Women's Vulnerabilities in Humanitarian Disaster Responses:

Oxfam, WFP and CARE in Aceh and Haiti

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Abstract:

The number of people affected by natural disasters is increasing. These natural disasters hinder long-term development, and have substantial impacts on the lives of those affected. While both women and men are affected by natural disasters, women tend to suffer disproportionately to their male counterparts. It is the structural inequalities women face that render them more vulnerable to natural disasters. Corresponding to the increase in disaster impacts is the number and size of humanitarian organizations in responding to affected populations. Humanitarian organizations need to ensure that their disaster response does not exacerbate these structural inequalities but rather to use this opportunity to address it. This thesis examines the disaster response by three leading humanitarian agencies (Oxfam, WFP and CARE) to the 2004 tsunami in Aceh, Indonesia and the 2010 earthquake in Haiti in order to assess how and to what extent these organizations acknowledge and address the vulnerabilities of women.

August, 2011

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Acronyms

ADB	Asian Development Bank
BSF	Blanket Supplementary Feeding
CBDM	Community Based Disaster Management
CFW	Cash for Work
DCN	National Civil Defense
ECOSOC	Economic and social council
GAM	Free Aceh Movement
GDP	Gross Domestic Product
GII	Gender Inequality Index
HDI	Human Development Index
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IPCC	Intergovernmental Panel on Climate Change
LAC	Latin America and the Caribbean
LDC	Less developed countries
MDC	More developed countries
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MSF	Medecins Sans Frontieres
NGO	Non-governmental Organization
OAS	Organization of American States
PAR	Pressure and release model
PPM	Parts per million
TNI	Indonesian National Military
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNISDR	United Nations International Strategy for Disaster Risk Reduction
WFP	World Food Programme

Chapter 1: Conceptual Problematic

Natural disasters are impeding development work, and hinder long-term development (Maathai, W. & Robinson, M. 2010; Oxfam, 2008). Livelihoods, infrastructure and lives are being negatively impacted by the increase of extreme weather events (Maathai & Robinson, 2010). Although it has been acknowledged that women are among the hardest hit, they have yet to be fully included in disaster management, a topic in need of further exploration. Central to women being disproportionately impacted by natural disasters is their increase in vulnerabilities which, largely due to preexisting sociocultural structures, are already prevalent in many post-colonial or developing societies.

The primary argument of this study is that effective disaster response necessitates both the recognition of women's vulnerabilities as well as their inclusion in response strategies. Women are not merely victims but agents in their own right. They are central to an effective disaster response because women better understand their communities and are more likely to know who needs which resources most. They also are more equipped in understanding what their families need.

This thesis aims to examine the link between women's vulnerabilities and the ways in which humanitarian organizations respond to natural disasters. The main question of the thesis is: how and to what extent do humanitarian organizations in their natural disaster management acknowledge and address the vulnerabilities of women? In order to address this question, the humanitarian response by three organizations, namely Oxfam, the World Food Programme (WFP) and CARE, to the 2004 tsunami that hit Aceh,

Indonesia, and the 2010 Haiti earthquake, are examined.

The analytical framework used in the thesis is the vulnerability approach articulated by scholars undertaking this type of research and supplemented by key ideas of Amartya Sen. According to Neumayer & Plumper (2007)

A vulnerability approach to disasters would suggest that inequalities in exposure and sensitivity to risk as well as inequalities in access to resources, capabilities, and opportunities systematically disadvantage certain groups of people; rendering them more vulnerable to the impact of natural disasters (p.1).

Economic, demographic, and political processes affect the distribution of resources among diverse groups of people, all of which are seen as some of the underlying causes of vulnerability (Cardona, 2003). Cardona (2003) suggests that vulnerabilities originate in:

a. Physical fragility or exposure: the susceptibility of a human settlement to be affected by a dangerous phenomenon due to its location in the area of influence of the phenomenon and a lack of physical resistance;

b. Social-economic fragility: the predisposition to suffer harm from the levels of marginality and social segregation of human settlements, and the disadvantageous conditions and relative weaknesses related to social and economic factors; and

c. Lack of resilience: an expression of the limitations of access and mobilization of the resources of human settlement, and its incapacity to respond when it comes to absorbing the impact (p.12).

Academics from various disciplines, such as geographers and sociologists, have used Cardona's approach to assess the vulnerability of various groups to natural

disasters. "Increasingly... scholars acknowledge that a better mitigation of negative disaster impacts is contingent on a better understanding of the socially constructed vulnerabilities of specific groups of affected people" (Neumayer & Plumper, 2007, p. 3). From this starting point we will begin to examine the specific ways, be it social, cultural or economic, in which women are increasingly vulnerable to natural disasters. This study is necessary because, on average, natural disasters kill more women than men, or kill women at a younger age than men, with numbers increasing with the strength of the disaster (Neumayer & Plumper, 2007). This is not solely contingent on the severity of the natural hazard, but also on the socioeconomic status of women in the country affected. In countries where women have a high socioeconomic status, they die in approximately equal numbers to that of men. This highlights the necessity to focus on countries where the socioeconomic status of women tends to be lower than that of men (Neumayer & Plumper, 2007). Where humanitarian organizations fail to recognize gender as an aspect of disaster vulnerability, programs will not meet the needs of women and can heighten gender inequalities. When women are not consulted, and a disproportionate amount of relief goes to men, both women's lack of voice and their lack of access to resources are intensified (Fisher, 2010). If increasing inequalities between men and women are a potential consequence of disaster response, it is of the utmost importance to examine the humanitarian response to see if this has occurred. Where this has occurred, it is vital to explore ways in which it can be addressed so that women's positions are not further undermined in the affected society.

The previously mentioned underlying causes of vulnerability are a direct reflection of the distribution of power in society (Cardona, 2003) and are related to

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the "entitlements" approach developed by Amartya Sen.[1] According to Sen (1999) entitlements are contingent on three factors. *Endowment* is the first factor and it can usually be found in the form of labour power and possibly also skill, experience, and land. It is the ownership over productive resources. The second factor is *production possibilities*, which bring in the use and availability of technology as well as the knowledge to be able to use it. Production possibilities include being able to gain employment in food production, industry or other activities. The last factor is the *exchange conditions* which Sen describes as "the ability to sell and buy goods and the determination of relative prices of different products" (Sen, 1999, p. 163). A loss of entitlements occurs in famines and other natural disasters.

While examining the ways in which women are disproportionately affected by disasters and how humanitarian agencies respond to this, it is the response phase that will be the focus. The purpose of looking at how vulnerabilities are addressed is to examine if this provides an opportunity by which women's agency and empowerment can be increased. According to Sen (1999) in-depth research regarding women's agency is of the utmost importance, but yet it is one of the more neglected areas of development studies. He argues that women are no longer passive recipients of welfare-enhancing help but rather active agents of change who can promote social transformation, and this enhances the lives of both men and women. One of the most important benefits of increasing women's agency is the removal of the injustices that damage women's well-being (Sen, 1999). In order for these injustices to be removed, the vulnerabilities that can foster injustice must be acknowledged. If humanitarian responses to natural disasters both

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[1] I refer to Sen's ideas as part of an "entitlements" approach because I am only drawing from a small part of his work. I understand that Sen's work is normally referred to as the "capabilities approach" in the literature. Many scholars, such as Martha Nussbaum, have built on this approach.

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acknowledged and addressed these injustices, they would aid in eradicating the kinds of

structural inequalities and gender biases that disadvantage women in the societies

affected (Pan American Health Organization, 2001; Yonder, Ackar & Gopalan, 2005).

Another point to be made in highlighting the significance of increasing women's agency

is the fact that the 'survival disadvantage' [2]of women compared to men is decreased, or

even potentially eliminated.

Although there are two other approaches to analyzing natural disasters, namely the

Pressure and Release (PAR) model and the access model, the vulnerability approach

supplemented with the ideas of Sen is best suited for this thesis. The PAR model is

premised on the idea that a disaster is where two opposing forces, vulnerability and

natural hazard, meet (Wisner et al., 2004). While the PAR model examines the

conditions and causes leading to vulnerability, it does not look at the household level.

The PAR model systematically explains factors that contribute to vulnerability but does

not provide a strategy for decreasing it (Vasta, 2004). The access model is basically an

expansion of the PAR model in that it provides further analysis of human vulnerability

and the processes by which people are impacted by the natural event (Wisner et al., 2004).

However, Vasta (2004) does not find the access model to be dynamic enough to explain

vulnerability as it looks almost exclusively at the household level, which does not exist in

isolation from the regional, national or international economy. Lacking from the model

are the connections that enable households to reduce their vulnerability. Vasta (2004)

also highlights that vulnerability requires a broader and more dynamic framework that

extends beyond an explanation of what constitutes vulnerability to include an assessment

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[2] In calculating how many women there would be without a female disadvantage in survival (i.e. if women and men were given the same care), Sen found that there are more than 100 million missing women worldwide.

of how to reduce vulnerability. That is why this thesis utilizes both the vulnerability approach and the work of Amartya Sen on agency. The thesis does not provide a risk assessment, but rather brings out the ways in which women are more vulnerable prior to a disaster because we use this as a starting point to examine how the ensuing disaster response should be shaped. The ways in which women are more vulnerable will be examined further in the following chapter.

1.1 Methodology

With climate change increasing the frequency of disasters, more people being affected by disasters, and significant amounts of money being spent on disaster response, this is clearly a topic that needs to be addressed. Humanitarian organizations are forced to work quickly and in difficult situations to address human rights that are jeopardized by natural disasters. If humanitarian organizations are going to protect human rights in their disaster response, it is imperative that the *if* and *how* they are doing in this area be assessed. The success of disaster response is contingent upon not only meeting the needs of the population, but also mitigating further vulnerability. Women play a significant role in addressing both of these issues. First, they make up a significant portion of the affected population; and second, if their agency is increased their vulnerability can in turn decrease. Many of the vulnerabilities women face lie in social inequalities. Where agency is increased these social inequalities can begin to be addressed (Sen, 1999).

In order to undertake the research, the thesis relied on two case-studies. A case study is defined as:

a qualitative approach in which the investigator explores a bounded system (a

case) or multiple bounded systems (cases) over time, through detailed, in-depth

data collection involving *multiple sources of information* (e.g., observations,

interviews, audiovisual material, and documents and reports), and reports a case

description and case-based themes" (emphasis in original) (Creswell, 2007, p. 73).

Highlighting the effectiveness of a case study is Yin (2009, p. 4) in his argument that a

case study is often best used when the research question seeks to explain some present

circumstance, when one is looking to explain how or why a social phenomenon works.

Yin also explains that if the research questions necessitate an in-depth, extensive

description of a social phenomenon, a case study is probably the best approach as is the

case for this research. One of the significant benefits of using a case study is that the

concentration on a single phenomenon enables the researcher to discover the interactions

of important factors attributable to the phenomenon. This helps the researcher capture

nuances, patterns or other less obvious characteristics that other research approaches

might not otherwise catch (Berg, 2009).

The first case study to be examined is in Aceh, Indonesia, which was the hardest

area hit by the 2004 Indian Ocean tsunami. The second case study is the earthquake that

hit Haiti in January of 2010. Aceh and Haiti are examined in terms of how women's

vulnerability was acknowledged, and if it was addressed. Acknowledging and addressing

the vulnerability of women are two separate matters. Acknowledging women's

vulnerabilities is the extent to which an organization recognizes that women have

different needs and often face deeply rooted structural inequalities, rendering them more

vulnerable to natural disasters. Addressing these vulnerabilities points to actions that the

organization has taken to mitigate these vulnerabilities.

These two case studies were chosen for various reasons. First, the death tolls were among the highest in the past century (over 200,000 people died in each disaster). Second, they both ignited massive humanitarian responses in terms of the number of organizations involved as well as the amount of monies donated to the response and relief. Given the scale of the disaster and the amount of donations raised internationally, there was/is a significant amount of attention being paid to the response to both disasters.

Three nongovernmental organizations (NGOs) were examined in terms of their response to the two disasters. NGOs work independently from the government and normally focus on social, cultural, environmental and educational types of issues. There are thousands of NGOs around the world working in the field of development both locally and internationally (Coppola, 2007). On a regular basis, NGOs work to keep 'acute human suffering on the global agenda' (Pelling, 2003). The three organizations examined in both case studies are Oxfam, WFP and CARE. In order to analyze the extent to which these three organizations acknowledge the increased vulnerability of women, publications and the websites of the aforementioned organizations are examined. Given the volume of money donated, as well as an increased focus on humanitarian organizations, detailed reports and publications describing an organization's work have become of high importance. While these reports may not outline all work undertaken by the organization in the response and relief of natural disasters, the number and detail of the reports does provide sufficient data for assessing the level to which women are included in the disaster response. Oxfam, WFP, and CARE all highlight their targeting of women as being an integral part of their programming. Their reports, publications and websites outlining their disaster response should reflect this. The following brief

introduction to each organization will further highlight the focus on women in development programming as well provide a general outline of the organization's focus on emergency response.

Oxfam International consists of 15 organizations that work in 98 countries worldwide. Oxfam works with partners from around the world focusing on sustainable solutions to poverty and injustice. In working with communities, Oxfam outlines its focus and efforts in five main areas.

1. Development: [It] work[s] with and through partners and communities on long-term programs to eradicate poverty and combat injustice.

2. Emergencies: [It] deliver[s] immediate life-saving assistance to people affected by natural disasters or conflict, and help[s] to build their resilience to future disasters.

3. Campaigning: [It is] part of a global movement for change. [It] raise[s] public awareness of the causes of poverty and encourage[s] ordinary people to take action for a fairer world.

4. Advocacy: [It] press[es] decision-makers to change policies and practices that reinforce poverty and injustice.

5. Policy research: [It] speak[s] with authority as a result of thorough research and analysis, and the real experience of our partners in developing countries. (Oxfam, 2011a)

Gender justice is integrated throughout Oxfam's work. Oxfam sees discrimination and injustice as a root cause of poverty around the world, and therefore, ensuring both men and women benefit from their work is of high importance to the organization. According to Oxfam International's website:

You're more likely to be poor if you're a woman. And as a woman – according to research – you're likely to be doing most of the work. But this discrimination does not start there – it actually starts much earlier. Girls are too often denied access to education, health and nutrition from birth. This has to change.

(Oxfam, 2011a)

Oxfam cites some startling statistics which highlight the different ways in which women and girls face discrimination. The organization found that two-thirds of all children who are denied access to school are girls and that domestic violence is the single biggest cause of injury and death to women worldwide. Women also only hold 14 percent of the world's governmental seats. Both the lack of power and lack of opportunity are contributing causes to poverty. Traditional attitudes also stifle women's voices in what happens in their lives and communities, causing them (on the whole) to suffer disproportionately from poverty. These are the reasons Oxfam cites for integrating gender issues in all areas of their work. Oxfam also understands that there is no easy solution to gender discrimination and it is always context specific. Outlined on their website are six ways in which Oxfam helps women:

- Campaign for legal reform in countries with laws that disadvantage women

- Acquire functional literacy skills so they can work

- Raise the income of some of the world's poorest families through community finance programs targeted at women

- Strengthen their voice in their communities, so they can become leaders and spokespeople

- Build peace in areas struggling with conflict

- Understand their human rights, so they will not accept violence as their due (Oxfam, 2011a)

In contrast to Oxfam, the WFP is a United Nations (UN) agency with the specific purpose of combating global hunger. The WFP outlines its five main objectives on its website as the following:

1. Save lives and protect livelihoods in emergencies

2. Prepare for emergencies

3. Restore and rebuild lives after emergencies

4. Reduce chronic hunger and undernutrition everywhere

5. Strengthen the capacity of countries to reduce hunger

When a government requests the help of the WFP in emergency response to a natural disaster the Emergency Preparedness team goes into action. At the beginning of the emergency while food supplies are being delivered, assessment teams are sent in to examine the situation. They determine how much food assistance is needed, how many beneficiaries, how long, and how best to get the food to those who need it most. Once this is done, an Emergency Operation is created which also consists of a plan of action and budget. Once the food arrives to the distribution site (be it a refugee camp, therapeutic feeding center or other emergency shelter) the WFP works alongside governments and NGOs to distribute the food. It is at this point that the WFP works closely with local community leaders to make sure that those who need the food most are getting it which, according to the WFP, lists mothers, pregnant women, children and the elderly (WFP, 2011).

The WFP recognizes the importance of involving women in the process of

combating hunger around the world. This can be seen in that the home page of their website where there is a link to Women4Women, an initiative to raise money to 'empower women in the fight against hunger'. The areas in which the WFP works includes: school meals, food for assets, cash and vouchers, fighting against HIV/AIDS, focus on women, food security analysis, nutrition, and logistics. In their 'focus on women' section, the WFP highlights the fact that women have less access to resources and in many areas of the world (especially Asia and South America) they are more likely to go hungry. The WFP also gives 10 facts about women and hunger (see Appendix A). The WFP's Gender Policy commits them to:

- Continue providing food assistance for pregnant women, nursing mothers, children under five and adolescent girls

- Continue making women the food entitlement holders

- Continue facilitating the participation of women in food distribution committees

- Continue improving access to education and reducing the gender gap in schools

CARE International is a humanitarian organization consisting of 12 national members, each being an autonomous NGO. Members of CARE International work in over 70 countries worldwide, either providing relief or implementing development programmes (CARE, n.d.). CARE focuses on alleviating poverty by tackling the root causes and not just the immediate needs of the poor. Seeking to promote change by working with donors, UN agencies and establishing relationships with governments in countries where they work are some of CARE's main priorities. As CARE is usually

one of the first organizations to respond to emergencies, such as a natural disaster, it

focuses on both immediate relief and longer-term recovery. The kinds of services that

CARE provides in terms of disaster response include; food, temporary shelter, clean

water, sanitation services, medical care, family planning and reproductive health services,

and seeds and tools. CARE's emergency response consists of three phases: disaster

preparedness and prevention, rapid response at the onset of a disaster, and post-disaster

recovery. This focus here will be on CARE's rapid response at the onset of a disaster,

which is its provision of necessities in order to meet people's basic needs. In terms of its

focus on women, CARE finds that women are integral to poverty alleviation:

"Equipped with the proper resources, women have the power to help entire families and

communities escape poverty". In terms of health, CARE acknowledges that it must focus

on women because women are more vulnerable to disease and malnutrition. The

organization also highlights that it takes into account the needs of women, such as

reproductive health care and private sanitation facilities in disaster hit communities

(CARE, n.d.)

These three organizations were chosen because they are among the largest

responders to natural disasters. These organizations are leading the way in

acknowledging and placing women at the center in solving the problems facing many

developing societies, be it poverty, hunger or disaster relief. Disasters can provide a

'golden opportunity' to address some of the structural inequalities that render women

more vulnerable to poverty and hunger, and therefore make them more vulnerable

following a disaster. The progressiveness, size, and level on which these organizations

operate make them examples for other humanitarian organizations. Oxfam, WFP

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and CARE also produce regular reports, press releases and news stories, keeping the public and donors informed with their operations and programmes. Oxfam is regarded as leading the trend in combining disaster response, recovery and development programmes (Russell, 2005). The WFP is one of the largest humanitarian organizations, employing over 10,000 people, almost all of whom are working in the field. (WFP, n.d.). In 2010 alone CARE worked in 87 countries reaching more than 82 million people through its programmes (CARE, n.d.). These three organizations are well versed in disaster management and are looked to by other organizations, thus it is necessary to examine and assess their programming.

1.2 Limitations to the study

The biggest limitation to carrying out this study was the inability to carry out field research.[3] Fieldwork was not feasible, due to time and money constraints. Another limitation to this study was the reliance on organizations accurately reporting on their work in disaster stricken areas. Where these organizations highly relied on donors, their reports and 'outcomes' may have been tailored to this. However, with the number of

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[3] E-interviews were also a method used in the research. E-interviews are interviews that are conducted through the use of e-mail. This method is beneficial in that it allows the researcher to 'interview' people from various locations in the world (Berg, 2009, p.126). I attempted to use e-interviews to gather data from those working in humanitarian organizations that were involved in disaster relief. I went through the Research Ethics Board (REB) process at Saint Mary's University in order to be able to conduct the e-interviews, and I received approval. Unfortunately, there was a low response rate. Seven interviews were sent out, but only one response was received. One significant issue here was that many humanitarian workers are in the field with limited access and time to respond to e-mails. Given that, e-interviews were not part of my findings, and thus served as a limiting factor to the study.

reports and data available, consistency in reporting programmes and outcomes was examined.

1.3 Thesis Outline

The remainder of this thesis is outlined as follows. The second chapter provides a review of the literature, beginning with an examination of natural disasters, development and vulnerability. The interconnectedness of these three concepts will be highlighted. Within this, climate change is also looked at as both a contributing factor to vulnerability and as a key element in the increase of frequency and intensity of disasters. Thus, the necessity of examining disaster response and making it as effective as possible, given that more people are continually going to be affected by disasters, is further highlighted. The literature review also looks at humanitarianism, bringing out the critiques of humanitarian organizations. The role of NGOs and the affected government in disaster response is looked at as well. How governments respond to a natural disaster ultimately dictates the role that NGOs play.

Chapter three examines the tsunami that struck Aceh, Indonesia in 2004, followed by the fourth chapter examining the 2010 earthquake in Haiti. In both these chapters, the preexisting vulnerability of the province/country is assessed. The preexisting vulnerability of women is also examined. The disaster itself is looked at, followed by the humanitarian response. Oxfam, WFP and CARE are assessed in terms of their humanitarian response on the whole, and more specifically in terms of how/if they acknowledged and addressed the vulnerability of women.

The discussion chapter compares the outcomes of the two disaster responses

in order to bring out if some of the 'lessons learned' from the tsunami response in Aceh were implemented in the recent disaster response in Haiti. Furthermore, this chapter provides five recommendations for how women could be better included in disaster response and the benefits of their inclusion. Disaster response provides a door through which women's agency can be increased. When humanitarian organizations acknowledge this and seize the opportunity, not only do responses become more effective because resources are better allocated, but women's vulnerability to the increasing number of disasters will be decreased.

Chapter 2: Literature Review

The purpose of this study is to examine how and to what extent humanitarian organizations in their natural disaster response acknowledge and address the disproportionate impacts of disasters on women. Natural disasters stem from natural hazards, and can be defined as "some rapid, instantaneous or profound impact of the natural environment upon the socio-economic system" (Alexander, 1993, p. 4). Therefore, a natural hazard is defined by the United Nations International Strategy for Disaster Reduction (UNISDR) as a "natural process or phenomenon that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage" (2007). Essentially, natural disaster refers to the impact of the natural hazard (e.g. cyclones, earthquakes, floods) on society; however the impact of the hazard depends highly on the level of society's vulnerability to them (Twigg & Steiner, 2002). Through a vulnerability approach, hazards are seen as natural while the ensuing disaster is not (Bankoff, Ferks, & Hillhorst, 2004); this will be further examined later in this section.

This chapter provides an overview of the literature. The first section examines natural disasters and development, looking at the relationship between the two. It will also examine vulnerability and the variables that increase one's vulnerability. The third section focuses on the third phase in disaster management, disaster response. This section will look at the role of NGOs and the role of the affected government in disaster response. It will also examine how the two can work together for an effective response to a natural disaster.

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2.1 Section One: Disasters, Development, and Vulnerability

Natural disasters and development are intrinsically linked in various ways. The pursuit of economic growth as the development model has had significant environmental consequences. These consequences have in turn led to an increase in both the frequency and intensity of natural disasters. Other development issues, such as urbanization and growing levels of poverty have increased the vulnerability of populations. Increasing vulnerability, coupled with a growing number of natural hazards, has wreaked havoc on the development process. This section will explore each of these aspects, highlighting the fact that as vulnerability and the number of disasters increase, the capacity and efficiency of disaster response is of extreme importance.

Chhibber & Laajaj (2008) call for awareness that although the focus tends to be on the natural hazard (earthquake, flood, tsunami etc.), "disasters are also often the slow buildup of human pressure on resources, which in turn is affected by choices made on strategies for economic development" (p. 8). The push for economic growth as the main model for development has had intense environmental consequences. Coupled with contemporary capitalism's goal of maximizing growth, there is little or no regard for environmental consequences (O'Brien, O'Keefe, Rose & Wisner, 2006). Another result is an increase in average temperatures, leading to more frequent, unpredictable, and intense extreme weather events (van Aalst, 2006; Schipper & Pelling, 2006; Chhibber & Laajaj, 2008; Freeman, Keen & Mani, 2003). While the two case studies examined in this thesis are an earthquake and tsunami (neither of which are related to climate change) it is important to recognize that climate change increases vulnerability. For example, in 2008 Haiti had been hit with four hurricanes; the country had yet to recover from these

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when the earthquake hit in January 2010.

Although there has been considerable uncertainty and debate surrounding the issue of climate change, the Intergovernmental Panel on Climate Change (IPCC) predicts that it is "very likely" that sea levels and temperatures will continue to rise, again contributing to the increasing number of natural hazards (Chhibber & Laajaj, 2008, p.9). The Asian Development Bank's (ADB) assessment of climate risk profiles show that global warming will make, what were seen as rare extreme weather events, more common (Lane & McNaught, 2009).

According to an Oxfam study, there are currently an estimated 250 million people a year who are in need of immediate humanitarian assistance from various natural disasters. This number is expected to increase to 375 million by 2015 (Schuemer-Cross & Taylor, 2009). As mentioned above, climate change is one of the leading factors contributing to this increase. The IPCC defines climate change as "a change in the state of the climate that can be identified... by changes in the mean and or the variability of its properties, and that persists for an extended period, typically decades or longer" (UNISDR, 2008). Climate change is described by O'Brien, O'Keefe, Rose & Wisner (2006) as being a "multifaceted (from drought to flood) and multidimensional (from local to global) hazard that has short-, medium-, and long-term aspects and unknown outcomes" (p. 8). From such a description, one can see the complexity surrounding the issue of climate change.

Simply put, climate change is attributed to the increase in the concentration of greenhouse gases, which trap heat in our atmosphere and stop radiation from escaping into space (van Aalst, 2006). When fossil fuels such as coal and oil are burned, they

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release carbon dioxide (one of the main greenhouse gases) into the atmosphere. The use

of fossil fuels has increased rapidly since the industrial revolution. Thus, the

concentration of carbon dioxide in the atmosphere has risen from 280 parts per million

(ppm) in 1750 (van Aalst, 2006) to its current concentration of 390 ppm (Diacu, 2010).

The result of this is an increase in the overall average temperature by 0.6 degrees over the

last century. Evidence of climate change and the warming temperatures can be seen in

the retreat of glaciers. Since the 1960's 10 percent of snow in the Northern Hemisphere

has melted. Ocean levels have also been on the rise; between 1961 and 2003 global sea

levels increased an average of 1.8 millimeters per year (Diacu, 2010). Other evidence of

climate change can be seen in the change of behaviour in many species. Some plants

have migrated up several meters in altitude per decade in order to get to the cooler

temperatures they prefer. In cooler regions of the world, plants have are dormant for a

shorter period of time, and various bird species have been recorded to be laying their eggs

one to two weeks earlier than thirty years ago (Diacu, 2010).

The UNISDR outlines two ways by which climate change affects natural disasters.

The first way climate change affects disaster is in the probable increase of weather and

climate hazards (UNSDR, 2008). Ibarraran & Ruth (2009) also point out that there has

been an increase in natural hazards, which is likely caused by climate change. They also

predict that there will be an increase in the damaging effects of these hazards in the near

future. The second way climate change affects the impacts of natural disasters is that it

increases the vulnerability of communities. Vulnerability from climate change can be

increased by ecosystem degradation and increasing water and food scarcity, both of

which reduce the communities' ability to cope with a natural hazard (UNISDR,

2008). Again Ibarraran & Ruth's (2009) arguments parallel those of the UNISDR. They

point out that the growing number of natural hazards, coupled with population growth

and unsustainable economic growth, are putting even more people at risk. These

practices weaken the 'environmental buffering capacities' that work to reduce the

impacts of natural hazards, such as coral reefs, wetlands or the proper vegetation that

covers steep slopes.

Although it is impossible to be sure about the disaster-related effects of climate

change (UNISDR, 2008), some changes in extreme weather events have already been

witnessed (van Aalst, 2006). An increase in the number of hot days, and a decrease in the

number of cold/frost days have been observed in almost all regions. Heavy precipitation

in both mid and high northern latitudes has increased. At the same time, the number and

intensity of droughts in some areas in Africa and Asia have also increased. Future

projections show that all of these extreme weather events will continue to be amplified.

This will cause more floods and landslides in some areas while other areas will

experience more droughts (van Aalst, 2006; UNISDR, 2008). Tropical cyclones in the

Atlantic have been increasing in both frequency and intensity since 1995. Since the

1970's the destructiveness of tropical cyclones has steadily been escalating. This is

apparent in the fact that the number of category 4 and 5 cyclones has almost doubled

since 1970. Trenberth (2005) argues that global warming is changing environmental

conditions that give more energy to fuel tropical storms, making them more intense in

areas where they occur. However, on the frequency of tropical cyclones he also finds

that there is a lack of conclusive data linking anthropogenic changes to the number of

hurricanes and the routes they take (as cited in van Aalst, 2006). From this we can

see that climate change, at the very least, has amplified the uncertainty that already exists

around the frequency and intensity of natural hazards. It has also effectively weakened

the use of past climate conditions to predict the future (Solecki, Leichenko & O'Brien,

2011). In 2005, 168 Governments adopted the Hyogo Framework, which is essentially a

blueprint for countries to follow in order to reduce disaster losses by 2015. Losses are

described in terms of lives and losses of community and country social, economic and

environmental assets (PreventionWeb, 2011). Climate change is recognized as 'an

underlying threat in relation to disasters' in the Framework (Helmer & Hilhorst, 2006).

Although climate change and climate related disasters have the capacity to affect all

countries (as it is not bound by country borders), the difference in the impact they have

on less developed countries (LDCs) versus more developed countries (MDCs) is

remarkable. Although MDCs accrue a more significant economic loss, LDCs suffer

disproportionately more deaths. Economic losses in the 1990's were reported to be

US$ 659.9 billion, two thirds of which is from disasters in MDCs. According to the

International Committee of the Red Cross (ICRC) between 1992 and 2001 LDCs

experienced 594,899 fatalities, while MDCs suffered only 27,464 fatalities. The

inequality is highlighted further in that countries with a high human development index

(HDI) on average, suffer 23 deaths per disaster. Countries with a low HDI suffer 1,052

deaths on average per disaster (O'Brien et al., 2006). LDCs are more adversely affected

by climate change and disasters because they are poorly equipped. These countries have

limited extra resources to adapt to, or to mitigate, the impacts of climate change and

climate related disasters (Smith & Petley, 2009; O'Brien et al., 2006).

Extreme weather events, such as heat waves, droughts, increased rainfall, floods,

cyclones etc., affect the health of humans in different ways. They can cause irreparable damage to hospitals and clinics, placing more pressure on already under-resourced health systems. They can also affect water quality and availability, which negatively impacts sanitation, agricultural production, and nutrition, while potentially increasing the spread of waterborne diseases (Lane & McNaught, 2009).

There are various socio-economic factors that increase the impact of natural disasters. These socio-economic factors work to increase vulnerability to risk;[4] therefore when a natural disaster strikes the impact of the disaster is heightened. Population growth, land pressure, and economic inequality are all socio-economic factors that can increase the impact of the natural disaster.

The growing population exposes more people to the hazard, which can turn more natural hazards into disasters (Stromberg, 2007; Smith & Petley, 2009). Population growth also increases vulnerability because more people are living in areas exposed to natural hazards (Pielke, Rubiera, Landsea, Fernandez & Klein, 2003). About 90% of the population growth is occurring in LDCs, where the impacts of natural disasters are already disproportionately higher. The continual population growth in these most of the LDCs already extends past the capacity of governments to provide social services to. It also means that when a disaster strikes a highly populated area, there are more people in need of food, water and other necessary provisions (Smith & Petley, 2009).

Poverty is one of the major factors in increasing vulnerability. Locational constraints, credit, savings, capital, and more alternate options are some of the things that help soften the impact of disasters, all of which the poor are lacking (Alexander, 1993). As economic inequality continues to grow, so does the number of people without these

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[4] Defined as "the extent to which a society is potentially exposed to a natural hazard" (Seck, 2007, p.4)²³

resources to mitigate disaster impacts. In normal times, about 800 million people (or one-sixth of LDCs) lack adequate food to lead healthy lives. As the inequality between the rich and the poor increases, so does the number of vulnerable people. Smith and Petley (2009) provide us with the example of Chile, where between 1978 and 1985 the wealthiest 20 percent increased their share of the national income by 10 percent, from 50 to 60 percent. At the same time, the poorest 40 percents income share dropped from 15 to 10 percent.

Land pressure has become another factor in the increase of disaster impacts. Development processes have increased the movement of people to urban areas, aggravating the pressures of climate change (Lane & McNaught, 2009). Smith & Petley (2009) estimate that approximately 850 million people around the world live in areas that suffer from extreme environmental degradation. Poverty, a reoccurring factor in increasing vulnerability, has forced many to adopt unsustainable land-use practices that further deforestation, soil erosion and over-cultivation. These unsustainable land-uses increase the number of floods, landslides, and droughts. This can cause significant problems for the 80% of people in LDCs who rely on agriculture (Smith & Petley, 2009).

A failure to take vulnerability into account can mean that development efforts will be lost or wasted with the occurrence of a natural hazard. Although this is true in MDCs as well, LDCs generally have less capacity to mitigate these losses. In Honduras, Hurricane Mitch (1998) destroyed 70-80% of transportation infrastructure, and left 20% of the population homeless. The country also experienced food shortages and outbreaks of malaria, dengue fever and cholera from the poor sanitation (Chhibber & Laajaj, 2008). President Carlos Flores declared that "we lost in 72 hours what we have taken more

than 50 years to build" (Seck, 2007, p.5). Although there are some exceptions (which will be looked at further in this thesis), generally for a country to be able to recover quickly from a natural disaster, it would need to be relatively developed. Likewise, countries that are vulnerable to natural disasters could get stuck in a pattern of disasters and nderdevelopment. This is best explained by Chhibber & Laajaj "...there is a risk for poor countries to be locked into a vicious circle where they are vulnerable because of their low level of development, and this vulnerability regularly brings

Figure 1: Oxfam's depiction of disaster impacts aggravating the vicious spiral of poverty

them back to their initial level of development through natural disasters" (p. 23). For countries that are prone to natural hazards, the high volume of natural hazards result in large-scale natural disasters. This leaves these countries unable to build up their capital, resulting in high instability. Thus, development that fails to take risk into account increases vulnerability, which in turn, increases susceptibility to destructive events that can negatively affect development gains (Seck, 2007). Figure 1, (Oxfam, 2008, p. 9) highlights how poverty can lead to vulnerability, which accumulates risk, and upon
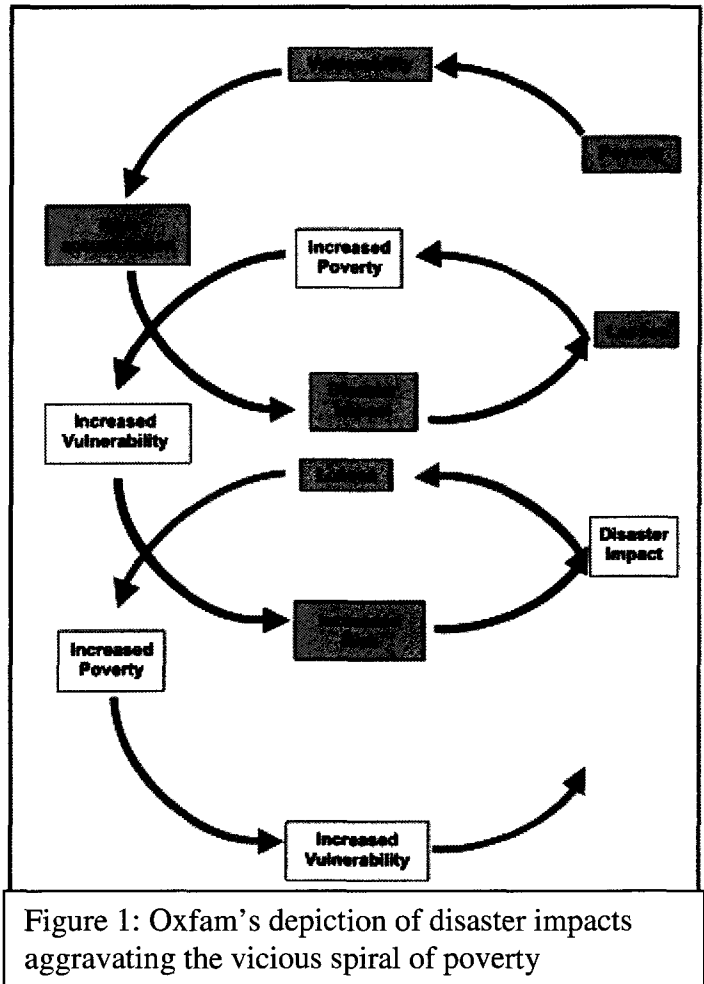
the impact of a disaster leads to increased poverty and begins the cycle again. This vicious spiral of poverty can be seen in countries that experience frequent occurrences of natural hazards. A prime example of this is being experienced in Haiti at the time of writing. In early 2010 Haiti was hit with an earthquake with a magnitude of 7.0. Before Haiti began to show signs of recovery, there was an outbreak of cholera, followed by a hurricane, which caused widespread flooding. These frequent occurrences of natural hazards (within a relatively short period of time) weakened the capacity of Haiti to manage the disaster and thus, further increase their vulnerability.

Central to many development plans of both countries and development institutions are the Millennium Development Goals (MDGs). The achievement of the MDGs would work to decrease the level of vulnerability in many developing countries. However, natural disasters can wreak havoc on the ability to achieve these goals. As Schipper & Pelling (2006) explain, "disasters triggered by natural hazards are a consequence of development failure as much as failed development is the product of disasters" (p.22). Schipper and Pelling (2006) highlight how disasters can impede the achievement of each of the MDGs; their summary can be seen in Appendix B. For the purpose of this study, Schipper and Pelling link MDG 3 (promoting the empowerment of women) to disasters as follows:

> During disasters, though, it is often women and girls who primarily have to withstand greater workloads or decreased entitlements to food within the household. In addition, the social upheaval associated with disasters can make women and girls more vulnerable to sexual violence, and without sensitive emergency relief programmes, it can reinforce power inequalities between men and women (and

between other social groups) (p. 24).

The increased vulnerability of women will be further examined in the next section.

2.1.1 Variables Affecting Vulnerability

Vulnerability is increased by a myriad of factors. The power structures within a community or society can work to increase vulnerability. For example, those who are marginalized (economically, such as squatters, or environmentally, such as those living in flood prone locations) continue to be marginalized post-disaster. Those who hold political and economic power tend not to be concerned with the marginalized populations (Wisner, Blaikie, Cannon & Davis, 2004). Thus, the marginalized remain as such and disasters produce more marginal people (those who cannot recover their livelihoods) who are made to live in more vulnerable situations (Wisner & Luce, 1993). The interests of the elite, or those who hold power within the community, tend to secure a large portion of the benefits of financial aid for recovery and development efforts that work to continue "normal" development (Wisner & Luce, 1993). One way of changing the power structures that increase vulnerability is to challenge patriarchy. In order to do this, it is important that women be included and fully participate in decision making processes following a disaster (Wisner et al., 2004). As one of the central themes of this thesis, this will be examined further throughout the paper.

While this thesis is concerned with women's vulnerability following a disaster, it is important to point out that there are women who are more vulnerable than others. Women with low incomes, and women who are refugees, homeless, elderly, disabled, recent migrants, or who belong to marginalized cultural or racial groups are

particularly vulnerable (Nelson et al, 2002; Fisher, 2010). Likewise, there are men who

are more vulnerable than women. There have been examples where men have suffered

disproportionately to women (in the United States more men die than women from

hazards such as lightning, thunderstorms, and flash floods, and in Central America where

hurricane Mitch hit); however, on average it is women who are more affected by natural

disasters (Neumayer & Plumper, 2007). There are a number of factors that can work

together to enhance one's vulnerability. These can be categorized into five main

variables of class, age, ethnicity, disability, and gender (Wisner & Luce, 1993). These

five categories, which will be examined here, all lead to a loss of *entitlement* and

empowerment as their command over basic necessities and rights is marginalized

(Bankoff, Ferks & Hillhorst, 2004).

      In terms of class, it is the growing inequality between the top ten percent of

society and the bottom third that is increasing vulnerability. It is not simply the loss of

monetary resources; it is also the lack of access to resources such as land, trees, pasture,

wildlife, fresh water and marine fisheries that are hurting the poorest third. Their ability

to cope with disasters is decreased as resources that could allow for a household to better

deal with stress are inaccessible (Wisner & Luce, 1993). Age is another variable that

plays a role in vulnerability, albeit usually in combination with some of the other factors.

However, in famine vulnerability, age plays a significant role as it has been found that the

very young and very old are more likely to die. The elderly tend to be more vulnerable

due to the declining purchasing power of pensions and other forms of fixed incomes.

Younger children are also a growing area for concern as the number abandoned in streets

of the large cities in the world is increasing, putting this group more at risk (Wisner

& Luce, 1993). Minority groups in each country have different vulnerabilities. However, on the whole, minority groups tend to be marginalized which in turn increases vulnerability. This is not separate from the other variables of vulnerability. Having lower average incomes along with more limited access to resources (both natural and social) minority groups are made more vulnerable. Disability is a major issue, is very complex, and often overlooked in vulnerability analysis. The UN outlines two major aspects of how disability impacts vulnerability. The first being that those who are blind, deaf, have restricted mobility, need special attention when disaster warnings are issued as they may not hear, see or understand them. Secondly, disasters can inflict injuries that lead to long-term disability. Again disability is not independent from the other factors. For example, trachoma, a disease that causes blindness spread by flies, affects fifteen million people. These people are generally very poor as this disease is easily prevented by the use of soap and water. Lastly, and of most importance to this study, is the variable of gender. Although examined separately, many of these variables intersect and gender cannot be isolated from any of the aforementioned factors of class, age, ethnicity, and disability. However, in general, women have less access to resources coupled with less representation in decision-making across levels. The subsequent section will detail how women suffer disproportionately to men.

It has been well established that poorer people are more vulnerable in disaster situations (Freeman, Keen & Mani, 2003). Six out of ten of the world's poorest people are women, reinforcing the previous notion that class and gender intersect (UNDP, 2010). Although women comprise more than 50 per cent of the world's population, they own only one per cent of the world's wealth (UNDP, 2010). There are various reasons

why women experience higher levels of pre-disaster poverty. One of the reasons is the unequal status in the workforce (Nelson et al., 2002). Women tend to specialize in unpaid labour, and where they are being paid, they tend to be paid less than men. Contrary to the idea that labour is the poor's most plentiful resource, women are *time poor* as the majority of their work goes unpaid, it also goes socially unrecognized (Cagatay, 1998). Starting at a disadvantage of increased poverty, women face more vulnerability than men. Women tend to work more in the informal sector, which is often the worst hit in disaster situations and is least able to recover. This causes women to lose jobs and work-time disproportionately to men (Nelson et al., 2006), reinforcing the levels of poverty among women.

Although it has been acknowledged that gender is an important factor within development policy, there has been a lack of action to follow, particularly within the scope of climate change (Nelson et al., 2002). It is imperative that gender concerns be taken into account when deciding actions to be taken to mitigate risks, as men and women's experiences in disaster situations differ greatly (Ikeda, 2009). In order to avoid intensifying gender inequalities in disaster management, gender analysis needs to be fully integrated into public policies, which could in turn, promote gender equity (Nelson et al., 2002). Issues pertaining to gender should be discussed by the community in the creation of community-based disaster risk management policies and vulnerabilities need to be assessed and integrated into action plans in the event of a natural disaster (Ikeda, 2009).

As mentioned, women have less access to resources. This will become further exacerbated with the impending effects of climate change. Climate change is expected to increase water shortages (Denton, 2002). As women are generally responsible for

cooking and maintaining the home, water shortages can make these tasks more difficult. Access to resources is already difficult for many women in LDCs. As climate change increases this, upon the impact of a natural disaster the barriers to accessing resources will become further intensified.

Additionally, women have less representation in decision making, and higher levels of poverty, a study done by Neumayer & Plumper (2007), finds three more reasons for the gendered differences in mortality rates caused by natural disasters. The first is the biological and physiological differences which can potentially disadvantage women in their immediate response to disasters. Women may not be as strong as their male counterparts, which could affect their ability to not be swept away by water or wind. Also, women who are in the final stages in pregnancy are less mobile, and therefore more vulnerable. Other factors including the inability to run quickly, climb trees and posts (arguably not just physiological factors but also learned skills) disadvantage women.

Secondly, social norms and role behaviours can increase women's vulnerability. The 'typical' role of women as the caretaker for the children and elderly, as well as the families' property, hinders women's ability to self-rescue. Dress codes can act as a barrier to women's ability to move quickly; in rural Bangladesh women are expected to wear a *sari*. This impedes women's ability to swim or run quickly. Prejudices also exist against allowing women to learn to swim, once again increasing their vulnerability in flood prone areas (Neumayer & Plumper, 2007). Following the tsunami in 2004, women in the Nagappatnam district in India where cultural norms prohibit women from learning to swim had a fatal impact. Mortality rates for those who could swim were 60 per cent lower than for those who could not (Oxfam, 2008).

Lastly, new forms of discrimination towards women can be exacerbated if there is

a shortage of resources followed by a breakdown of social order. After a disaster occurs,

women are much more likely to die than men, which can be explained by the

discrimination in access to resources. Where gendered discrimination is already present,

natural disasters can intensify the preferential treatment of men in rescue efforts. Disaster

researchers have found that relief efforts tend to be controlled by men, consciously

excluding women, failing to meet their needs, or to allow for their contributions in

competences and experiences (Neumayer & Plumper, 2007). This can have adverse

health impacts on women and girls, especially in overcrowded camps. In these camps

women can become susceptible to rape and abuse. This can be seen in the camps in Haiti,

where violence, rape and sexual assault have been reported. Human Rights Watch

acknowledges that cases of sexual violence increases in emergencies and Haiti has been

no exception (Gerntholtz, 2010). Women have no privacy in the camps to wash

themselves, change sanitary pads, or feed their babies and thus become the object of

many male watchful eyes, increasing their vulnerability to sexual violence (Gerntholtz,

2010). These factors that increase women's vulnerability will be further examined in

both the case study on Aceh and Haiti.

2.2 Section Two: Humanitarian Aid

2.2.1 Humanitarianism, Natural Disasters and the Role of NGOs

With the increasing number of natural disasters and vulnerable populations, it is

no surprise there has been an increase in humanitarian action. Lewis and Kanji (2009) define and describe humanitarian action as follows;

1. The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations.

2. Humanitarian action should be guided by the humanitarian principles of humanity, meaning the centrality of saving human lives and alleviating suffering wherever it is found; impartiality, meaning the implementation of actions solely on the basis of need, without discrimination between or within affected populations; neutrality, meaning that humanitarian action must not favour any side in an armed conflict or other dispute where such action is carried out; and independence, meaning the autonomy of humanitarian objectives from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

3. Humanitarian action includes the protection of civilians and those no longer taking part in hostilities, and the provision of food, water and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people to facilitate the return to normal lives and livelihoods (p. 188).

Although humanitarian action should, in theory, be guided by the aforementioned humanitarian principles of humanity, it is not without its critics. This section will explore the evolution of humanitarianism, along with the role of NGOs in humanitarian action before presenting the current debate surrounding humanitarian action. This section

serves to provide the justification for NGO involvement in disaster relief, highlighting the

necessity of humanitarian action. It is from this perspective that one can deduce

humanitarian action is essential, but of equal importance is not *if* it is administered but

how.

Central, and perhaps even synonymous with humanitarianism, is the International

Committee of the Red Cross (ICRC). It was the ICRC which developed the underlying

principles of humanity, impartiality, neutrality and universality of humanitarian

assistance. Separating humanitarianism from politics is of high importance for the ICRC,

a necessity in ensuring neutrality and impartiality. Amnesty International, Oxfam, and

various UN institutions were also established as relief charities that avoided involvement

in the political sphere while meeting the needs of those in developing countries who were

suffering. These, and other, NGOs have been of significance in providing humanitarian

assistance where Western states would not (i.e. the Cold War and in countries such as

Bangladesh, Ethiopia, and Cambodia). Because NGOs are just that, nongovernmental,

they had the ability to function in these areas despite any political pressure. (Chandler,

2001)

However, after the Cold War a "new humanitarianism" emerged.

Humanitarianism moved in two different directions; the first is an expansion from

immediate assistance to conflict victims towards advocacy work. Humanitarian

organizations began working for "the protection of human rights for at risk groups"

(Chandler, 2001, p. 682). The other direction in which humanitarian organizations

moved, particularly in response to issues of famine and drought, was from merely

providing aid towards long-term development. Thus, the "new humanitarianism" is

moving beyond the scope of traditional humanitarianism of saving lives and attempting to alleviate human suffering. With the organizations themselves changing, public perception is also changing, and these organizations are facing pressure to implement long-term policies (Chandler, 2001).

In the 1970s and 1980s NGOs began to be funded directly by governments. They were not only funded but also relied upon by governments to administer relief funds in disaster situations (Chandler, 2001). Prior to the world food crisis in 1973-74, food aid had almost exclusively been distributed bilaterally, normally from one government to another. However, as NGOs received more responsibility and capacities expanded, they became more critical of their own work. Many NGOs became frustrated with the minimal impact of relief aid and pushed for more developmental outcomes. This was evident as by the end of the 1970s Oxfam had moved to spending over 50% on its budget on development issues and only 10% on emergency relief (Chandler, 2001). By the late 1980s NGOs were being pushed to develop new NGOs in the developing countries, which would receive direct funding (Chandler, 2001).

There are four main types of humanitarian NGOs; people-centered, pragmatist, solidarist, and faith-based (Walker and Maxwell, 2009). People-centered humanitarian organizations are those that closely follow the principles of classic humanitarianism (humanity, neutrality, impartiality, universality, and independence). This group is as concerned with the means of humanitarianism (principles) as the outcomes. Outcomes they favour tend to be are more minimalist and life-saving. Organizations such as ICRC and MSF (Medecins Sans Frontieres/Doctors Without Borders) fit into this category. The second grouping, the pragmatist humanitarian organizations are a sharp contrast to

the first. They focus on the outcomes and impacts and less on the means through which these are achieved. Pragmatist organizations are unafraid of operating in politically charged atmospheres and tend to side with the political agendas of their funders. Agencies in this categorization are some of the larger US agencies that receive most of their funding from USAID. Solidarist agencies have moved beyond the traditional boundaries of the principled approach of simply saving lives to looking at underlying causes, human rights, and social transformation. Solidarists would claim to be impartial in providing assistance although many in this group question the notion of neutrality. Faith-based organizations philosophically cut across the other three types of humanitarian organizations. Fundamentally, however, their principles are defined by religious doctrine and not by secular principles or outcomes. Faith-based agencies tend to be associated with politically right-of-center Christian organizations in the US, which also have characteristics of the pragmatist category. None of these categories are exclusive and many are cross cutting; however they provide an idea of the different realms of humanitarian NGOs (Walker and Maxwell, 2009).

2.2.2 Critiques of Humanitarian Aid Organizations

Although humanitarian action is a high-profile area in which NGOs have been widely acknowledged, there are various critiques levied against humanitarian action. Humanitarian organizations have been criticized for their lack of coordination, which hinders the effectiveness and impact of the aid organizations. This lack of coordination spawns from the sheer number of organizations and the vast range of services they offer (Moorse, Eng, & Daniel, 2003). Macrae (1998) does one of the most thorough

analyses of the critiques of humanitarianism. Macrae argues that the nature of the current critique being made against humanitarianism is changing, from one against the humanitarian system to that against humanitarian values. Essentially the debate has shifted from how to change the system to abolishing the system all together. In order to understand the critique on humanitarianism, Macrae looks at how four groups (which she names the anti-imperialists, realpolitikers, developmentalists, and neo-peaceniks) are critiquing humanitarian values.

The anti-imperialists have two main critiques. The first is that humanitarian aid lets national political actors off the hook. They see it as hindering the formation of social and political contracts between warring parties and civilians. The second critique is that the humanitarian system is unaccountable. They see billions of dollars being spent providing services at an inflated price, while at the same time, national capacity to meet basic needs remains under funded. For the relief community, at best this critique is missing the mark, in that they overstate the importance of this community in shaping the political economy of conflict. At worst, this critique holds enough merit that it justifies a withdrawal of international responsibility (Macrae, 1998).

The realpolitikers (those who belong to the school of realpolitik, the politics of realism) "do not allow wishful thinking or sentimentality to cloud one's judgement" (Robertson, 2004, p. 420). They argue for an isolationist stance in terms of foreign policy. They justify withdrawal or non-engagement by the fact that human rights violations are seen to be a problem 'out there' so to speak. They see that it is the responsibility of the states to defend their own interests, which may or may not include upholding protection of human rights. Since there is a possibility that aid can be

captured by warring parties, not providing aid is legitimized (Macrae, 1998). However, the response to NGOs appeal for funds would suggest that people are not indifferent to the suffering of citizens around the world, and there is a belief in the moral responsibility to stop human rights violations (Van Tulleken, 2007). This can also be seen in the donations from citizens worldwide in response to natural disaster relief in other countries.

Developmentalists, like the anti-imperialists, have two main arguments. The first is that relief creates dependency and effectively reduces the capacity of communities. Developmentalists also agree with the argument that relief debilitates social institutions; along with this they see relief work as undermining the formation of markets and slowing the process of people returning to their normal patterns of production. Their second main point is that relief does not address the causes of conflict, and in turn, may worsen it (Macrae, 1998).

Developmentalist arguments, are closely linked with what Macrae calls the 'neo-peacenik' critique on humanitarianism. The supporters of this school use the work of researchers such as Keen who, according to Macrae, show how aid can be manipulated by warring parties in order to secure advantage. As opposed to aid (aid in terms of relief) being conflict neutral, it should be used to actively promote peace. This view fails to recognize that relief never claimed to have a role in conflict resolution, as that is not what it is designed to do.

There are some common strands that emerge from the various schools of thought. The first is a belief that relief aid fuels war. However, there is little evidence as to the extent in which the manipulation of aid increases conflict. Macrae argues, for example, that it is too simplistic to say if food aid is reduced violence will also be reduced.

This is an area in need of further examination as recent outbreaks of violence at food distribution sites in Somalia have occurred. Seven people were killed after militiamen opened fire to loot food aid intended for the hundreds of thousands of drought-affected Somalis (BBC, 2011). The WFP argues, similar to Macrae, that "food aid is not the cause of conflict nor the solution to resolve them since the political goals of the belligerents are overriding" (WFP, 2002, p.13)

The second belief is that relief can and should serve a political function. This essentially argues that relief should not be neutral. This raises the question as to whether it is ethical for relief aid workers to actively influence the course of a political conflict (Macrae, 1998). Although these critiques are useful in helping one to understand the current debates surrounding humanitarianism on the whole, and to be aware of the challenges in administering humanitarian aid, it should not undermine the importance and necessity of these organizations.

Despite the critiques on humanitarian action, Twigg and Steiner (2002) highlight two main reasons why NGOs should be extensively involved in disaster management:

i.   Disasters triggered by natural hazards are a major threat to sustainable development.

ii.   Poor and socially disadvantaged people, whom NGOs support through their development programmes, are usually the most vulnerable to such disasters.

The next section will look exclusively at disaster response, examining the roles of not only NGOs, but also the important (and somewhat understated) role of the affected government.

2.3 Section Three: Disaster Response

There are four phases of disaster management; mitigation, preparedness, response and recovery. This thesis focuses primarily on the response phase. Despite the level of a country's preparation, natural hazards still occur. These hazards require a timely response in order to avoid a catastrophe. The response phase is critical as it is the one with the most potential for saving lives. This section will look at the role of both the affected government and NGOs (national and international) following a natural disaster. While both play integral roles in disaster response, their capacities may greatly vary.

The increasing negative impacts of natural disasters previously outlined require a better response. Where governments are overwhelmed by a disaster, and rendered unable to meet the needs of their citizens the global community plays an integral role in helping. Even more important than government and NGOs are the roles the local people play in the response phase. They are the ones already there when the disaster hits, and are the first actors in the response phase. The response phase begins as soon as it is known that a hazard is forthcoming and lasts until the emergency is over. It is the most complex part of disaster management as it occurs during a time of high stress and severe time constraints. It is also difficult because each disaster is unique as are the participants', victims' and communities' needs (Coppola, 2007).

2.3.1 The Role of Nongovernmental Organizations

The increasing volume of disaster victims as well as heightened vulnerability of citizens' worldwide has led to the growth of NGOs focusing on international humanitarian relief. NGOs are vital in disaster response, according to Smillie and

Minear in Ferris (2005)

> Government officials are now aware that the world's largest NGOs actually provide more aid than do some donor governments. NGOs are active in more countries than many governments, and they carry more credibility with tax-payers than do government aid agencies. Indeed, some individual NGOs have country programmes with larger budgets than the government ministries to which they relate (p. 320).

Walker and Maxwell (2009, p. 119) state that NGOs are in fact the backbone of the delivery mechanism of the humanitarian system. This is apparent in that much of the funding generated by the major humanitarian UN agencies is disbursed by NGOs.

While NGOs in disaster management and humanitarian operations may vary in their goals and focus (i.e. provision of food, shelter or medicine, etc.) there are four main over-arching objectives into which their actions can be grouped (Coppola, 2007);

1. Reduce the crude mortality rate observed among disaster victims

2. Reduce or minimize the incidence of disease and disability, while stabilizing public health conditions

3. Assist in the reconstruction and repair of infrastructure that has been damaged or destroyed

4. Protect displaced populations, and provide for their safe return once the emergency has passed.

Humanitarian organizations are consistently gaining importance in the distribution and provision of emergency relief. NGOs take on many important roles in disaster response, as they tend to fill gaps left by the government in both disaster response

and recovery (Coppola, 2007). When the Indian government did not invite international relief following the 2004 tsunami, it was local NGOs that were vital in filling gaps not covered by government programmes (Kilby, 2007). Although previously criticized for a lack of coordination, in large-scale disasters it is possible for hundreds of NGOs to work together in assisting the afflicted population. NGOs regularly work in and with vulnerable communities; therefore when a disaster strikes they understand the needs of the local population as well as how best to address them. They are also able to mobilize quickly because of their existing presence and understanding of the local culture, language, governance structures, economy, social networks, climates and geographies. A great example of this is the ICRC, which operates in almost every country around the world. Their strong partnerships that exist prior to a disaster enable them to be effective and efficient in their relief efforts (Coppola, 2007).

However, these organizations need to pay more attention to maximizing the strengths of both men and women in the relief efforts following a disaster. If this was to happen, not only could something like food distribution be more efficient, it could also help to increase women's agency by enhancing their voice and power within their community.

2.3.2 The Role of the Government

The government of the country affected by a natural disaster has the most important role in disaster management and response. The UN humanitarian resolution, Resolution 46/182 of 1991, states that the affected government has 'the primary role in the initiation, organization, coordination, and implementation of humanitarian

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assistance within its territory' (Harvey, 2009). Although the spread of neoliberalism has reduced government roles, it is still their duty to protect their citizens (Pelling, 2003; Schuemer-Cross & Taylor, 2009). Thompson and Gaviria (2004) highlight the important of government by stating that "a clear political commitment by public authorities to safeguard human lives is absolutely fundamental to success" (p. 22).

States affected by a disaster have four key roles and responsibilities (Harvey, 2009). The first is to 'call' a crisis and invite international aid. Some states have chosen to reject international help as they feel that they have adequate resources to successfully respond to the disaster themselves; such was the case with India following the 2004 tsunami and in Mozambique, which experienced floods and a cyclone in 2007. However, some states are not able to respond to a disaster themselves and choose not to give consent for external help, thus, making the provision of relief very difficult. This was seen in Myanmar where Cyclone Nargis devastated the country yet the government was hesitant to call for international support. Secondly, affected states provide assistance and protection themselves. This will be highlighted in the Cuban example to follow. Third, they are responsible for monitoring and coordinating external assistance. Depending on the scale of the natural disaster, this may be extremely difficult. This was seen recently in January 2010, when a 7.0 magnitude earthquake hit 25 km outside the capital of Haiti. The Haitian government was impacted significantly as two senators were killed, many senior political leaders injured, and many government buildings destroyed (the National Palace, the Supreme Court, the Palais de Justice, the Parliament, major courts, and police facilities) (United Nations Security Council, 2010). Lastly, the government sets the regulatory and legal frameworks that govern assistance (Harvey, 2009).

Agencies included in government emergency management plans seen around the world are those, such as fire departments, law enforcement agencies, emergency management agencies, emergency medical services, and the military. As each country is unique, so are their emergency management plans. Almost all countries have an office at the national government level specifically for managing emergency situations.

Coppola (2006) finds local and regional governments to be more effective in responding to emergency situations. Cuba provides an example of how important local level governments can be in disaster preparedness, but also in recovery (Schuemer-Cross & Taylor, 2009). Though the national level has various resources in place to avoid a disaster (i.e. disaster legislation, public education on disasters, meteorological research, early warning system, effective communication system for emergencies, comprehensive emergency plan, and Civil Defense structure), it is their Community Based Disaster Management (CBDM) approach that has been highly successful. The geographical location of Cuba makes it susceptible to hurricanes. Although a poor country, only 16 people died from the six major hurricanes that hit Cuba between 1996 and 2002. In 2001 hurricane Michelle, a Category 4, hit Cuba with winds of 216 km/hr. In total, 22,400 homes were damaged and 2,800 destroyed, yet only five people died.

Cuba's model for risk reduction is multidimensional and spans a vast arena of complementary elements, yet "the flesh on the skeleton of this national-level framework is the impressive organization and mobilization around disasters at the community level in Cuba" (Thompson & Gaviria, 2004, p. 22). When it is likely a hurricane will hit Cuba, the heads of the provincial and municipal assemblies begin to organize their command centers, they call coordination meetings and review emergency plans. In

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the communities the heads of institutions as well as doctors and school directors review their emergency plans for evacuation, checking procedures, destinations, and supplies. It is at this time that community shelters (such as schools or other municipal buildings) are stocked with water, food, medicines and other necessities from the local government emergency supply. As the hurricane gets closer (about 48 hours away) the emergency plan goes into full mobilization and students are sent home from school. The High Command of the DCN (National Civil Defense) will signal for evacuation, beginning with those who are considered to be high-risk. The aforementioned shelters are also staffed by a director, a doctor, a nurse, police and a representative of the ICRC. These evacuation plans are successful in saving lives because people are educated in them and cooperate with them. Cuba has demonstrated a commitment to disaster management, which significantly mitigates the impacts that natural disasters have on their country. It also demonstrates that although LDCs are disproportionately affected by natural disasters, it is possible for governments to protect their citizens. Although Cuba is a unique example, Thompson & Gaviria (2004) found that lessons from Cuba can be applied to countries following a more neoliberal model. If commitment to disaster preparedness and response does not exist at the national level, it is possible for local governments or community organizations to implement measures that reduce vulnerability.

Examples such as hurricane Katrina, which caused significant damage in the United States, highlight that disasters can have a large impact even in one of the most developed countries. Even though emergency management plans were in place and research had shown that should New Orleans be hit by a hurricane there was a good

chance large amounts of flooding would occur, the plans were not implemented in time. It was known 56 hours prior to landfall that hurricane Katrina was going to hit New Orleans and cause 75% of it to flood. Yet even at this point none of the agencies designated to deal with natural disasters such as this, had met to discuss an immediate plan of action (U.S. Congress, 2006). If government plans are not put into action appropriately, they render themselves ineffective.

2.3.3 Government and NGO Collaboration

It is difficult to clearly outline and identify the exact role of governments and NGOs in responding to a natural disaster as each case is different and the abilities of each to respond varies. Although governments should play a central role in the coordination of the relief process, governments in developing countries are becoming more dependent on external support to distribute relief aid (Paul, 2003). The role of NGOs in humanitarian emergencies largely depends on the role undertaken by the affected state. Harvey (2009) outlines three broad categories which the action (or lack thereof) of the state can fall under in disaster response. The three categories will be defined, as well as the role of NGOs in each.

The first category is; states that have either an existing or emerging social contract between itself and its citizens and undertake the necessary actions to protect and assist them in facing a natural disaster. Cuba, India, and Mozambique are all previously examined examples of states that fall under this category. In these cases, states are meeting the needs of their citizens so NGOs and other international humanitarian actors work to support the state, fill possible gaps and are potentially advocates for more

effective responses (Harvey, 2009). In Mozambique in particular, international donors have provided significant support for the National Institute of Disaster Management (IGNC, the governing body for disaster response) by providing assistance in funding both employment and training for staff as well as equipping their national and regional offices (Harvey, 2009).

The second category is states that are either weak or have a limited ability to take responsibility in protecting and helping their citizens deal with a disaster. Where states have limited capacity, NGOs may both substitute for the state in providing certain necessities as well as help with capacity building. This can be seen in the example of Haiti, where the government lacked the capacity to meet the needs of its citizens and the influx of humanitarian organizations has been huge.

Lastly, are the "states that lack the will to negotiate a resilient social contract, including assisting and protecting their citizens in times of disaster". Myanmar provided us with an example of where this may be the case. There are different reasons why affected states may be reluctant to call for international assistance. They may fear looking weak and hurting national pride or there might also be a lack of trust by the government in the motivations of international aid agencies. The fear of international actors challenging state sovereignty has also been a barrier to states calling for assistance (Harvey, 2009).

There will always be a need for humanitarian action when disasters occur, what role they play should be determined by the role the government assumes. However, the main goal of humanitarian organizations first and foremost should be to support and encourage the government in meeting their responsibilities to protect their citizens

(Harvey, 2009; Schuemer-Cross & Taylor, 2009). These organizations also need to take into account the capabilities of the affected communities to ensure they are working for and with the local people and not undermining them. In order for relief efforts to be successful, humanitarian organizations and NGOs need to recognize the importance of local information and community structures (Perry, 2007). In terms of planning and decision making within disaster response, local expertise and local communities should be included. Perry (2007) also highlights that it is important that local employees and volunteers be given a significant role as they will be aware of the needs of the affected population.

Chapter 3: Case Study: 2004 Indian Ocean Tsunami, Indonesia

The tsunami that resulted from an earthquake in the Indian Ocean on December 26, 2004 sparked an unprecedented humanitarian response. Many factors contributed to the scale of damage and the level of impact the tsunami had. Due to the scale of the tsunami, and the fact that it affected so many countries this chapter will focus on the hardest hit area of Aceh, Indonesia. Aceh is an Indonesian province located on the northern tip of Sumatra Island (see Map 1). Prior to the tsunami it had been closed off to Indonesians and outsiders by the military, due to a 30-year separatist conflict (Sukma, 20006). The relationship between Aceh and the national
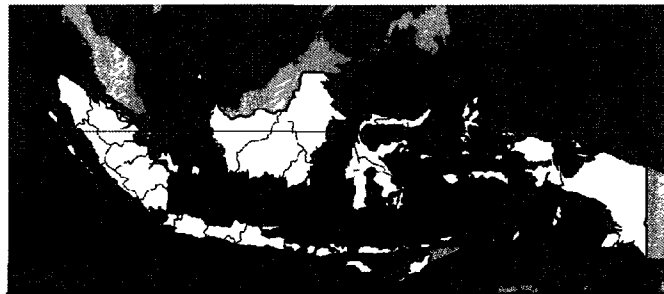
Map 1: Aceh Province (Wikimedia, 2007)

government declined after Sukarno[5] repealed promises for provincial autonomy. Following Sukarno, tensions increased over the control of natural resources (particularly the natural gas reserves off the coast) between Aceh and the Suharto[6] government. In 1976, the Free Aceh Movement (GAM) was launched, demanding for independence. Violence escalated between the Indonesian national military (TNI) and GAM from 1989-1998 and 2003-2004. Many civilians were subjected to violence by the TNI who were trying to stop the GAM "at its roots" (DelVecchio Good, Good & Graymen, 2010). By May 2004 it was estimated that more than 10,000 lives had been lost and 35,000 people (mostly women, children, and the elderly) had been displaced (BAPPENAS, 2005) as a result of the armed conflict between the central government and GAM (Sukma, 2006).

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[5] Indonesia's first president (1945-1967)
[6] President from 1966-1998

Three presidents tried to stop the conflict and failed, and it was not until after the tsunami that current president Yudhoyono was able to strike a peace agreement with GAM (DelVecchio Good, Good & Graymen, 2010). In 2001 Aceh was granted special autonomy in implementing Sharia (the religious law of Islam) as Aceh is predominantly Muslim.

This chapter will begin by looking at the preexisting vulnerabilities of Indonesia and Aceh as well as the preexisting vulnerabilities pertaining to women in this area. It will then look at the tsunami and subsequent humanitarian responses from three organizations; Oxfam, WFP, and CARE. The focus here will be on if/how they acknowledged the vulnerability women face and how they addressed this vulnerability in their disaster response.

3.1 Preexisting Vulnerability

As outlined in the literature review, there are various factors that contribute to vulnerability. The factors that affect the vulnerability of Indonesia stem from a combination of geographic location, climate change and socioeconomic factors. These factors will then be looked at in terms of how they affect the vulnerability of Indonesian women.

Indonesia's vulnerability begins with its geographic location on the 'Ring of Fire' (see Image 1). It is estimated that two-thirds of all large earthquakes occur in areas located around the Pacific Ocean. Indonesia lies along a meeting point for three of the earth's tectonic plates (MacKinnon 2008), and holds three spots (third, seventh and tenth) on the list of the top ten largest earthquakes since 1900 (Smith & Petley, 2009).

There are an estimated 1,500 dangerous volcanoes around the world, 75% of which can

be found along the Ring of Fire (Diacu, 2010). Of the 500 volcanoes in Indonesia, 129

are still active (Winqvist, Dahlberg, Smith & Berlekom, 2008). Consisting of 17,508

islands, Indonesia has 80,000 km of coastline further increasing its vulnerability (Case,

Ardiansyah, Spector, 2007).
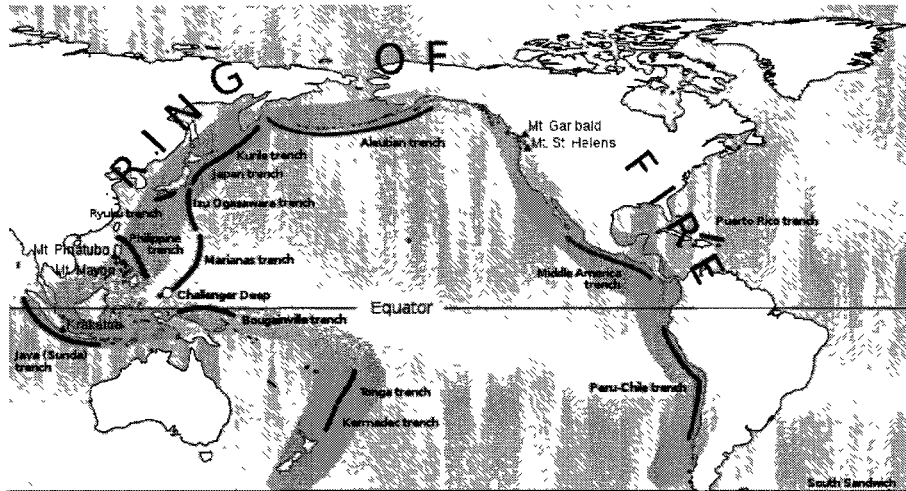
Image 1: Pacific Ring of Fire (Wikimedia, 2011)

Indonesia has been affected by a variety of natural disasters. In the last decade it

has seen wildfires, volcanic eruptions, a tropical cyclone, landslides, floods, earthquakes,

tsunamis and suffered from a drought (CRED, 2011). In the last two decades ten million

people in Indonesia have been affected by a disaster (IFRC, 2010). Indonesia ranks

second on Maplecroft's Natural Disaster Risk Index[7] (Maplecroft, 2010), and is ranked

first in terms of population exposed to a tsunami (OCHA, 2011). It has been estimated

that 60% of Indonesia's expansive coastline is at risk of tsunamis (MacKinnon, 2008). It

is not surprising that Indonesia ranks second in terms of vulnerability; from 2003-2005

alone they saw some 1,430 disasters (Winqvist, Dahlberg, Smith & Berlekom, 2008).

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[7] "Calculated by measuring the human impact of natural disasters, in terms of deaths per annum and per
million population, plus the frequency over the last 20 years" (Maplecroft, 2010)

While geographic location has contributed to the number of natural disasters seen in Indonesia, climate change also plays a role. Since 1990 annual mean temperatures have increased by 0.3° in Indonesia. While this may not seem significant, there have been some ramifications from this. Annual rainfall has decreased by two to three percent, although this is an average, precipitation has varied across the country. The southern regions have seen a decrease in precipitation while the northern regions have seen an increase (Case, Ardiansyah, Spector, 2007). This can lead to an increase in droughts and floods, depending on the region. Prior to the 1960's Indonesia experienced a drought once every four years, since this time droughts have occurred once every three years (Winqvist, Dahlberg, Smith & Berlekom, 2008). Changes in precipitation have also been linked to an increase in water and vector borne diseases such as malaria, dengue and plague (DFID & World Bank, 2007).

Case, Ardiansyah and Spector (2007) point out that the impacts of these changing rainfall patterns can already be seen in Indonesia, and that human-induced climate change will only continue to increase these impacts. More frequent forest fires and intense weather events are a likely effect of increasing climate change, to which Indonesia is a large contributor. Indonesia is one of the three largest emitters of greenhouse gases in the world, largely due to high levels of deforestation releasing carbon dioxide into the atmosphere (PEACE, 2007).

Sea level rising is also a concern to Indonesians, with the 42 million people living less than 10m above sea-level being particularly vulnerable. It was found that a 100cm rise in sea-level could submerge 405,000ha of land. A 50cm rise could potentially submerge Jakarta and Bekasi's densely populated areas, affecting an estimated

270,000 people (Winqvist, Dahlberg, Smith & Berlekom, 2008). In Krawang and

Subang, rural areas in Indonesia, flooding of coastal areas is projected to reduce local rice

supply by 95% (a decrease in 300,000 tons) and maize crops would decrease by 10,000

tons (DFID & World Bank, 2007).

Indonesia's biodiversity is at risk from climate change, threatening food security

and livelihoods. Food security is posited to be the largest area of concern from climate

change effects. In 1997 droughts in Indonesia affected some 426,000 hectares of rice and

other income generating crops such as coffee, cocoa and rubber. Amin (2004) projects

that climate change will decrease soil fertility by two to eight percent. The reduction in

soil fertility will in turn decrease rice crops by four percent per year, soybean by 10% and

maize by 50% (as cited in DFID & World Bank, 2007).

While climate change plays a part in increasing vulnerability, there are other

socio-economic factors that also contribute to this. With a population of just under 230

million people (World Bank, 2011a), Indonesia is the fourth most populated country in

the world (Case, Ardiansyah, Spector, 2007). Since 1970 Indonesia's population has

more than doubled and is estimated to grow to 262 million people by 2020. Urbanization

is also occurring at a fast rate (4.4%) increasing the population density of cities. This

rapid urbanization has resulted in over 110 million people living in 60 cities (mostly

located along the coast) that are at risk to earthquakes and flooding (World Bank, 2009).

With this high population density, when disasters strike, they have the potential to affect

a lot of people in a concentrated area. The number of people that will be affected by

disasters will increase with the population (Winqvist, Dahlberg, Smith & Berlekom,

2008).

Indonesia relies heavily on its natural assets for macro-economic development. While 60% of its terrestrial area is still forested, deforestation and land-use change is estimated at two million ha per year (Winqvist, et al, 2008; Case, et al, 2007). Deforestation in Indonesia is a concern for everyone because it is home to the world's third highest area of tropical forest, and is described as a 'lung of the earth' (WFP, 2009). Deforestation and land-use change is responsible for 85% of Indonesia's greenhouse gas emissions (Case, et al, 2007). Landslides, floods, and water shortages are all consequences of deforestation in Indonesia. Landslides are becoming more common as a result of a combination of deforestation and town development on land that is prone to landslides (Winqvist, et al, 2008).

Indonesia relies heavily on its natural resources and as those continue to be exploited, communities living in the areas of resource depletion are becoming increasingly impoverished (Winqvist, et al, 2008). Although it is estimated that 13.3% of the population is living below the poverty line (CIA, 2011) it should be noted that the poverty line for Indonesia is set at US$22 per month. About half of Indonesia's population is living around the poverty line (World Bank, 2011b), which is concerning especially given the vast number of people. The unemployment and underemployment rate is high at 27.6%. Therefore, there is a significant proportion of the population who are vulnerable to external shocks such as a natural disaster (Winqvist et al, 2008). Food poverty[8] is an issue in Indonesia. It is estimated that 65% of the population consumes less than 2,100 kilocalories a day, with almost half of all children being stunted or underweight (ADB, 2006).

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[8] "A situation of not having enough to eat" (ADB, 2006, p.20)

The implications of climate change on Indonesia such as the threat to food security and increase in the number of extreme weather events both inhibits their development and weakens their ability to cope with disasters. The economic cost of forest fires alone is US$9 billion annually, funds that could otherwise be spent on development. If food security increasingly becomes an issue in Indonesia in normal times, in times of disaster this will be further exacerbated. The interconnectedness of climate change and socio-economic factors that increase vulnerability is explained by one of Maplecroft's Environmental Analysts, Dr. Anna Moss when she says that;

> Poverty is an important factor in countries where both the frequency and impacts of natural disasters are severe. Poor infrastructure, plus dense overcrowding in high risk areas like flood plains, river banks, steep slopes and reclaimed land continually result in high casualty figures (Maplecroft, 2010).

In the World Bank's (2009) risk profile of Indonesia, it found that the increase in disasters, coupled with more exposure and lower coping capacity will result in higher disaster impacts.

3.2 Preexisting Vulnerability of Indonesian Women

The factors that increase women's vulnerability highlighted in the literature review will be examined here in terms of how/if they apply to women in Indonesia. These factors were; less access to resources, less representation in decision making, higher poverty levels, biological and physiological differences, social norms and role behaviours, and discrimination towards women (which then can become intensified following a disaster).

Women in Indonesia experience less access to resources than their male

counterparts. While food insecurity is an issue for many Indonesians, women are

increasingly suffering from malnutrition. In particular, iron deficiency anemia affects

63% of pregnant women and 40% of women in the reproductive ages (ADB, 2006).

Causes of malnutrition are listed as: household food insecurity, lack of or limited access

to clean water and sanitation, and poor food intake during pregnancy and lactation. As in

many other countries, when food is scarce for Indonesian women, they reduce their

intake before reducing their husband and/or children's (ADB, 2006). In 'normal times'

access to health care, and more specifically reproductive health care has also been a

significant issue for women. In 2002 the maternal mortality ratio[9] (MMR) for Indonesia

was 307 (World Bank, 2011). Contributing to this high number are factors such as poorly

trained health staff and midwives, lack of or limited local transport, late referral and lack

or limited emergency obstetric care. The overall number of births assisted by skilled

health professionals is increasing, but there remains a large discrepancy between the

wealthy and the poor. Of the total number of births, 63% are assisted yet only 20% of

births are supervised among poor women (ADB, 2006). The lack of access to resources

for women increases their vulnerability to natural disasters as the difficulty in obtaining

these necessary resources becomes exacerbated.

While Indonesia has made strides in improving the well-being of its citizens,

inequalities between men and women can be seen throughout the country. One of the

areas in which inequality is high is in terms of representation and decision-making.

Women held only eight percent of seats in national parliament in 2004 (World Bank,

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[9] The number of women who die during pregnancy and childbirth, per 100,000 live births (World Bank, 2011)

2011). The government acknowledged the low level of women's political participation in

Indonesia and put a 30% soft quota into place for women in political party recruitment.

Although this is a start, not all parties met the target and no women were ranked as high

as their male counterparts in the party lists. A challenge and barrier to increasing

women's political participation is the lack of training and formal political experience of

women who are competing in the elections. A second barrier is the perception of

women's roles in society (ADB, 2006). Sharia law has been implemented in Aceh, and it

has been noted that Sharia law can restrict the rights and freedoms of women (Cohen,

Nababan, Widjaya, 2005). In Aceh women have had an important role in community life

but lack participation in political decision-making (Scheper, Pakarama & Patel, 2006).

Employment, or lack thereof, can be a contributing factor to vulnerability as it can

lead to higher levels of poverty. Women who are employed in the formal sector occupy

low-paying and low skilled jobs. On average women's hourly wages are estimated at

70% of their male counterparts. In 2001 the unemployment rate for women was 13%,

whereas for men it was eight percent. Well-intended labour laws could account for the

higher unemployment rates among women. As outlined in the Country Gender

Assessment - Indonesia, (ADB, 2006) Labour Act 13 (enacted in 2003) states that

> female workers/laborers who suffer pain during their menstruation periods and
>
> inform their employers are not obliged to work on the first and second days of
>
> their periods... it also provides women with 1.5 months of paid leave each before
>
> and after childbirth and 1.5 months' of paid leave after miscarriage... stipulates
>
> that women are to be provided appropriate time off during working hours to
>
> breastfeed their children. The 1976 Government Regulation concerning leave

for civil servants gives women 1 month before and 2 months after birth at full

salary (p.15).

These laws may make employing women less appealing to an employer. Some evidence

shows that in actuality, many women are fired by employers instead of given maternity

leave. Time constraints are also a challenge for women in that they have many roles at

work, in the community and in the home (ADB, 2006). Furthermore, women's

participation in productive work is discouraged by social norms. Husbands are

considered to be the head of the household, in order for women to work outside the house

they would need permission. The husband is not likely to allow their wife to work

outside the home unless it is a financial necessity (Vianen, 2006).

The biological and physiological differences can also increase vulnerability for

women. Women who are pregnant are less mobile and in a country highly vulnerable to

tsunamis this is a significant area of vulnerability. Social norms such as dress codes

implemented in Aceh adhere to Islamic laws also inhibit women's ability to self-rescue.

Women are required to wear dresses or other clothes that do not depict their body parts,

which can limit the ability to swim or run quickly. In Aceh the 'typical' roles of women

as care takers for their children and house also contribute to mobility constraints.

Perhaps the most significant vulnerability of women in Aceh is the level of gender

discrimination they face. The Gender Inequality Index (GII) (see Appendix C) aides in

giving an indication of gender inequalities, although unable to account for decision-

making power nor can it factor in intra-household inequalities. However, the GII does

take into account reproductive health, empowerment and labour market factors. On the

2010 GII Indonesia ranked 100 out of a total of 169 countries (UNDP, 2010a). Violence

against women in Indonesia is a significant issue as the ADB, in looking at studies

conducted by NGOs, concludes that violence against women has been significantly

increasing. Violence against women is seen as a private issue, therefore it goes largely

unreported and there are few services to help women who have been victims of violence.

Three reasons for domestic violence found in a study conducted in West and East Nusa

Tenggara, North Sumatra, and East Kalimantan were;

    i.   The low status of women

    ii.   Low levels of access to information and resources

    iii.   Lack of education, employment, and involvement in decision-making

        processes, which often results in men having control over women's bodies.

        (ADB, 2006)

Many of these issues have already been acknowledged in this section, their contribution

to the levels of domestic violence against women highlights the interconnectedness of

these vulnerabilities. The conflict in Aceh also increased sexual and other violence

against women (Cohen, Nababan, Widjaya, 2005; Oxfam, 2005; Women Studies Center,

2005). As examined in the previous chapter, where gender discrimination is present in

normal times (such as the case in Aceh, Indonesia) the preferential treatment of men in

relief efforts can be intensified (Neumayer & Plumper, 2007). It is therefore imperative

that humanitarian organizations recognize these preexisting factors that increase

vulnerability in their disaster management to ensure their response does not strengthen

inequalities between men and women in Aceh.

3.3 2004 Indian Ocean Tsunami

On the morning of December 26, 2004 an earthquake struck off the coast of Sumatra Island, Indonesia. Though the waves were not very big in deep water, they grew in size as they reached shallower water closer to land. In some areas the waves brought debris and salt water as far as three km inland. The then retreating water was strong enough to erode whole shorelines (Telford & Cosgrave, 2006). The tsunami caused major damage in the Indian Ocean region, 14 countries were affected including Indonesia, Sri Lanka, India, Thailand, Somalia (Perry, 2007). An estimated 222,000 people died (other estimates report up to 300,000 dead), and thousands were injured (Perry, 2007). Thomas and Fritz (2006) estimated that 1.7 million people were displaced. Along with displacement and loss of life, millions lost their livelihoods and most of the previous existing infrastructure was destroyed (Oxfam, 2008).

The earthquake was a result of two tectonic plates moving towards each other, with one sliding under the other (subduction). Registering at a magnitude between 9.1 and 9.3 it is one of the largest earthquakes ever recorded. It was also the longest earthquake on record, where smaller earthquakes may last a few seconds this one lasted between 500-600 seconds (Walton, 2005). Due to the massive scope of the tsunami and that it affected so many countries, this thesis will look specifically at the province of Aceh (see Map 1), located on the northern tip of the island of Sumatra as it was the worst hit area. The provincial capital, Banda Aceh was significantly damaged along with most of Aceh's coastal towns and villages (Sukma, 2006).

The waves that hit Aceh measured over 20m high (Telford & Cosgrave, 2006). Some estimates say that in Aceh alone the tsunami killed 130,000, and displaced

500,000 people (IFRC, World Disasters Report, 2010). Others estimate 169,000 were

killed and 600,000 left homeless (Oxfam, 2006). It was also estimated that of a

population of 4.4 million, 2.8 million Acehnese were affected by the tsunami.

Immediately after the disaster President Susilo Bombang Yudhoyono declared this a

natural disaster and ordered medical assistance, shelter, food, blankets and other

emergency relief to be provided to those affected (BAPPENAS, 2005).

Local people did most of the search and rescue immediately following the disaster.

In Indonesia 91% of those rescued reported it had been by private individuals (Telford &

Cosgrove, 2006). The first few flights to Aceh were full of volunteers and official teams

from all over the country. Survivors in Aceh sought safety in the higher areas, living

mostly on fruit. The response moved quickly from life-saving search and rescue to

protecting, relieving and comforting survivors (Telford & Cosgrove, 2006). A flood of

international aid superseded the initial national response (Telford & Cosgrove, 2006).

International NGOs provided basic assistance to the affected population. This relief

included; medical attention, body identification, clearing away rubble and debris,

providing transport access, providing basic survival requirements (clean water, cooking

utensils, food, safe areas, relocation, shelter, general living and psychological support).

These efforts were successful in avoiding further deaths from disease or hunger (Perry,

2007).

3.4 Disproportionate Impacts of the Tsunami

Oxfam (2005) reports on the intensely disproportionate death of women over men. In

this report it quoted one of the local Indonesian newspapers not far from Banda Aceh:

When the survivors of Lampu'uk had picked themselves up out of the mud of the

tsunami, several appalling facts became clear. The first was that their town no longer

existed. The second was that four out of five of its former inhabitants were dead. But

it took a while to realize the strangest thing of all: that among those who made it to

higher ground, of who kept their heads above the surging waters, so few were women.

Out of a population of about 6,000 only 950 residents of Lampu'uk had been

accounted for yesterday and fewer than 200 of those were female. In one of the

town's constituent villages only four women were left alive, three of those because

they were out of town when the wave struck (p. 3).

There are many reasons for the unequal number of deaths of men and women. On a

Sunday morning, which is when the wave hit shore, many men of rural coastal villages

were out fishing and the waves went under their boats, unaffecting them. Whereas the

women and children were at home and many of these communities were essentially

flattened by the wave. In rural areas the men were again not at home, they were out at the

markets or working in fields. Strength needed to fight to stay alive was also a factor;

many women and young children were unable to stay on their feet or afloat in the wave

and ended up tiring and drowning. Women who were holding children were also likely to

tire easily (Oxfam, 2005; Scheper, Pakarama & Patel, 2006).

The disproportionate number of women dying from the tsunami raised new concerns

for women in Aceh. Women in these areas traditionally provided care for the old, the

young, and the injured. Many people were injured as a result of the tsunami, and some

became ill. It was speculated that female survivors may become responsible for the care

of the aforementioned as well as the care of extended family members, increasing

their workload (Smyth, 2005; Scheper, Pakarama & Patel, 2006; Choo, 2005). Concerns that girls might also be expected to take on more responsibilities in the home at a younger age, taking them out of school were also raised (Falten-Biermann, 2006).

In Aceh it was estimated that 37% of tsunami refugees were women. In one camp (Pengungsi Leupung) there were only six women and some 200 men (Falten-Biermann, 2006). With considerably less numbers the safety of women as well as participation in relief efforts were an area of concern. The high level of male dominance in Aceh makes this increasingly difficult (Smyth, 2005).

Women were also likely to have been pressured to marry or remarry (Scheper, Pakarama & Patel, 2006). In fact, *Komnas Perempuan*, a women's organization in Indonesia, found evidence of 45 cases of violence against women and four cases where girls aged 14-20 were forced to marry. There were a significant number of reported instances of sexual harassment women faced due to a lack of sanitary facilities in the refugee camps (Falter-Biermann, 2006). In a response to the massive influx of foreigners, Sharia police have been more diligent on enforcing regulations to uphold Islamic law. This can restrict the public behaviour of women (Scheper, Pakarama & Patel, 2006).

3.5 Humanitarian Response

This section will look at the disaster response by three of the leading humanitarian organizations and how/if they acknowledged and addressed the different needs and capacities of women in the affected areas. For each of the organizations examined (Oxfam, WFP, and CARE) publications, reports, press releases and webpages from each of the organizations were analyzed. There were three reasons for examining these;

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first, to identify the role the organization played in the humanitarian response in Indonesia, on the whole. Second, to examine what (if any) of the previously mentioned vulnerabilities Acehnese women face were acknowledged. The third reason was to assess how they addressed these vulnerabilities, and if women were included in the disaster response.

3.5.1 Oxfam: In assessing Oxfam's response to the tsunami in Indonesia, reports and press releases were examined from the Oxfam International website. Appendix D outlines the number of reports assessed (five) and how each of these reports addressed women, their vulnerabilities, and if/how they were included in the response. These reports range from nine to 86 pages and dates published range from 2005 to 2008. Six press releases were also examined.

Due to the conflict Oxfam was not working in Aceh at the time of the tsunami and had no pre-existing local partners (Oxfam, 2008a). Regardless of this they were still one of the first international NGOs to respond. Immediate tasks carried out by Oxfam staff consisted of providing clean drinking water, clearing roads and villages, distributing necessary hygiene and household supplies (Oxfam, n.d.). In 78 locations throughout Aceh Oxfam distributed food to over 18,000 people (Oxfam, 2005). Within the month Oxfam had begun regular trucking of clean water to six of the seven areas affected by the tsunami (Oxfam, 2008a). This was in response to the risk of waterborne diseases such as cholera, in one camp alone Oxfam was proving clean water for 3,400 people (Oxfam, 2005c).

While Oxfam responds to natural disasters by helping meet the immediate

needs of the affected population, this tends to lead to longer-term development work. In the case of the tsunami, funds Oxfam received went into an Oxfam International Tsunami Fund and was used to meet immediate needs and for addressing vulnerability.

> The money we received allowed us not only to help meet the immediate emergency needs of tsunami-affected populations, but also to try to address the factors that made them vulnerable: not least poverty but the fact their basic rights – to a decent livelihood, to education and health services and to have an influence over their own lives – remain unfulfilled. (Oxfam, 2008a)

Where Oxfam talks about what has been achieved in their 2008 End of Program Report (2008a) the first examples of their achievements listed include the betterment of women's lives in Sri Lanka, India and Aceh.

Earlier reports, such as, *The Asian Tsunami: Three Weeks On* (2005c), Oxfam outlined some of the areas of concern that humanitarian organizations needed to look at, highlighted the importance of coordination as well as advocated that donors fulfill their promises in giving the amount of money they pledged. On the first page of the report Oxfam advised governments and other organizations to act quickly and "ensure that affected minority and opposition groups, children, and women in vulnerable situations receive aid without discrimination or neglect" (p.1). Oxfam points out the need for humanitarian aid to be distributed on the principles of humanity and neutrality, two fundamental principles to humanitarian relief. Oxfam also vocalized that it was imperative that those who usually miss out when aid is distributed (namely children, women in vulnerable situations, and migrant workers) not be excluded (Oxfam, 2005c).

Furthermore, Oxfam vocalized the importance of both the relief and

reconstruction phases to reflect the demographic changes and the impact that has on men

and women. More consultations with men and women on their needs were necessary to

make sure these are being met by humanitarian organizations. Oxfam cautioned that the

reconstruction could exacerbate inequalities between the rich and poor, and men and

women. Attention needed to be paid to ensure that voices of the marginalized be heard

so they are not left out of the rebuilding process (Oxfam, 2005b).

From the beginning of the tsunami response in Aceh, Oxfam had gender advisers

present to influence the programme design and other aspects of their work. According to

Oxfam, gender analysis and issues were integrated to the entire scope of their work in

Aceh. In the second month of their tsunami response a gender advisor who had

experience in Indonesia, shifted the focus to supporting local women's organizations

albeit with some difficulties.

> The prevailing conflict in Aceh and the low capacity of the WEO [Women's
>
> Empowerment Office] made it difficult to establish a Gender Unit there. Oxfam's
>
> gender advisers focused on cooperating on gender issues with task forces that
>
> included other international and national organizations (Oxfam, 2005d).

However, Oxfam was successful in creating a dialogue on gender issues between

government and NGOs (Oxfam, 2005d).

3.5.2 World Food Programme: The WFP does not release the quantity of reports that

Oxfam does, but two were used in assessing how/if the WFP recognizes women in their

disaster response. Six news releases[10] were examined and three stories[11] (see Appendix

E for further outline of these documents). The week of January 12, 48 tons of WFP food

was distributed and one-month rations of food were given to 160,000 displaced people

(Medical News Today, 2005). At this time, WFP food had been distributed (through

partners such as CARE and World Vision) to 300,000 people. The US Navy mobilized

helicopters to help WFP food get to areas otherwise unreachable due to damages caused

by the tsunami. This helped food get to 25,000 of the 130,000 identified people needing

food (WFP, 2005b). A WFP press release a few days later showed that they expected to

reach as many as 500,000 people by the end of January 2005 (WFP, 2005c). Less than a

month after the disaster the WFP Regional Director for Asia noted the importance of

providing relief;

> Emergency relief supplies are still critical for hundreds of thousands of people,
>
> but we must start looking for what comes next. While the trauma of this natural
>
> disaster will last for generations, the quickest way to bring about an air of
>
> 'normalcy' is to make sure children return to school, hospitals are rebuilt, roads
>
> are re-opened, and people have enough to eat. (WFP, 2005d)

In the same report, WFP outlined the various methods it was utilizing to get food to

affected and remote populations. Along with the helicopters, other aircrafts and boats

were being loaded with necessary food items such as fish, rice, biscuits, and noodles

(WFP, 2005d). At this point the two main goals for the WFP were to immediately get

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[10] Described by the WFP as "official statements announcing key developments in WFP operations and activities."

[11] Described by the WFP as "a unique view of all the ways the WFP is assisting millions of people worldwide"

food to people who needed it and to repair and build the infrastructure that would be needed to maintain long-term humanitarian assistance (WFP, 2005d).

By late November, 2005, the WFP committed to extending its work in Indonesia through 2007. Previously providing food aid to all who were affected, the WFP was going to focus on those still struggling to put their lives back in order (WFP, 2005b). In doing so, the WFP was hoping that this would help decrease concerns over food and enable people to focus on restoring their lives, homes and other assets (WFP, 2005b). In Indonesia an estimated 80% of the food purchased (101,000 tons) by the WFP was from local sources, a significant amount of which was from Aceh (WFP, 2005e).

In the WFP's evaluation brief on their response to the Indian Ocean tsunami, it acknowledged that more women were killed and that, furthermore, there had been issues pertaining to gender imbalances. Men were preferred in making decisions regarding income generation and the distribution of resources (WFP, 2006). A recommendation from their brief was that they;

> Deploy gender experts early in an emergency to work together with all other
>
> sectors in mainstreaming gender concerns... design programmes and policies that
>
> will ensure viable income earning and learning opportunities as well as protection
>
> and promotion of the rights of women and men (WFP, 2006, p.2).

Earlier WFP press releases and publications that came out said that the WFP would focus on the most vulnerable, which they named as; children, new mothers, the elderly and displaced people. In examining the different reports related to the WFPs humanitarian response to the tsunami, there was a general lack of early recognition that women had been disproportionately affected by the disaster.

3.5.3 CARE: In assessing CAREs humanitarian response in terms of how and to what extent it acknowledged the vulnerability of women following a disaster, three reports, nine press releases and one news feature article were looked at (see Appendix F).

The first press release from CARE on the tsunami came December 27, 2004, one day after the tsunami hit. Acknowledging the lack of immediate information available, CARE began preparations to provide clean water to those affected that they could reach. As previously mentioned, Aceh had been closed off to most outsiders at the time the tsunami hit. Although the Indonesian government had announced the affected areas in Aceh would be open to humanitarian workers, CARE was waiting for travel restrictions to be removed (CARE, 2004).

Two weeks after the tsunami hit, CARE was using helicopters to distribute food and water purification kits to remote regions in the province of Aceh (CARE, 2005a). CARE continued to scale up their relief, and in April alone food and supplies were distributed to 24,267 people. In the first six months following the tsunami, CARE focused on meeting the basic needs of the affected population. This meant providing food, clothing, clean water, kitchen utensils and other necessary household items (CARE, 2005). In a report detailing CARE's work from the time the tsunami hit through until October 2005, CARE claims to have distributed 700,000 one-month food rations. This same report indicated that those in Aceh were still relying on donated food and water in order to survive (CARE, 2005b).

There are three main reports that outlined CAREs tsunami response at six months, a year, and two years. Each will be looked at in terms of how CARE factored the increased vulnerability of women into their response. In the first report, the President

of CARE USA recognized the increased vulnerability of women in his remark that "we [CARE] also push ourselves to address the conditions that make women and children especially vulnerable during times of crisis; women helped CARE design the emergency kit we distributed, ensuring it has the supplies they desperately needed" (p.1). Further in this report CARE explained how it had partnered with religious leaders to address reproductive health issues in conservative Muslim communities. In its 'future plans' for Indonesia, CARE had listed increasing market access to poor and marginalized men and women (CARE, 2005).

In the next report, outlining their work in the year since the tsunami, CARE boasted that they were reaching, what they called, "the most socially and economically marginalized communities, including households headed by women..." (p.2). In the year following the tsunami CARE had improved previously existing health clinics in 25 villages, and in four others they rebuilt community health centers. Women who were pregnant were being provided antenatal care and family planning services (CARE, 2005b). CARE also gave women information on breastfeeding and nutrition, screening some 2,500 women for malnutrition and giving them supplements when necessary (CARE, n.d.).

The third report focused specifically on the CAREs work in Aceh in the two years following the tsunami. CARE had set up skill training sessions in communities; one mentioned was a session on teaching women how to run businesses for the first time. In looking at health care, CARE highlights the high number of maternal mortalities in Indonesia and outlined their response to this. They estimated that the number of women and children who received health care and nutritious meals from CARE at 25,089

(CARE, 2006). Once again, in concluding this report CARE reiterated that all of its

programming took into account the importance of participation of the most vulnerable

groups, such as poor women, widows and the elderly.

While most of the vulnerabilities of women were acknowledged on some level,

many times they were grouped into a category of being vulnerable which included

children. This can act as a barrier to addressing the vulnerability as the origin of the

vulnerability as well as the capacity of a woman and those of a child are very different.

Where women's vulnerability could be addressed by inclusion and increased participation

in the disaster response, a child's vulnerability could not be addressed in this manner. In

looking at the disaster response in Aceh, further recognition of women's vulnerability

and steps humanitarian organizations take to address this are needed. Just over five years

after the tsunami hit Aceh, and recovery programs (such as that of Oxfam's) had finished,

an earthquake created another major disaster requiring urgent humanitarian assistance in

Haiti.

Chapter 4: Case Study: 2010 Earthquake, Haiti

"The disaster of Haiti is not the earthquake. What we are seeing here is what happens when an extreme natural event occurs in the lives of people who are already frighteningly vulnerable" (IFRC, 2010)

4.1 Preexisting Vulnerability

Haiti ranks eighth on Maplecroft's Natural Disaster Risk Index, with a rating of 'extreme risk' (the rating system ranges from extreme risk, high risk, medium risk to low risk) (Maplecroft 2010). While human and development factors contribute largely to this high ranking, the geographic location of Haiti also plays a part. Haiti is located in the Caribbean, and occupies the western half of the island Hispaniola (see Map 2). Its location makes it susceptible to cyclones that can cause wide damage, flooding, land/mud slides and coastal surges. Furthermore, Haiti is located in a seismically active zone, with two active fault lines (World Bank, 2009).
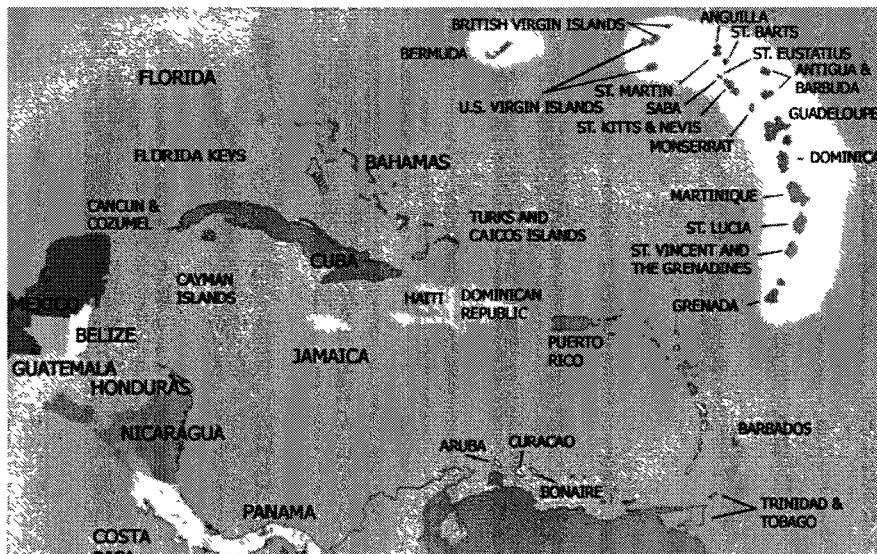
Map 2: Haiti's location in the Caribbean (Wordpress, n.d.)

Climate change is another factor in Haiti's vulnerability. According to Oxfam researcher Anita Swarup; observations from Haitian fishermen, village leaders, town councilors and national government all indicated that they believed hurricanes have

increased in intensity and frequency (Oxfam, 2009a). This research was conducted

following the four hurricanes that hit Haiti in 2008. One farmer said that they had never

had back to back hurricanes before. The coordinator of the Departmental Disaster Risk

Management Committee echoed this statement in saying that "the violence of hurricanes

this year has worsened. We are not used to seeing hurricanes back to back with such

strength, it's the first time" (Oxfam, 2009a, p.14). The four hurricanes hit in a span of 30

days (Carroll, 2008). The increase in frequency of tropical storms in Haiti had both

exacerbated an already high level of vulnerability and lowered their capacity to cope.

Haiti had made progress in 2006, with the GDP growing 2.3 percent, following years of

conflict and political instability. This was derailed by the hurricanes, costing them 15

percent of their GDP (Oxfam, 2009a). This reinforces the poverty cycle seen in chapter

two. From 1900-2000 Haiti experienced 56 internationally recognized hydro-

meteorological disasters. Of these 56 disasters, 80% of them occurred after 1954 and

44% in the 1990's alone. This climbing trend of frequency and impact of disasters is

expected to continue due to climate change (World Bank, 2009).

Socio-economic conditions
that contribute to vulnerability in
Haiti are population growth, land
pressure and poverty. Population
plays a role in the number of
people affected by a disaster. As
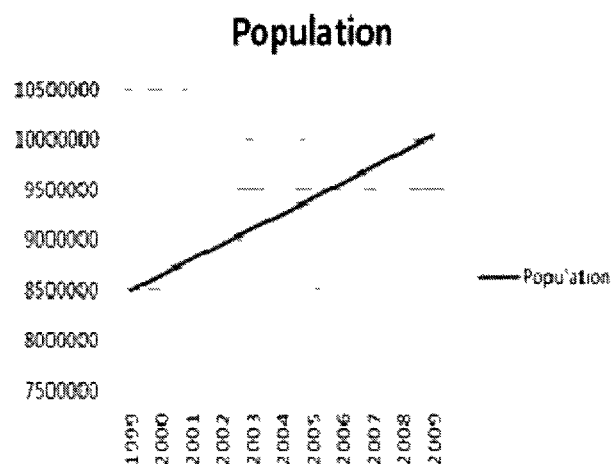Haiti's population steadily

Population

Figure 2: Haiti's Population Growth 1999-2009

increases (see Figure 2[12]) so does its population density (World Bank, 2011). The

population density is up to 40,000 km2 in Port-au-Prince (World Bank, 2009). This

works to reinforce disaster impacts in two ways. First, it increases the number of people

who could potentially be killed or affected by a disaster as densely populated areas are

more at risk for this. Second, it increases the number of people the government (or

humanitarian organizations) will need to provide for in the aftermath of a disaster. The

more people affected the more people in need of food, water, medical aid, shelter etc.

This is the case in Haiti, where the growing population has increased disaster impacts and

made it more challenging for the government to provide for the affected population.

Land pressure plays a large role in the impacts of tropical storms in Haiti. Haiti is

almost completely deforested (Beckett, 2004), it is estimated that only three percent of

forests in Haiti remains (Oxfam, 2009). Haitians have cut down trees to sell in order to

generate income. Trees have also

been cut down to use for cooking,

heat or light as many people do

not have access to electricity

(Nzirorera, 2004). Charcoal has

been the main source of energy in

Haiti for decades, accounting for
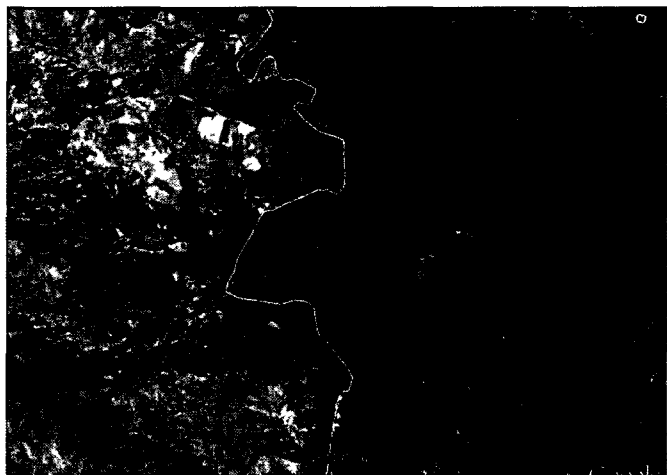
85% of energy consumption

Image 2: Haiti/Dominican Republic Border (© 2011 Google Earth)

(Collie, 2003). These environmentally degrading practices disable the country's natural

ability to mitigate disasters. Rick Perera of CARE explains that "when you remove

vegetation, the topsoil washes away. The earth isn't capable of absorbing rainfall" (cited

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[12] Statistics adapted from World Bank, 2011

in Bracken, 2004). Forest canopies also serve as a wind buffer, while deep tree roots help stop soil from shifting (Than, 2010). In 2004 tropical storm Jeanne wreaked havoc in Haiti. The heavy rains could not be absorbed by the soil, causing major flooding and mudslides. With their natural defenses weakened, an estimated 2,500 people were killed and some 300,000 affected as a result of Jeanne (Nzirorera, 2005). While there was some flooding in the Dominican Republic (which shares the island of Hispaniola with Haiti) only an estimated 11 people died as a result of Jeanne (Steele, 2004). The stark comparison of the levels of deforestation in Haiti versus the Dominican Republic can be seen in Image 2 (image taken on Google Earth, May 10, 2011).

The deep-rooted poverty in Haiti further exacerbates disaster impacts. Haiti is the poorest and country in the Western hemisphere; it also has the most unequal distribution of income (Sletten & Egset, 2004; Oxfam, 2011). It has been estimated that six percent of the population own about two-thirds of the country's wealth (Gage, 2005). In 2003 Haiti was ranked one of the least developed countries in the world (CNSA, 2011), in 2009 it was ranked 149th out of 182 countries (UNDP, 2009). It is estimated that 76% of Haitians are living below the poverty line, with over half of the population considered to be extremely poor (CNSA, 2011). These high levels of poverty increase the vulnerability of the population. The 2008 hurricanes devastated the country, approximately 820,000 people were affected and 1,000 people died. These hurricanes incapacitated the ability of Haiti to be able to deal with further storms or other natural disasters, such as the January 2010 earthquake. Prior to the earthquake in January 2010, it was estimated that one million people living in Port-au-Prince were unemployed or underemployed. Haitians lacking basic infrastructure and services, living in slums or squatter settlements are

also highly vulnerable to the impacts of a natural disaster (Oxfam, 2010a).

The increase in frequency of natural disasters along with the decreasing ability to mitigate the impacts of these disasters had Haiti in an extremely vulnerable position prior to the January 2010 earthquake. It is best described by Charles Clermont, the leader of the government-appointed commission charged with housing and relocation, "it was, in effect, the collapse of what was already a house of cards" (as cited in IFRC, 2010, p. 27).

4.2 Pre-existing Vulnerability of Haitian Women

One of the root causes of vulnerability for women is gender inequality (Clifton & Gell, 2001). In 2009 Brisbois conducted a study in Haiti with the purpose being "to identify indicators of living conditions and social position amongst women of child-bearing age in very poor ruralities" (p.4). To carry out the study research was conducted in India, Haiti and Ghana. The researchers consulted with expert reference groups, interviewed key informants, and held focus group discussions. For the purpose of this thesis, the outcomes of this research conducted in Haiti will be examined. This study will be drawn upon (amongst others) to assess the areas which contribute to gender inequality and thus, increase women's vulnerability; access to resources, representation in decision making, higher poverty levels, biological and physiological differences, social norms and role behaviours, and discrimination towards women.

Food, health care and water are all resources that women in Haiti struggle for access to. USAID finds that it is the access to water that is the most restrictive to women in terms of their time and household activities. It also has implications on health and nutrition as less than 10% of people living in rural areas have access to private or

public water facilities (Gardella, 2006). Although the birth rate in Haiti has been declining, in 2009 the fertility rate (births per woman) was 3.4 (World Bank, 2011). Where there is insufficient food to feed her family, it is not uncommon for the mother to reduce the amount of food she eats in order to feed or educate their children. This was highlighted by one of the women who was part of the reference Group:

> If she wants to put the children at school, or if she has to face an unforeseen event such as illness, she is going to reduce food consumption... so, we actually agree that if she doesn't feed herself well, she is more vulnerable to certain pathologies, she is weaker and her health will be easily affected (Cited in Brisbois, 2010, p.138).

UNIFEM estimated that 63% of pregnant women suffer from anemia (UNIFEM, 2004). Access to health care is also a problem for Haitian women who are pregnant. At delivery only 24% of women receive qualified health care (UNIFEM, 2004), contributing to the high MMR at 630 deaths per 100 000 live births (World Bank, 2011).

Women are less represented in their decision making on various levels. Within the home, Brisbois (2010) argues that tradition has positioned men as the decision makers and commanders, putting their wives in a position inferior to them. On a higher level, women hold only four percent of seats in national parliament (World Bank, 2011).

Poverty levels among female-headed households are considerably higher than among male-headed households. Of the 43% of female-headed households more than 80% are living in poverty, compared to 62% of male-headed households. One contributing factor is that women tend to be paid less than men (UNIFEM, 2004). In 2007 the UNDP (United Nations Development Programme) estimated that the

earned income of women in Haiti per year was US$676 compared to US$1695 for men (UNDP, 2010a). Another source of vulnerability is the high number of women working in the informal sector. An estimated 85% of Haiti's economy is in the informal sector, women make up over 75% of those working in the informal sector (Gardella, 2006). The informal sector is highly vulnerable to shocks, such as a natural disaster, and least able to recover (Nelson, et al, 2006).

Women in Haiti have many roles and responsibilities they are expected to undertake. In general, women are the ones who care for and feeds the family, do household tasks, work in the field (especially during harvest) and sell produce in the in the market. When the husband does not work it becomes the woman's duty to provide food for her family (including her husband) (Brisbois, 2010). Childbearing can be a double-edged sword for Haitian women. On one hand, having a lot of children enhances the social position of the women in both the household and community. More children also mean more support from the father. However, caring for a lot of children can be difficult for the mother as there is a lack of support and help for her. More children can also mean less food. One of the findings from this research is that women and girls tend to eat less and worse than the husband and boys. Children are generally expected every time a woman is to cohabitate with a man. It is seen as a sign of love and proves their fertility (Brisbois, 2010).

UNIFEM underlines the legal discrimination against women as being found in the difference in wage levels, of consent for marriage without parental consent and unequal penalties for adultery and divorce (UNIFEM, 2004). Perhaps most detrimental to the well-being of women in Haiti and the highest discrimination against them can be

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found in the level of violence women experience. This is rampant throughout Haitian society, as described by a key informant: "all women, regardless of class, education and social position may be victims of domestic violence, violence does not discriminate, especially in a macho society such as this one" (Cited in Brisbois, 2010, p.141). A 1996 study found that seven out of 10 women who were interviewed reported being a victim of violence. Sexual violence was the most common form (37%), and half of the perpetrators were the boyfriend or husband of the victim. Two-thirds of these women had kept their abuse a secret for fear of either social judgment (32%), reprisal (22%) or because there was a lack of legal measures (14%) (UNIFEM, 2004). A reason for this can be seen in Kay Famm's (a Haitian organization working with women victims of violence) argument that wife-beating is seen by judges in Haiti as a result of a women's 'disobedience' to her husband. Some judges in Haiti fail to see abuse by husbands towards their wives as a violation of women's human rights but rather a justifiable punishment for a wife not fulfilling her 'marital duties' (Pickup, Williams & Sweetman, 2001). Women are expected to 'satisfy' their partner sexually, whether she wants to or not. If she denies her husband sex she can be beaten up or the husband will have a reason to look for another woman (Brisbois, 2010). It was not until 2005 that rape became a crime (Kang, 2011). The aforementioned study also interviewed men. It was found that 80% of the men interviewed felt that violence is sometimes justified. Especially in cases where the women were 'rowdy, extravagant, refused to obey, or committed adultery' (UNIFEM, 2004). This presents other problems such as the spread of AIDS. Haiti has the highest rate of AIDS/HIV infection in the LAC (Latin America and the Caribbean) region. This disease kills 38,000 people a year, with men and women being equally affected.

However, 29% of women say they had not consented to their first sexual experience. Because of this, they can be unable to negotiate condom use for the prevention of HIV (UNIFEM, 2004).

The lack of access to resources, less representation in decision making, higher levels of poverty, number of roles women are expected to undertake and discrimination of women in normal times work together to increase the vulnerability of women. The UNDP GII ranks Haiti 119 out of 169 countries (UNDP, 2010a). With the level of discrimination and inequality towards women in Haiti, in the event of a natural disaster access to resources may become even more difficult. Given the high birth rate and number of dependents a woman is expected to take care of, their health could suffer and her mobility is limited. Violence, which is high in normal times, is likely to increase following a disaster. The discrimination that is present in Haiti prior to a natural disaster can strengthen the preferential treatment of men in disaster response.

4.3 2010 Haiti Earthquake

On January 12, 2010 a magnitude 7.0 earthquake hit Leogane, 15km outside Haiti's capital city, Port-au-Prince (see Map 3). Within two hours of the initial quake, eight aftershocks were recorded by the United States Geological Survey (USGS), their magnitudes ranged between 4.3 and 5.9 (USGS, 2010). According to the Haitian Government, 222,570 people were killed, thousands injured, and 1.5 million left homeless (UNSC, 2010). A year later the Prime Minister of Haiti, Jean-Max Bellerive increased the death toll to more than 316,000 (CBC, 2011). Disaster response was extremely difficult as roads were blocked, communication lines lost, and many relief

agencies were dealing with their own losses of both personnel and office space (Al

Jazeera, 2010).

The depth of the earthquake was only eight km, which also played a role in the

level of destruction (Amos, 2010).

Dr. David Rothery[13] explains,

"closeness to the surface is a major

factor contributing to the severity of

ground shaking caused by an

earthquake of any given magnitude"

(as cited in Amos, 2010). The UN

estimates that 75% of Port-au-Prince

Map 3: Location of Haiti Earthquake.
(Wikimedia, 2010)

will need to be rebuilt (BBC, 2010). The 500-km-long Enriquillo-Plantain Garden Fault

runs east-west through Haiti and the Dominican Republic and then extends further west

to Jamaica. It was a 50-60-km stretch that the quake struck on, known as a "strike-slip"

fault. This means that the plates on either side of the fault line were sliding in opposite

directions. In these scenarios, the plates do not glide easily past one another but can stick

in one spot for decades building pressure. Eventually, in order to release this pressure the

plates suddenly jerk forward, such was the case in Haiti (Woods Hole Oceanographic

Institution, 2010).

In the weeks following the quake, Haitian Prime Minister Jean-Max Bellerive

estimated that about 250,000 homes had been destroyed and 30,000 businesses lost

(Renois, 2010). Poor building codes (or an altogether lack thereof) and poor quality of

work, stemming from the high levels of poverty in Haiti, are contributing factors for the

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[13] Dr. David Rothery is a planetary scientist from Open University, UK

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significant amount of damage. Buildings that should be constructed with the highest possible standards, such as hospitals and schools, were not and as a result collapsed. "Schools, hospitals, all government facilities should be safe so that, in the event of catastrophes like these, those buildings can withstand these things so there can be some continuity in the operations of government and the private sector" said Cletus Springer, the director of the Department of Sustainable Development for the Organization of American States (OAS) (Watkins, 2010).

The hospitals in Jacmel (located in the south-east of Haiti) were too unstable to use, so patients were lying in the garden in the heat. With such a high volume of patients there were not enough doctors to help (Fraser, 2010). Eight days after the initial quake, the General Hospital in Port-au-Prince was operating without water or power and medical supplies were running out. Health experts with disaster experience from Israel, Cuba, Portugal and other countries were arriving daily bringing with them stocks of medical supplies. The United States Navy hospital ship was brought to the coast of Haiti to treat some of the worst off patients. Those who were critically injured were brought by helicopter to a landing close to the ship. While progress was being made, it is difficult to coordinate a relief effort of this scale. The head of the World Health Organization, Dr. Henriette Chamouillet said that "nobody knows how many doctors, how many nurses have come to Haiti… no one is providing the government with the data it needs" (cited in Lacey, 2010). Clashing views of what is most important and who should be in charge was also a cause for frustration from many organizations. MSF complained that the American military was not prioritizing humanitarian aid, as more than one of their planes was not allowed to land even though it was carrying important medical equipment

(Lacey, 2010). Dr. Paul Farmer, who is a co-founder of Partners in Health, explains the problem is that "everyone's doing their own thing, and we need to bring them together" (as cited in Lacey, 2010).

Getting relief aid into the country and distributing it was difficult as the port in Port-au-Prince was badly damaged and unable to handle cargo. Planes carrying supplies were landing quicker than crews on the ground could unload them (Al Jazeera, 2010). Shortly after the quake, the government of Haiti gave control of the main airport to the United States. The tarmac was relatively unaffected by the quake, however the control tower was severely damaged, making it difficult to coordinate the massive influx of relief aid coming from around the world. Some flights were diverted to airports in the Dominican Republic or Florida. The airport in Port-au-Prince also ran out of fuel which meant that landing planes were unable to refuel before taking off again (Quinn & Crawley, 2010). Road blockages became a problem and the lack of lighting made some of the roads unsafe to travel (CNN, 2010). ABC reports from five days after the quake claim that those in Leogane were still fending for themselves, creating squatter camps. They reported that almost every concrete structure in Leogane had collapsed and dead bodies filled the streets (Millar, 2010).

Not only did the government, locals, and humanitarian organizations have to deal with what had *already* happened, they had to mitigate any further possible consequences. Although beyond the scope of this thesis, it should be understood that compounding this dire situation was the threat of rain, the ensuing hurricane season[14], and the fear of

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[14] The hurricane season in Haiti normally begins in June and goes until November.

cholera[15] outbreaks. Although the rainy season does not officially begin until May,

immediately following the earthquake many were sleeping outside and were without any

sort of shelter to protect them if it did rain. These threats highlight the need for a quick

and coordinated response effort. The next section will look at the earthquake response by

Oxfam, WFP and CARE, each of whom had been working in Haiti for a number of

decades prior to the earthquake.

4.4 Humanitarian Response

4.4.1 Oxfam

This section examines Oxfam's presence in Haiti prior to the earthquake, the

subsequent disaster response to the earthquake and the incorporation of women into that

response. Oxfam published a number of reports that include women in their response in

greater detail than the tsunami response, where this is the case these reports are

considered individually. For further details on documents analyzed and the inclusion of

women, see Appendix G.

Oxfam in Haiti prior to the 2010 Earthquake

Oxfam has been working in Haiti since 1978 (Oxfam, 2010). According to the

Oxfam Report 'Reconstructing Haiti' (2010), from that time they had been focused on

supporting communities and local government in sustainable livelihoods, disaster risk

reduction, good governance and humanitarian assistance. Their work in emergency

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[15] Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium Vibrio cholerae. It has a short incubation period, from less than one day to five days, and produces an enterotoxin that causes a copious, painless, watery diarrhoea that can quickly lead to severe dehydration and death if treatment is not promptly given. Vomiting also occurs in most patients. (WHO, 2011)

response was accompanied by Oxfam's ongoing longer-term development work (Oxfam, 2009). The long-term development work Oxfam was doing in Haiti consists of things such as advocacy for resource allocation towards environmental regeneration and protection, especially considering the level of deforestation. In terms of advocacy, Oxfam was helping strengthen civil society's voice, by supporting people vying for access to public services, namely education, drinking water, electricity, and health as well as advocating for women's rights in Haiti (Oxfam, 2009).

Oxfam was present in the disaster relief and recovery after the 2008 hurricanes; it provided relief to hurricane-affected communities through the provision of non-food items such as hygiene kits and drinking water. Recognizing the importance of disaster preparedness and disaster risk reduction, Oxfam had made these an important part of their work in Haiti. The Oxfam report *'Haiti: A Gathering Storm: Climate Change and Poverty'* (2009a), outlines their objective in disaster risk management as:

i.   To empower at-risk communities/populations to plan for, advocate for and implement long-term risk reduction initiatives.

ii.   To enable at risk communities/populations to respond rapidly and efficiently to a disaster situation.

Disaster Response to 2010 Earthquake

Oxfam first reports about the Haiti earthquake in a press release dated January 13, 2010. Although unsure of the severity at that point, due to communication being cut off, Oxfam found that the 'early signs [were] not good' (Oxfam, 2010b). Oxfam quickly dispatched six emergency specialists to Haiti as Oxfam teams already in Haiti began

to assess the scale of the disaster. Oxfam highlighted their immediate concerns as being

the provision of safe water and shelter material (in case of rain as a significant number of

people lost their homes and are sleeping outside). It was announced that two staff

members were lost in the quake, but the rest of the 100-strong Oxfam team in Haiti was

safe, although most are adversely affected by the disaster due to either the loss of family

members or their homes. Of this team, 15 are emergency specialists in Haiti and had

begun disaster response by providing water and sanitation. Oxfam International Director,

Penny Lawrence, showed her confidence in the competency of the team in Haiti by

saying "the staff in Haiti are extremely experienced in dealing with emergency situations

and dealt with the aftermath of the hurricanes that struck Haiti two years ago" (Oxfam,

2010c).

On the ground, Oxfam helped local civil workers search for trapped victims in

Port-au-Prince by providing them with shovels and picks. Stocks of emergency aid from

warehouses in the UK and Panama were continually sent to Haiti as the scale of

humanitarian relief Oxfam was providing increased daily. By January 15 assessments

were underway, which is the first step in delivering emergency aid (Oxfam, 2010d). On

January 19, 2010, an Oxfam press release explained the difficulty of the situation in Haiti:

> Although aid [was] beginning to get through, the impact of the earthquake on
>
> Oxfam's Haitian and international staff, the logistical challenges combines with a
>
> destroyed office and warehouse and the loss of communications have made this
>
> one of the hardest responses the agency has ever mounted (Oxfam, 2010e).

In the Oxfam report titled *'Haiti Progress Report 2010'*, the organization outlined how

they had responded to some of the many challenges encountered in Haiti. Many of

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these challenges and responses are more long-term than the aforementioned initial

responses. However, to better understand the work of Oxfam and the type of

humanitarian effort in Haiti, these challenges and responses will be addressed. The first

challenge outlined is addressing the issue of public health, which is difficult to achieve in

a crowded environment such as Port-au-Prince. The threat of cholera is heightened by

the types of conditions found in Port-au-Prince and other affected areas (Clayton &

Davies, 2011). Oxfam's response to this was the provision of clean drinking water and

sanitation facilities to some 400,000 people in Port-au-Prince and surrounding areas.

They have built 2,500 latrines and 1,032 bathing shelters that are maintained by Haitians

living in the camps. Hygiene kits were distributed to 120,000 people and over 300

million liters of clean water provided to the camps in which Oxfam works. An important

step in curbing the spread of disease was the training of some of the local people in health

promotion. These people then reinforced the importance of good health and sanitation

facilities in the camps.

The second pressing challenge outlined in the report, is unemployment and food

shortages. Both hinder people from rebuilding their lives after a disaster. Those employed

in formal work in Haiti was only 21% *prior* to the earthquake, this fell to eight percent

after. Self-employment fell from 65% to 33%. Oxfam responded to this in six different

ways in order to accommodate for the diversity of the population. This was done through

supporting local street food sellers, providing basic needs grants, cash-for-work, cash

grants, helping restore or rebuild grocery stores and assisting small business to rebuild.

The third challenge was rebuilding communities. This was difficult because of the

sheer volume of homes destroyed. To paint a picture of what it looks like, Oxfam

calculated that the amount of rubble from destroyed homes and buildings could fill

enough dump trucks, bumper to bumper, to go half way around the world. Until this can

be cleared and land rights issues sorted out temporary shelters were a necessity. Thus,

immediately following the earthquake Oxfam provided plastic sheeting for emergency

shelter to 98,000 people.

The final challenge outlined in this report, was advocacy and campaigning. Oxfam

recognized the preexisting inequalities in Haitian society that work against those most

vulnerable. Oxfam acknowledged that the recovery process from this earthquake could

either exacerbate these or offer a new beginning. They saw advocacy as being very

important to ensure it is the latter that occurs. Oxfam remained insistent on the inclusion

of the Haitian people in the recovery process and had lobbied that the UN, USA and

Canada ensure Haitian people were not only in attendance, but also heard, in key

meetings and conferences. The cancellation of Haiti's $286 million debt to the IMF was

also high on Oxfam's agenda, which they were able to achieve in July 2010 after a

number of organizations joined their campaign (Clayton & Davies, 2011).

Gender Analysis

This section considers four reports published by Oxfam (see Appendix G for an

additional outline of how these reports acknowledged the vulnerability of Haitian

women). The first is a report that came out prior to the earthquake, after the 2008

hurricanes. The purpose of including this report is to examine whether Oxfam

recognized the vulnerability and inequality faced by women in Haiti before the

earthquake. The subsequent reports will be presented in chronological order from

the time of the earthquake. Not included in this section are Oxfam press releases as these

were used to narrate Oxfam's response in the previous section. They also do not provide

the depth or level of analyses that the following reports do.

Haiti: A gathering storm: Climate change and poverty (2009a)

In a 2009 report on climate change and the impacts it would have in Haiti, Oxfam

recognized that 'women in poor communities will be particularly affected because of

their roles in providing food, water, and firewood for the household'. In this same report

Oxfam made various recommendations to mitigate Haiti's vulnerability to disasters and

to increase their capacity to respond to and recover from disasters. One of their

recommendations was to diversify income sources. They found that women in particular

would like help with small businesses. Another recommendation was to support

community-based coping strategies to help disaster reduction. The benefits of this were

two-fold; first it helped disaster preparedness and second, Oxfam finds good adaptation

to be important for development. They advocated that women should be at the center of

community-level responses as women are already proving to be successful in mobilizing

local involvement and implementation is come communities. This report, in looking at

the impacts of climate change on a particularly vulnerable place such as Haiti, concluded

with recognizing that it is poor woman and men who are considerably more vulnerable to

the impacts floods, droughts, storms and hurricanes can have as it is more difficult for

them to cope.

Reconstructing Haiti: Oxfam Briefing Note January 2010

A briefing note which came out shortly after the earthquake provided an overview

of the catastrophe and some preliminary statistics (as it was too soon to know the full

extent) along with recommendations for the response and reconstruction processes.

Coordination and inclusion of Haitians is reiterated throughout the report. One of the key

recommendations from this report is that "protection, particularly for women and children,

should be mainstreamed into the design of all programmes, including any camps for

affected people or expansion of patrols, in consultation with affected people and local

civil society" (p. 1).

When looking at the delivery of assistance and coordination, Oxfam acknowledged the

importance that the structural inequalities Haitian society is marked by not be reinforced.

Oxfam listed the most vulnerable as being women, children, the elderly, the disabled and

people living with HIV/AIDS and that it is imperative they not be forgotten.

Participation of the beneficiaries in decision-making and assessments that are done in

collaboration with communities help ensure that those who need help most get it (Oxfam,

2010).

Haiti: A Once-in-a-Century Chance for Change

Released in March 2010, the purpose of this report was to look beyond simply

rebuilding Haiti but to re-envision it based on three principles; equity, fairness, and

opportunity. More explicitly, Oxfam outlined that "the goal of reconstruction now must

be a genuinely more equitable Haiti, in which poverty and instability are reduced" (p. 1).

This report called for a Haitian–led recovery, where the international community

was supporting and not substituting for the state. This report provided suggestions for both the Haitian government as well as the international community with a focus on the role the UN should play. Oxfam also outlined 'the vital urgent needs'.

In this 18-page report, one page is dedicated to addressing gender inequality. Oxfam highlighted the unequal society in which Haitian women live where they are subjected to different forms of violence, and the disturbingly high rate sexual violence in particular. Acknowledging the low access women have to political and formal economic structures, Oxfam raised concern over women's vulnerability towards violence, homelessness and hunger following a natural disaster. Oxfam raised the point that "women have always been overwhelmingly responsible for other vulnerable people, including infants, children, the elderly, and people who are ill or disabled" (p. 16), which increases their vulnerability. Oxfam also points to the earthquake as increasing that burden. Women are expected to provide food, water, and firewood for the household. They are expected to carry out these tasks in spite of the risks of violence and assault that they are faced with. Women's economic frailty has increased especially with the collapse of the informal sector and little opportunities available to restart their livelihoods. However, Oxfam saw this as an opportunity to improve the situation of women and begin the reconstruction as a more equitable society. In order for that to happen, Oxfam found that women's energy and potential needed to be harnessed in the rebuilding phase. This requires the assessment of the different needs girls, women, men and boys have. Knowing some of the existing risks women face, everyone needs to be informed as to what their rights are in receiving assistance in order to evade sexual exploitation and abuse.

Oxfam's recommendation to those involved in the rebuilding phase (government and donors) was that the participation of women in this process needs to be increased. This would offer the chance for women's voices to be heard and for them to contribute at both the community and upper government levels. The role of women as caregivers needed to be acknowledged and taken into consideration when reconstruction projects were designed. In order to do this, already successful initiatives that focus on women and girls should be implemented in the rebuilding phase. The equal participation of women required innovative approaches as well as training and capacity building (Oxfam, 2010a).

Haiti Progress Report 2010

This report, released in January of 2011, provides a more in depth view of the situation. In the introduction of the report Oxfam spoke again about the vulnerability of women. "Women, because of their roles as mothers and primary care givers, had a particularly tough time, and were especially vulnerable to the violence and intimidation that are commonplace in crowded conditions" (p.5). This report, as examined in the previous section, looks at the challenges Oxfam faced as well as their response to these challenges. These will not be revisited here, but how this report acknowledged the vulnerability and inequalities that Haitian women faced will be. Oxfam found it important that the progress women had achieved before the earthquake (increased medical care for female victims of violence and improved political representation) be protected. In order to do so, Oxfam was working to ensure that women were targeted and women leaders were encouraged in their response and reconstruction programs. One of the ways they tried to achieve this was by providing support to businesses owned by

women, helping them get reestablished after the earthquake. In terms of emergency response, Oxfam committed themselves to their primary goal of reducing incidence of death and disease. However, they also committed themselves to staying as long as necessary to help people rebuild their lives (Oxfam, 2011b). In this report, Oxfam talked about their vision for the next two years and things they wanted to accomplish in working with local partners, civil society, local governance, and communities. First on that list is to "continue to focus our work on the most vulnerable, particularly women, girls, elderly people, and disabled people" (Clayton & Davies, 2011, p. 24).

4.4.2 World Food Programme

Similar to the examination of Oxfam's response, the WFP was considered in terms of their work in Haiti prior to the earthquake, their response and the inclusion of women in their response. The WFP focused mostly on the provision of food in the wake of a natural disaster. In the analysis of the WFP acknowledging women's vulnerability, three reports and eight press releases were examined. These will be described in this section, Appendix H provides further information.

WFP in Haiti Prior to the 2010 Earthquake

The WFP has been in Haiti since the 1960's (Ward, 2010). In 2000 the WFP began a program to feed children in schools, as a way to not only mitigate malnutrition but also to provide an incentive to parents to send their children to school. By 2005, some 150,000 children were receiving food at school as a part of this program (WFP, 2005). In 2004 when tropical storm Jeanne hit, the WFP was in Gonaives (the worst

affected area) within two days providing food aid to survivors. For the following six

months the WFP provided regular food aid to 160,000 people, most of whom were

women and children (WFP, 2005a). The WFP also responded to the humanitarian crisis

caused by the four hurricanes that hit Haiti in 2008. They provided food and logistics in

coordinating the humanitarian community. The hurricanes collapsed all bridges to the

affected areas making them only accessible by sea and air. Further complicating things

was the massive amounts of flooding, making it difficult to move around (WFP, 2008).

However, the WFP was committed to reaching isolated communities whether it was by

helicopter, sea or special off-road trucks. By October, 2008, the WFP in collaboration

with an NGO cleared 50 schools of mud through a food-for-work program. At this time,

was also estimated that the WFP was providing regular food rations to almost 600,000

hurricane victims (WFP, 2008a).

Disaster Response: 2010 Earthquake

By the time the earthquake hit the WFP had rather extensive experience in

responding to disasters in Haiti. They have a sound understanding of Haitian society, and

navigating their way to provide assistance to remote communities in spite of obstacles

created by a natural disaster. Thus, when the news of the earthquake in Haiti hit, a WFP

press release dated January 13, 2010 indicated that the WFP had immediately began to

mobilize all resources necessary for providing food relief to those affected. Like Oxfam,

the WFP had prepositioned stocks of food in Haiti. The WFP distributed high-energy

biscuits immediately, as they require no cooking. Immediate assessments were also on

the agenda for the WFP to determine the scale of the needs. Lacking communication

with the field, the WFP recognized Haiti's preexisting vulnerability in terms of food

insecurity and immediately appealed the international community for help (WFP, 2010).

Just one day after the earthquake, the WFP was able to distribute food to 3,000 people in

Jacmel. The following day the WFP was distributing food in three parts of Port-au-Prince

as well, reaching another 2,900 people.

The WFP faced the same obstacles as Oxfam in that the airport in Haiti was

congested as well as lacking fuel. The airport in the Dominican Republic quickly became

congested as well. One week after the earthquake, the WFP had established basic

communications, with more equipment being sent. A self-contained cellular network

from Italy was being sent, as well as another three tons of communications material such

as satellite equipment, phones, computers, and radios from Dubai. The WFP saw this as

a necessity as the number of humanitarian agencies and workers was increasing in Haiti

(WFP, 2010a). Ten days after the earthquake, with a clearer picture as to the level of

destruction and devastation caused by the earthquake, the WFP Executive Director

Josette Sheeran echoed claims made by Oxfam in saying that "this is the most complex

operation WFP has ever been involved in" (WFP, 2010b). By this point, the WFP had

already delivered 1.5 million food rations to more than 250,000 people (WFP, 2010b).

On February 1 a press release indicated that the WFP had 33 field kitchens in operation,

each near a settlement of people displaced by the earthquake. When the afternoon meal

was ready the children were served first, followed by women, the elderly, and young men.

The distribution was organized by the local authorities, local aid groups and a variety of

other international actors (WFP, 2010c). Within six weeks of the earthquake four million

Haitians had received WFP food assistance (WFP, 2011a).

As immediate needs were beginning to be met, the WFP started to shift their focus from emergency food assistance to long-term recovery. In order to do this, the WFP was looking at ways to invest in Haiti's human capital. Investing in Haiti's human capital for the WFP included boosting local agriculture production, supporting local markets, and providing safety nets for Haiti's most vulnerable. In conjunction with the Haitian government and other partners, the WFP helped in implementing a food and cash for work projects. The WFP also supplied nutrition programmes and meals for school children and in food insecure areas. Working with Haitian authorities, the WFP prepositioned food, trucks and other necessary supplies in each district of the country in order to prepare for the hurricane season (WFP, 2011b).

Gender Analysis

In response to the earthquake in Haiti, the WFP put to practice lessons from previous emergency responses. Since the earthquake the WFP has published a small number of reports, however, the most informative in understanding their recognition of the importance of including women in the relief phase come from brief press releases and two news stories found on the WFP website. The first press release on the WFP website regarding this issue came two weeks after the earthquake hit. The WFP executive director explains, "it is our methodology to distribute only to women to ensure that food gets to women and children in Haiti... every time we have not had adequate security escorts, we have had riots at food sites" (WFP, 2010f). The next press release from the WFP on the subject, Marcus Prior (WFP spokesman) builds on the security reasons as well as the benefits of distributing food to women. "Our experience around the world

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is that food is more likely to be equitably shared in the household if it is given to women" (WFP,2010g).

The subsequent two news stories (*Haiti: Women Take Lead As Food Coupons System Rolls Out (WFP, 2010d)* and *Haiti: why women are at the front of the cue (WFP, 2010e)* elaborate on the situation and provide more details on the process of food distribution the WFP had undertaken. The WFPs decision to prioritize women in their food distributions was based upon their extensive previous experience in disaster response. This was to make sure that all family members (men, women and children) were getting the food they needed. The WFP has found that if women are involved in the distribution of food aid, the family is more likely to eat better.

The system the WFP developed was based on giving out coupons, which guaranteed two weeks' worth of rice rations. The coupons were given primarily to female heads of household; this decision was made with Haitian authorities as well as other NGOs because of safety concerns. However, the final decision to target women was made because "women are usually the first to be pushed out of line if people get hungry and desperate at food distributions". Although women were encouraged to bring male family members to help them get their food home, they are not allowed inside the distribution site. Working with local authorities, the WFP had also found ways to inform the public on distribution systems and ensure them no one would be left out of this process. Through working with other partners, the WFP was taking precautions to make sure that men without female relatives were also receiving food.

A report published in March 2010, also speaks of the WFPs targeting of women in a different area. The report looks at the different food assistance programs, the

Blanket Supplementary Feeding (BSF) targeted children 6-59 months and women who were pregnant or lactating. The purpose was to provide vulnerable women and children with nutritious supplements. An estimated 16,000 women were being targeted in the internally displaces person (IDP) camps throughout the Port-au-Prince area. A three month BSF was expected to follow which would reach 160,000 pregnant and lactating women throughout Haiti (WFP, 2010h).

4.4.3 CARE

CARE had been working in Haiti since 1954 when they provided emergency relief from a hurricane. In 1959 their work shifted from disaster relief to development programming, focusing on maternal and child nutrition. CAREs work in Haiti has evolved through different stages where they have focused on health care for preschool children, clean drinking water, income generating activities, agriculture and natural resources, education and small enterprise projects. Currently, along with emergency response, CAREs work spans across areas such as HIV and AIDS projects, maternal and child health, education, food security, and water and sanitation (CARE, 2010g). In assessing CAREs recognition of women's vulnerability in their disaster response, three reports and six press releases were analyzed (see Appendix I).

Disaster Response

CARE was able to respond almost immediately after the disaster because of its existing presence. The current staff (at the time of the earthquake) consisted of 133 people, their focus shifted from that of longer-term development to immediate

disaster response. Although all CARE staff survived, many suffered from the loss of family members. Issues immediately addressed were; shelter, water, sanitation and hygiene, education, psychological support, reproductive health, prevention of gender based violence, livelihoods and food security. From January 2010 to June, 300,000 people were reached by CARE programming and given items such as tents, tarps, shelter kits, mattresses, blankets, kitchen sets, jerry cans, hygiene kits, delivery and newborn kits, as well as food and safe water.

In collaboration with the Haitian government, 18 temporary water points were installed, which provided water for some 44,550 people daily. Building on existing structures, CARE had assisted in the reconstruction of schools. This was done with consideration of the four pillars of access, quality, governance and community participation outlined in Haiti's national education plan. Furthermore, school kits were distributed to 20,000 primary school age children. These kits were created with input from the Ministry of Education (CARE, 2010).

In the report titled *Haiti earthquake emergency response fund: January 2010-July 2010*, CARE also recognized the issue of food insecurity. To address this CARE supported families in rural areas who were affected by the earthquake in ensuring that necessary food was locally produced in both the spring and fall crop seasons. In their attempt to ward off widespread food insecurity, CARE developed cash for work programs designed to improve agricultural livelihoods. They also provided vegetable seeds or seedlings to families who had the space available to grow produce (either for their consumption and/or to supplement their income) (CARE, 2010).

Gender Analysis

In a press release that came out only four days after the earthquake, CARE cautioned that women who were pregnant or breastfeeding, as well as young children were at the greatest risk. They estimated that there were 37,000 pregnant women who were in dire need of safe drinking water, food, and medical care after the earthquake. Maternal health care was an immediate concern for CARE, recognizing that Haiti already had the highest maternal mortality rates in the region. CARE partnered with UNIFEM to meet the pressing needs of particularly vulnerable women (those who were pregnant or lactating). Sophie Perez, the country director for CARE in Haiti highlights this importance:

> It is also particularly crucial that new mothers continue breastfeeding, which
>
> provides the safest nutrition to their babies... there is an urgent need for clean
>
> drinking water and additional nutritious food so new mothers do not become sick,
>
> dehydrated or malnourished, which may prevent them from breastfeeding. (CARE,
>
> 2010a)

The next press release (CARE, 2010b) that speaks to the gendered approach to disaster response taken by CARE is dated six days after the disaster. Dr. Frank Geneus[16] echoes the statement from Perez in the concern of pregnant mothers not breastfeeding because they do not have enough food or water. To mitigate this, Geneus, along with other CARE staff had taken to the streets to provide women with water purification packets and demonstrations on how they are used. CARE had 600,000 of these to distribute, in order to get them to those who need it most as quickly as possible, they trained local volunteers to help. Inventory of the sites was taken so the volunteers could distribute the water

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[16] Coordinator of CAREs health program in Haiti

purification packets according to this inventory targeting those who needed it most. This press release concludes with an acknowledgement by CARE of the increased vulnerabilities of women. "CARE knows that in emergencies like this, women and girls are at increased risk of sexual violence, exploitation and abuse when seeking food and other services. CARE and its partners will address gender-specific needs in Haiti".

In later press releases CARE indicates that women had been targeted in the distribution of 1,200 hygiene kits (CARE, 2010c). CARE also advocated for international organizations to support both the government and people of Haiti by meeting the following needs of women; gender-based violence, health needs, access to land-tenure, property right, and legal identity documents (CARE, 2010d). On February 4, 2010, a CARE press release looked exclusively at the concern of sexual and gender-based violence. They noted that a 2008 UNOCHA document that came out following the numerous tropical storms, reported on accounts of violence in shelters, 'sex for food' along with other forms of exploitation. Thus, CARE recognized and was working to prevent women and girls from being subjected to gender-based violence. They were also providing support and care for victims of gender-based violence. The damage to police and other city services heightened this concern, as there was a lack of places to report violence to and get support (CARE, 2010e). Six months after the earthquake, CARE found that many women in camps had taken leadership roles. They were vital in ensuring CARE was reaching those who need help most. According to CARE they were also working to spread life-saving information on hygiene, health and psychological support for children. Perhaps most importantly, these women helped raise awareness about preventing gender-based violence (CARE, 2010f).

In CARE's report of their emergency response from January to July (2010), they highlighted different areas and discussed how they had addressed these needs, and how many people they reached during that time. Where they discuss their work on addressing the importance of hygiene, they explain that their hygiene kits contained sanitary napkins. They also took into account the needs of women (especially in terms of privacy and security) in the design of their sanitary and hygiene facilities. At 63 different sites, CARE had organized women's clubs, providing a forum for hygiene and health related issues can be discussed. These groups have been consulted in the allocation of latrines and waste bins.

Reproductive health was another one of the main areas of focus for CARE. A comprehensive approach was taken and in lieu of the needs of women who were displaced the following was distributed; 838 safe delivery kits, 1,066 newborn kits to pregnant and lactating women, 30 traditional birth attendant kits, 780 hygiene kits, 1,000 water bottle filters and 1,000 bed sheets. For more long-term health care, this report indicates that the CARE health team was working to build 20 women's centers. CARE outlined the purpose for these as being a place for reproductive health promotion outreach activities and where services such as counseling on reproductive health and gender-based violence would be provided. These centers were to also address issues such as sexually transmitted infections, HIV and AIDS, promote the importance of prenatal care, nursing, family planning and referral to medical centers when required. Their community awareness campaign was said to have reached 2,832 people (mostly women) with important information regarding sexual and reproductive health. When women reported fear of using the toilets at night in unlit camps, CARE distributed 3,314

solar flashlights to vulnerable women.

In 'looking ahead' to the six months following this report, CARE outlined their focuses in terms of earthquake affected women to be;

- Work with community committees to plan and establish women's centers;

- Continue to conduct outreach activities at the spontaneous settlements to provide information on preventing sexually transmitted infections and ensure continued access to family planning and other reproductive health services with the implementation of the minimum initial service package;

- Facilitate capacity-building for health facilities in Leogane and Carrefour to provide emergency obstetric care and comprehensive post-rape management and support;

- Raise awareness to ensure that gender equity is made a priority across emergency response sectors by training CARE teams, committees and government employees on promoting equal participation of women, men and youth in decision making;

- Continue awareness-raising sessions and campaigns on gender and sexual-based violence;

- Assist committees in spontaneous settlements to develop and implement an action plan that includes equal participation of men and women in decisions pertaining to relief interventions and actions to prevent gender-based violence.

In discussing the development of a longer-term strategy (a five year plan) for reconstruction CARE identified specific populations essential for a lasting impact. Of the four vulnerable groups mention, one is women who live on less than $1 per day, are

young mothers, or are heads of household. Also identified in this report was the fact that

this earthquake, to an extent, revealed the deep inequalities within Haitian society.

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Chapter 5: Discussion and Analysis

"Nothing about us without us is for us..."
- Shankill Community Mural, Belfast

The responses by Oxfam, WFP and CARE in Aceh and Haiti demonstrated the importance of humanitarian organizations in disaster relief. Each organization recognized the vulnerabilities of women in different ways and to different degrees. As outlined in the literature review and case-study chapters, women's vulnerabilities are evident in: (1) women's reduced access to resources; (2) women's low levels of representation in decision-making; (3) women's higher poverty levels; (4) the biological and physiological differences between women and men that disadvantage women; (5) the social norms and role behaviors that lead to men's dominance; and (6) discrimination towards women, including gender-based violence. This chapter begins by focusing on each organization's recognition of women's vulnerabilities in Aceh and Haiti before providing comparisons in disaster responses between the three organizations. Because development processes are adversely affected by natural disasters, and women are disproportionately affected by disasters, the work of humanitarian organizations like Oxfam, WFP and CARE serves to highlight what has been done in disaster relief. These lessons are important because the failure to take vulnerabilities, particularly women's vulnerabilities, into account can undermine development efforts.

5.1 Oxfam

In its reports following the disaster in Aceh and Haiti Oxfam touched upon almost all areas of vulnerability discussed in the literature review and case-study chapters (see

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Table 1). In the reports surrounding the Haiti earthquake, Oxfam had considerably more depth in its understanding of the specific needs of different groups of women, possibly attributable to its level of preexisting disaster relief and development work in Haiti. Of the three organizations Oxfam led the way in acknowledging that the impacts on, and needs of, men and women are different. In its reports Oxfam focused a lot on advocacy and lobbying governments and other organizations to also recognize the vulnerability of women and to increase the participation of women in their responses as well.

One of the areas in which Oxfam addressed the vulnerability of women was in their livelihood programmes. Following the tsunami in Aceh Oxfam found that only men were signing up for their Cash for Work (CFW) programmes, where people are paid to help clean up and rebuild their communities. Upon further examination Oxfam found that male staff members had only approached men in the communities, assuming that only they would be interested in the CFW programmes. When female staff members approached women within the communities they found that the women were also interested in joining the CFW programmes. Where some women were restricted in their ability to complete the tasks (i.e., if they were pregnant) they were employed in cooking or providing child care and paid the same as the other workers (Oxfam, 2005a). Following the Haiti earthquake Oxfam diversified its livelihood programmes to meet the needs of a wide range of people, many of these programmes prioritized women (Clayton & Davies, 2011). These livelihood programmes help to address some of the vulnerabilities women face, particularly in terms of higher poverty levels and less access to resources, which can then in turn influence their level of decision making (particularly within the household) as well as larger social norms. These programmes are

important and are one way in which Oxfam provided women with opportunities to

enhance their agency.

Table 1: Oxfam: Recognition of Women's Vulnerabilities in Disaster Response		
Vulnerability	**Aceh**	**Haiti**
Less access to resources	- Women are often neglected when aid is distributed	
Less representation in decision making	- Relief effort must include participation from marginalized populations	- Advocated for women to be included in the rebuilding of Haiti
Higher poverty levels	- Higher levels of poverty among women, they need to be included in livelihood programmes	- Women have low access to formal economic structures - Increase in economic fragility - Women have less access to employment
Biological and physiological differences	- Disproportionate number of deaths of men over women	- Higher vulnerability of mothers in crowded camps
Social norms and role behaviours	- Women's workloads could increase	- Women's workload will increase in taking care of children, elderly, and people who are ill or disabled
Discrimination towards women (including gender-based violence)	- Increase in violence against women - Concern that inequalities between men and women will be intensified	- Protection for women must be mainstreamed into all programmes - Women are subjected to a high level of violence in Haitian society - Inequalities must not be reinforced

* Data for this chart taken from reports published within the first year of the disaster

5.2 WFP

The WFP made significant strides in not only acknowledging the vulnerabilities

of women (see Table 2) but addressing these as well. In its role as the largest provider of

food aid, the WFP recognized that there are a number of benefits to distributing food

aid directly to women. From WFP reports and press releases immediately following the earthquake in Haiti, the WFP committed to distributing food to women first. From past experience the WFP has found that where it distributed food to women the food distributions were more orderly, there was less rioting, and the food was more likely to be distributed throughout the family more equitably. Within the Haiti context, where women are responsible for providing and preparing food for their families in normal times and had higher levels of food insecurity, the WFP is addressing different areas of vulnerability for women. However, while this is an important first step, Mark Schuller (2010) has found that the manner in which organizations distribute ration cards for food can be an issue. This has been evident in camps where women had been prioritized in food distribution. In some cases where powerful men were entrusted with giving out the food ration cards, this power has been used as a tool for forced sex. A leader from KOFAVIV, a women's organization made up of and for rape survivors, has described the situation in this way:

> We have 3,000 members scattered across the camps. They keep in touch with us.
> Already we have heard over two dozen members tell us that they were forced to submit to sexual relations with the guy in exchange for the cards (Schuller, 2010).

In five camps where 'management committees' were created to ensure fairness of food distribution, not one had a woman on the committee. Thus, even if programmes are targeted at women, where they are not included as active participants they can be marginalized.

Table 2: WFP: Recognition of Women's Vulnerabilities in Disaster Response		
Vulnerability	**Aceh**	**Haiti**
Less access to resources	- Found that 30% of women were anemic and 10% undernourished	- Higher food insecurity among women - High levels of anemia among pregnant women - Women have less access to food aid
Less representation in decision making		
Higher poverty levels		
Biological and physiological differences		- Women are the first to be pushed out of the way in food distributions - Targeted pregnant/breast feeding women in supplementary feedings
Social norms and role behaviours		- Distributed food to women as they are the primary care takers, families eat better when women are involved
Discrimination towards women (including gender-based violence)	- Emphasized the need for men and women to participate in order to address gender inequalities	

* Data for this chart taken from reports published within the first year of the disaster

5.3 CARE

CARE made the biggest leap in acknowledging the vulnerabilities of women following a natural disaster. Following the earthquake in Haiti, the vulnerability of women was acknowledged within days of the disaster, whereas it was not until a report that came out months after the tsunami that women were recognized as being more vulnerable. CARE's disaster response focused on tackling reproductive health issues more than Oxfams or the WFPs. In Aceh, following the tsunami, CARE worked

with religious leaders in the provision of reproductive health care. This may have

deterred some women from seeking help in an area ruled by sharia. In Haiti, CARE

worked with women in creating women's centers, providing 'safe spaces' for women to

talk about reproductive health issues, or safety concerns. This also provided a place for

women to access resources on the aforementioned issues. Through these centers CARE

can better understand and address issues facing Haitian women. This is also important in

a society such as Haiti's where gender-based violence was prevalent prior to the

earthquake.

Table 3: CARE: Recognition of Women's Vulnerabilities in Disaster Response		
Vulnerability	**Aceh**	**Haiti**
Less access to resources		- Less access to food - Less access to land-tenure - Targeted women in water and hygiene kits
Less representation in decision making		
Higher poverty levels		- Concern over women resorting to prostitution for money
Biological and physiological differences	- Concern for reproductive health	- Concern for reproductive health
Social norms and role behaviours	- Security and cultural appropriateness of camps were a concern	- As care takers if they cannot provide for their children they may be forced into prostitution for food or money
Discrimination towards women (including gender-based violence)	- Women are often the most deprived members of their communities with little rights	- Women's safety is at risk - Risk of sexual violence, exploitation and abuse - Worked with women to raise awareness about preventing gender-based violence

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The response to the earthquake in Haiti showed a level of improvement in these three organizations acknowledging the increased vulnerabilities women face from the response in Aceh. A contributing factor to the recognition of women being more vulnerable in the disaster response in Haiti could be because of the history that Oxfam, WFP and CARE had in working there. In comparing the reports and press releases from Oxfam, WFP and CARE the vulnerability of women was acknowledged much quicker in Haiti than in Aceh. These humanitarian organizations showed some understanding of the vulnerabilities women in such contexts are likely to be faced with following a natural disaster of such magnitude. The Oxfam briefing note that came out within a couple of weeks following the Haiti earthquake points to the need for protection and cautions against further reinforcement of the preexisting structural equalities. The WFP, also within the first two weeks, informed the public they would be targeting women in food distributions. CARE, within the first four days, recognized that pregnant and lactating women are at a higher risk. This shows that these humanitarian organizations recognized the vulnerabilities of women; however, these vulnerabilities still need to be fully addressed. Sen argues that women are no longer seen as passive recipients of aid but rather as active agents of change. The disaster response of humanitarian organizations needs to better reflect this.

This thesis opened by pointing out that development processes are adversely affected by disasters. This was apparent in both Aceh and Haiti. In Aceh, the tsunami took a toll on the population's health, livelihood and environment while significantly

altering the demographics. A study done by the World Bank and Indonesian government reports the total cost of the destruction of property and businesses in Aceh was approximately $4.4 billion. Furthermore, crops were destroyed and livestock were killed by the wave that reached land more than three miles from the coast. It was said that where the land was not permanently damaged it would take years for the soil to become fertile again. Fishing was also affected by damages to the coral reefs, fishing boats and nets as well as the loss of fish stocks (Brown, 2005). The Inter-American Development Bank (IDB) estimates the cost of rebuilding Haiti from the earthquake is between $8.1 and $13.9 billion (IDB, 2010). The impact of the earthquake continues to be felt in Haiti. There are still more than 1,000 unstable emergency camps in Port-au-Prince, vulnerable to the upcoming hurricane season (Rowling, 2011).

Conversely, the level of development in Indonesia and Haiti played a role in the impact of the disaster. In both regions the high level of poverty and unemployment rates meant that people had little resources to cope with the magnitude of these disasters. In Haiti the lack of building codes and quality of infrastructure played a large role in the number of deaths and level of destruction. The link between disasters and development was made in the literature review, while the case studies highlighted the interconnectedness of gender issues within these. A recent UNDP (2011) report finds the connection between disasters and development to be of extreme importance, as the root causes of vulnerability are embedded within development setbacks (Fordham & Gupta, 2011). Therefore, successful solutions would necessitate changes in social relations to ensure equitable access to resources. Sen argues the importance of examining gender in development analysis as women are (generally) in an inferior position to men, both

inside and outside of the household (Sen, 1990). This was found to be the case when examining the pre-existing vulnerabilities of women in Aceh and Haiti.

Both Indonesia and Haiti have a high level of vulnerability to natural disasters, which will only increase with climate change. This kind of vulnerability will also become more and more evident in other countries. It is imperative that in a world where disaster frequency and impacts are increasing, disaster response not only meet the basic needs of the affected population, but decrease their vulnerability to the next disaster. It provides an opportunity that should be harnessed to address the structural inequalities women face, and ensure they are not exacerbated.

Following both disasters humanitarian organizations played a vital role. The ongoing conflict in Aceh between the GAM and the Indonesian government left many Acehnese weary of the government. Thus the local population, as well as donors were likely to have been more willing to work with and channel relief money through humanitarian organizations. The Haitian government was largely incapacitated as the earthquake destroyed much of the nation's capital city. Although there is considerable room for improvement in disaster response, humanitarian organizations played a large role in mitigating further deaths and providing the affected population with necessary supplies. One of the important roles of humanitarian organizations in disaster response is in filling gaps. Addressing women's needs and increasing their participation within the disaster response is one area in which humanitarian organizations can play a larger role. Where women face societal injustices and inequalities, humanitarian organizations in their disaster management can provide opportunities for women to address these issues. There is a higher chance for achieving sustainable disaster recovery where women

and men are equally included. Where mothers are supported by policies and practices, their children benefit. Ensarson (2008) quotes the UN ISDR (United Nations International Strategy for Disaster Reduction) and Vail (2006) respectively, in finding that women are "the keys to prevention" before the disaster and "the calm in the storm" following the disaster.

Chapter 6: Conclusion and Recommendations

With the increasing number of natural disasters the importance of disaster response is correspondingly increasing. In order for disaster response to be effective and efficient in reaching those it needs to, vulnerabilities must be assessed. This thesis examined the link between disasters and development, understanding that development processes can either work to decrease or increase disaster impacts. We are now beginning to experience the effects of the pursuit of unsustainable economic development in climate change. Climate change is increasing vulnerabilities as the frequency and intensity with which disasters strike are decreasing the ability of countries and communities to cope. Further research regarding the gender dimensions of the mitigation and preparedness phases of disaster management is needed.

It is within this context that women experience a higher level of vulnerability than their male counterparts. This is especially true in LDCs where structural inequalities have a negative effect on women. While some women or groups of women are more vulnerable than others (those of racial minorities, who are elderly, disabled, or poor), in general women have a higher level of vulnerability. Factors that contribute to this are their decreased access to resources, less representation in decision-making, higher levels of poverty, biological and physiological differences, social norms and role behaviours, and higher levels of discrimination. Women and men have different experiences following a natural disaster, both of which need to be addressed. As women suffer disproportionately in the aftermath it is imperative that these vulnerabilities be addressed. Although this thesis examined women's vulnerabilities and natural disasters, it did not use a gender analysis. Further research surrounding this topic using gender analysis

could be beneficial in increasing the depth of understanding the disproportionate impacts disasters have on women and men.

While humanitarian organizations have been criticized in a variety of ways, their importance in responding to the increasing numbers and strength of disasters cannot be understated. Humanitarian organizations work to minimize suffering and fill gaps in disaster response. These organizations also have significant funds to effect positive change in disaster aftermath. Oxfam, WFP and CARE are amongst the leading organizations in disaster response and all work in different ways to address the needs and suffering of people in countries around the globe. This is beneficial when a disaster strikes as often they already have staff, partners and even emergency stockpiles in the country. Furthermore, they have significant insight into understanding the society that is affected. These three organizations have also been increasing their recognition of the vulnerabilities women face following a natural disaster.

In looking at the disaster response to the 2004 Indian Ocean tsunami in Aceh, Oxfam, WFP and CARE were slower in acknowledging the vulnerabilities of women and did not adequately address them. Following the earthquake in Haiti, the three organizations were quicker to acknowledge the vulnerabilities of Haitian women, perhaps from their extensive experience in working in Haiti. However, regardless of this women were still disproportionately vulnerable following the earthquake. The following are recommendations for which humanitarian organizations could implement in their disaster response that would provide opportunities for the enhancement of women's agency.

6.1 Recommendations

Recommendation 1: More involved in food distribution

There are two main reasons to put women in charge of food distribution. The first is the benefits to themselves, their families and communities and the second is the distribution site itself has been found to be more orderly when women are the beneficiaries. As women usually are the providers of food in most families, targeting them in food distribution could strengthen as opposed to undermine the importance of this role (Greet, 1994). A UNFPA spokes person finds that women are more likely to know the community needs, family by family. He also finds, along with women being good at food distribution, they are less vulnerable to sexual harassment when put in charge of food distribution (Pikil, 2005). Food aid is more likely to be successful if it builds upon spontaneous women's organizations. Wiest (1998) agrees that the food distribution will be more equitable and would reach those most needy if channeled through women rather than to the presumed head of household.

The WFP identifies ten facts on women and hunger, three of which could be addressed if women were put in charge of food distribution following disasters. The first is that they identify that women and girls suffer more from food shortages after a natural disaster. The second is that close to half of all pregnant women in developing countries are anaemic leading to 110,000 deaths during childbirth annually. Third, where mothers are malnourished they often give birth to babies who are underweight, making them 20% more likely to die before the age of five (an estimated 17 million children are born underweight each year) (WFP, 2011c).

In northern Uganda where a prolonged general food distribution has been

occurring women have been put at the forefront. Food distribution committees have been created, where half of the executive-levels members are women. In monitoring the food distribution, the Norwegian Refugee Council has found the following positive outcomes (Das & Nkutu, 2008);

- A positive attitude amongst people towards women embracing leadership positions

- Women participate not only in the distribution activities, but also in administrative management of the camp

- Women's participation in food management committees gradually exceeds that of men, both in terms of membership as well as active participation

As women were preparing the food in the home they were originally encouraged to become actively involved in the distribution. This was also done to mitigate the complaints of women that men were collecting food and selling or trading it in exchange for money to gamble or alcohol. Other benefits of this method of food distribution were the feeling of independence among the internally displaced people because of their level of participation and contribution. Das and Nkutu (2008) also found that it played a role in increasing women's empowerment by creating leadership opportunities for women that were normally held by men.

Recommendation 2: Include women in assessments

By working with preexisting or newly formed women's groups, humanitarian organizations could better understand community needs and target beneficiaries (Yonder, et al, 2005). According to the Pan American Health Organization (2001) women

have been found to be most effective in mobilizing the community in disaster response.

Studies on post-disaster recovery in India, Jamaica, and Mexico have found women to be

active in the rebuilding of their communities by taking initiative in calling meetings and

organizing committees. In these examples it was found that women outnumbered men in

the leadership roles in newly formed grassroots groups (Yonder, et al., 2005). Yonder (et

al., 2006) also found that communities with strong women's groups before the disaster

were better able to respond to disasters. They responded faster and community resources

were mobilized more efficiently (Yonder, et al., 2005). Women also tend to be more able

to communicate their needs and formulate plans to meet these needs. They also generally

better understand household needs and therefore allocate resources more effectively

(Shah, 2006; Pan American Health Organization, 2001). It is through the experience of

women as community workers or informal neighborhood leaders that enables them to

respond to a crisis in their community. Enarson and Morrow (1998) quote the conclusion

a UNICEF officer based in Africa draws:

> In any society, solidarity and community support are usually strongest among
>
> women as women are brought together by concern for their children and families.
>
> This solidarity saves lives in times of crisis, and should both inform and service
>
> effective disaster prevention and mitigation policies (p.8).

One of the ways that humanitarian organizations could benefit from women's

groups is that they are 'talented' in collecting local information that is otherwise difficult

for outsiders to gain access to. In order to effectively respond to people's needs

following a disaster, humanitarian organizations must understand what those needs are.

Other benefits is that in the allocation of resources to those who need it most,

corruption can be exposed. Women's groups, can organize their communities to rebuild

essential services, which Yonder (et al., 2005) see as childcare, education, health, water,

and explore new livelihood activities.

Recommendation 3: Equal[17] number of women and men humanitarian workers (at all levels)

Oxfam global gender advisor, Ines Smyth, and advocacy coordinator, Jennifer

Rowell, for CARE Afghanistan both spoke to the importance of having female

humanitarian aid workers. Jennifer Rowell finds that in societies where either religion or

traditions only allow women to speak to or be helped by another woman, having

humanitarian workers who are women is critical. Women are needed in order for

humanitarian organizations to meet the needs of the entire population who is affected.

Women may also feel more comfortable talking to and are more likely to give their

opinion to other women without the presence of men; Rowell finds this to be especially

true in parts of Asia. This was also found to be true following an earthquake in Turkey

(van Dijkhorst & Vonhof, 2005). Women are especially important on health teams as

rape victims are more likely to seek help from a female doctor; this is also true with

women who are pregnant (CARE, 2010h). Smyth reports on Oxfam's response to the

tsunami in Aceh. She found that most of the senior managers Oxfam had working in

Aceh were men, which can convey the message that Oxfam is not concerned with

promoting women's access to senior positions (contradicting what they preach).

Furthermore, men are less likely than women to think of specific needs that women may

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[17] I recognize that, arguably, it is not only an issue of numbers in terms of the equal participation of men and women, but also an issue of fairness, given women's continuing disempowerment and marginalization, leading to discussions of equity and not merely equality.

have. Male managers are also less likely to work in a way that would foster the participation of staff members or partners who are women. Smyth's recommendation in advancing Oxfam's disaster response in Aceh was to include more women at senior management levels (Oxfam, 2005a). This could be beneficial to all humanitarian organizations in ensuring they are reaching all of the affected population.

Recommendation 4: Equal participation of men and women in decision-making

Oxfam, WFP, and CARE all recognized the importance of increasing the participation of women in the disaster response. This needs improvement. The example of some men in Haiti using their role of distributing food ration cards to women as a means to force women into having sexual relations with them is one example of why it is imperative women be better represented in the decision-making spheres. Including women, as well as men, could address many of the vulnerabilities they face following a disaster. In order to address the vulnerability, it needs to be understood. Women who are more vulnerable, have a better understanding of their vulnerability and therefore of how to address it. Furthermore, in order to challenge preexisting patriarchal power structures, it is important that women be included and fully participate in decision making processes following a disaster (Wisner et al., 2004)

Pattan (a grassroots NGO in Pakistan) included women in the decision-making process and all stages of their housing project implementation following major flooding. Women were also included in the responsibility of the loan repayment; with the training of Pattan workers the women were successful in handling the payments and keeping records. Pattan found that while it was one small step, it was an important one in the

process of empowerment in women's lives, in that it instilled confidence in themselves as well as gained the confidence of their husbands (Bari, 1998).

Recommendation 5: Disaster response be seen as an opportunity for empowerment

Gender concerns are generally overlooked immediately following a disaster as they are seen as less important than meeting immediate needs. This can be found in the lack of sex-disaggregated data available on mortality and long-term impacts of natural disasters (WHO, 2002). However, in the tragedy of a disaster could be an opportunity to transform traditional gender roles and address the structural inequalities between men and women (Pan American Health Organization, 2001; Yonder, Ackar & Gopalan, 2005). This opportunity is usually lost because it goes unnoticed by decision-makers or women themselves. Where this opportunity in seized, disaster response could change gendered beliefs about women (Pan American Health Organization, 2001). It should be noted however, that women need to be included in determining the pace of change. Clifton and Gell (2001) find that women best understand the resistance to change and how to overcome it.

In order for women to become empowered through disaster response they need to be included as active participants. Sen highlights that while attention needs to continue to be paid to the suffering and deprivations of women, there is a need for an 'agent-oriented approach to the women's agenda'. One way to achieve this is by gender mainstreaming disaster responses, looking at both vulnerability and capacity. Gender mainstreaming is defined in the ECOSOC Agreed Conclusions, 1997/2 as;

The process of assessing the implications for women and men of any planned

action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmed in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality (cited in Hannan, 2001, p. 1).

Thus far, vulnerability is acknowledged (although yet to be fully responded to), what is less prominent is looking at disaster response that could foster empowerment. While acknowledging and responding to vulnerabilities is necessary, merely meeting women's basic needs in the aftermath of a disaster does not increase empowerment, nor will it decrease vulnerability in the next disaster. This is also consistently found throughout the literature on this topic.

Graham (2001) finds that if the community is involved, including women as active participants, the effectiveness of the relief and reconstruction efforts are increased. Clifton and Gell (2001) reiterated this, as well as highlighted that where women are more central to the assessment and planning for disasters, their chances of surviving is increased. Their status within the community is also increased, which is beneficial to the community at large. More importantly, Clifton & Gell argue the importance of getting the relief and response right for both men and women immediately. The immediate disaster response can determine the long-term course the humanitarian programming will take (Clifton & Gell, 2001). It is because of preexisting increased vulnerability of women that necessitates gender mainstreaming into disaster response.

The fact that women start from a relative position of greater suffering,

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poverty, and disempowerment means that, if the aims of proportionality and impartiality are to be achieved, special attention must be paid to the situation of women, and resources must be allocated accordingly. Only then can progress be made in restoring a balance in gender relations (Clifton & Gell, 2001, p.10). Fothergill (1996) found that disaster response in developing countries has not included drawing upon women's skills, therefore leaving them underutilized. Some argue that implementing a gender-approach will slow down their response; Nowak and Caulfield (2008) do not find this to be true, but rather that the relief assistance will be more effective where gender-approaches are undertaken.

These five recommendations could help address the ways in which women are more vulnerable than men following a natural disaster. Additionally, it can help increase women's agency and therefore decrease their vulnerability to the next disaster. This is imperative in a world where climate change and other socioeconomic factors are increasing the impacts of natural disasters. Disaster management and response is an area of growing importance in ensuring that development efforts are not lost to natural hazards such as tsunamis or earthquakes. As vulnerabilities are embedded within the structures of society, both development programming and disaster response need to better acknowledge and address these inequalities. Humanitarian organizations need to have a better understanding of the impacts of their disaster response to ensure that they are reaching those who need it most while not exacerbating preexisting inequalities. Furthermore, where humanitarian disaster response is needed, the opportunity to address these structural inequalities should be seized.

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Appendix A – Women and Hunger: 10 Facts (WFP, 2011c)

Women have a crucial role to play in the fight against hunger. As mothers, farmers, teachers and entrepreneurs, they hold the key to building a future free of malnutrition. Here are ten reasons why empowering women is such an important part of our work.

1. Women make up a little over half of the world's population but in many parts of the world, especially in Asia and South America, they are more likely to go hungry than men. *(Source: Women in Agriculture: Closing the Gender Gap for Development, FAO, March 2011)*
2. Following natural disasters, women and girls suffer more from shortages of food. (Source: *More Women die than men as a result of natural disasters,* London School of Economics, 2006)
3. A large body of research confirms that putting more income in the hands of women yields beneficial results for health, education and child nutrition. *(Source: Women in Agriculture: Closing the Gender Gap for Development, FAO, March 2011)*
4. Closing the gender gap in agriculture by giving women farmers more resources could bring the number of hungry people in the world down by 100 - 150 million people. *(Source: Women in Agriculture: Closing the Gender Gap for Development, FAO, March 2011)*
5. Surveys in a wide range of countries have show that women provide 85 - 90 percent of the time spent on household food preparation. *(Source: Women in Agriculture: Closing the Gender Gap for Development, FAO, March 2011)*
6. Women in Africa work an average of 50 percent longer each day than men.
7. Worldwide, for every 100 boys out of school there are 122 girls. But in some countries the gender gap is much wider. For every 100 boys out of school in Yemen there are 270 girls, in Iraq 316 girls and in India 426 girls.
8. Educated mothers have healthier families. Their children are better nourished, are less likely to die in infancy and more likely to attend school. *(Source: The State of Food Insecurity in the World, FAO, 2005)*
9. Around half of all pregnant women in developing countries are anaemic. Iron deficiency causes around 110,000 deaths during child birth each year. *(Source: Progress for Children: A World Fit for Children, UNICEF, 2007)*
10. Malnourished mothers often give birth to underweight babies who are 20 percent more likely to die before the age of five. Up to 17 million children are born underweight every year. *(Source: Progress for Children: A World Fit for Children, UNICEF, 2007)*
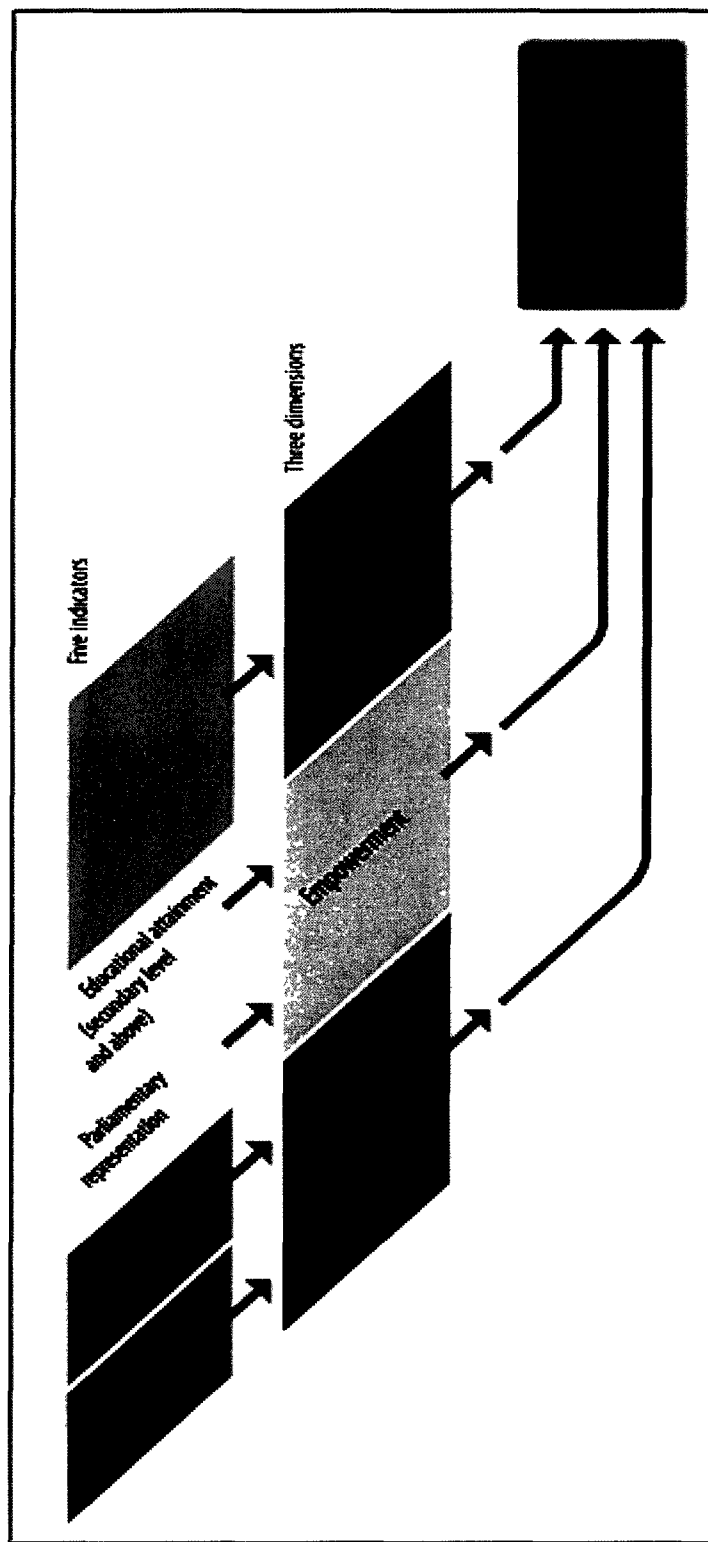
Appendix B

- MDG1 demands the eradication of extreme poverty and hunger. It is undermined by the direct impact of disasters on livelihood sustainability and the indirect impacts on macroeconomic growth and social support.
- MDG2 calls for universal primary education. Not only do disasters damage educational infrastructure and result in population displacement and the occupation of schools due to a lack of other temporary shelter, but they can also lead to an increased need for children to work and a reduction in household assets, making schooling more expensive.
- MDG3 promotes the empowerment of women. During disasters, though, it is often women and girls who primarily have to withstand greater workloads or decreased entitlements to food within the household. In addition, the social upheaval associated with disasters can make women and girls more vulnerable to sexual violence, and without sensitive emergency relief programmes, it can reinforce power inequalities between men and women (and between other social groups) (IAW, 2005).
- MDG4 seeks to reduce child mortality. Not only are children vulnerable to injury due to hazards, such as flooding, temperature stress and food insecurity connected to drought, but undeveloped immune systems make children (and the elderly) the most susceptible to post-disaster disease. Furthermore, disasters put children at risk in societies already experiencing extreme poverty, armed conflict and/or the spread of chronic diseases like the human immunodeficiency virus (HIV).
- MDG5 aims to improve maternal health. Disasters that damage health infrastructure and erode household assets or produce shocks and stresses that impact on pregnant women prevent this goal from being met.
- MDG6 seeks to combat chronic diseases like HIV, malaria and tuberculosis. Cases of diseases related to environmental quality, such as malaria and tuberculosis, may increase in places prone to weather-related hazards. The risk of disease and disease-related mortality will be higher among people whose health or livelihood have already been weakened by disaster. Disaster and health risks can create vicious cycles of harm, as the individual, household and public coping capacity is eroded by repeated stresses and shocks.
- MDG7 aspires to ensure environmental sustainability. The consequences of weather- related disaster can be devastating for aquatic and land-based ecosystems. Urban infrastructure can reduce disaster risk, but in many cities where drainage, drinking water, sanitation and solid waste management are inadequate, they compound risk, while being further eroded by floods and storms.
- MDG8 calls for a global partnership for development. Among others, it identifies small island developing states (SIDS) as a special case. The future of many SIDS is threatened by sea-level rise and increased storminess associated with global climate change. (24)

Appendix C – The Gender Development Index

FIGURE 5.3 Components of the Gender Inequality Index

GII—three dimensions and five indicators

Three dimensions

Five indicators

Educational attainment (secondary level and above)

Parliamentary representation

Empowerment

Note: The size of the boxes reflects the relative weights of the indicators and dimensions.

Source: HDRO

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Appendix D – Aceh Disaster Response: Oxfam

Type of article		
Report (Total number examined: 6)	Vulnerabilities acknowledged	Inclusion of women in disaster response
The Asian Tsunami: three weeks on (January 14, 2005, 9pgs)	- Women are often neglected when aid is distributed	- Oxfam calls for organizations and governments to make sure women receive aid without discrimination or neglect
The Tsunami's impact on women (March, 2005, 14, pgs)	- Disproportionate number of deaths of women over men, while this affects men the most disadvantaged will be women - Concern over the increase in women's workloads, increase in violence, forced marriages.	- Ensuring participation of women in livelihood programmes, electing women representatives in communities Oxfam is working in - Building shelters where women feel safe
Targeting poor people: Rebuilding Lives After the Tsunami (June, 2005, 10 pgs)	- The relief effort must target people who are marginalized, include their participation in the reconstruction process and not focus on 'quick fix' solutions. - Domestic violence against women in camps has been reported - There is a danger that the different impacts on men and women will become exacerbated, concern for women being left out of the reconstruction process - Women's work needs to be prioritized. Women's needs and role in the economy are generally not accounted for, where this occurs women will be worst affected and their level of poverty increased.	-Oxfam has committed itself to promoting equal wages for men and women, this is important to bring families out of poverty
Programme Impact Report (July, 2005, 86pgs)		- Inclusion of gender advisors from the start - First time technical experts and gender experts worked together

Oxfam International Tsunami Fund: End of Program Report (December 2008, 40pgs)	- Targeted both men and women, with more women beneficiaries (because women are more likely to live in poverty and are therefore more vulnerable) - As a result of assessments in 2005 and 2006, Oxfam made the assistance for agricultural producers (especially women) a priority - Gender equality has been a priority throughout all its programming, gender analysis has helped Oxfam to make corrections in its programming where necessary	- Promoted gender equality and challenged gender stereotypes through storytelling road shows and a number of radio shows and training sessions on women's empowerment as well as workshops for men in 2006 - Addressed inequality by advocating for joint land titling, protecting women's property rights -Tried to incorporate gender equality in all its work
Oxfam Great Britain, Indonesia (n.d, 12 pgs)	- Paid attention to and fulfilled women's special needs, such as providing veil, sanitary napkins, and garments. - Acknowledge the potential for violence against women	-Encouraged both men and women to participate in projects
Press Release (total number examined: 6)		
Tsunami may have killed up to four times as many women as men (November 1, 2005)	- Women are facing verbal and physical harassment by men - Women are being pressured into early marriages - Women have been disproportionately affected by the loss of income and access to money	- Advocates for collecting and using sex-disaggregated information, putting the protection of women as a priority, making earning opportunities available for men and women

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Appendix E – Aceh Disaster Response: WFP

Type of Document		
Report (total number examined: 2)	**Vulnerabilities acknowledged**	**Inclusion of women in disaster response**
World Food Programme Annual Evaluation Report 2005 (July, 2006, 32 pgs)	-Evaluation emphasized the need for the WFP to improve targeting of the most vulnerable and encourage men and women to participate in order to address gender inequalities	
Full Report of the "Real Time" Evaluation of WFP's Response to the Indian Ocean Tsunami: A Report fom the Office of Evaluation (September, 2005)	- Found 30% of women to be anaemic, and more than 10% to undernourished - Gender inequality needs to be taken into account in all areas of relief and recovery -The slow progress in repairing/rebuilding housing, overcrowded camps were significant sources of vulnerability for women	
News Release (total number examined: 6)		
Three months after the tsunami, WFP declares hunger crisis averted, March 25, 2005		- Provided nutritious food to most vulnerable, among whom are pregnant women
Stories (total number examined: 3)		
Tsunami: WFP operation overview (December 1, 2005)	- WFPs goal is to provide to those most vulnerable (pregnant women and nursing mothers)	

Appendix F – Aceh Disaster Response: CARE

Type of Document		
Report (total number examined: 3)	**Vulnerabilities acknowledged**	**Inclusion of women in disaster response**
Moving forward after the tragedy in the Indian Ocean: Earthquake and Tsunami Relief and Rehabilitation December 2004 through June 2005 (2005, 13pgs)	- Reproductive health is a concern in any emergency	- Partnered with religious leaders, training them to be a community resource for reproductive health information
After the tragedy in the Indian Ocean: A Time to Remember, Reflect, and Recommit (October 2005, 12pgs)		- Providing antenatal care and family planning services
CARE Tsunami Response: Two Years in Aceh (December 2006, 8pgs)	- Little access to health care, resulting in a high maternal mortality rate prior to tsunami	- Providing training sessions on staring small businesses for women - Provided over 25,000 nutritious meals to women and children - Worked to empower the most vulnerable groups and guarantee full participation of these groups (such as poor women)
Press Release (total number examined: 9)		
CARE International Earthquake Tsunami Fact Sheet (January 12, 2005)	- Women are often the most deprived members of their communities, with little rights	-Helped to develop women's networks which CARE feels is important for the social and economic stability of a community
CARE Partners with Johns Hopkins University to re-establish healthcare facilities in Indonesia (January 20, 2005)	- Urgent need for heath care for pregnant women, most health services are either inaccessible due to distance or already overwhelmed	- Provided supplies to communities that will benefit women's reproductive health - training local staff in delivery and emergency obstetric care as well as infection prevention
News Feature Articles (Total number examined: 1)		

Restoring dignity to women living in temporary camps (February 1, 2005)	- Most women in Aceh cannot be seen in public without a headscarf and it is unacceptable to stay with men who are not from your own family, making the temporary camps (sometimes tents with six other families) a significant issue for women	- CARE worked to address women's issues in the camps, along with a team of health workers that are there specifically to support women

Appendix G: Haiti Disaster Response: Oxfam

Type of Article		
Report (Total number examined:4)	**Vulnerabilities acknowledged**	**Inclusion of women in disaster response**
Reconstructing Haiti (January 2010, 6pgs)	- Protection for women needs to be mainstreamed into all programmes - Level of inequality found in Haitian society must not be reinforced, those most vulnerable (including women) cannot be forgotten	
Haiti: A Once-in-a-Century Chance for Change (March 2010, 20pgs)	- In this unequal society women are subjected to a high level of violence - Women continued to be vulnerable to violence in camps - Low access to political and formal economic structures - Increased burden in providing for children, elderly and people who are ill or disabled - Increased economic fragility as women worked mostly in the informal sector	- Oxfam saw the reconstruction of Haiti as an opportunity to improve the situation for women - Essential that women are included in and participate in the rebuilding of Haiti
Haiti Progress Report 2010 (2011, 25pgs)	- Women who are mothers or primary care givers were especially vulnerable to violence in the crowded camps	- Oxfam communicated with both men and women who were living in poverty and responded to issues they raised - Targeted women in programmes and encouraged women leaders - Supported street food sellers, most of whom were women - Prioritized women in their distribution of cash grants
From Relief to Recovery: Supporting Good Governance in Post-Earthquake Haiti (January, 2011, 25pgs)	- Barriers to employment must be addressed, programmes should ensure access to childcare and education	- Advocating for women to be a part of the reconstruction process undertaken by the government - In collaboration with a microfinance institution, Oxfam is assisted poor and illiterate women in developing their own small business. For two years women will receive a monthly salary to pay for children's education and to support basic livelihood activities.

Press Release (Total number examined: 7)		

Appendix H – Haiti Disaster Response: WFP

Type of Article		
Report (Total number examined: 3)	**Vulnerabilities Acknowledged**	**Inclusion of Women in Disaster Response**
Rapid Post-Earthquake Emergency Food Security Assessment: Haiti (March 2010, 72pgs)	- Higher food insecurity among women - sometimes women were attacked after receiving food aid	- Women were targeted in early food distributions
Earthquake in Haiti: External Situation Report (March, 2010, 2pgs)		- Targeting pregnant/lactating women in supplementary feeding
Food Assistance to Earthquake Affected Populations in Haiti (n.d., 15pgs)	- Preexisting high level of anemia among pregnant women in Haiti	
Press Release (Total number examined: 8)		
UN Prioritizes women at food aid distribution in Haiti (January 26, 2010)	- Women have less access to food aid	- WFP distributed food to women to ensure women and children get food
Haiti Food Lines Focus on Women (February 1, 2010)		- Targeting women in food aid distributions - Past experience has shown that food is more likely to be shared equally within the household
Haiti: Women Take Lead as Food Coupons System Rolls Out (February 3, 2010)	- Women are the first to be pushed out of the way at food distributions - Security leaving the food distribution (encouraged women to have family members walk with them home)	- Women received coupons to collect food for their family
Haiti: Why Women are at the Front of the Queue (February 12, 2010)	- WFP recognizes the security and safety issues of women leaving the food distribution sites	- Women targeted at food distribution as WFP experience showed that families eat better if women are involved in food distributions

Appendix I – Haiti Disaster Response: CARE

Type of Document		
Report (total number examined: 3)	**Vulnerabilities Acknowledged**	**Inclusion of women in disaster response**
CARE: The Way Forward: Haiti Three Months After the Earthquake (April 2010, 6pgs)	- Risk for pregnant women in delivering a baby in conditions such as Haiti	- Targeting women in aid distribution - Consulted with women about their specific needs - Provided supplies for maternal health - Building women's centers for women's health promotion
Haiti Earthquake Emergency Response Fund January 2010-July 2010 (August 2010, 11 pgs)	- Safety concerns when using sanitary facilities	- Safety concerns taking into account when planning sanitary facilities -Increasing access to health and protection services for women - Organized women's clubs and women's centers to discuss safety, health and hygiene issues
CARE: A Long Journey: Haiti One Year After the Earthquake (2011, 6pgs)	- Recognized the increased vulnerability of women	- Set up action plans to decrease the risk of women in camps to sexual assault
Press Release (Total number examined: 6)		
CARE: Tens of Thousands of Pregnant Women at Risk in Haiti (January 16, 2010)	- Women who are pregnant or breastfeeding are at a high risk and are in need of drinking water, food and medical care	- Targeting women with distributing water purification packets - Providing health centers with safe delivery kits
CARE Works with Women in Haiti to Keep Disease at Bay (January 18, 2010)	- Risk of exposure to waterborne diseases for pregnant mothers and new mothers - In emergencies like this earthquake women are at an increased risk of sexual violence, exploitation and abuse	- Providing women with water purification packets, training others to teach people how to use them properly

CARE Is Working to Prevent Sexual Violence in the Aftermath of Haiti Earthquake (February 4, 2010)	- Women are vulnerable to violence following natural disasters (seen in Haiti following the 2008 hurricanes) - Women are at risk of being forced into prostitution for money or food	
CARE Announces Key Recommendations for Haiti's Recovery, Reconstruction and Development Needs (March 22, 2010)		- CARE advocates for the prioritization of the needs of women and addressing gender-based violence, health and access to land-tenure - Targeted women in aid distributions
CARE Brings Shelter, Dignity to Thousands in Haiti (July 9, 2010)		- Worked with women-headed households in providing shelter - Worked with women community leaders to raise awareness about preventing gender-based violence

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