Others said they suffered stress from insecurity outside and inside their tents. People in the IDP sites are considered inferiors and are marginalized by communities outside these sites. Health symptoms included vertigo, hair loss, headache, dizziness, sleeplessness.

Women reported exposure to new diseases that were not known to them before the earthquake: skin diseases, head sores (in children), intensified vaginal infection, and, finally, Cholera.

Regarding the latter, it is worth noting that many NGOs have targeted women as the main group at risk. It is well acknowledged that their domestic tasks bring them in close contact with contaminated water. The current study also shown that the cholera outbreak has had a negative impact on women's income sources because people stopped buying cooked food and vegetable from street sellers (mainly women) due to fear of contracting the disease.

In addition, families who have had their members infected suffered from marginalization. Neighbors kept their distance for fear of catching "the mysterious disease". Therefore,

women head of family have been particularly affected by the disease even in the case of complete recovery. The impact of the disease in such cases has not been investigated to our understanding and it is likely that women did not receive the psychological support they could have deserved.

Access to health services has been severely reduced. According to the Ministry of public health and population (MSPP), the government does not have the capacity to treat patients for free nor sufficiently, given the damage the sector suffered. Families would have to pay between 50 to 250 HG (Haïtian Gourdes) in order to go to a medical consultation; this fee could be significantly higher depending on the case at hand, particularly with the private clinics which normally demand higher contributions from patients.

A single clinic serves the entire population of Bristout and Bobin. In Jacquet Toto site a clinic which was set up by an NGO gives service on demand but it is about to phase out soon. The community in Dalma 18 is served by the Haitian community health service located 2 km away.

4 Coping and Survival Mechanisms

Some of the women without a regular form of income relied on a range of work as beauticians, manicurists and pedicurists, hairdressers and launderers. But these activities brought them half the revenues they would have earned under normal circumstances before the earthquake. The desperation that these women find themselves-in put them in disadvantaged negotiating positions. The increased supply of women offering similar services was also blamed.

Faced with lack of income, parents look to child labor for the family to cope and survive. Young girls are entrusted by their families as domestic servants “restavèk”, in exchange for food and shelter (although this had been a common practice in destitute families even before the earthquake). The women said it is becoming hard to find families who could receive this kind of offer since the crisis. Boys left alone, without their parents or carers, resort to petty crime and activities like begging. In the absence of viable economic activities and employment, women were dragged into prostitution and encouraged their daughters to exchange sex for food, money and other forms of assistance.

Before the earthquake, certain financial mechanisms used to assist women to start up economic activities and gain capital assets. These mechanisms have been disrupted and are still facing difficulties. They include:

Placer and Escompte: in the first case, women leave household items as warranty to guarantee the repayment of money they borrow to start up a small business, to feed their families, to pay schooling for their children, and to cope with sudden changes in their expenditures. These items are supposed to be returned upon repayment.

The second one involves borrowing money for the same sort of needs. However, in this second type of arrangement, money is borrowed with interest rates as high as 80%, which most women are unable to keep up with.

The unpaid debts implied loss of their limited resources, sinking deeper into a vicious circle of borrowing and poverty. This has had an impact on health and further deteriorated

their psychosocial status. Increased levels of worry, stress, depression, living in fear and absence of security due to threats from lenders are among the health related consequences mentioned.

Community rotational financial collection: This type of community financial support system is the most favored amongst women. However the losses in livelihoods and employments had recently meant that such schemes are increasingly rare. Under normal conditions such schemes are often used to buy assets such as land, and to start small businesses. Now, they have become a means to meet the cost of day to day life. Since the money collected does not allow being productive women struggle to repay.

Other means and mechanisms included selling household items, reducing or abandoning consumption of some food items and replacing them with others not consumed before (mud cake for bread, new plants and leaves replacing vegetables such as spinach and cabbage).

Symbiotic social support systems, extended families and religious beliefs (God) were also mentioned as key sources of strength and consolation.

Regarding the coping mechanisms a two fork typology can be made:

- the first one involves women desperately trying to survive and provide for their families through perilous measures. This could in turn cause permanent, irreversible and profound damage to their lives, to the lives of their children and the health of their families and society in general. The prevalence of prostitution and the involvement of young girls in early sexual activities (often unsafe) and sexual exploitation have exposed them to unplanned pregnancies and sexually transmitted diseases, particularly HIV/AIDS.
- the second one is women's efforts to earn their lives back using mechanisms they are familiar with and whose end use were to start up or boost their incomes but which under the changed circumstances failed to work.

According to the women, most of the problems they faced originated from the lack of a reliable source of revenue, and access to cash is their main priority. This raises the issue of accelerating livelihood type project after the emergency and post-emergency projects that NGOs implemented. Support to fragile households for starting viable income generating activities, particularly for women household heads, is needed and has become a central concern for the next step in long-term assistance towards a complete recovery (considering the current destitution of local authorities).

5 Program Components and Implementation Challenges

As said above, since the first week following the earthquake, SI has focused its work in WASH (Water, Sanitation and Hygiene) covering the emergency needs of 60,000 people in over 52 sites in and around metropolitan Port-au-Prince.

Early activities revolved around access to clean water (water trucking to 26 water points), emergency sanitation, and

hygiene promotion. Response to immediate shelter needs included distribution of non food items (NFIs) (tarpaulins, hygiene kits). In parallel, flood risk reduction and mitigation activities, such as the construction of drainage canals have been implemented from April through “Cash for Work” with the aim of revitalizing household incomes.

Solidarités International has also struggled against the spread of cholera. From October 2010 onwards, SI intensified its WASH programs, and formed a partnership with The Alliance for International Medical Action (ALIMA).

The partnership allowed improving medical care for people affected by the epidemic and reduced the risk of its further propagation. Solidarités International provided water supply and latrines at the Oral Rehydration Points and Cholera Treatment Units run by ALIMA in affected IDP sites.

5.1 Impact of the hygiene awareness activities on women and children

As mentioned before, women have been the priority of hygiene awareness promoters, and the message of hygiene education has had significant benefits according to the interviewed women and children. New knowledge on personal hygiene, childcare and household sanitation has helped them to keep cholera at bay (along with God’s help). Women said they had improved their attitude to personal hygiene during this period of intense hygiene education. All the women reported increased hand washing as a result of their awareness on the link between cleanliness and the transmission of waterborne diseases.

Soon after the cholera outbreak, women washed their clothes, both prompted by fear of the epidemic, but also following the advice from hygiene promoters.

Lately, women are washing their clothes once a week due to reduced access to water and shortage of soap.

They all treat the water they drink, and they have three different sources of water supply according to the desired purpose: they always drink water they treated at home, they use the distributed water for cooking, and the water from wells for washing and cleaning.

However, it is worth noting that the common understanding of NGOs regarding the supposed higher vulnerability of women to cholera has led them to forget that men are also at risk. A study led by the Feinstein International Center revealed that two third of the cholera cases during the outbreak were male.

It shows again the importance of working with gender balanced approach which takes into account the vulnerability to shocks, through exposure and resilience, of every groups of the communities.

5.1.1 Facilities

Water supply, latrines and hand washing facilities have facilitated the development of safe hygiene practices where they have been installed, and supported affected persons to survive in the awful living conditions described before.

However, all precautions have not been taken. In Jacquet Toto the shower installations for women and men are in the

same place. This did not pose a problem for women, but children expressed concerns of security. They did not feel safe to use these facilities as they feel watched and followed by adult men. In Delma 18, where the community is composed more or less of original neighborhood members living in the same communes, the security problems were less stressed even though separate shower facilities and toilets for women, and for men were in the same location.

In Bristout the sanitary situation is critical. Two of the blocks 1 and 2 have neither latrine nor shower facilities. Some of the showers and toilets are vandalized and destroyed because they have become a source of insecurity for women and children. Even when the structures were still standing, some of the women preferred to travel distances as long as 500 meters to friends and relatives outside of the camp just to use safer facilities. The lack of locks on the doors meant children opened doors as the women bathed or used the latrines. Another reason has been the lack of maintenance and cleaning. Some of the toilets were observed to be in a dire state. In block 3, first of all the toilets were entirely destroyed because they emitted obnoxious odors and provided breeding sites for flies and mosquitoes close to dwellings. Then, people started using the showers as toilets, then the shower cabins were also uprooted on the same grounds.

The state of the environmental sanitation is also appalling. The limited access to toilets led many to defecate in their yards and to dump feces in the ravines and nearby unoccupied open spaces which serve as solid waste garbage dumps. These ravines are often roamed by pigs. There have been repeated reports of fecal pollution of nearby wells used by displaced communities due to inundation of latrines and dump sites.

The problems persisted in varying degrees in all the sites visited and worrying resurgence of Cholera was reported.

This clearly shows the importance of scaling, designing and locating the sanitary facilities with the participation of all groups, even during an emergency. Women and children should have been consulted first to gain their confidence in the future infrastructures and ensure their use and maintenance.

5.2 Women in Camp Management Committees

Many of the NGOs and UN agencies, particularly cluster leads, have reverted to working with community based local structures which were already in place before the earthquake and were asked to take on Camp Management and Coordination roles. However, in some sites replica structures were formed to take on the same functions among heterogeneous new groups which were displaced from different localities. These new groups did not have the same level of social cohesion, representativeness and recognition.

Bristout is important in that the neighborhood approach is being piloted with possible replication of the outcome in other IDP sites. But it presents an enormous challenge to actors engaged in emergency and early recovery programs. The camp is divided into over a dozen “blocks”. Each block has its own camp management committee. A general camp management and coordination committee, predominantly occupied by one individual, presides over them all. Some of these committees

existed before the earthquake, but others were created in the aftermath with support from aid agencies to facilitate the emergency efforts for the displaced communities.

Beneficiary selection is made through these committees. Tickets are issued to designated families and later they receive distributions of items such as, buckets, mosquito nets, blankets, soaps, bottle of chlorine or Aquatabs (chlorine tablets for home chlorination), shelter materials etc. Other NGOs also follow the same methods to disburse similar kinds of assistance including child nutrition supplements. In the absence of viable governance and accountability systems including a felt presence of local government authority, coordination committees have become the sole passage through the barriers they themselves built between the camp population and humanitarian organizations. The narrow focalization of assistance and aid channeling through these committees led decisions and benefits to be concentrated narrowly in the hands of a few at the expense of a majority, namely women and children.

The very few who were given seats in the committee were replaced by men (husband or other) or did not take any decisions. None of the women took part in site selection for facilities nor were they advised on the technical, safety or cultural acceptability of latrines, shower cabins or hand washing facilities. Access to information is also limited. Information on programs is not communicated and they lack knowledge of what the programs entailed. We can say women have no prominence in these committees. Rather they assumed the task of toilet and shower cleaning responsibilities to earn a small amount of money.

Women's associations also felt left out from the process as no support was given to them in any form. This was despite the fact that the sites consisted of majority of women, and most of the issues related to the program concerned them more directly than they did the male-dominated committees.

It is significant that women believe that they were more suited to give advice about programs with regard to their roles and to issues concerning their own problems and those of their children. Again, it seems that an opportunity to improve humanitarian programs through better participation by women was missed simply because they were not included in the decision making process.

5.3 Assessment Monitoring and Evaluation at SI level

The proposals at the origin of SI's programs show a certain level of interest in addressing specific vulnerabilities. With regards to tackling inequity in the distribution of benefits from employment via "cash for work", the selection criteria states that 30% of the beneficiaries will be women and 3% people with disabilities. The participation of women and children in the choice and the type of facilities and their location is also envisaged and it is stated that men, women and children will benefit from the overall intervention.

A assessment done in July 2010 identifies vulnerabilities, specific to women, men and children and puts forward viable recommendations to revitalize household economies and tackle social imbalances. It is worth noting that there is

a comprehensive monitoring and follow-up tool in place (Activity Progress Update tool) which allow a permanent evaluation of project advancement against objectives. Demographic data by sex and age is collected and activities are thoroughly followed up, problems are routinely and periodically identified and then, they are accompanied by suggestions of possible solutions. However, in the absence of gender/age specific indicators on outcomes and impacts, this tool on its own will remain limited in its utility to address the identified issues.

Notwithstanding, if SI decides to adopt a more strategic policy and a system to fully address the issues of vulnerability based on age, gender or any other determinants, this tool remains a strong resource to this end.

5.4 Key Implementation Challenges

Both national and expatriate field staff identified some of the challenges in addressing the issues raised by women and children during a number of discussions and interviews. Those challenges are applicable to many humanitarian actors seeking a better integration of the gender-based approach in their programs. These include:

- Internal NGO environment:
 - Limited culture of gender sensitive guidelines within policies and programs.
 - Absence of mandate within the organization to deal with issues of abuse, corruption, sexual violence (refer to Box n°1) etc. These issues could greatly influence the programs' outcomes and how SI is perceived by the people it works with.
 - Staff feels ill equipped with approaches and participatory methodologies to carry out monitoring and follow-up of program implementation in a way which helps to systematically identify specific issues for men, women and children or other vulnerable groups as they arise.
 - Lack of flexibility in proposals in Haiti's rapidly changing disaster context, where the emergency has proven to be protracted; yet the adopted disaster response activities envisage quick results. In addition, the application of blueprints from previous development experience was insufficient for a disaster scenario with new challenges and complications.
- Overstretched field staffs often do not have the time to deal with issues in-depth and opt for a people centered approach. They do not really have the means to triangulate information and ensure that programs are delivered equally and equitably to men, women and children, the elderly, the sick and the weak. The dependence on committees and the absence of alternative structures to turn to in case of limited local accountability of these community structures has excluded many people from the vulnerable groups of the decision making process.

6 Conclusion

Overall SI has partly achieved its main objective of contributing to save lives and respond to the needs of women and children, through its work in water and sanitation and its relentless fight against the spread of cholera. These aspects of the response to the Haiti emergency were highly appreciated and acknowledged by all women and children who participated in the current study.

SI has showed a general interest in strategic gender issues, concerning women and children. This orientation is a positive step in the right direction, indeed:

- The organization has given increased focus on the identification of vulnerabilities, considerations of certain gender elements found in diagnostic and evaluation exercises.
- Its proposals refer to the vulnerability of women and children.
- New interests have also emerged within SI, such as, interests in the control and prevention of sexual exploitation of women and children, measures against abuse of power which undermined women's rights to employment and their rights to participation in decision making. However, it is important to highlight that SI is currently working on a position paper on protection.
- Finally, the monitoring tool in place offers a large capacity for data collection on target population, based on their vulnerability (for example, women of different age groups, single, married etc.). Indeed, in the last years, SI has developed different integrated tools to analyses and monitor vulnerabilities.

However, despite these positive developments, a gender perspective has not been systematically integrated into the program cycles. Several concomitant factors prevented the complete identification of immediate and strategic needs of women and children, such as the NGO limited knowledge of pre-disaster community organization and coordination, the problem of abuse and violence against women and children, their exclusion from decision making positions and the barriers to employment opportunities.

The emphasis given on isolating the issue of women and children has revealed two major facts. First, women are a heterogeneous group with various interests deriving in part from their specific social, economic, political, and marital status. Secondly, this isolation may mask other forms of vulnerability, which men and boys may also experience as consequences of subordination, marginalization and inequality due to their age, health statuses, and disability and so on.

It also has been witnessed, in the case of the emergency in Haiti, that the immediate provision of essential services has been a priority over the need of listening to women and children. Despite a long history of sexual violence and exploitation of women and children, and the imminent danger of these trends escalating with the latest disaster, they have been so far put on the side in the emergency response.

Gender based violence, sexual exploitation and abuse

Recurrent violence of sexual nature remains alarming. In one of the sites, horrific stories of rape crimes on girls were told. Little girls as young as 4 years old were raped. During a visit to Jaquet Toto 5, the camp management committee chairman reported sexual violence as a major problem there. The last incident was just the night before, where a young woman was raped in her tent.

There are some community self-initiated women's groups in all the camps visited who aspire to help victims of sexual violence including rape, domestic violence and abuse, and uphold the motto: "women for women". Most of these women's associations are close to the day to day difficulties of women, since they are comprised of the women themselves. However, they are limited by financial constraints and lack of external support the few projects they managed to lift off the ground are nipped in the bud.

The difficulties women face in these IDP sites did not just occur in the aftermath of the earthquake. The root causes of women's and children's vulnerabilities arise from the living conditions, fragile economic resilience and marginalized social contexts that preceded this disaster.

It has also brought to light the substantial lesson that approaches based on the right to live in dignity, and the protection of vulnerable groups are not optional elements of a humanitarian action but rather an integral part of the action and crucial ones.

This study is part of SI general will to better take into account gender issues. The organization is aware of the room for progress in understanding specific gender vulnerabilities and capacities and is committed to strongly improve its practices. As a first step, a gender position paper is currently being finalized and will be used as awareness tool within the association.

Study recommendations

Pre-disaster vulnerabilities and marginalized groups need to be better assessed and integrated in the emergency response, giving a role in the decision making process to those who are more at risk.

Formulations of specific gender strategies within the mainstream activities of SI can facilitate the resolution of most of the issues raised by women and children.

In addition, indicators which reflect such commitments need to be included in proposals which take account the specific constraints faced by the Haiti programs.

Standard checklists and guidelines (IASC gender marker) need to be developed which address essential determinants of vulnerability in diagnostics, assessment, and evaluation activities both for internal and external uses.

Sex and age disaggregated data (SADD) and a gender perspective has to be part of all monitoring, evaluation and information analysis instruments and mechanisms in general.

Staff capacity needs to be built upon in such areas as gender-impact assessment methodologies, in order to incorporate routine gender analysis techniques into regular monitoring tools and procedures.

Capacity for systematic gender mainstreaming needs to be developed at all levels. It is necessary to ensure that adequate human resources and capacity are in place in the base offices and in the headquarters supported by performance evaluations and budget allocation to avoid staff overload and to effectively and meaningfully produce immediate strategic impacts on gender issues.

Recommendations for SI Port au Prince programme

The creation of economic opportunities and the establishment of basic social services are the main factors that will facilitate women's quicker recoveries and the return of the majority of the displaced into their neighborhoods. Activities which help facilitate household economy suited to women are essential and have to be developed in consultation with women.

Building consensus and agreement with agencies, particularly those simultaneously working in same sites as SI, by building strong communication and networking can avoid problems of duplication, double standards and competition for committee attention.

Codes of conduct about agency/ local partnership/other NGOs adaptable to unique situations need to be in place.

Capacity building of local actors and community networks is compulsory to ensure much greater local engagement in the mechanisms of humanitarian response. These are unavoidable to ensure continued and expanding local recovery efforts where women alongside men could equally contribute and gain. For instance, include support activities and campaigns already being run by women groups such as KAYFAM, SOFA, etc in the area of protection and sexual exploitation within the IDP sites where SI is engaged and those problems are prominent. (Bristout, CFW).

Encouraging shared decision making among different groups and avoiding a monopoly of decisions in the hands of a few or by unrepresentative organizations needs to be pursued (for example by identifying roles for the women's associations).

Enabling feedback mechanisms which encourage local community complaint systems if their rights are not respected, to make it easier for victims to give feedbacks (eg. Encouraging open announcement of beneficiaries in meetings and crosschecking of beneficiaries by SI staff).

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