

Picking up the Pieces

Women's Health Needs Assessment
Fond Parisien Region, Haiti
January - February 2010



COHI Partners:

American Refugee Committee (ARC)

Harvard Humanitarian Initiative (HHI)

United Nations Population Fund (UNFPA)

Midwives for Haiti

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Table of Contents



Executive Summary	4
Introduction	5
Purpose	5
Overview of Women's Health in Haiti	5
Implementing Organization	6
Methodology	7
Methods	7
Analysis	7
Limitations	8
Results and Discussion	9
Descriptive Statistics and Health Care Access	9
Food, Water and Hygiene	10
Safety	11
Recommendations	13
Urgent Recommendations	13
Long-term Recommendations	14
Conclusion	15

Executive Summary



In the aftermath of the earthquake in Haiti, women's health care needs must remain an integral part of the relief efforts. During the immediate earthquake response, local organizations, international non-governmental organizations, and the Haitian government struggled to address the emergent needs of thousands of people; however, few agencies focused on the unique needs of the women affected by this disaster. Circle of Health International (COHI) conducted this Women's Health Needs Assessment to identify the specific and immediate needs of women, and to provide evidence-based recommendations for short and long-term women's health programming in the Fond Parisien area. These recommendations are based on the results of surveys conducted with 64 women living in the American Refugee Committee (ARC) camp in Fond Parisien. This document highlights the present and future needs of the women living in this IDP camp, and provides specific recommendations to address the unique health needs of women within this population.

Introduction



Purpose

The recent earthquake in Haiti left hundreds of thousands of people without homes and in desperate need of basic health care. The UNFPA estimates that at the time of the earthquake, there were 63,000 pregnant women living in Haiti. While relief efforts have been large scaled, little attention has been directed to the specific needs of the women affected by this disaster. As a result, COHI partnered with the UNFPA in order to complete an independent assessment to determine the immediate and long term needs of the women living in the IDP camps around Fond Parisien, Haiti. This needs assessment was conducted with the hope of identifying the most pressing needs and concerns of these displaced women in order to improve living conditions, and overall well-being in the aftermath of this disaster.

Our needs assessment objectives were as follows:

- 1) To identify health, safety, food, and non-food item needs of the women between the ages 15 of 50 (childbearing age) in the ARC camp in Fond Parisien, Haiti.
- 2) To build local capacity and ownership of proposed interventions by involving key members of displaced communities in all aspects of data collection and program recommendations.

Overview of Women's Health in Haiti

Haiti, a small island nation, is the poorest country in the Americas, with an average income of two dollars a day. Haiti has a long history of political struggle, violence and poverty, and, in recent years, has worked to build infrastructure and improve quality of life for its citizens. As in many areas where poverty is rampant, women are often disproportionately affected and suffer from preventable health conditions. Haiti has the highest maternal mortality rate in the Western Hemisphere, with 670 women per 100,000 dying of complications related to childbearing, and only 26% of births attended by a trained birth attendant.¹ The UNFPA currently estimates there are approximately 63,000 pregnant women living in the areas affected by the recent earthquake, 7,000 of whom will deliver in the next month.¹

¹ Data obtained from UNICEF Haiti Information http://www.unicef.org/infobycountry/haiti_statistics.html#59

Pre-earthquake Women's Health Indicators for Haiti²

Maternal Mortality Rate (number of maternal deaths per 100,000 live births)	670
Births attended by skilled attendants	26%
Contraceptive Prevalence	32%
Infant Mortality Rate (per 1,000 live births)	60
Nursing and Midwifery Personnel density (per 10,000 population)	1
Female Life Expectancy at birth	63 yrs
Total Fertility Rate	3.7
Percentage of population with access to basic health care ¹	40%

Implementing Organization

Circle of Health International (COHI) is a US based non-governmental organization (NGO) with a mission to support the empowerment of conflict-affected women through the provision of comprehensive women's health services worldwide. COHI has worked in Tibet, Tanzania, Sudan, Israel/Palestine, post-tsunami Sri Lanka and post-Katrina New Orleans, and specializes in responding to the unmet health needs unique to women in disaster/conflict areas. While securing food, water and shelter are essential to responding to crisis, women's health needs - often a matter of life and death - do not cease to exist in crisis and post-crisis situations. In fact, the already dire condition of women's health in these communities is often further threatened in times of emergency. In each of our past initiatives, COHI worked with other organizations to identify the immediate needs of the women affected by the conflict or disaster, to provide necessary women's health care services, to build the capacity of local health care providers to respond to these critical health needs, and to offer evidence-based recommendations to address both the short and long-term needs of the women living in these areas. COHI staff and volunteers consist of midwives, MPHs, physicians, epidemiologists, and other health professionals who specialize in addressing the unique needs of women in crisis settings.

COHI's first Haiti response team arrived in Fond Parisien on January 23, 2010. Using its team of midwives, emergency trained physicians, and public health professionals, COHI began addressing the immediate health needs of the women displaced by the earthquake. In addition to providing critical health care services, COHI worked closely with local women to conduct this needs assessment to identify the predominant health needs of the women affected by the earthquake.

¹ Data obtained from UNICEF Haiti Information http://www.unicef.org/infobycountry/haiti_statistics.html#59

² Data obtained from WHO Statistical Information System <http://apps.who.int/whosis/data/Search.jsp>

Methodology



Methods

A semi-structured questionnaire targeting health, safety, food and non-food item needs was administered to all women of reproductive age (ages 15-50) present on the 30th of January 2010 at the American Refugee Committee camp. Fifteen local women, living outside the ARC camp, were recruited to conduct this needs assessment with the women living in this camp. All fifteen women attended two half-day training sessions focused on developing proper interviewing skills and techniques. In addition, these sessions provided the opportunity to verify understanding of survey questions and translations. All survey questions were translated from English to French, English to Creole, French to Creole, and then back translated to ensure proper phrasing and cultural applicability of each question. During each of the interviews, all participants were offered a private area for the interview. In addition to the various quantitative survey questions, several open-ended questions were included to gather additional data on women's attitudes surrounding physical and sexual violence against women and children. By January 30, 2010, sixty-four women and their families displaced by the earthquake, had moved into the American Refugee Committee (ARC) camp in Fond Parisien, Haiti. Sixty women, between the ages of 15 and 50, were interviewed by trained Haitian interviewers.

Analysis

Descriptive analysis of the quantitative data was performed using Statistical Package for the Social Sciences (SPSS). All responses to the open-ended questions were translated by a Haitian, COHI public health professional who specialized in qualitative analysis. A simple descriptive analysis, using display tables to illustrate dominant themes was produced.

Limitations

Although the sample included all women ages 15-60 living in the ARC camp at the time of the survey, it may not be representative of the situation of all IDP camps in Haiti. The ARC camp was a planned IDP camp, as opposed the more makeshift “tent camps” seen closer to the earthquake’s epicenter. This study can be used as a pilot study for future research to further investigate how widespread the needs and concerns mentioned above are. Survey questions were translated from English to French, English to Creole, French to Creole, and then back translated to ensure proper phrasing and cultural applicability of each question. Even though all measures were taken to ensure question validity, there may be certain questions that could be reworded. These have been identified, and can easily be changed for any future surveys.

Results & Discussion



Descriptive Statistics and Health Care Access³

64 women ages 15-50 were surveyed. 75% of the women reported having children less than 5 years of age. 9.7% of the women interviewed were pregnant, and 16% were breastfeeding. 66% of the women surveyed identified themselves as the head of household.

19% of women reported not having access to medical care. Some of the reasons cited were:

- There were either no hospitals, or the hospital was too far
- Hospitals were too costly
- Were told the hospital was for wounded people only
- Had no local contacts to help them access care
- Being new to the camp and unaware of available services

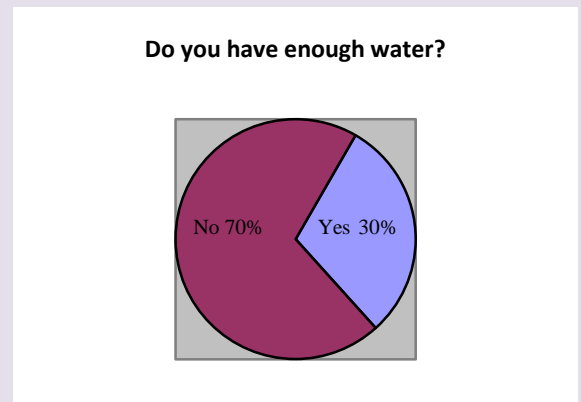
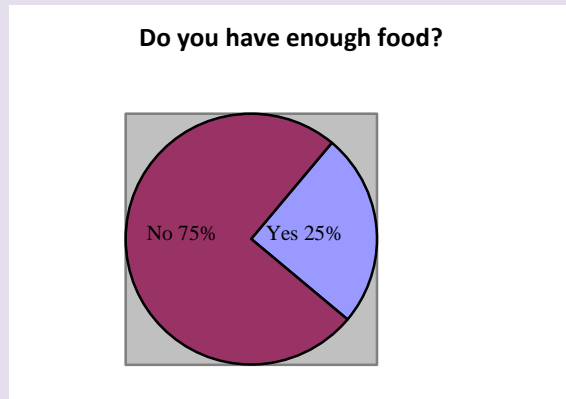
Only 8% of the pregnant women reported having access to prenatal care. Some of the reasons cited were:

- Not having the money to pay for services
- Having to care for other children
- Being the head of household and not having a husband/other person to share family responsibilities
- No hospitals or facilities offering prenatal care/no access to prenatal services

Food, Water and Hygiene

Other major findings included:

- Only 29 % of the women reported having access to prenatal vitamins.
- ***75% of the women interviewed felt they did not have sufficient food to support themselves or their families.*** Among the 16 % of women who were breastfeeding, only 6% stated that they had sufficient food.
- ***70% of women felt they either did not have enough water, or rarely had enough water to cook, wash dishes, or wash clothes.***



- For the 30% of women who were still menstruating, 61% stated that they were in need of pads or other sanitary products.
- *91% of the population identified the need for items such as soap and buckets to carry water, and mosquito nets.*

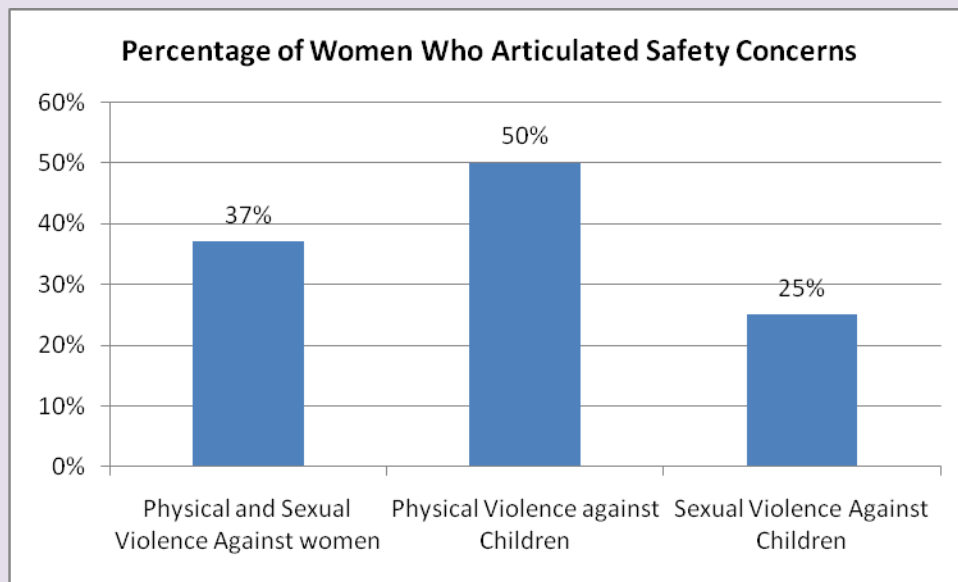
Safety

In terms of privacy and security, several major concerns were identified by the women. These included:

- More than half the women shared a small tent with three to six other people
- Tents were cramped with little to no spacing in between
- ***Approximately 70% women used the same bathroom as men.***
- 45% shared the toilet with 50 people or more
- 59% reported that the toilets were in very poor condition.

Most importantly, the following concerns regarding personal safety were noted:

- ***37% of the population felt that physical and sexual violence against women was a major problem.***
- ***Over 50% of the women thought physical violence against children was a major concern as well.***
- ***In addition to this, 25% of the population identified sexual violence against children as a problem, with 19% choosing not to answer this question.***



Since the survey has been conducted, many activities have been implemented in the ARC camp.

- Once a week, an OBGYN nurse from Harvard Humanitarian Initiative Clinic (HHI) provides basic prenatal care for pregnant women and post partum care as needed.
- A clinic is being supported by HHI, with one doctor and a team of medical staff seeing patients Monday through Friday 7.30 am – 2pm.
- One Haitian nurse has been placed in the camp permanently, and is on call with support from two other rotating auxiliary nurses.
- Two water points have been installed; latrines and showers are visible both within and on the periphery of the camp. The camp manager is currently making plans to improve the facilities.
- COHI has provided one-time lactation counseling for pregnant mothers, and has distributed 7,200 condoms.
- Some children have already been vaccinated, and plans are in place to make sure vaccination efforts continue.
- Non Food Item Packs have been distributed, including dignity supplies (to promote personal hygiene) but only for one woman in each household
- Plans to distribute the UNFPA dignity kits and vitamins are in place for the future

Recommendations



As the emergency relief efforts transition into sustainable development programs, further help is needed to ensure the health needs and concerns of Haiti's displaced women are met. COHI, in partnership with the UNFPA and Midwives for Haiti, recommends the following to better address the needs of the women living in the aftermath of the recent earthquake:

Urgent Recommendations

- Distribute mosquito nets to pregnant women and children under 5
- Assure the provision of emergency medical and legal services for victims of GBV and child abuse, as stipulated in the MISP standards outlined in the *Sphere Humanitarian Charter and Minimum Standards in Disaster Response* for humanitarian assistance providers. Refer victims to Christ pour Tous for HIV prophylaxis, emergency contraception, and prophylactic antibiotics to prevent STIS. Providers knowledgeable about child physical and sexual abuse need to be identified and incorporated into the referral system.
- Disseminate information on the referral system and all pertinent contact information to all regional IDP encampments (both make-shift and NGO-lead), to surrounding clinics serving both IDPs and those living locally, and to identified community leaders. Make sure that any changes to this referral system are communicated as soon as possible. This communication is extremely important given the turnover of medical teams.
- Coordinate pre and post natal care with ARC, COHI based at Christ pour Tous, and Harvard Humanitarian Initiative on the Love a Child compound
- Coordinate delivery of pediatric care with post-natal care and lactation counseling

- Verify food needs of pregnant women and their children.
- Survey IDPs (both men and women) and community leaders about what can be done to prevent GBV and child abuse, especially as camps become denser in population.
- Institute a record system for both prenatal, post-partum, and pediatric/vaccination care that takes into consideration the mobile nature of this population. For this, we recommend the institution of a card system recognized by Partners in Health and the Haitian Ministry of Health.
- Expand IDP immunization campaigns to include local populations. Include tetanus for pregnant women and, if possible, screening for HIV and HBV. Make HBV vaccine, HBIG, and BCG available for newborns; and, if possible: HBV, DTaP, IPV, HIB, PCV-7, and Rotavirus available for 6 week olds (during post-partum check)
- Provide ilotycin ophthalmic ointment and Vitamin K to all newborns
- Assure that there are sharp boxes and proper disposal of medical waste at all medical care sites.

Long term Recommendations

- Strengthen referral system for deliveries to COHI supported midwives at Christ Pour Tous clinic and birth center located near the ARC camp. Assure availability of and transport to emergency obstetric care as stipulated in the MISP standards outlined in the *Sphere Humanitarian Charter and Minimum Standards in Disaster Response* for humanitarian assistance providers.
- Continue and expand lactation education programs (from COHI and/or in conjunction with HHI) This is extremely important given the anticipated rise in number of displaced children suffering from diarrhea, infections and malnutrition.

Conclusion



In the aftermath of this devastating earthquake, COHI staff and volunteers are working tirelessly to ensure that the unique women's health care needs and concerns remain an integral part of the Haitian relief effort. The people of Haiti are now faced with the reality of rebuilding what was lost. It is up to both international and local organizations to support the empowerment, facilitate improved health and healing, and to provide the resources necessary for the women of Haiti to pick up the pieces of their shattered lives and begin to build a better tomorrow.

Sources

1. UNICEF Haiti Information http://www.unicef.org/infobycountry/haiti_statistics.html#59
2. Data obtained from WHO Statistical Information System <http://apps.who.int/whosis/data/Search.jsp>
3. Circle of Health International Women's Needs Assessment 2010
4. Photographs on pages 7, 9 and 13 were obtained from www.google.com. All other images were taken by COHI volunteers while working in Haiti