9-27-2019 1:30 PM

Women's Experiences Receiving Humanitarian Aid

Aden M. Hamza
The University of Western Ontario

Supervisor
Berman, Helene
The University of Western Ontario Joint Supervisor
Donelle, Lorie
The University of Western Ontario

Graduate Program in Nursing
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Science

Abstract

The increase in humanitarian emergencies has left aid organizations searching for ways to better serve populations affected by disaster, and women have often been among those excluded. This study utilized a critical narrative methodology to explore the humanitarian aid response to the 2010 earthquake from the perspective of Haitian women, seeking to understand their experiences and stimulate change through raising awareness of their voices in scholarly literature. The findings highlight the barriers and facilitators to humanitarian aid, which include the gaps in addressing the psychological effects of trauma, lack of accountability, the manipulation of aid, the resiliency of women, as well as the historical context of Haiti's colonial history within which the humanitarian system operates. The implications of these findings support incorporating a social justice and gender lens into nursing education and practice, encouraging nurses to reflect upon and acknowledge our own positions of power and privilege in post-disaster settings.

Keywords

Keywords: humanitarian aid, natural disaster, Haiti, women.

Summary for Lay Audience

The impact of humanitarian emergencies, in particular natural disasters, continues to increase worldwide, and aid organizations are searching for ways to make their processes more efficient, ethical and accountable to the populations they serve. Historically, women have been sidelined in the aftermath of disasters and humanitarian aid response. The earthquake in Haiti in 2010 has been discussed in the humanitarian community as a prime example of having an abundance of resources and yet being overwhelmed by the challenges of creating a coordinated humanitarian response across stakeholders. The intention of this research is to increase awareness of the voices of women in research and policy to help stimulate change in the aid response. The findings highlight the barriers and facilitators to humanitarian aid, including gaps in addressing the psychological effects of trauma, lack of accountability and manipulation of aid. In addition, the findings highlight the resilience of women in adapting and creating their own solutions to address accessibility of aid, as well as the historical context of Haiti's colonial history within which the humanitarian system operates. The implications of these findings support incorporating a social justice and gender lens into nursing education and practice, encouraging nurses to reflect upon and acknowledge our own positions of power and privilege in post-disaster settings. Nurses are encouraged to engage in practice and research in ways that support policies that are inclusive of vulnerable groups and to elevate the voices of women and explore power structures within humanitarian aid systems.

Co-Authorship Statement

Aden Hamza conducted the research for her master's thesis under the supervision of Dr. Helene Berman and Dr. Lorie Donelle, who will be co-authors on the publication resulting from this manuscript.

Acknowledgments

Throughout this research study, I was supported, inspired and encouraged by many people and would like to acknowledge the profound impact they have all had on this journey. I would first like to acknowledge and thank the Haitian women in this study for welcoming me into their community to conduct this research. The openness and kindness of participants was inspiring, and they truly guided me to a better understanding of their experiences. Sharing stories and experiences about a tragedy takes enormous strength and courage, and it was a true privilege to be accepted as a witness to their story-telling. I am also profoundly grateful for the local women's organization and the interpreter, both of whom helped me connect and recruit women for this study and provided an avenue to understand and connect with women in a safe environment through skill-building activities. They took a chance in accepting and trusting me, and I am truly grateful for their generosity.

This research would not be possible without the support and encouragement of my supervisors, Dr. Helene Berman and Dr. Lorie Donelle. My supervisors championed me from the initial concept of this research, supported me in the development and implementation of the study, and encouraged me in the final chapter of this process. Their belief in me at every stage was unwavering and I would not be here without their constant support and guidance. Their commitment to myself as a student, to the research, and most importantly to the participants was inspiring, and motivated me throughout this process. Through sharing their stories, resources, time and support, I became a better researcher, student and person.

I have also been surrounded and uplifted by a support system of family, friends and colleagues. Many fellow students, researchers and friends allowed me to admit my deepest concerns and express my most joyous realizations. I am incredibly grateful to have had your support, thank you for giving me a research community to reach out to. Along with me in this study was my family, including my parents, sisters, extended family and close friends. When I felt lost, you helped me keep perspective and maintain motivation in what can sometimes seem a never-ending process. In particular, I am especially grateful to my parents, I made it through this experience only because of your unconditional love, encouragement and unwavering belief in me. Thank you for never giving up on me.

Table of Contents

ABSTRACT I

KEYWORDS II

SUMMARY FOR LAY AUDIENCE III

CO-AUTHORSHIP STATEMENT IV

ACKNOWLEDGMENTS V

LIST OF APPENDICES VIII

1 CHAPTER ONE 1

1.1 BACKGROUND 2

1.2 PURPOSE 4

1.3 THEORETICAL FRAMEWORK 5

1.4 SIGNIFICANCE 6

1.5 RESEARCH QUESTIONS 7

1.6 ORGANIZATION OF THESIS 7

1.7 REFERENCES 8

2 CHAPTER TWO 16

2.1 BACKGROUND AND SIGNIFICANCE 16

2.2 RESEARCH QUESTIONS 17

2.3 LITERATURE REVIEW 18

2.3.1 Lack of Consultation 18

2.3.2 Dependency and Gender Roles 19

2.3.3 Inequitable Distribution 20

2.3.4 Women's Experiences with Aid 21

2.3.5 Summary and Critique of the Literature 22

2.4 METHODOLOGY 23

2.4.1 Setting and Historical Context 25

2.5 SAMPLING AND RECRUITMENT 27

2.6 DATA COLLECTION 28

2.7 DATA ANALYSIS 29

2.8 TRUSTWORTHINESS 30
2.9 FINDINGS 32
2.9.1 Unacknowledged and Unaddressed Trauma 33
2.9.2 Gratitude Despite Humiliation 36
2.9.3 The Emergence of Resilient Communities 37
2.9.4 Perceived Power Structures of Humanitarian Aid 40
2.10 DISCUSSION 46
2.11 CONCLUSION 54
2.12 REFERENCES 55
3 CHAPTER THREE 74
3.1 IMPLICATIONS FOR NURSING EDUCATION 74
3.2 IMPLICATIONS FOR NURSING PRACTICE 77
3.3 IMPLICATIONS FOR NURSING POLICY 80
3.4 IMPLICATIONS FOR NURSING RESEARCH 82
3.5 LIMITATIONS 84
3.6 CONCLUSION 85
3.7 REFERENCES 87
APPENDICES 101
CURRICULUM VITAE 107

List of Appendices

Appendix A: Semi Structured Interview Guide……102

Appendix B: Letter of Information and Consent Form……104

Appendix C: Ethics Approval from the University of Western Ontario……...107

1 Chapter One

Over the last decade, natural disasters have affected approximately 210 million people annually ("Natural disasters in 2017", 2018). In emergencies that overwhelm an affected population or a nation's ability to respond, the international community rallies to provide assistance through humanitarian actors consisting of government agencies, relevant United Nations (UN) bodies and non-governmental organizations (NGOs). Nurses play a key role as part of the medical response teams in the initial phase of disasters, working with a multidisciplinary group of humanitarian aid workers (Sakashita, 2014). Unlike the more familiar settings where nurses typically work, such as hospitals and long-term care facilities, aid organizations are largely self-monitored institutions and often lack a regulatory body in disaster settings. Attempts have been made to create standards for humanitarian responses, including increased participation of local communities (Humanitarian Accountability Partnership International [HAP], 2010a; Sphere, 2018a), but much work remains to be done (Sheppard, Tatham, Fisher & Gapp, 2014).

The importance of listening to, and working with, affected populations has recently been explored, along with increasing focus on women's knowledge and experience in the post-disaster context (Alagan & Aladuwaka, 2011; Aolain, 2011; Enarson & Meyreles, 2004). The profession of nursing values patient-centered care and accountability (Canadian Nurses Association [CNA], 2017), thus nursing research can provide an avenue for women in disaster-affected populations to be heard. Understanding the experiences of women's interactions with humanitarian aid organizations, exposing barriers to and facilitators of aid, and incorporating women's perspectives and insights, which are so often excluded from disaster management, are critical. To address these knowledge gaps, the purpose of this research is to examine women's experiences with humanitarian aid following the 2010 earthquake in Haiti, and uncover the facilitators and barriers to aid.

1.1 Background

Humanitarian aid organizations have a long and tumultuous history in situations of conflict and natural disasters. Most notably, the international humanitarian community was forced to make significant changes to their practices after the Rwandan genocide in 1994. The Joint Evaluation on the International Response to the Rwandan Genocide (Eriksson et al., 1996) reported on the lack of accountability of humanitarian aid organizations to affected populations, and in their recommendations addressed the importance of consulting communities during emergencies. As a result, organizations such as the Humanitarian Accountability Partnership [HAP] International (now known as the Core Humanitarian Standards) and the Sphere Project were founded in 2003 and 1997 respectively. Both HAP International and the Sphere Project were formed by groups of NGOs working in the humanitarian response. HAP International, initially starting as a project, evolved into a membership-based organization that recognized NGOs that met their Standard in Humanitarian Accountability and Quality Management, albeit self-regulated (HAP International, 2010b; Active Learning Network for Accountability and Performance in Humanitarian Action et al., 2006). The Sphere Project was created to develop a resource, the Sphere Handbook that identified minimum standards for multiple sectors in the humanitarian response (e.g., shelter, food aid, health services; Active Learning Network for Accountability and Performance in Humanitarian Action et al., 2006; Sphere, 2018a). HAP International has evolved into the Core Humanitarian Standards along with other accountability initiatives like the Sphere Project, and Sphere continues to revise and publish their handbook that is widely used and referenced in the humanitarian field (Sphere, 2018a). Through these initiatives, the active participation and feedback of affected populations has been emphasized and it's significance stressed for a number of reasons that include structuring responses according to local capacity, gaining understanding of local context and power dynamics, insight into successful and unsuccessful strategies, identifying corruption, promoting dignity and agency of affected populations, and providing insight into the perception of aid organizations by affected populations (HAP, 2014; Nouvet, Abu-Sada, de Laat, Wang, & Scwartz, 2016; Sphere, 2018b). Collectively, these organizations continue to reflect the critical role of the

experiences of affected populations in quality and accountability of incoming aid organizations.

The acknowledgement of gendered experiences as an important factor in natural disasters is a relatively new area of consideration for humanitarian policies (Intergovernmental Panel on Climate Change, 2012; Sohrabizadeh, Tourani & Khankeh, 2014). Prior to the 1990s, few studies on the vulnerabilities associated with gender in natural disasters had been conducted (Enarson & Meyreles, 2004; Wiest, Mocellin & Motsisi, 1994). During that period, devastating disasters struck South Asia where researchers recognized a significantly higher mortality rate among women as compared to men (Enarson & Meyreles, 2004). This led to the pursuit of further evidence on the vulnerabilities and risks for women in disasters and the conduct of several systematic reviews of the literature on gender and disasters (Enarson, 2000; Fothergill, 1996; Wiest et al., 1994).

Researchers have since found a higher occurrence of poor outcomes for women following natural disasters and identified that the social construct of gender is often the main source of vulnerability (Bradshaw & Fordham, 2013; Drolet et al., 2015; Fatemi, Ardalan, Aguirre, Mansouri & Mohammadfam, 2017; Ginige, Amaratunga & Haigh. 2009). Communities construct their own structures within social, cultural, historical and political contexts that impact how women react during and after natural disasters (Alam & Rahman, 2014; Paul, 2011). For example, Alam and Rahman (2014) found that cultural norms, such as women being responsible for dependents and limited social activities, increased women's vulnerability to experiencing negative outcomes in Bangladesh. These structures are often the initiator of gender inequality that can expose women to subordination prior to disasters and can exacerbate it afterwards (Dhungel & Ojha, 2012; Fordham, 1998; Paul, 2011).

Historically, disaster relief policies have viewed gender as primarily a physiological trait rather than a social construct (Fothergill, 1996, 1998). In recent years, a shift has occurred in how aid organizations view the impact of gender in disaster relief, with greater attention to the notion of gender as a social construction (Anderson, 2000; Enarson, 2000; Pan-American Health Organization, 2001; Wiest et al., 1994). Recognizing how gender can make women more vulnerable allows aid organizations to

tailor their delivery of humanitarian aid to address gender-specific needs and challenges, from hygiene products to inclusive disaster planning approaches. The United Nations and other humanitarian aid organizations have recently adopted resolutions, policies, and recommendations to include and emphasize the importance of gender-sensitive approaches to humanitarian action (Oxfam International, 2013; United Nations Entity for Gender Equality and the Empowerment of Women [UN WOMEN], 2017; United Nations International Strategy for Disaster Reduction, United Nations Development Programme & International Union for Conservation of Nature and Natural Resources, 2009; United Nations Office for Disaster Risk Reduction, 2011). However, the humanitarian aid response has yet to see these recommendations and guidelines consistently applied across organizations in relief efforts (Blouët & Bulit, 2012; Bradshaw, 2004; Enarson, 2000; UN WOMEN, 2014).

The failure to successfully apply a gender analysis to humanitarian aid has often resulted from the exclusion of women in the planning process for disaster relief. Women in post-disaster settings have demonstrated skills of adaptation and community-oriented approaches that are needed in disaster planning and recovery, but were often ignored or their efforts were unrecognized (Alagan & Aladuwaka, 2011; Alam & Rahman, 2014; Chunkath et al., 2005; Cupples, 2007; Paul, 2011; Scharffscher, 2011). The aftermath of a natural disaster is a time when long-standing gender inequities could be altered through inclusive planning and leadership opportunities (United Nations Division for the Advancement of Women, 2004). An assumption of this research is that women's perspectives are essential to disaster planning in order to generate effective and inclusive strategies within the humanitarian response. Therefore, it is important to seek feedback from women in disaster-affected populations and understand their perceived challenges and facilitators of disaster relief.

1.2 Purpose

The purpose of this study was to examine Haitian women's experiences with humanitarian aid after the 2010 earthquake in Haiti and uncover the social, political and historical barriers and facilitators women face when interacting with humanitarian aid after a natural disaster. By increasing awareness of the experiences of Haitian women, I

hope to stimulate change through consciousness-raising and, more broadly, contribute to greater consideration of gender in the development of aid programs and policies.

1.3 Theoretical Framework

A critical theoretical framework was used to inform and guide the study. Critical theory focuses on social justice and supports a critique of society and institutions (Fontana, 2004; Patton, 2002; Polit & Beck, 2012; Swartz, 2014). Researchers use a critical theory lens to understand and create change by considering the power relations and structures within institutions and their impact on vulnerable groups (Patton, 2002). The humanitarian aid response to natural disasters contains a series of actors and institutions with significant power and influence. As previously stated, women are often marginalized and at risk of increased vulnerability after disasters (Bradshaw & Fordham, 2013; Drolet et al., 2015; Fatemi, Ardalan, Aguirre, Mansouri & Mohammadfam, 2017; Ginige, Amaratunga & Haigh. 2009). In this context, the critical framework supports the understanding and deconstruction of how the power and influence of humanitarian aid is experienced and understood by women.

Integral to the critical framework is an understanding of the political and historical context in which the situation under study takes place (Fontana, 2004; Patton, 2002; Polit & Beck, 2012). Haiti has emerged from colonization and has struggled with political and social stability, and the critical framework provides the structure to investigate the current and changing power dynamics involved. Inherent in this framework is recognizing and interrogating the power relations between participants and the researcher through self-reflection and reflexivity (Polit & Beck, 2012), and for this reason is especially useful for this study.

The critical theoretical underpinnings are especially relevant in nursing science and research. The voices of marginalized and under-represented communities are the focus of critical theory, and these communities are often served and advocated for by nurses (Mosqueda-Díaz, Vílchez-Barboza, Valenzuela-Suazo & Sanhueza-Alvarado, 2014; Swartz, 2014; Weaver & Olson, 2006). Critical theory also stresses the co-creation of knowledge with researcher and participant, a concept supported by nursing when working with communities, recognizing the patient as an expert in their own experience

(Fontana, 2004; Mosqueda-Díaz et al., 2014; Weaver & Olson, 2006). The nursing profession has often come across challenges in deconstructing hegemonic structures to address professional or practice issues and create change (Holmes, Perron, & O'Byrne, 2006; McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2014; Street, 1992). Thus, the critical theoretical framework aligns with this nursing research in uncovering oppressive practices and power imbalances within humanitarian aid and creating space for the voices of women, with the intention that their exposure will lead to change.

1.4 Significance

The complexity of natural disasters and the ensuing humanitarian response can overwhelm aid organizations, who often struggle to meet standards related to engagement and accountability. Creating spaces for women's voices in scholarly literature can illuminate the impact of the actions of aid organizations and unveil hidden structures or barriers that are engrained in the humanitarian system. Few nursing studies have examined humanitarian aid from the perspective of disaster-affected populations, even less so from the perspective of women's experiences within the context of disaster relief. The nursing profession is dedicated to advocacy and promoting social justice (CNA, 2017), and mandates us to bring marginalized voices into the spotlight. The insights from this study have the potential to contribute to both nursing and humanitarian policies, re-centering the voices of women in disasters.

The earthquake in Haiti in 2010 exposed the many gaps between the established international standards and the existing practice of humanitarian aid organizations. The intersection of the earthquake with Haiti's pre-existing political instability, and social and infrastructure concerns, contributed to a mismanagement of humanitarian aid (Bhattacharjee & Lossio, 2011). Conducting research within Haiti provided an opportunity to understand the perception of the humanitarian response from the perspective of Haitian women. This study will provide an opportunity to gain deeper understanding of how humanitarian aid is experienced by women and propel the voices of Haitian women in the post-disaster context.

1.5 Research Questions

What are women's experiences with humanitarian aid after the 2010 earthquake?
What are the facilitators and barriers women face when interacting with humanitarian aid?

1.6 Organization of Thesis

This thesis is divided into two remaining chapters. Chapter 2 consists of a complete description of the research conducted. The background and literature review provide context for this thesis, followed by further discussion about the critical narrative and postcolonial methodology that informed the study, and how it has guided the research study. A brief history of Haiti is provided, giving context to the earthquake and subsequent humanitarian aid response. The methods of data collection and analysis will follow, detailing how I worked with community leaders to recruit participants and the process for selecting interpreter and analysis techniques. Lastly, the thematic findings will be presented. In Chapter 3, the implications of the study will be discussed in detail as they relate to nursing education, practice, policy and research in humanitarian aid for natural disasters. Standards of rigour and limitations of the research are also considered in Chapter 3.

1.7 References

Active Learning Network for Accountability and Performance in Humanitarian Action, Humanitarian Accountability Partnership, People in Aid, the Sphere Project, Coordination SUD, Groupe URD & Emergency Capacity Building Project. (2006). *Quality and accountability initiatives: Questions and answers*. Retrieved from Groupe URD website: https://www.urd.org/IMG/pdf/QA_doc_updated_0610_2_en.pdf

Alagan, R., & Aladuwaka, S. (2011). Natural disaster, gender, and challenges: Lessons from Asian tsunami. In B. Wejnert (Ed.), *Democracies: Challenges to Societal Health* (Vol. 19, pp. 121 -132). doi:10.1108/S0895-9935(2011)0000019012

Alam, K., & Rahman, H. (2014). Women in natural disasters: A case study from southern coastal region of Bangladesh. *International Journal of Disaster Risk Reduction, 8,* 68-82. doi:10.1016/j.ijdrr.2014.01.003

Anderson, W. A. (2000). Women and children facing disaster. In A. Kreimer and M. Arnold (Eds.), *Managing disaster risk in emerging economies* (pp. 85–90) [Google Books version]. Retrieved from https://books.google.ca/

Aolain, F. (2011). Women, vulnerability, and humanitarian emergencies. *Michigan Journal of Gender and Law, 18*(1), 1-23. Retrieved from https://repository.law.umich.edu/mjgl/

Bhattacharjee, A. & Lossio, R. (2011). *Evaluation of OCHA response in Haiti: Final report.* Retrieved from United Nations Office for the Coordination of Humanitarian Affairs website: https://www.unocha.org/sites/dms/Documents/Evaluation%20of%20OCHA%20R

esponse%20to%20the%20Haiti%20Earthquake.pdf

Blouët, A. & Bulit, G. (2012). Impact assessment study on the living conditions of women and children, Haiti [Special Issue 5]. *The Journal of Field Actions*,1-8. Retrieved from http://factsreports.revues.org/1372

Bradshaw, S. (2004). *Socio-economic impacts of natural disasters: A gender analysis* [Serie Manuales 33]. Retrieved from United Nations Economic Commission for Latin America and the Caribbean site: http://repositorio.cepal.org/bitstream/handle/11362/5596/S045330_en.pdf?sequence=1

Bradshaw, S. & Fordham, M. (2013). *Women, girls and disasters: A review for DFID*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236656/women-girls-disasters.pdf

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Retrieved from: https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf

Chunkath, S. R., Sherratt, D., Chotani, R. A., Smyth, I., Burns, K., & Hidayat, M. (2005). Panel 2.3: Gender dimensions and human rights aspects to responses and recovery. *Prehospital and Disaster Medicine*, *20*(6), 404-407. doi: 10.1017/S1049023X00002983

Cupples, J. (2007). Gender and hurricane Mitch: Reconstructing subjectivities after disaster. *Disasters*, *31*(2), 155−175. doi:10.1111/j.0361-3666.2007.01002.x

Dhungel, R. & Ojha, R. (2012) Women's empowerment for disaster risk reduction and emergency response in Nepal. *Gender & Development, 20*(2), 309-321. doi:10.1080/13552074.2012.687220

Drolet, J., Dominelli, L., Alston, M., Ersing, R., Mathbor, G., & Wu, H. (2015). Women rebuilding lives post-disaster: Innovative community practices for building resilience and promoting sustainable development. *Gender & Development, 23*(3), 433-448. http://dx.doi.org/10.1080/13552074.2015.1096040

Enarson, E. (2000). *Gender and natural disasters* [Working paper no. 1]. Retrieved from International Labour Organization site: https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---ifp_crisis/documents/publication/wcms_116391.pdf

Enarson, E., and Meyreles, L. (2004). International perspectives on gender and disaster: Differences and possibilities. *International Journal of Sociology and Social Policy, 24*(10/11), 49–93. doi: 10.1108/01443330410791064

Eriksson, J., Adelman, H., Borton, J., Christensen, H., Kumar, K., Suhrke, A., . . . Wohlgemuth, L. (1996). *The international response to conflict and genocide: Lessons from the Rwanda experience, Synthesis report*. Retrieved from Organization for Economic Co-operation and Development website: https://www.oecd.org/countries/rwanda/50189495.pdf

Fatemi, F., Ardalan, A., Aguirre, B., Mansouri, N. & Mohammadfam, I. (2017). Social vulnerability indicators in disasters: Findings from a systematic review. *International Journal of Disaster Risk Reduction, 22,* 219-277. doi:10.1016/j.ijdrr.2016.09.006

Fontana, J. S. (2004). A methodology for critical science in nursing. *Advances in Nursing Science, 27*(2), 93-101. doi:10.1097/00012272-200404000-00003

Fordham, M. (1998). Making women visible in disasters: Problematising the private domain. *Disasters, 22*(2), 126-143. doi: 10.1111/1467-7717.00081

Fothergill, A. (1996). Gender, risk and disaster. *International Journal of Mass Emergencies and Disasters, 14*(1), 33-56. Retrieved from http://www.ijmed.org/articles/96/download/

Fothergill, A. (1998). The neglect of gender in disaster work: An overview of the literature. In E. Enarson & B. Morow (Eds.), *The Gendered Terrain of Disaster: Through Women's Eyes,* (pp. 11-25) [Academiaedu.org]. Retrieved from http://www.academia.edu/download/30447088/1__Fothergill.pdf

Ginige, K., Amaratunga, D., & R. Haigh. (2009). Mainstreaming gender in disaster reduction: Why and how? *Disaster Prevention and Management, 18*(1), 23–34. doi:10.1108/09653560910938510.

Holmes, D., Perron, A., & O'Byrne, P. (2006). Evidence, virulence, and the disappearance of nursing knowledge: A critique of the Evidence-Based dogma. *Worldviews on Evidence-Based Nursing, 3*(3), 95-102. doi:10.1111/j.1741-6787.2006.00058.x

Humanitarian Accountability Partnership International. (2010a). *Guide to the 2010 HAP standard in accountability and quality management*. Retrieved from Active Learning Network for Accountability and Performance website: http://www.alnap.org/resource/8125

Humanitarian Accountability Partnership International. (2010b). *The 2010 HAP Standard*

in accountability and quality management. Retrieved from Core Humanitarian Standard on Quality and Accountability Alliance website: https://www.chsalliance.org/files/files/Resources/Standards/2010-hap-standard-in-accountability.pdf

Humanitarian Accountability Partnership International. (2014). *About us*. Retrieved from http://www.hapinternational.org/who-we-are/about-us.aspx

Intergovernmental Panel on Climate Change, Working Group I and II. (2012). *Managing the risks of extreme events and disasters to advance climate change adaptation, special report of the Intergovernmental Panel on Climate Change*. Retrieved from http://www.ipcc-wg2.gov/SREX/images/uploads/SREX-All_FINAL.pdf

McGibbon, E., Mulaudzi, F. M., Didham, P., Barton, S., & Sochan, A. (2014). Toward decolonizing nursing: The colonization of nursing and strategies for increasing the counter-narrative. *Nursing Inquiry, 21*(3), 179-191. doi:10.1111/nin.12042

Mosqueda-Díaz, A., Vílchez-Barboza, V., Valenzuela-Suazo, S., & Sanhueza-Alvarado, O. (2014). Critical theory and its contribution to the nursing discipline. *Investigaciòn y Educaciòn En Enfermería, 32*(2), 356-363. Retrieved from https://aprendeenlinea.udea.edu.co/revistas/index.php/iee

Natural disasters in 2017: Lower mortality, higher cost (2018, March). *Cred Crunch Newsletter.* Retrieved from http://cred.be/sites/default/files/CredCrunch50.pdf

Nouvet, E., Abu-Sada, C., de Laat, S., Wang, C., & Schwartz, L. (2016). Opportunities, limits and challenges of perceptions studies for humanitarian contexts. *Canadian Journal of Development Studies / Revue Canadienne d'Études Du Développement, 37*(3), 358-377. doi:10.1080/02255189.2015.1120659

Oxfam International (2013). *Gender issues in conflict and humanitarian action*. Retrieved from Oxfam Great Britain website: https://www.oxfam.org/sites/www.oxfam.org/files/hpn-gender-conflict-humanitarian-action-291113-en.pdf

Pan American Health Organization.(2001). *Gender and natural disasters*. Retrieved from http://www1.paho.org/English/DPM/GPP/GH/genderdisasters.PDF?ua=1

Patton, M. Q. (2002). *Qualitative evaluation and research methods* (3rd ed). Thousand Oaks, CA: Sage.

Paul, B. K. (2011). Hazards/disasters: Special topics, gender and natural disasters. In *Environmental hazards and disasters: Contexts, perspectives and management*. (pp.269-306). Retrieved from https://ebookcentral-proquest-com.proxy1.lib.uwo.ca/lib/west/detail.action?docID=818587.

Polit, D. & Beck, C. (2012). *Nursing research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Sakashita, R. (2014). Development in disaster nursing: The challenges of various research designs. *Health Emergency and Disaster Nursing, 1*(1), 19-24. https://doi.org/10.24298/hedn.2014-1.19

Scharffscher, K. (2011). Disempowerment through disconnection: Local women's disaster response and international relief in post-tsunami Batticola. *Disaster, Prevention, and Management, 20*(1), 63-81. doi:10.1108/09653561111111090

Sheppard, A., Tatham, P., Fisher, R. & Gapp, R. (2013). Humanitarian logistics: Enhancing the engagement of local populations. *Journal of Humanitarian Logistics and Supply Chain Management, 3*(1), 22-36. doi:

0.1108/20426741311328493

Sohrabizadeh, S., Tourani, S., & Khankeh, H. R. (2014). The gender analysis tools applied in natural disasters management: A systematic literature review. *PLoS Currents, 6*. doi:10.1371/currents.dis.5e98b6ce04a3f5f314a8462f60970aef

Sphere. (2018a). *About*. Retrieved from https://www.spherestandards.org/about/

Sphere. (2018b). *Sphere handbook*. Retrieved from https://handbook.spherestandards.org

Street, A. F. (1992). *Inside nursing: A critical ethnography of clinical nursing practice.* Albany: State University of New York Press.

Swartz, M. K. (2014). Critical theory as a framework for academic nursing practice. *Journal of Nursing Education, 53*(5), 271-276. doi:10.3928/01484834-20140408-01

United Nations Division for the Advancement of Women, Department of Economic and Social Affairs. (2004). *Making risky environments safer: Women building sustainable and disaster-resilient environments.* Retrieved from United Nations Entity for Gender Equality and the Empowerment of Women website: http://www.unwomen.org/-/media/headquarters/media/publications/un/en/w2000natdisasterse.pdf?la=en&vs=956

United Nations Entity for Gender Equality and the Empowerment of Women. (2014). *Humanitarian strategy.* Retrieved from http://www.unwomen.org/~/media/headquarters/attachments/sections/what%20we%20do/unwomen-humanitarianstrategy-en.pdf

United Nations Entity for Gender Equality and the Empowerment of Women. (2017). *Addressing the gender inequality of risk in a changing climate*. Retrieved from http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2016/fpi%20brief-gir_v2.pdf?vs=2816

United Nations International Strategy for Disaster Reduction, United Nations Development Programme & International Union for Conservation of Nature and Natural Resources. (2009). *Making disaster risk reduction gender-sensitive: Policy and practical guidelines*. Retrieved from United Nations Office for Disaster Risk Reduction website: https://www.unisdr.org/files/9922_MakingDisasterRiskReductionGenderSe.pdf

United Nations Office for Disaster Reduction. (2011). *UNISDR policy on gender mainstreaming in disaster risk reduction*. Retrieved from https://www.unisdr.org/files/42359_unisdrpolicyongender.pdf

Weaver, K., & Olson, J. K. (2006). Understanding paradigms used for nursing research. *Journal of Advanced Nursing, 53*(4), 459-469. doi:10.1111/j.1365-2648.2006.03740.x

Wiest, R., Mocellin,J., and Motsisi, T. (1994). *The needs of women in disasters and emergencies* [Research Report]. Retrieved from Gender & Disaster Network website: https://gdnonline.org/resources/women-in-disaster-emergency.pdf

2 Chapter Two

In recent years, the need for humanitarian assistance has increased, due in part to the increased occurrence of conflicts and natural disasters (United Nations General Assembly, Economic and Social Council, 2017). These international emergencies have often resulted in the rallying of humanitarian actors, consisting of government agencies, the United Nations bodies and humanitarian organizations. Specifically, humanitarian organizations play a significant and unique role due to their ability to access abundant material resources (Humanitarian Accountability Partnership International [HAP], 2010) as well as significant amounts of funding from donors. Although these organizations often provide much needed relief to affected populations, the large influx of humanitarian actors may inadvertently overwhelm the local communities, particularly when interventions lack engagement. This is especially true for women, as they are one of the most vulnerable groups following a disaster, represent a significant proportion of individuals who require humanitarian aid, and have often been excluded from the humanitarian response (Dhungel & Ojha, 2012; Horton, 2012; Shah, 2012). The purpose of this study was to examine Haitian women's experiences with humanitarian aid after the 2010 earthquake in Haiti. The study sought to uncover the social, political and historical barriers and facilitators women face when interacting with humanitarian aid after a natural disaster.

2.1 Background and Significance

Natural disasters are unbiased in their occurrence, yet the impact on lives lost and the economy weighs more heavily on developing countries (Centre for Research on the Epidemiology of Disasters & United Nations Office for Disaster Risk Reduction, 2016). Humanitarian aid organizations are often called upon to provide assistance during these challenging events, however over the years the lack of accountability to affected populations has been spotlighted as an area in need of improvement (Erikson et al., 1996). Despite the efforts to create tools, standards and guidelines to support aid organizations (HAP, 2010; Sphere, 2018) the absence of a watchdog and reliance on self-monitoring has left a gap in addressing accountability to communities.

The context in which the women were born, live and interact with, otherwise known as the social determinants of health (World Health Organization [WHO], 2017), can play a significant role in framing their experience with humanitarian aid. Growing up and living in Haiti, once a colony of France, and the country's dependence on international organizations to provide social services may contribute to their experience (Central Intelligence Agency, 2015; De Goyet, Sarmiento, & Grünewald, 2011; Duke University, n.d.; Pan American Health Organization, 2011). In addition, the natural disaster caused significant loss of life and damage to the infrastructure within the country and particularly within the most populated area of Port-au-Prince, and led to substantial financial donations with pledges totaling over $9 billion USD (Ramachandran & Walz, 2012). The historical, political and social contexts of Haiti and the subsequent response help provide insight into how women in this study may perceive humanitarian aid.

Ethical nursing values support social justice, including advocating for vulnerable groups within society (Canadian Nurses Association, 2017). Natural disasters often exacerbate social and gender norms that increase the vulnerability of women to negative outcomes, such as increased mortality and decreased visibility in communities (Dhungel & Ojha, 2012; Drolet et al., 2015; Enarson & Meyreles, 2004; Paul, 2011; Wiest, Mocellin, & Motsisi, 1994). Although women have participated in reconstruction and relief, their contributions often remain unrecognized (Alagan & Aladuwaka, 2011; Alam & Rahman, 2014; Chunkath et al., 2005; Cupples, 2007; Paul, 2011; Scharffsche, 2011). Nursing researchers have the opportunity to share the experiences of women in scholarly discourse, while expanding the literature on gender and disasters. The hope is that this research will help inform policies and organizations moving forward in how they engage with women and communities after natural disasters.

2.2 Research Questions

The research questions for this study are: What are women's experiences with humanitarian aid after the 2010 earthquake? What are the facilitators and barriers women face when interacting with humanitarian aid?

2.3 Literature Review

In this review of the literature, I sought studies on the experiences of women after natural disasters. The literature review stretched beyond health-specific databases as the topic of interest is found in a variety of academic fields. The research databases searched included: CINAHL, SCOPUS, JSTOR, and Proquest. General search engine Google Scholar was also used to identify supplemental research. The search terms used were: *humanitarian aid, women, disaster, affected population, experience* and *non-governmental organization*. These terms, and their synonyms, were used selectively and in combination to produce the most accurate representation of scholarly literature in each database on the topic of the experience of humanitarian aid, particularly for women. The literature review was limited to articles written in English and spanned the years from 2000 to the present time. The following themes were identified: lack of consultation, dependency and gender roles, and inequitable distribution of aid.

2.3.1 Lack of Consultation

One of the main themes emerging from the literature about communities' experiences with aid relief was that humanitarian organizations often do not consult with communities about their interventions. Ho and Pavlish (2011) examined Congolese refugees' understanding of human rights and justice, and reported a lack of transparency in decision-making processes about services within an internally displaced camp, thus prompting the NGO to reconsider the management of the camp. Similar experiences related to lack of consultation and transparency were noted in post-disaster contexts by Amarasiri de Silva (2009), Davidson, Johnson, Lizarralde, Dikmen and Sliwinski (2007), Lee (2008), Rahmayati (2017), and Ruwanpura and Hollenbach (2014). Ruwanpura and Hollenbach's (2014) ethnographic study of a post-tsunami housing complex also reported participants as being unhappy with the completed housing units due to lack of engagement by organizations. Similar findings were reported by Rahmayati. In contrast, researchers in Colombia reported that study participants were invited to participate in the reconstruction planning of their community and were provided options, leading to more positive results (Davidson, Johnson, Lizarralde, Dikmen, & Sliwinski 2007).

The studies showed that the processes used for consultations were also critical to creating adequate accountability for communities. In a study conducted in Aceh, Indonesia after the tsunami, Daly and Brassard (2011) revealed that a majority of NGOs claimed to use participatory approaches for housing reconstruction, yet the strategies they used were unfamiliar to communities and often lacked follow-up. The absence of relationship-building with communities and feedback processes exacerbated the distance between donors, NGO goals, and community needs (Daly & Brassard, 2011). Both Daly and Brassard and Davidson et al. (2007) highlighted the need to progress beyond buzzwords such as "inclusive" and "participatory" (Daly & Brassard, 2011, p. 512), to *meaningful* and/or *fulfilling* participation of communities.

Accessibility to people working within aid organizations by community members was also found to be a significant barrier to adequate consultation. Lee (2008) conducted interviews with beneficiaries of humanitarian aid after the 2004 Indian Ocean tsunami, and found that international NGOs were often inaccessible and lacked feedback mechanisms for community members to provide input. Not only did communities express powerlessness, but local authorities also felt excluded from the humanitarian delivery system, resulting in unmet needs and unfulfilled expectations for communities (Lee, 2008). Participants in studies by Lesnik and Urek (2010) and Yamada et al. (2006) expressed feelings of humiliation when supplied with aid that was inappropriate to the climate or inedible, such as pet food and food products that have passed the expiration date of safe consumption.

2.3.2 Dependency and Gender Roles

Another major theme emerging from scholarly literature is the impact humanitarian aid had on enforcing dependency in populations affected by disaster. In Khan and Nyborg's (2013) study conducted in Pakistan, over 90% of participants who received humanitarian aid reported that it contributed to increased dependency by focusing on food distribution, and lacked programs to develop individual capacity (e.g., livelihood programs). Similarly, in post-tsunami Sri Lanka, Yamada et al. (2006) and Lee (2008) both found that the humanitarian delivery mechanisms harnessed a sense of dependency within communities, with Lee and Yamada et al. identifying the top-down approach of aid

delivery and the absence of livelihood teaching as significant factors, respectively. This finding is consistent with Lesnik and Urek (2010)'s study in Indonesia after the tsunami.

Livelihood training and support for communities, such as the provision of employment, funding, or training, is a disaster relief intervention with potential to counteract dependency. However, this strategy also has a significant impact on gender dynamics. Ruwanpura (2008) investigated livelihoods, the strategies women used to earn money, after the tsunami. The study focused on the experiences of women, and reported that of all the interventions provided, women found it most helpful when financial support and economic activities were supported. Similar findings were described by Reyes and Lu (2017) who conducted their research in Manila.

On the other hand, interventions can also reinforce traditional gender roles if a gender lens is not applied. For example, DeFiesta and Badayos-Joyer's (2014) study after the 2006 oil spill in the Philippines found that livelihood assistance mostly focused on male-dominated roles, whereas women were initially denied cash-for-work opportunities and benefitted less from the assistance overall. In Sri Lanka, the pre-tsunami livelihoods that were supported by organizations reinforced the traditional gender roles in the community and potential gender inequities of the community, and yet women also felt that these interventions helped create a much-needed sense of normalcy (Ruwanpura, 2008). Similarly, Lesnik and Urek (2010) and Kamakshi and Perera-Mubarak (2013) found that women were provided with self-employment measures and in some cases became the main income-generator for the family, thereby changing the gender dynamic in households. Thus, the livelihood assistance provided in the aftermath that is used to combat dependency of local communities can also disrupt gender norms, potentially creating a new set of challenges.

2.3.3 Inequitable Distribution

One of the strongest themes to emerge from the literature was the negative impact of inequitable distribution of services and goods among affected populations (Lee 2008; Yamada et al., 2006). In many of the studies, participants perceived that local community members were influencing NGOs' distribution of humanitarian aid (Lee, 2008), and aid often was given to those more powerful or who had personal connections with aid

distributors in the community (Lesnik & Urek, 2010; Perera-Mubarak, 2012; Reyes & Lu, 2017; Yamada et al., 2006). Some of the practices used by aid organizations to deliver humanitarian aid were identified as problematic and contributing to inequitable distribution of goods. For example, Kamakshi and Perera-Muabarak (2013) found that community groups created to distribute aid were not verified as appropriate representatives and often did not accurately represent the diversity of the community, particularly women. In Reyes and Lu's (2017) post-disaster study of women in the Philippines, approximately 50% of women received relief goods. According to the participants, preference and access to goods were typically granted to people with personal connections. The perceived advantage and hierarchies developed and reinforced by humanitarian aid strained relationships within communities and led to tension and envy among and between individuals (Lesnik & Urek, 2010; Ruwanpura, 2008; Yamada et al., 2006).

2.3.4 Women's Experiences with Aid

Research examining women's experiences with humanitarian aid in the aftermath of disasters remains a relatively underdeveloped, but growing, area of scholarship. From the existing studies, researchers found that women were dissatisfied with the specific services and goods such as separate living facilities and access to personal care products such as sanitary pads (Ariyabandu, 2006; Hamilton & Halvorson, 2007; Krishnan & Twig, 2016; Nakhaei et al., 2015; Saito, 2012). In Krishnan and Twig's (2016) study, the authors explored menstrual hygiene in relation to humanitarian services in the post-disaster context. The lack of water and sanitation facilities to accommodate women's menstrual hygiene practices was found to negatively impact women's health, dignity and privacy (Krishnan & Twig, 2016). Ariyabandu (2006) also found that women faced humiliation and harassment when seeking these services from local community members who were distributing aid supplied by NGOs.

These findings are unsurprising, as women have often been excluded from the decision-making processes after disasters (Dhungel & Ojha, 2012; Horton, 2012; Shah, 2012). Shah (2012) reported that committees in the aftermath of disasters often consisted mostly of men, which made women dependent on their male relatives to access aid.

Although women had the capacity to participate in organizing post-disaster contexts (Cupples, 2007), many were rendered voiceless in relief services (Scharffscher, 2011); others waited for the aid to be provided or were assigned to traditional gender roles in the community (Cupples, 2007).

2.3.5 Summary and Critique of the Literature

The most common themes generated from the literature review were lack of consultation with affected populations, increased dependency on humanitarian aid and inequitable distribution of aid. For women, the exclusion of personal care needs and focus on gender-specific roles from disaster restoration was both reflective of, and helped reproduce, gendered roles and inequities.

Scholarly literature exploring women's experiences with humanitarian aid in natural disasters was limited. Of the articles reviewed, most used qualitative methods for primary data collection, with many using ethnographic or anthropologic methods. These methodologies and associated data collection techniques helped ground the research in the community and social environment. However large sample sizes in some ethnographic studies may have limited the level of analysis for the interviews and few explicitly discussed their analytic techniques. Critical methodology was not clearly identified nor were power dynamics explored as a primary focus, although some articles (Lee, 2008; Perera-Mubarak, 2012) touched on the different levels of power after a natural disaster and many placed their communities in their historical context.

The scholarly literature on humanitarian aid largely focused on specific aid services, like housing or community reconstruction, with less attention to communities' experiences more broadly. I believe the latter requires more scholarly attention, to examine the experience of humanitarian aid as a whole, recognizing the many contextual factors that may impact how communities perceive aid. Throughout the process of receiving aid, communities experience the humanitarian system and plethora of actors in health, food, shelter, and other fields, often at once, rather than in isolation. Understanding how the system(s) of humanitarian aid is experienced holistically, particularly from the perspective of women, can bring new insights to current understandings.

Generally, it was rare to find evaluation of NGOs disaster relief in the scholarly literature and research. Numerous white papers, evaluations and assessments written by or for aid organizations have been completed, yet there remains opportunity to deepen knowledge about and from women regarding their experiences and perceptions of humanitarian aid. The current research will begin to address this knowledge gap by engaging in critical research with women in a post-humanitarian setting.

2.4 Methodology

The critical narrative methodology used to guide this study supports the exploration and critical analysis of the experiences of Haitian women who received humanitarian aid. Contemporary critical theory draws on the work of Paulo Friere (1968) and Habermas' Critical Social Theory, often used in critical nursing science (Fontana, 2004), and is informed by postcolonial theory. While Narrative Theory has been used and understood in many ways, the narrative theory used in this research is based on the work of Clandinin, Pushor and Orr (2007). These theoretical underpinnings were most appropriate to ensure that the lives and experiences of Haitian women remained central in the research, within the context of their historical, societal and political history.

Paulo Friere's work, most notably *Pedagogy of the Oppressed*, provided insight into relationships of power as well as understanding of marginalized communities. His focus on the necessary uprooting of established power dynamics was applied to the humanitarian system by highlighting the concepts of generosity and charity in the complex relationships between aid organizations and affected populations. This critical concept is echoed by Habermas' interpretation of Critical Social Theory. More specifically, Habermas reinforced the need to create dialectic interactions to address and reflect on how power and assumptions are embedded in relationships, social structures and contextual factors (Holter, 1988; Mill, Allén & Morrow, 2001; Mosqueda-Díaz, Vílchez-Barboza, Valenzuela-Suazo, & Sanhueza-Alvarado, 2014).

Postcolonial theory accounts for the broader social and historical contexts that frame the 2010 earthquake in Haiti, for the sake of uncovering power dynamics (Kapoor, 2008; Kirkham & Anderson, 2002). Given Haiti's history as a previously colonized country, postcolonial theory allowed me to situate the narratives of Haitian women at the

center of the study to understand the power structures existing in their postcolonial state (Kirkham & Anderson, 2002; Mohammed, 2006; Ozkazanc-Pan, 2012).

Narrative theory aligns with critical theory in the importance of privileging participants and contextual factors. Most notably, the theory includes understanding the importance of temporality, place, and interaction, in the analysis process (Clandinin et al., 2007). Specifically, in this research, temporality helps to analyze the postcolonial and historical themes, while place incorporates the social, political and economic factors, and interaction supports the analysis of positionality and the relational space. These tenets of narrative research were used in analyzing the experiences of participants as it related to the historical context of Haiti, the social conditions that influence the lives of the women and constantly reflecting on my positionality as a researcher in the space with women. Overall, narrative research assisted in understanding and deconstructing the meaning of women's experiences within the broader context of humanitarian aid.

The critical narrative approach encompasses the critical theory and narrative lens, and further outlines the significance of subjectivity and hegemonic structures, with particular attention to the influence of societal, political, and historical contexts (Clandinin & Caine, 2008; Mosqueda-Diaz et al., 2014). Both critical and narrative perspectives recognize the influence of the researcher's own bias, assumptions and worldview or perspective (Friere, 1968; Riessman, 1993). Therefore, engaging in active self-reflection was a necessary part of this research process, particularly in my position and journey to reaching my own understandings. The cycle of acknowledging and actively reflecting on my position allowed me to enter a relational space with participants for an authentic and transparent interaction. This process facilitated the creation of knowledge and mutual understandings about the relevance of stories in the women's narratives (Ayres, 2008; Clandinin & Cine, 2006; Guba & Lincoln, 2002, as cited in Mosqueda-Diaz et al., 2014; Mill et al., 2001).

Engaging in reflexivity allowed me to contemplate my various identities, including those that hold privilege and influence. Firstly, I had to reconcile that although I am a daughter of African immigrants, I was still considered a Western researcher to many of the participants. This was evidenced by the many times I had to reiterate that I was not working with aid organizations, explaining myself as a student independent of

any relationship with humanitarian aid organizations. I also had to accept that my blackness would not gain me access to Haitian culture or communities, and that I was arriving with significant privilege. Personally, I accepted that being a Canadian, student, and nurse, provided me with privilege as a temporary visitor in Haiti, and that I may be perceived similarly to the White, Eurocentric aid organizations that I am studying. This led me to try and find other ways to participate in the culture and start to develop a better understanding of their identity. Through participating in local cooking classes and meeting with the owner of the organization where interviews took place, I was able to develop relationships and began to learn about the culture from community members. Taking all of this into account impacted how I interpreted the stories of participants, and ensured I was constantly engaging with these reflections, a process that was critical to the analysis. Reflecting, uncovering and identifying the contextual structures that have led to my positionality in relation to participants meaningfully contributed to the richness of the data.

2.4.1 Setting and Historical Context

This study took place in Port-au-Prince, Haiti, in the summer of 2015. The earthquake in 2010 caused significant chaos and loss of life, thus prompting one of the largest humanitarian efforts in recent history. Five years later, this setting provided an appropriate environment for this study, as the immediate recovery phase had dissipated. In 2015, Haiti was continuing to transition into a development-focused country, meaning the humanitarian response for initial recovery was fading and plans for development were issued. As the number of humanitarian organizations decreased within the country, the responsibility of delivering aid services started to transfer from international organizations back to government (United Nations Office for the Coordination of Humanitarian Affairs [UN OCHA], 2013). In order to more fully understand the implications of this shift a description of Haiti's social, historical and political context are summarized.

Initially a French colony, Haiti gained independence in 1804, becoming the first black-led republic in the world (Central Intelligence Agency, 2018; Duke University, n.d.). The country's population is approximately 10.8 million, with a heavily populated

capital that encompasses 2.6 million inhabitants, with the official languages of French and Creole (Central Intelligence Agency, 2018). Since Haiti's formation, the country has experienced various conflicts, including a military coup and political violence. This turmoil resulted in the involvement of United Nations peacekeepers and the eventual creation of the United Nations Stabilization Mission in Haiti (De Goyet et al. 2011; United Nations Peacekeeping, n.d.). The mission involved the deployment of many international staff (United Nations Peacekeeping, n.d.), and came to an end in 2017. These historical roots of colonialism, and more recent engagement by the international community, provide some context for understanding the impact of the earthquake in 2010 and the experiences of participants.

Prior to the earthquake, Haiti was already dealing with multiple vulnerabilities, and was considered to be the poorest country in the Western hemisphere (De Goyet et al., 2011). In 2012, approximately 59% of the population was surviving under the national poverty line of $2.41 USD per day, and 24% living on less than $1.23 USD per day as of 2012 (Disasters Emergency Committee, 2015; World Bank, 2012). Additionally, Haiti had a large presence of both local and international NGOs providing social services to communities prior to the earthquake, with an estimated 75% of their health services in country being delivered by NGOs (De Goyet et al., 2011; Pan American Health Organization, 2011). In view of Haiti's circumstances, the earthquake in January of 2010 contributed to an already dire situation by rendering 1.5 million people homeless, 220,000 dead and over 300,000 injured; in total 3.5 million people were directly impacted (Disasters Emergency Committee, 2015; Pan American Health Organization, 2011; United Nations Security Council, 2010). The Haitian administration was heavily affected, both in infrastructure and loss of life. Approximately 25% of Haitian civil servants were estimated to have died (Disasters Emergency Committee, 2015), with 200 victims alone from the Haitian Ministry of Health (Pan American Health Organization, 2011). Compensating for the government's limited ability to respond, numerous international actors (e.g., foreign governments, humanitarian aid organizations, UN bodies) rushed to respond in what De Goyet et al. (2011) called "the same chaotic pattern as in past disasters" (p. v). Since the earthquake, Haiti has made improvements in reconstruction of homes, rehabilitation of health facilities, as well as local and international NGOs working

together to develop solutions to encourage sustainable development (UN OCHA, 2013).

2.5 Sampling and Recruitment

Purposive convenience and emergent sampling were used to recruit study participants (Patton, 2002). Convenience sampling method was identified as most appropriate when I initially arrived in Haiti and began connecting with local networks (Patton, 2002). Emergent sampling strategy was used once I was in the field and able to make connections and create relationships that identified further individuals who were rich in knowledge and experience (Patton, 2002). Participants were recruited from three sources: an inner-city women's organization, a camp for internally displaced persons, and personal contacts. Prior to my travel to Haiti, I contacted researchers with experience in Haiti and was introduced to a Haitian co-founder of a community organization and an interpreter. Through these contacts I made initial visits to a local women's organization and internally displaced camp to develop a relationship with the community liaison and explain the purpose of the study, followed by a secondary visit to conduct the interviews.

Eligibility criteria for inclusion in the study were: (a) had been affected by the 2010 Haiti earthquake; (b) were 18 years of age or older at the time of the earthquake; (c) self-identified as women; and (d) had received aid from an international NGO for the relief effort. Individuals were considered to be affected by the 2010 Haiti earthquake if they were in the country at the time it occurred and self-reported they had experienced physical, psychological or material injury or loss as a result of the earthquake. It is important to make the distinction between Haitians who travelled to Port-au-Prince after the earthquake to access aid from those who were living in the affected area at the time of the earthquake. The age limit for the study was set at 18 years of age or older at the time of the earthquake as those under the age of 18 are largely considered by the international humanitarian aid community to be highly vulnerable. Most organizations provide services that are specifically targeted for persons under 18, likely resulting in a different type and extent of aid provisions (Save the Children, 2011; WHO, United Kingdom Health Protection Agency, & Save the Children, 2011). The third criterion was the self-identification as women, as the study focused on illuminating the often-overlooked experiences of women in disaster-affected populations. Finally, the last criterion

highlights the phenomena of receiving aid from an international aid organization during the relief effort. As mentioned above, Haiti had been populated with local and international NGOs prior to 2010 (De Goyet et al., 2011), therefore it was necessary to delineate those who had been receiving NGOs' aid (from the relief effort) as part of their everyday lives, from those who received it due to the disaster. Participants needed to self-report that they had received aid from a humanitarian organization after the earthquake in order to participate in the study.

The exclusion criteria for the study were: (a) participants whose mental health inhibited their ability to participate in this study; (b) under the age of 18 years; and (c) men. Participants were informed both verbally and in writing about the nature of the interview and were given the opportunity to disclose any mental health challenges that would impact their ability to participate.

2.6 Data Collection

All data were collected through face-to-face individual interviews, scheduled by the participant, interpreter and myself for a mutually agreeable date, time and location. Participants from an inner-city women's organization identified the organization site to be the most appropriate place to conduct the interview. The interviews conducted with internally-displaced women were conducted in their homes in the camp where they resided, located outside of Port-au-Prince. The women that I met through the interpreter were living in the local community and thus interviews were either conducted in their home or my own dwellings.

The letter of information was read out loud with each participant and a copy was provided to each participant in their native language of Creole. In addition, compensation of 125 Haitian Gouds and refreshments were provided to all participants prior to conducting the interview, to compensate participants for their time. A semi-structured interview guide, (Appendix A), was used to conduct the interviews, which lasted between 45 – 90 minutes. During the interviews, participants were asked about their experience of the earthquake, their interactions with humanitarian aid organizations and the subsequent impact aid made in their lives. Upon completion of the interview, information of a local Haitian organization that provided counseling services was given to each participant,

should they feel they need further support. Each participant was contacted approximately one week after the initial interview to provide an opportunity to ask questions. All interviews were conducted in Creole with an interpreter providing translation of my questions and participants' answers. The interviews were audio-recorded and transcribed verbatim in English by myself, as English is my Native tongue. I transcribed the English translation stated by the translator and my responses. Following each interview, I documented field notes and personal reflections to assist with reflexivity during the data analysis process.

2.7 Data Analysis

Consistent with critical narrative methodology, a thematic analysis of the interviews, field notes and personal reflections was conducted. Within narrative methodology, many forms of analysis can be used depending on the type of narrative and research questions. Thematic analysis was best-suited to achieve the objectives of the study, focusing on how participants experienced the humanitarian aid following the earthquake. Other forms of analysis, such as language structure or event and plot-driven approaches, would have been inappropriate because I was submerged in a new cultural environment and conducted interviews through the use of an interpreter. Thus, my ability to accurately identify the nuances in language and culture were limited (Andrews, Squire, & Tamboukou, 2008; Harding, 2013). However, some general structural analysis was conducted on interviews, reviewing the sequencing of events and how participants narrated their stories (Andrews et al., 2008; Harding, 2013). In narrative analysis, thematic analysis recognizes the importance of both content and context, thus fitting well with the critical paradigm where the social, political and historical themes are examined within the narrative (Josselson, 2011).

Following each interview, field notes were written. I transcribed the interviews verbatim which allowed me to immerse myself more fully in the participants stories, to facilitate identifying emerging concepts from each interview (Andrews et al., 2008; Harding, 2013). Once transcription was complete, transcripts and field notes were re-read multiple times and coded, from which preliminary and new themes were derived. Special attention was paid to differences, similarities and relationships, particularly the power

dynamics and social factors in the context of humanitarian aid reflected in participants' responses (Andrews et al., 2008; Josselson, 2011). The codes were then reviewed, aggregated and organized, which assisted with the identification and description of finalized themes. Throughout this process, I continued to engage with the data (e.g., transcripts and field notes) to ensure the themes accurately represented the stories of participants. This approach to analysis reflects the critical narrative methodology, which emphasizes how narratives are told within the social, political and historical context. From a social context, the gendered experience played a key role in uncovering the unique challenges for women after the earthquake. The political and historical context was substantially informed by the heavy presence of NGOs and Haiti's colonial history, and how these factors influence Haitian women's perceptions of power structures. All names were changed and replaced with pseudonyms, and quotes were edited for readability.

2.8 Trustworthiness

Whittemore, Chase and Mandle's (2001) framework and catalytic validity (Lather, 1986) were considered most appropriate for gauging trustworthiness. Whittemore et al.'s framework for validity was developed following a contemporary synthesis of validity criteria. The criteria applied to ensure trustworthiness through this framework were: credibility, authenticity, integrity, criticality, sensitivity and thoroughness (Polit & Beck, 2012; Whittemore, Chase & Mandle, 2001). Credibility represents trust in the data and interpretation, and authenticity focuses on the fair representation of participants' stories (Morrow, 2005; Polit & Beck, 2012). The credibility and authenticity of the study were maintained through reflexivity, transcription and prolonged engagement. Reflexivity is the act of identifying my own beliefs and the impacts of my knowledge and beliefs within the analysis (Morrow, 2005; Polit & Beck, 2012). I used a process of daily journaling to continually reflect upon my own position of power throughout the research process. During data collection I audiotaped each interview, subsequently discussed the interviews with the interpreter, then transcribed and coded each interview independently. Through immersion and frequent readings of the transcripts, I sought to ensure the credibility and authenticity of participants' voices in the

research process. Also, living in the community in Haiti for the summer helped me gain a better understanding of their current context. Participating in local cooking classes with Haitians also provided some insight into local culture and experiences.

The criticality, otherwise known as the critique of each decision in the research process, and integrity of the research were achieved through clear and careful documentation of each step in the process, field notes and peer debriefing/reviewing with my supervisors (Polit & Beck, 2012; Whittemore et al., 2001). By consulting with my supervisory team for each decision, I was able to gain further insight into appropriate and ethical steps moving forward. In addition, extensive field notes were written after each interview to ensure accuracy of the immediate context and were used to inform my understanding and interpretation of their voices during analysis.

Critical research places significant focus on sensitivity to address the manner in which researchers respect, and are sensitive to, the community being studied (Whittemore et al. 2001). Thoroughness, which focuses on the adequacy of the sampling, data collection and saturation of data (Polit & Beck, 2012), was also considered in the research process. Building rapport and developing working relationships with community liaisons, respecting participants concerns and sharing with them information about myself, were key strategies used to ensure sensitivity. Thoroughness was addressed through recruitment of an adequate sample size from three different sites and saturation of data with participants from diverse ages, educational background and site of recruitment, which also contributes to the integrity of the data (Williams & Morrow, 2009).

Catalytic validity was also used to support the critical methodology of the study, and signifies the ability of the research to reshape participants' understanding of the phenomena (Lather, 1986) and the capacity to bring about change. Increasing consciousness fosters the ability of participants to enact change based on this heightened understanding (Lather, 1986; Sparkes, 2001). The interviews provide an opportunity for participants to reflect more deeply on their relationship with humanitarian aid organizations after the earthquake, as well as develop an increased consciousness of structures that acted as barriers and facilitators to aid. An increased awareness of these

factors has the potential for participants to create positive change within their immediate reality and to advocate for broader social and structural change.

2.9 Findings

Eighteen semi-structured interviews were conducted with women from three separate locations in and around Port-au-Prince, Haiti: an inner-city organization, an internally displaced camp and personal contacts in a mountainous community. In all, 22 participants were recruited from sites as follows: inner-city women's organization (12 participants), internally displaced camp (five participants) and personal contact (five participants). Of the 22 women who expressed interest, one participant was unable to attend the interview and the researcher was unable to reschedule to a mutually agreeable date and time, two participants cancelled their interview via phone, and one participant cancelled their interview following the review of the letter of information. The participants represent a diverse sample of Haitian women, and had varying levels of education ranging from no formal education (1 participant), some primary school (3 participants), some secondary school (9 participants), higher education (1 participant) and unknown (3 participants). Participants' ages ranged from 25 – 55 years old, and the majority had children, with varying support systems such as family members or friends. None of the participants had personally received aid from NGOs or humanitarian actors prior to the earthquake. Their current areas of employment or education were: street vendor (6), unknown (1), cooking school (5), no employment (3), nursing school (1), local NGO worker (1).

The women's narratives pertained to their experiences with humanitarian aid in the aftermath of the earthquake, and spanned the time of the natural disaster in 2010, when they began receiving the aid, to the time the interviews took place, approximately four years after the earthquake occurred. The following four themes emerged from their narrative accounts: Unacknowledged and Unaddressed Trauma; Gratitude Despite Humiliation; Emergence of Resilient Communities; and The Perceived Power Structures of Humanitarian Aid.

2.9.1 Unacknowledged and Unaddressed Trauma

One of the most prominent themes identified by women was the pervasive and enduring nature of trauma caused by the earthquake. The participants' experiences are reflected in two sub-themes: (a) the enduring nature of trauma; and (b) the perceived disconnect between services and needs. The first sub-theme describes both the immediate effects of the multi-faceted trauma following the earthquake and related losses, along with the enduring impact on women's health. The second sub-theme addresses the disconnect between health services and the needs of local women in the humanitarian response.

2.9.1.1 The Enduring Nature of Trauma

One of the most commonly heard experiences was the women's acknowledgment of extensive trauma created by the earthquake. The impact of trauma on participants' physical, mental and emotional health has been ongoing, stemming from various sources including bereavement, exposure to corpses, unsafe shelter, and gender-based violence.

The physical environment posed significant distress in the immediate aftermath of the earthquake, as some participants identified no longer feeling safe sleeping in a home, for fear of it collapsing. Many participants recollected sleeping in the streets because of this fear or due to the destruction of their home. However, this further compromised their safety because the open environment left them vulnerable to potential thieves and assault.

> I had to watch over them [children] because there was a lot of rape going on - women, and a lot of the children they [people in the streets] were raping. I was very aware, I didn't sleep. So I couldn't send them anywhere, there were a lot of people, because people kind of got crazy after the earthquake, and that kind of handicapped them too. (Fabiola)

The death of loved ones and exposure to graphic imagery after the earthquake played a significant role in participants' emotional health. The sudden and, at times, graphic way lives were lost evoked particularly painful memories, and even five years later, participants remembered and shared how these experiences impacted their life and decisions.

> And then they were taking bodies out, there were no morgues, they would wrap [bodies] in a sheet and they would staple their name on to the sheet. And I saw my uncle, my cousin, were on the ground, I saw their names, there was no other road to take, you had to go by all these dead people. It was really a catastrophe, Haitians will never forget that. (Mirlande)

The narrative of emotional and psychological distress remained a consistent thread throughout participants' stories, as the women spoke openly about the enduring effects of trauma on themselves and their children. Participants explained that they continued to experience feelings of fear triggered by sounds and experiences such as thunder, loud noises or aftershocks. The effect reverberated within their families, with three participants explicitly stating that their children were adversely impacted. Changes in their mental or physical health were also noted.

> I'm not healed. My family has a problem with me, sometimes I hear noises, and I'm thinking about Emmanuel where he is, or Samuel is not right here, is that Samuel that has something or, even the thunder, after the earthquake, thunder I don't hear it the same way anymore. I feel like it's the earthquake again. Before the earthquake though I heard thunder in a different way, I don't know if that's in my spirit, my mind, to this point still I feel – that's in me. (Mirlande)

As participants were mostly experiencing and coping with trauma in the immediate aftermath of the earthquake, there were two incidents reported by women in this study where men took advantage of their vulnerability through sexual violence or manipulation.

> After the earthquake, there was a lot of really nasty things that happened. They kind of kidnapped me in a way, and they forced me to have sex. It was when I was coming out of a class. These two young guys, they did something that I – just you know was- made me not be able to control myself. Haiti has a lot of mystical

> spells and magic, that sort of thing. So, they did something where I kind of lost control, lost myself. But when I came back to myself, I found I was far, far away. All I had was 100 Gouds. The only [phone] number I remembered was [partner]. They took my telephone, my laptop, because I was at this class. And so I called [partner], and then right away he went to the hospital with me, and so when they did an exam they found there was sperm. So they had me take an AIDS test. I spent like a month crying about that. I was afraid. It was really difficult for me after the earthquake. (Fabienne)

The women described the different forms of trauma they experienced, and the subsequent effects on their health both physically and psychologically. In some cases, the impact on their health lasted beyond the immediate aftermath and continues to influence their wellbeing today.

2.9.1.2 The Perceived Disconnect Between Services and Needs

Many participants spoke in detail about their mental health and difficulty coping in the aftermath of the earthquake. In addition, they stated that little support was provided to address their psychological or emotional needs. From the perspective of the participants, a gap emerged between the aid available and the need to address trauma and psychological distress. When discussing the need for mental health support, Mirlande expressed:

> I didn't know. Logically, they would have to send psychologists, but I didn't get any[…] I didn't hear [of mental health support] but I'm just saying logically it should have come.

These comments represented a disconnect between the humanitarian response and the needs of the participants. Upon reflection, some stated that mental health support would have been the most important and appropriate assistance to receive, given the extent of damage and high mortality rate that resulted from the earthquake. In the absence

of mental health services, informal sources of mental health support were sought or created by participants to address their needs, such as spirituality, family and/or friends.

> The support that I got, all my friends, especially Josephine, Nadège and Jonas, we're always together, joking around. We were all in the same class too. So we formed a working group, before we set to work we would joke. If we had a little food we would eat it together. Jonas is always joking around, making them crack up. And so we invited other people in the same class with us in this area to come and work with us. Jonas and Nadège were always there to make us laugh. Even though we were just talking, we were always helping each other that way. (Esther)

Despite these informal supports, participants expressed that professional assistance in understanding the adverse effects of the earthquake and its scope would have significantly contributed to their physical and emotional well-being. The extensive trauma experienced by participants did not appear to be equally matched by the humanitarian response, which forced women to rely on their already limited resources.

2.9.2 Gratitude Despite Humiliation

The earthquake in Haiti generated an abundance of aid that was coordinated across many organizations. Upon receiving material goods, participants expressed gratitude and relief. However, they described their interactions with humanitarian aid organizations as complex. These interactions were complicated by feelings of humiliation and embarrassment in the delivery of some of those same goods.

There were various types of aid provided in the immediate aftermath, with all participants receiving some form of aid, either food, water, shelter, or health care services. Participants were relieved to receive the various goods that helped them survive the first few weeks and months following the disaster.

> We were very happy, because we didn't have any pots, I'm glad we had the pots. We didn't have any sheets, we didn't have them so we were happy. We thank them for that gesture. (Kensia)

Although participants were grateful to humanitarian actors, the process of aid delivery at times left them feeling "frustrated," "humiliated" and "demoralized." These emotions arose as participants observed a lack of organization in the delivery of aid. The perceived lack of respect and orderliness of humanitarian aid workers tainted some participants' attitudes toward, and interactions with, humanitarian organizations. The resounding message from the participants was that the manner of delivery was just as important as the material products being provided.

> I felt really humiliated, there was no discipline to it. I thought for it to be done well, they should have done it in a better way. You should be able to go, you shouldn't be fighting in line, for people to push you while you're in line. They should've called people like, by 5 or 10 people at a time, brought them in and given it to them, more peaceful. There's people that would leave their home at 3 o'clock, 4 o'clock in the morning. And so, because of the disorder and the disruption, sometimes you go home without anything even though you spent the whole day. I felt it was very humiliating. (Christelle)

Participants' voices speak to the conflict of feeling gratitude for humanitarian organizations on the one hand, and feelings of humiliation on the other. In essence, some women felt they had to sacrifice their dignity in order to access aid for themselves and their families. This theme highlights the importance of understanding the process of aid delivery and raises questions as to whether the structure of humanitarian aid can act without creating a sense of humiliation by recipients.

2.9.3 The Emergence of Resilient Communities

During and after the earthquake, a significant source of support was found within local Haitian communities, who demonstrated resilience in a time of chaos. The resilience of

communities is supported by two sub-themes: (a) the formation of grassroots collectives and (b) the uncovering of community allies. Following the disaster, participants shared their stories of resilience and solidarity within their communities, recognizing their power and influence as they created grassroots collectives and reached out to community allies.

2.9.3.1 The Formation of Grassroots Collectives

In the post-disaster environment, the women had to create new relationships within the community for assistance and survival. For some women, the situation of disaster and recovery provided an opportunity to strengthen community ties and foster empowerment among themselves. In both the urban neighborhood and the suburban communities, women focused on taking control of and improving their circumstances, forming grassroots movements and collectives. This process of community organization simultaneously facilitated their access to aid. One of the participants discussed the collective that helped form an organization:

> After the earthquake I have formed this organization of women because I saw the misery that women were going through. There was a whole bunch that were here that got infected by the water and gave them some itching and they were having such a- living in a terrible situation. When I saw that that there's nobody else watching over them. So I met with five of the women, so I said 'What can we do in this case? So let's form a group of women to do training for them, to tell them and teach them that life isn't over […] I feel very proud. And so I'm still asking for aid to help. The role of the leader is to look and bring it back. That's why I never sit, every day I'm out there I'm searching every where. You may find somebody who comes to me, I always have to have bread or some money here to give people, that's what a leader is. And someone is hungry I can't hold it back and not give it to them. A leader is like a mother, a mother of the community. (Fabiola)

Recognizing the inefficiencies and disruptions that occurred when receiving aid individually, the women developed a system where they would seek information and aid from organizations on behalf of their collective, collaborating and sharing with one another. This grassroots initiative helped them maximize resources and provided access to training. In addition, the collectives increased their importance and leverage in developing relationships with humanitarian aid organizations.

> And because of the aid that we got we would work together, if you work together anything works. There were eleven members, we just worked together, when we got something, we would share it. People that gave us the aid -if you're not organized they're not going to give it to you. They don't want to give just to an individual, you have to be a whole team. (Fabiola)

Through these collectives, participants realized the influence they held as a group, as opposed to when seeking aid individually. This new-found power, rooted in the grassroots movements, acted as a facilitator to accessing humanitarian aid as well as addressing needs of local communities.

2.9.3.2 Uncovering Community Allies

In the wake of the disaster, participants expressed how they found sources of support to facilitate receiving aid. Community leaders with positions of privilege, independent of the formal humanitarian response, acted as allies of participants and were identified as key support persons. The community leaders facilitated the acquisition of aid using their personal resources.

The participants from the camp had relied on their camp coordinator to increase access to humanitarian aid since the early months following the earthquake. His role was to advocate on their behalf to humanitarian aid organizations. The women often described him as an ally, as he demonstrated a sustained commitment to the well-being of the women and facilitated the distribution of humanitarian aid supplies.

> So you just see, thanks to Guelo I don't know where I would be. He has his friends. And they give him some help. Jusqua cette heure. (Kensia)

Similarly, the sample of women from the suburb community identified the interpreter, a white woman who lived in Haiti for approximately 30 years, as a key community leader. All of the participants from this community had known the interpreter prior to the earthquake, and although she was a foreigner, her years spent living in Haiti and dedication to the community allowed her to be perceived as a friend and ally by the women. Her stability and access to external resources through her privilege as a white woman and with an established business allowed her to facilitate access to humanitarian aid for those in her community.

> The way she helped us is as a mother. She gave us an aid. We believe in Sarah's aid, because it wasn't somebody who came to just pillage, and I don't mean that all of them come to pillage. But her organization, we see what they're doing, and they just didn't come to pillage and fill their pockets and leave. For here in her house, for four years, we were living here, and she would help us every day. That's a whole different person. (Fabienne)

Key informal support mechanisms were essential to participants accessing aid, and working with individuals in the community who are trusted allies facilitated the provision of aid among participants. It is important to note that this was identified specifically for the women from the local area of the interpreter and those from the camp. The power imbalance between the white interpreter and her local community, as well as between the male camp coordinator and the residents is significant. However, participants described how these support persons used their privilege to support the women in their communities, and because of their roots within communities, the assistance was perceived as a lateral extension of support, instead of a top-down approach.

2.9.4 Perceived Power Structures of Humanitarian Aid

Several challenges in aid distribution were identified by participants, with the most prominent rooted in power and privilege, as exercised by humanitarian aid organizations and extended to select individuals. Participants' narratives are reflected in three sub-themes (a) the lack of engagement and accountability to affected populations,

(b) manipulating social capital, and c) remnants of colonial hierarchy. Essentially, the top-down approach implemented in the humanitarian response created a barrier between the women and aid organizations, and increased the social capital of selected community members who were provided access to humanitarian aid.

2.9.4.1 Lack of Engagement and Accountability

In the immediate aftermath of the earthquake, and in the months following, participants received limited communication and engagement from aid organizations. The disparity in power between aid organizations and women grew as plans and strategies for the distribution of humanitarian aid were rarely presented. Most aid organizations were able to deliver services within the community without the engagement of community members or any accountability processes. By delivering services without any consultation or feedback, the position of superiority of some organizations was reinforced.

When asked about opportunities to communicate with organizations, Mirlande stated:

> [No] I never had a chance to communicate and they don't give you the possibility either. To talk to the- they just know that you're hungry, 'If you give them a piece of bread then they'll be satisfied'. So they just give you the piece of bread, and close your mouth and they just do whatever. If you needed a piece of bread, they'll be satisfied and the rest of the money stays with me [the organizations].

Due to the lack of consultation and communication, the participants perceived that some humanitarian aid organizations were not sensitive to the actual needs of the affected populations. As participants had never received humanitarian aid prior to the earthquake, the proliferation of aid organizations that occurred afterwards was seen as foreign and out of touch with local communities.

> I like other countries that have earthquakes and they don't let these NGOs come into the country after an earthquake. […] When you come here they don't understand. Yeah, you need- I can understand that there's peoples that, ok, are

there to help too, but you need to understand the people that you're serving. Why do I say that too, and they send these other forces, military people that came in, there was a lot of young women and men that suffered sexual violence. (Gaelle)

A lack of feedback mechanisms also left participants dissatisfied, as they were unable to express their needs or report on aid effectiveness. Even in the limited cases where consultation was sought, the organizations did not return to deliver on the commitments made. The disengagement and unclear measures for accountability left participants feeling disillusioned by organizations.

We still have the tickets they [aid organization] gave us. They came and pretended that they were going to give us something […] They promised they were going to give us land, […] I don't even see them [humanitarian aid organizations] at all. When they crushed us and we were out in the streets, not even a tarp did they give us. […]They have all their stuff and they come with their tables and they put a little place and they have everybody come and sit, and they would ask everybody questions. There was a white person and somebody translating for them and asking what they wanted. We thought it was something serious, but then it was nothing. (Sanitalia)

The women's stories indicated that the structure of aid distribution seemed to give little attention to important processes such as meaningful engagement and communication with affected populations. Overall, participants were rarely engaged in planning or the implementation stages of the response, which often created mistrust and negative perceptions of aid organizations.

2.9.4.2 Manipulating Social Capital

Inequitable distribution of aid was a common description of the aid delivery process. Many participants stressed that aid was often manipulated to provide favored access based on personal relationships with aid distributors (e.g., family, friend). This

was referred to as “needing a connection”, and those who had the most advantageous connections, or were able to leverage social capital, were more likely to receive aid. Social capital is often described as a positive trait in communities, built on trustworthiness, and described as the social structures that facilitate actions of actors for the benefit of a group or individual (Coleman, 1988). Graeff (2009) also described social capital as occurring “when people use social relationships to accomplish personal goals” (p.143).

> So they would give them these little cards, and so sometimes you hear about the- they have cards to distribute, but when you go they don’t give it to you. And so they give cards to their families and their friends. So you see one house has 5 or 6 people, they’re all going to get aid, but you, you don’t get any. (Christelle)

The manipulation of social capital came to light as the women recounted their ability to profit from the social capital they had generated, or were observers to the abuse of aid delivery and thus disadvantaged by this system. The various forms of manipulation of aid were often dependent on what each individual could access, and included ensuring access to aid or saving of aid services (e.g., food or hygiene products). Those who held power within the community prior to the earthquake and those who were entrusted by humanitarian aid organizations, often harnessed social capital. Therefore association with humanitarian organizations enhanced the power and privilege of community members and led to inequitable distribution in some cases.

> You have to have a contact inside. Without contacts you couldn’t get anything, If you just see them one time they wouldn’t remember you [. . . .] Some people get the aid but they don’t share it. They have a group of people they share it with, but not with the population in general. Because they have a certain amount, they have a little group, their friends, their cousins, their family. So they just stop it at that. But other people they don’t know them they give to them. And I’m not saying they’re wrong, maybe they didn’t think there was going to be anything more so

> they thought well they should just keep it for themselves and their family. Maybe they just saved it for themselves to survive, but I didn't get it so- But when you share with other people, it's better. It's better to share. (Astryd)

A sense of distrust was fostered for both Haitians and humanitarian organizations during this process. Some participants blamed Haitian workers for using social capital to manipulate aid delivery. Participants recognized that Haiti had challenges with corruption before the earthquake. Thus, some of the manipulation witnessed or experienced in the aid response was not seen as unique but rather a reflection of their current state.

> It was a good fashion, but it was badly used. The organizations gave it out normally, but it was the Haitian people that badly used it. They wanted it so that everything had to be gotten by fighting, it's our own Haitian people that did that, they spoiled the whites and told the white people how to act with us, to give us less. (Sanitalia)

Overall, participants seemed disheartened by the leverage that social capital afforded those who were connected, and that members of their own community were using this system. Also, the use of social capital disrupted their trust in fellow community members as well as the humanitarian aid structure. These experiences led to negative perceptions of fellow Haitians for using social capital to their advantage and the aid system for allowing it to happen.

2.9.4.3 Remnants of Colonial Hierarchy

Some women reflected on the culture of "blanc" or foreigners in Haiti, and the persistent ways blancs are perceived as more valuable or better than Haitians. "Blanc" is French for the word 'white', and is used in Creole to identify foreigners, regardless if the foreigner is Caucasian or a person of colour. For example, as a Black Canadian I would be considered a "blanc" in this context. Participants often expressed their frustration with blancs in their society being treated better than Haitians, and in the context of humanitarian aid, their power and privilege was highlighted. Some participants believed that this power and privilege was engrained into Haitian beliefs due to their historical

context, and thus gave blancs increased power within the country, particularly at this time of vulnerability.

> And so I would just ask those organizations, become more aware and more honest and are they really doing what they say they're doing. I was just thinking recently, the state that Haiti's in, I see foreigners like to come and live here, like to have jobs here in Haiti, and I'm wondering why. So I see that they [humanitarian aid workers] get their housing, their cars, their food, and they don't have to pay the bills, And they spend the weekend and go to another country, or they go activities programs, but at the same time if they were in their in their own country, not only would you be working, but they would be paying all the bills normally and taxes. Haiti is different, that's why they like to work in Haiti. (Mirlande)

> So what I thought about that, so I said so as long as it's foreigners, they act like they're the lords and masters. And it's like the people trust the foreigners more, just you can see that in their reaction that they give the foreigners more, just trust in them more than the government. (Esther)

The "blancs" are seen as most valued, and the most powerful. This perception has since been applied to humanitarian aid. Although both Haitians and aid organizations were seen as responsible for inequitable distribution of aid, the distrust for humanitarian organizations was fueled by the historical perceptions of blancs in Haiti. This speaks to the complex nature of disaster relief and humanitarian aid as it intersects with culture and history, particularly as aid organizations can reinforce perceived power dynamics and hierarchies within communities.

2.10 Discussion

The four themes generated from this study reflect Haitian women's experiences with humanitarian aid, bringing to light new reflections, while also offering support to themes that were previously identified in scholarly literature. Participants shared their stories of trauma that went unaddressed and discussed the impact of the complex relationship between gratitude and humiliation during delivery of aid. The themes also illuminated both barriers and facilitators to receiving humanitarian aid. Haitian women found that humanitarian aid was facilitated through the formation of grassroots collectives and working with community allies to increase accessibility. Social capital was used to more readily access sources of aid and limited consultation with communities left women feeling excluded. In contrast, perceived power structures acted as barriers to receiving aid. The subtle differences between how fellow Haitians treated foreign aid workers, in comparison to how Haitians were treated themselves, was shared by Haitian women. In the following discussion, I will expand on each of the themes and identify how findings from this research extend, or differ, from current knowledge in this field.

The experiences of women provided insight into the ways power and privilege exist to influence barriers and facilitators of aid within a well-intentioned process. The psychological and emotional needs were pervasive among participants in the aftermath of the earthquake. The women described significant experiences of trauma and mental health challenges following the earthquake, which were consistent with the findings of multiple studies that investigated the consequences of the earthquake in Haiti (Blouët & Bulit, 2012; Burnett & Helm, 2013; Cénat & Derivois, 2014; Cerdá et al., 2013; Diaz, Schneider, & Mantal, 2012; Pierre et al., 2010; Rose, Hughes, Sherese, & Lynne, 2011). More broadly, researchers exploring mental health and disaster-affected populations have recognized that women have an increased likelihood of developing psychological symptoms (Al Gaseer, Dresden, Keeney, & Warrne, 2004; Juran, 2012; Montazeri et al., 2005; Norris et al. 2002; Tang, Liu, Liu, Xue, & Zhang, 2014). The impact of the earthquake also created a strain on participants' families, employment, and sense of safety, thus worsening their psychological state. This aligns with previous literature conducted after the earthquake in Haiti that described how social factors contributed to

psychological distress (Blouët & Bulit, 2012; Cénat & Derivois, 2014; Cerdá et al., 2013; Rose et al., 2011).

Despite the pervasiveness of psychological trauma among the participants and the evidence highlighting mental health needs for women after natural disasters, participants stated they did not receive psychological assistance. Previous studies have also found that psychological needs of disaster-affected populations can often remain unmet (Lee, 2008; Rahill, Joshi, Lescano, & Holbert, 2015; Rajkumar, Premkumar, & Tharyan, 2008; Souza, Bernatsky, Reyes, & Jong, 2007). Prior to the earthquake, Haiti's health care system experienced significant challenges in meeting the care demands of the population and was unprepared to deal with the additional burden that followed the earthquake (Pierre et al., 2010; Raviola et al., 2011). Shortly after the earthquake, UN OCHA formed a Working Group for Mental Health and Psychosocial Support. However, the resources available to communities remained limited (Bhattacharjee & Lossio, 2011). Estimates of the number of psychosocial support programs available after the earthquake varied. Rose et al. (2010) estimated 90 agencies were providing psychological support, and De Goyet et al. (2011) suggested even fewer, with approximately 1% of all NGOs providing largely uncoordinated psycho-social support. Existing evidence suggests that mental health and trauma services need to be better integrated into the humanitarian aid response or risk leaving psychological needs of communities unmet.

In Haiti, strides have been made to strengthen the health care system, including mental health services through the creation of the Mental Health Component of the National Health Policy and National Policy on Health for Haiti (Ministere de la Santé Publique et de la Population, 2012, 2014). The Mental Health Component states that a diverse group of people was consulted, however the consultative process was not identified nor was the explicit inclusion of women. The concern is that policies in which women are not included in the consultation may fail to identify and address the specific ways that women may be marginalized and the unique challenges experienced by women.

Moving forward, humanitarian aid organizations should not only consider integration of mental health services, but also gender-sensitive strategies. More research is needed to identify how mental health and subsequent treatment can impact women

differently (Howard, Ehrlich, Gamlen, & Oram, 2016), however gender differences have already shown to impact recovery strategies (Akerkar & Fordham, 2017) and barriers to help-seeking (Tedstone Doherty & Kartalova-O'Doherty, 2010). When policies and operations are not responsive to differences in recovery strategies and/or treatment, then interventions may be inadequate, leaving women's needs, services and concerns to be potentially sidelined, inappropriately addressed or altogether absent. The reported experiences of women in this study highlight the importance women place on their mental health after the earthquake and can hopefully contribute to the discussion of gender-sensitive approaches in psychosocial services and policies.

Another significant theme in participants' experiences with humanitarian aid was the complex interaction between gratitude and humiliation. The women found it difficult to have their basic needs met through the provision of humanitarian aid and to also maintain their dignity. Participants had conflicting emotions about receiving inappropriate aid or being provided aid in an undignified manner, but also were grateful that aid had arrived. The importance of dignity coincides with research in Haiti by Kpanake, Jean-Jacques, Sorum and Mullet (2017), who found that Haitians identified the most important values applied by humanitarian organizations to be respect and competence. In addition, Horton's (2012) study of Haitian women activists and NGO leaders found that the representation of Haitians during the response contributed to a perceived loss of dignity. The dialectic between gratitude and humiliation has previously been identified in the literature, particularly following the Indian Ocean tsunami in 2004. Both Korf (2007) and Ruwanpura and Hollenbach (2014) discussed the negative effects of well-intentioned humanitarian aid, sharing that aid delivery especially from the Western countries could reinforce hegemonic social and political power structures. By providing aid to recipients who are unlikely to ever be able to reciprocate such aid, there can be a symbolic acceptance of domination (Korf, 2007; Ruwanpura & Hollenbach, 2014). Hollenbach and Ruwanpura (2011) also identified the challenge with expressions of gratitude in response to humanitarian aid, noting that the exchange could reinforce the social hierarchy where aid workers from other countries are at the top of the hierarchy.

Within discussions of development assistance, the expected display of gratitude and recognition by recipients further entrenched the superiority of the donor. Kapoor

(2008) noted in his postcolonial analysis of foreign aid, that gratitude and recognition can help shape a favorable generous identity of the donor country. I believe the relationship between aid organizations and affected populations share similarities in building identities around generosity and expectations of gratitude. The ability of humanitarian aid organizations to evoke parallel emotions of gratitude and humiliation among the women demonstrates the complexity of these relationships and the ways in which power can be unintentionally reinforced. Some participants in this study did express only gratitude and positive experiences with aid organizations, often expressing that they received the aid that met their needs and received delivery of aid in a respectful manner.

Supporting lives with dignity is one of the main motivations for humanitarian assistance (Core Humanitarian Standard on Quality and Accountability Alliance, Groupe Urgence, Réhabilitation Dévelopment, & The Sphere Project, 2014). The concerns shared by participants challenge humanitarian aid organizations to reassess whether they are successfully upholding the dignity of affected populations in the process of aid delivery. This finding also highlights the need for further investigations into the duality of humiliation and gratitude in the humanitarian aid context.

The resiliency of participants manifested in two forms, the creation of grassroots collectives and working with community allies. The resilience stemmed from participants' drive to change their own circumstances and resulted in using their agency to create and strive for better opportunities. Korf (2007) explains that affected populations can often be seen as "'pure' victims" (p. 367) limiting individuals to recipients of resources, which can contribute to loss of their dignity. The participants in this study actively challenged this perception through their resilient strategies.

One of the main facilitators of humanitarian aid was the grassroots collectives generated by some of the participants. Haitian women in this study recognized that humanitarian aid in the post-disaster context would be more easily accessed if they worked collectively. Creating their own collective and operating outside of the formal humanitarian aid system, participants were better positioned to address gaps and increase accessibility to aid as they were considered more legitimate.

However, this experience provides critical insight into the potential exclusion of Haitian women from formal decision-making processes. Several studies on the

humanitarian response in Haiti also found Haitian women's civil society organizations to be consistently excluded from the planning and decision-making processes in the aftermath of the disaster (Davis, 2011; Davis & Bookey, 2011; Inter-Agency Standing Committee, 2010; Padgett & Warnecke, 2011). For the culmination of the Post-Disaster Needs Assessment, there was significant lack of engagement with local women's NGOs and civil society organizations (Hidalgo & Théodate, 2011; Padget and Warnecke, 2011; Rencoret, Stoddard, Haver, Taylor, & Harvey, 2010). Additionally, local women's organizations were often excluded from NGO Cluster meetings due to language barriers; meetings were conducted in French and no translator for Creole was provided, and meeting locations were at times inaccessible to locals (Bhattacharjee & Lossio, 2011; Davoren, 2012). National NGOs were marginalized financially, as many of the international NGO projects did not align with supporting national NGOs because of a lack of resources (Morinière, 2011). In disaster-affected populations worldwide, where women are consistently involved in community-based disaster management, their contribution goes unrecognized and rarely promoted to leadership or decision-making positions (Bradshaw, 2004; Cupples, 2007; Dhungel & Ojha, 2012; Fothergill, 1996; Horton, 2012). As a result, the unique needs of women are often misguided or sidelined (Alagan & Aladuwaka, 2011; Chunkath et al., 2005).

Participants also relied on relationships with community allies, such as the interpreter and the camp coordinator. It is important to note that this relationship was based upon recognition that the community ally was in a position of power and able to access resources independently. There remains a need to interrogate the power relationship between the women and the community allies, as we were unable to do so in this study. The formation of collectives and alliances with those who have historically been charged with power, namely white persons and men, demonstrates how some women needed to develop these relationships in order to increase their own legitimacy. This is an area in the humanitarian literature that needs further exploration. The resilience of Haitian women is showcased in their assessment of the social context and how they capitalized on opportunities to access humanitarian aid. Yet the need for these alliances and collectives to develop legitimacy exposes the social hierarchy of the humanitarian aid system and its inaccessibility to the most disadvantaged.

One of the main barriers to humanitarian aid was the lack of engagement and accountability of aid organizations with affected populations, the manipulation of social capital by locals, and the remnants of colonial hierarchy. These themes all existed within, or in connection to, the perceived power structures in the humanitarian aid system. Firstly, the limited access to aid organizations and engagement with participants was a consistent finding. Emergencies can make it difficult to maintain meaningful engagement with communities due to competing priorities. Participants felt that organizations were able to act and continue with their programs, without consulting communities or even communicating their strategies or plans of aid distribution. In this context, the power disparity between aid organizations and participants was heightened. Researchers in Haiti after the earthquake found that aid organizations lacked knowledge about how to apply participatory strategies in planning and decision-making (Bloüet & Bulit, 2012), at times resulting in the exclusion and further marginalization of the most vulnerable such as women, the poor and displaced persons (Davis, 2011; Grünewald & Binder, 2010).

The lack of consultation with women in Haiti was likely to the detriment of affected populations. After the Indian Ocean tsunami, NGOs inaccessibility or exclusion of affected populations resulted in powerlessness of participants (Lee, 2008), dissatisfaction with services (Hollenbach, 2013) and unfulfilled needs (Davidson et al., 2007). Dhungel and Ojha (2012) identified how the absence of women in decision-making platforms contributed to their unique needs, such as hygiene and safety concerns, being unmet. In contrast, the inclusion of women in disaster planning, giving them opportunities to provide feedback and offer suggestions that benefit the entire community, can have positive impacts (Krishnan & Twigg, 2016). The lack of meaningful participation in decision-making and planning can further subordinate women's positions and perspectives, leading to the reinforcement of inequitable power dynamics between Haitian women and NGOs.

The absence of feedback mechanisms and follow-up on initiatives, along with incomplete projects, were also significant barriers for participants. These concerns speak to the lack of accountability of aid organizations to participants and contributed to disillusionment and mistrust of the humanitarian aid system. Some women identified having positive experiences with aid organizations that provided appropriate follow-up

and fulfillment of their commitments as well as negative experiences with those that did not. The inconsistency and overall lack of accountability of aid organizations reinforced the position of power humanitarian aid organizations held in the social hierarchy after the earthquake. The existing challenges in implementing inclusive and participatory practices in disaster relief make it all the more important to have feedback and accountability mechanisms in place. Such mechanisms can be crucial as a means to restore some balance to the power inequity between humanitarian aid organizations and affected populations. Feedback mechanisms are an important aspect of humanitarian aid and yet remain an area for improvement for most humanitarian aid organizations (Daly & Brassard, 2011; Lee, 2008).

The disillusionment and mistrust of aid organizations also stemmed from the inequitable distribution of aid, often caused by the manipulation of social capital. Participants repeatedly expressed how some Haitians were able to receive aid because they knew a person in a position of power in the community or were themselves in a position of power. Many researchers examining disaster-affected populations have found that participants required an important social connection to receive aid or distribution of aid was inequitable (Lee, 2008; Lesnik & Urek, 2010; Perera-Mubarak, 2012; Reyes & Lu, 2017; Ruwanpura, 2008; Saito, 2012; Shah, 2012; Yamada et al., 2006). Women seemed to describe the concept of social capital and how it was leveraged by Haitians to gain favorable access to aid. Graeff (2009) described some of the negative aspects of bonding social capital, where social bonds among a few are used to benefit one select group over another. In this case, the social bonds existed between family members or friends and those in positions of power within the community, and were leveraged to gain accessibility to aid. The manipulation of social capital acted as both a barrier and facilitator of humanitarian aid, as those who had connections were able to utilize them accordingly while those without the social connections witnessed the unfair disadvantage. Further exploration of social capital post-disaster is needed to better understand community social structures.

Lastly, the perceived power structures of humanitarian aid may also be rooted within the historical context of colonialism, influencing how participants experienced humanitarian aid. Throughout the interview process, many participants identified the

ways in which "blancs" or foreigners were consistently valued and treated better than Haitians, feelings that were then exacerbated by the interventions of humanitarian aid organizations. The ability of aid organizations to apply interventions, with little engagement or outreach with participants, centered the organization in the disaster and relegated the affected populations to passive recipients. Participants also identified the ways in which workers from international aid organizations were provided with better care and services than were Haitian workers, and expressed beliefs that foreigners came to Haiti because of these advantages. The conduct of some aid organizations led one participant to compare them to lords and rulers, referencing the unequivocal power they yielded. Beckett (2017) shared in his anthropological analysis in post-disaster Haiti how the dependency created by aid organizations reinforced colonial relationships between colonizers and colonized. Their stories of "rulers" and feelings of humiliation, gratitude and powerlessness seem to align with the colonizer-colonized relationship, and appears to have influenced their perception of humanitarian aid. Ashdown and Buck (2018) also warn that when humanitarian aid intervention is inappropriate or undesired by recipients, then organizations run the risk of reproducing colonial dynamics. However, post-colonialism has rarely been applied to humanitarian aid in disaster contexts (Carrigan, 2015).

The postcolonial power structures that enabled aid organizations to operate this way share some similarities with development assistance literature (Kapoor, 2008). In the postcolonial era, the impact of imperialism and Westernization has left a mark on relationships partly due to the representation of Western capitalism as the only legitimate form of government, influencing conditions of development assistance (Chakravarti, 2005). NGOs also have the ability to influence countries and local communities based on their values and principles. For example, Kapoor (2008) argues that NGOs make local organizations in the Global South focus on accountability to donors, instead of accountability to their own population, and can reinforce patriarchal structures that do not address class or socioeconomic inequalities in the country. Also, most institutions are expected to self-monitor which maintains inequitable power relations with communities (Kapoor, 2008). The idea of neoliberalism in aid policies and development assistance may sound extreme, but NGOs are now significant actors (Barnett, 2005), and have the

ability to impose their own values, especially in environments that do not enforce accountability to affected populations.

In contrast, some participants internalized the superiority of foreigners by expressing more trust in foreigners than in fellow Haitians, an observation which has also been found in other studies. For example, Baaz (2005) found that development workers in Tanzania recognized, and even internalized the idea, that some Tanzanians are corrupt, while foreigners were seen as transparent or given the benefit of the doubt. Ashdown and Buck (2018) found similar results in their discussions with Guatemalans. After a natural disaster in their community, participants expressed their view that foreigners were needed for successful recovery. I would argue that Haiti's history as a post-colonial society and the significant involvement of NGOs and international organizations, render the country especially sensitive to the assumptions and interventions of aid organizations. The humanitarian aid system needs to be decolonized as per Carrigan (2015), and we need more stories of vulnerable disaster-affected populations in order to develop a holistic perspective of the disaster field.

2.11 Conclusion

Humanitarian aid is a complex system, and the experiences of women can shed light on the impact of the system in communities affected by disaster. This research provided a space for Haitian women to reflect and express their thoughts and concerns about humanitarian aid, a system that has consistently found difficulty adequately integrating the voices of marginalized groups. Precedence was given to the experiences of Haitian women, centering their stories within the political, social and historical landscape. As a registered nurse I recognize that my role is that of caregiver and advocate for clients, and I feel this research can support change to the humanitarian aid system.

The experience of participants with humanitarian aid was influenced by psychological distress and conflicting emotions of gratitude and humiliation. An overwhelming gap for participants lied in access to psychological services to address their trauma. At the risk of sounding ungrateful for the goods they did receive, participants often struggled between expressions of gratitude and feeling humiliated or demoralized by some humanitarian aid services. In spite of the challenges, participants

created avenues to facilitate access to humanitarian aid through development of lasting relationships with allies and creation of grassroots collectives to adapt to the humanitarian system. Significant barriers to further participating in humanitarian aid were shared, particularly the lack of engagement and feedback mechanisms employed by aid organizations. Additionally, the significant manipulation of aid by humanitarian aid workers and Haitians was especially frustrating for participants. A further distinction was made of foreign aid workers, which seemed to be rooted in the colonial history of Haiti, when aid organizations with good intentions impose their belief of best strategies without any accountability.

Some of these findings, such as lack of accountability and manipulation of social capital, are supported by previous literature. Others, such as the complex connection between gratitude and humiliation, and the potential influence of post-colonialism on the relationship between aid workers and affected populations, represent relatively new ideas that offer opportunities for future investigation. Given nurses' roles as advocates for all patients and clients we serve, nursing researchers have the opportunity to highlight the voices of affected populations within scholarly literature, and contribute to the creation of an ethically sound humanitarian aid system. Very few studies were found that engaged women from disaster-affected populations, particularly in the nursing profession. Moving forward, the implications from this study have the potential to influence new areas for humanitarian research and challenge the status quo of the humanitarian response.

2.12 References

Akerkar, S., & Fordham, M. (2017). Gender, place and mental health recovery in disasters: Addressing issues of equality and difference. *International Journal of*

Disaster Risk Reduction, 23, 218-230. doi:10.1016/j.ijdrr.2017.03.014

Alagan, R., & Aladuwaka, S. (2011). Natural disaster, gender, and challenges: Lessons from Asian tsunami. In B. Wejnert (Ed.), *Democracies: Challenges to Societal Health* (Vol. 19, pp. 121 -132). doi:10.1108/S0895-9935(2011)0000019012

Alam, K., & Rahman, H. (2014). Women in natural disasters: A case study from southern coastal region of Bangladesh. *International Journal of Disaster Risk Reduction, 8,* 68-82. http://dx.doi.org/10.1016/j.ijdrr.2014.01.003

Al Gaseer, N., Dresden, E., Keeney, G., & Warrne, N. (2004). Status of women and infants in complex humanitarian emergencies. *Journal of Midwifery & Women's Health, 49*(4), 7-13. doi:10.1016/j.jmwh.2004.05.001

Andrews, M., Squire, C., & Tamboukou, M. (Eds.). (2018). *Doing Narrative Research*. London: SAGE.

Ariyabandu, M. (2006). Gender issues in recovery from the December 2004 Indian Ocean tsunami: The case of Sri Lanka. *Earthquake Spectra, 22*(S3), 759-775. doi: 10.1193/1.2204838

Ashdown, B. K., & Buck, M. (2018). International aid as modern imperialism—What does cross-cultural psychology really have to offer? A commentary on "The positive role of culture: What cross-cultural psychology has to offer to developmental aid effectiveness research, by Symen A. Brouwers". *Journal of Cross-Cultural Psychology, 49*(4), 545-553. doi:10.1177/0022022118768428

Ayres, L. (2008). Narrative interview. In L. Given (Ed.), *The SAGE encyclopedia of qualitative research* (pp.545-546). http://dx.doi.org.proxy1.lib.uwo.ca/10.4135/9781412963909.n277

Baaz, M. E. (2005). *The paternalism of partnership: A postcolonial reading of identity in development aid*.

New York, NY: Zed Books.

Barnett, M. (2005). Humanitarianism transformed. *Perspectives on Politics, 3*(4), 723-740. doi:10.1017/S1537592705050401

Beckett, G. (2017). A dog's life: Suffering humanitarianism in Port-au-Prince, Haiti. *American Anthropologist, 119*(1), 35-45. doi:10.1111/aman.12818

Bhattacharjee, A., & Lossio, R. (2011). *Evaluation of OCHA response to the Haiti earthquake: Final report.* Retrieved from United Nations Office for the Coordination of Humanitarian Affairs website: https://www.unocha.org/sites/dms/Documents/Evaluation%20of%20OCHA%20Response%20to%20the%20Haiti%20Earthquake.pdf

Blouët, A., & Bulit, G. (2012). Impact assessment study on the living conditions of women and children, Haiti [Special Issue 5]. *The Journal of Field Actions*, 1-8. Retrieved from http://factsreports.revues.org/1372

Bradshaw, S. (2004). *Socio-economic impacts of natural disasters: A gender analysis* [Serie Manuales 33]. Retrieved from United Nations Economic Commission for Latin America and the Caribbean site: http://repositorio.cepal.org/bitstream/handle/11362/5596/S045330_en.pdf?sequence=1

Bradshaw, S. & Fordham, M. (2013). *Women, girls and disasters: A review for DFID*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236656/women-girls-disasters.pdf

Burnett, H., & Helm, H. (2013). Relationship between posttraumatic stress disorder, resilience, and religious orientation and practices among university student

earthquake survivors in Haiti. *International Journal of Emergency Mental Health and Human Resilience, 15*(2), 97-104. Retrieved from https://digitalcommons.andrews.edu/behavioral-pubs/15

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Retrieved from: https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf

Carrigan, A. (2015). Towards a postcolonial disaster studies. In E. DeLoughrey, J. Didur & A. Carrigan (Eds.), *Global ecologies and the environmental humanities: Postcolonial approaches* (pp. 117-139). [Google Books]. Retrieved from https://books.google.ca/

Cénat, J. M., & Derivois, D. (2014). Assessment of prevalence and determinants of posttraumatic stress disorder and depression symptoms in adult survivors of earthquake in Haiti after 30 months. *Journal of Affective Disorders, 159*, 111-117. doi:10.1016/j.jad.2014.02.025

Centre for Research on the Epidemiology of Disasters & United Nations Office for Disaster Risk Reduction. (2016). *Poverty & death: Disaster mortality.* Retrieved from https://www.cred.be/poverty-death-disaster-mortality

Central Intelligence Agency. (2018). *Central America: Haiti*. Retrieved from: https://www.cia.gov/library/publications/the-world-factbook/geos/print_ha.html

Cerdá, M., Paczkowski, M., Galea, S.,Nemethy, K., Péan, C., & Desvarieux, M. (2013). Psychopathology in the aftermath of the Haiti earthquake: A population-based study of posttraumatic stress disorder and major depression. *Depression and Anxiety, 30*(5),413–424. doi:10.1002/da.22007

Chakravarti, A. (2005). *Aid, institutions and development: New approaches to growth, governance and poverty*. Northampton, MA: Edward Elgar.

Chunkath, S. R., Sherratt, D., Chotani, R. A., Smyth, I., Burns, K., & Hidayat, M. (2005). Panel 2.3: Gender dimensions and human rights aspects to responses and recovery. *Prehospital and Disaster Medicine, 20*(6), 404-407. http://dx.doi.org/10.1017/S1049023X00002983

Clandinin, D. J., & Caine, V. (2008). Narrative inquiry. In L. Given (Ed.), *The SAGE encyclopedia of qualitative research methods* (pp. 542-545). http://dx.doi.org.proxy1.lib.uwo.ca/10.4135/9781412963909.n275

Clandinin, D. J., Pushor, D., & Orr, A. (2007). Navigating sites for narrative inquiry. *Journal of Teacher Education, 58*(1), 21-35. doi:10.1177/0022487106296218

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94,* S95-S120. doi:10.1086/228943

Core Humanitarian Standard on Quality and Accountability Alliance, Groupe Urgence, Réhabilitation Dévelopment, & the Sphere Project (2014). *Core Humanitarian Standard on Quality and Accountability*. Retrieved from https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf

Cupples, J. (2007). Gender and hurricane Mitch: Reconstructing subjectivities after disaster. *Disasters, 31*(2), 155−175. doi:10.1111/j.0361-3666.2007.01002.x

Daly, P., & Brassard, C. (2011). Aid accountability and participatory approaches in post-disaster housing reconstruction. *Asian Journal of Social Science, 39*(4), 508-533. doi: 10.1163/156853111X597305

Davidson, C. H., Johnson, C., Lizarralde, G., Dikmen, N., & Sliwinski, A. (2007). Truths and myths about community participation in post-disaster housing projects. *Habitat International*, *31*(1), 100-115. doi:10.1016/j.habitatint.2006.08.003

Davis, L. (2011). Still trembling: State obligation under international law to end post-earthquake rape in Haiti. *University of Miami Law Review*, *65*(3), 867-892. Retrieved from https://lawreview.law.miami.edu/

Davis, L., & Bookey, B. (2011). Fanm ayisyen pap kase: Respecting the right to health of Haitian women and girls. *Health and Human Rights Journal*, *13*(1), 50-61. Retrieved from http://www.hhrjournal.org/

Davoren, S. (2012). Helping international non-government organisations (INGOs) to include a focus on gender-based violence during the emergency phase: Lessons learned from Haiti 2010–2011. *Gender & Development, (20)*2, 281-294. doi:10.1080/13552074.2012.687224

Defiesta, G. D., & Badayos-Jover, M. B. P. (2014). Do catastrophes exacerbate gender bias? An analysis of coastal women's experiences of economic marginalisation in a disaster context. *Asian Fisheries Science, 27S*, 97-109. Retrieved from https://www.asianfisheriessociety.org

De Goyet, C., Sarmiento, J., & Grünewald, F. (2011). *Health response to the earthquake in Haiti: January 2010*. Retrieved from Pan American Health Organization

website: http://www.paho.org/hai/index.php?option=com_content&view=article&id=7103:health-response-to-the-earthquake-in-haitijanuary-2010&catid=678:hai.-situation-reports&Itemid=255&lang=es

Amarasiri de Silva, M W. (2009). Ethnicity, politics and inequality: Post-tsunami humanitarian aid delivery in Ampara district, Sri Lanka. *Disasters, 33*(2), 253-273. doi:10.1111/j.1467-7717.2008.01073.x

Dhungel, R., & Ojha, R. (2012) Women's empowerment for disaster risk reduction and emergency response in Nepal. *Gender & Development, 20*(2), 309-321. doi:10.1080/13552074.2012.687220

Diaz, J., Schneider, R., & Mantal, P. S. (2012). Globalization as re-traumatization: Rebuilding Haiti from the spirit up. *Journal of Social Issues, 68*(3), 493-513. doi:10.1111/j.1540-4560.2012.01760.x

Disasters Emergency Committee. (2015). *Haiti earthquake facts and figures*. Retrieved from http://www.dec.org.uk/haiti-earthquake-facts-and-figures

Drolet, J., Dominelli, L., Alston, M., Ersing, R., Mathbor, G., & Wu, H. (2015). Women rebuilding lives post-disaster: Innovative community practices for building resilience and promoting sustainable development. *Gender & Development, 23*(3), 433-448. doi: 10.1080/13552074.2015.1096040

Duke University, Office of News & Communications. (n.d.). *The Haitian declaration of independence*. Retrieved from http://today.duke.edu/showcase/haitideclaration/declarationstext.html

Enarson, E., and Meyreles, L. (2004). International perspectives on gender and disaster: Differences and possibilities. *International Journal of Sociology and Social Policy, 24*(10/11), 49–93. doi: 10.1108/01443330410791064

Eriksson, J., Adelman, H., Borton, J., Christensen, H., Kumar, K., Suhrke, A., . . . Wohlgemuth, L. (1996). *The international response to conflict and genocide: Lessons from the Rwanda experience, Synthesis report*. Retrieved from Organization for Economic Co-operation and Development website: https://www.oecd.org/countries/rwanda/50189495.pdf

Fontana, J. S. (2004). A methodology for critical science in nursing. *Advances in Nursing Science, 27*(2), 93-101. doi:10.1097/00012272-200404000-00003

Fothergill, A. (1996). Gender, risk and disaster. *International Journal of Mass Emergencies and Disasters, 14*(1), 33-56. Retrieved from http://www.ijmed.org/articles/96/download/

Friere, P. (1968). *Pedagogy of the oppressed*. New York: Continuum.

Graeff, P. (2009) Social capital: The dark side. In G. Svendson. & G. Svendson (Eds.), *Handbook of social capital: The troika of sociology, political science and economics* (pp. 143 – 161). Retrieved from https://books.google.ca/

Grünewald, F., & Binder, A. (2010). *Inter-agency real-time evaluation in Haiti: 3 months after the earthquake.* Retrieved from United Nations Office for the Coordination of Humanitarian Affairs website: https://docs.unocha.org/sites/dms/Documents/Haiti_IA_RTE_1_final_report_en.pdf

Guba, E., & Lincon, Y. (2002). Paradigmas en competencia en la investigación

cualitativa. In C. Denman & J. Haro (Eds.), *Por los rincones. Antropología de métodos cualitativos en la investigación social* (pp.113-145). Sonora – México: El Colegio de Sonora.

Hamilton, J., & Halvorson, S. (2007). The 2005 Kashmir earthquake: A perspective on women's experiences. *Mountain Research and Development, 27*(4), 296-301. doi:10.1659/mrd.0945

Harding, J. (Ed.). (2013). *Qualitative data analysis from start to finish.* London: SAGE.

Hidalgo, S., & Théodate, M. P. (2011). *Inter-agency real-time evaluation of the humanitarian response to the earthquake in Haiti.* Retrieved from Inter-Agency Standing Committee: https://reliefweb.int/sites/reliefweb.int/files/resources/ia-rte-haiti-phase-2-final-report.pdf

Ho, A., & Pavlish, C. (2011). Indivisibility of accountability and empowerment in tackling gender-based violence: Lessons from a refugee camp in Rwanda. *Journal of Refugee Studies, 24*(1), 88-109. doi:10.1093/jrs/feq052

Hollenbach, P. (2013). Dynamics of multi-local gifts: Practices of humanitarian giving in post-tsunami Sri Lanka. *Development in Practice, 23*(3), 319-331. doi: 10.1080/09614524.2013.781574

Hollenbach, P., & Ruwanpura, K. (2011) Symbolic gestures: The development terrain of post-tsunami villages in (southern) Sri Lanka. *Journal of Development Studies, 47*(9), 1299-1314. doi:10.1080/00220388.2010.527950

Holter, I. (1988). Critical theory: A foundation for the development of nursing theories. *Scholarly Inquiry for Nursing Practice: An International Journal,* 2(3), 223-232.

Retrieved from https://www.springerpub.com/research-and-theory-for-nursing-practice.html

Horton, L. (2012). After the earthquake: Gender inequality and transformation in post-disaster Haiti**.** *Gender and Development, 20*(2), p.295-308. doi:10.1080/13552074.2012.693284

Howard, L. M., Ehrlich, A. M., Gamlen, F., & Oram, S. (2016). Gender-neutral mental health research is sex and gender biased. *The Lancet Psychiatry*, *4*(1), 9-11. http://dx.doi.org/10.1016/ S2215-0366(16)30209-7

Humanitarian Accountability Partnership International. (2010). *Guide to the 2010 HAP standard in accountability and quality management*. Retrieved from Active Learning Network for Accountability and Performance website: http://www.alnap.org/resource/8125

Inter-Agency Standing Committee (2010). *Response to the humanitarian crisis in Haiti following the 12 January 2010 earthquake: Haiti earthquake response, 6-month report*. Retrieved from International Federation of Red Cross and Red Crescent Societies: https://www.ifrc.org/docs/IDRL/Haiti/IASC-Haiti_6Mos_Review_USA-2010-005-1.pdf

Intergovernmental Panel on Climate Change, Working Group I and II. (2012). *Managing the risks of extreme events and disasters to advance climate change adaptation, special report of the Intergovernmental Panel on Climate Change*. Retrieved from http://www.ipcc-wg2.gov/SREX/images/uploads/SREX-All_FINAL.pdf

Josselson, R. (2011). Narrative research: Constructing, deconstructing, and reconstructing

story. In F. J. Wertz, K. Charmaz, L. McMullen, R. Josselson, R. Anderson, & E. McSpadden (Eds.), Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive (pp. 224 – 242). New York, NY: Guilford Press.

Juran, L. (2012). The gendered nature of disasters: Women survivors in post-tsunami Tamil Nadu. *Indian Journal of Gender Studies, 19*(1), 1-29. doi: 10.1177/097152151101900101

Kamakshi, M., & Perera-Mubara, K. (2013). Positive responses, uneven experiences: Intersections of gender, ethnicity, and location in post-tsunami Sri Lanka. *Gender, Place & Culture, 20*(5), 664-685. doi: 10.1080/0966369X.2012.709828

Kapoor, I. (2008). *The postcolonial politics of development.* Abingdon, UK: Routledge.

Khan, K. S., & Nyborg, I. L. P. (2013). False promises false hopes: Local perspectives on liberal peace building in north-western Pakistan. *Forum for Development Studies, 40*(2), 261-284. doi:10.1080/08039410.2013.797016

Kirkham, S., & Anderson, J. (2002). Postcolonial nursing scholarship: From epistemology to method. *Advances In Nursing Science, 25*(1), 1-17. doi:10.1097/00012272-200209000-00004

Korf, B. (2007). Antinomies of generosity: Moral geographies and post-tsunami aid in Southeast Asia. *Geoforum, 38*(2), 366-378. doi:10.1016/j.geoforum.2006.09.005

Kpanake, L., Jean-Jacques, R., Sorum, P., & Mullet, E. (2017). Haitian people's expectations regarding post-disaster humanitarian aid teams' actions. *Developing World Bioethics, 18*(4), 1-9. doi:10.1111/dewb.12158

Krishnan, S., & Twigg, J. (2016). Menstrual hygiene: A 'silent' need during disaster

recovery. *Waterlines, 35*(3), 265-276. http://dx.doi.org/10.3362/1756-3488.2016.020

Lather, P. (1986). Issues of validity in openly ideological research: Between a rock and a soft place. *Interchange, 17*(4), 63-84. doi:10.1007/BF01807017

Lee, A. C. K. (2008). Local perspectives on humanitarian aid in Sri Lanka after the tsunami. *Public Health, 122*(12), 1410-1417. doi:10.1016/j.puhe.2008.06.004

Lesnik, B., & Urek, M. (2010). Traps of humanitarian aid: observations from a village community in Sri Lanka. *European Journal of Social Work, 13*(2), 271-282. doi: 10.1080/13691451003690908

Massey, E., Smith, J., & Roberts, B. (2017). Health needs of older populations affected by humanitarian crises in low- and middle- income countries: A systematic review. *Conflict and Health, 11*(1), 1-21. doi:10.1186/s13031-017-0133-x

Mill, J., Allén, M., & Morrow, R. (2001). Critical theory: Critical methodology to disciplinary foundations in nursing. *Canadian Journal of Nursing Research, 33*(2), 109-127. doi: 10.1186/s13031-017-0133-x

Ministere de la Santé Publique et de la Population, Republique d'Haiti. (2012). *Politique nationale de santé*. Retrieved from https://www.mindbank.info/item/2457

Ministere de la Santé Publique et de la Population, Republique d'Haiti. (2014). *Composante santé mentale de la politique nationale de santé*. Retrieved from https://www.mindbank.info/item/5842

Mohammed, S. (2006). Moving beyond the "exotic": Applying postcolonial theory in health research. *Advances In Nursing Science, 29*(2), 98-109. doi: 10.1097/00012272-200604000-00003

Montazeri, A., Baradaran, H., Omidvari, S., Ali Azin, S., Ebadi, M., Garmaroudi, G., … Shariati, M. (2005). Psychological distress among Bam earthquake survivors in Iran: A population-based study. *BMC Public Health, 5*(4). doi: 10.1186/1471-2458-5-4

Morinière, L. (2011). *External evaluation of the Haiti emergency relief & response fund (ERRF), 2008-2011*. Retrieved from United Nations Office for the Coordination of Humanitarian Affairs website: https://docs.unocha.org/sites/dms/Documents/ERRF%20Haiti%20Evaluation%20Report.pdf

Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250-260. doi:10.1037/0022-0167.52.2.250

Mosqueda-Díaz, A., Vílchez-Barboza, V., Valenzuela-Suazo, S., & Sanhueza-Alvarado, O. (2014). Critical theory and its contribution to the nursing discipline. *Investigaciòn y Educaciòn En Enfermería, 32*(2), 356-363. Retrieved from http://aprendeenlinea.udea.edu.co/revistas/index.php/iee/index

Nakhaei, M., Khankeh, H., Masoumi, G., Hosseini, M., Parsa-Yekta, Z., Kurland, L., & Caastren, M. (2015). Impact of disaster on women in Iran and implication for emergency nurses volunteering to provide urgent humanitarian aid relief: A

qualitative study. *Australian Emergency Nursing Journal*, *18*(3), 165-172. http://dx.doi.org/10.1016/j.aenj.2015.02.002

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981–2001. *Psychiatry*, *65*(3), 207-239. doi:10.1521/psyc.65.3.207.20173

Ozkazanc-Pan, B. (2012). Postcolonial feminist research: Challenges and complexities. *Equality, Diversity and Inclusion: An International Journal*, *31*(5/6), 573-591. doi:10.1108/02610151211235532

Padgett, A., & Warnecke, T. (2011). Diamonds in the rubble: The women of Haiti: Institutions, gender equity and human development in Haiti. *Journal of Economic Issues*, *45*(3), 527-558. doi:10.2753/JEI0021-3624450301

Pan American Health Organization. (2011). *Earthquake in Haiti – One year later, PAHO/WHO Report on the health situation*. Retrieved from World Health Organization website: http://www.who.int/hac/crises/hti/haiti_paho_jan2011_eng.pdf?ua=1

Patton, M. Q. (2002). *Qualitative evaluation and research methods* (3rd ed). Thousand Oaks, CA: Sage.

Paul, B. K. (2011). Hazards/disasters: Special topics, gender and natural disasters. In B. K. Paul (Ed.), *Environmental hazards and disasters: Contexts, perspectives and management* (pp.269-306). Retrieved from https://ebookcentral-proquest-com.proxy1.lib.uwo.ca/lib/west/detail.action?docID=818587.

Perera-Mubarak, K. (2012). Reading 'stories' of corruption: Practices and perceptions of everyday corruption in post-tsunami Sri Lanka. *Political Geography, 31*(6), 368-378. doi:10.1016/j.polgeo.2012.05.007

Pierre, A., Minn, P., Sterlin, C., Annoual, P. C., Jaimes, A., Raphaël, F., . . . Kirmayer, L. J. (2010). Culture and mental health in Haiti: A literature review. *Santé Mentale Au Québec, 35*(1), 13-47. Retrieved from http://www.revue-smq.ca

Polit, D. & Beck, C. (2012). *Nursing research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Rahill, G., Joshi, M., Lescano, C., & Holbert, D. (2015). Symptoms of PTSD in a sample of female victims of sexual violence in post-earthquake Haiti. *Journal of Affective Disorders, 173,* 232-238. doi:10.1016/j.jad.2014.10.067

Rahmayati, Y. (2017). Aceh post-tsunami housing reconstruction: A critical analysis of approaches, designs and socio-cultural implications. In G. Cairns, G. Artopoulos & K. Day (Eds.), *From conflict to inclusion in housing: Interaction of communities, residents and activists* (pp. 55-67). doi:10.2307/j.ctt1xhr55k.10

Rajkumar, A., Premkumar, T., & Tharyan, P. (2008). Coping with the Asian tsunami: Perspectives from Tamil Nadu, India on the determinants of resilience in the face of adversity. *Social Science & Medicine, 67*(5), 844-853. doi:10.1016/j.socscimed.2008.05.014

Ramachandran, V., & Walz, J. (2012). *Haiti: Where has all the money gone?* (CGD Policy Paper 004). Retrieved from Center for Global Development website:

http://www.cgdev.org/content/publications/detail/1426185

Raviola, G., Severe, J., Therosme, T., Oswald, C., Belkin, G., & Eustache, F. (2013). The 2010 Haiti earthquake response. *Psychiatric Clinics of North America, 36*(3), 431-450. http://dx.doi.org/10.1016/j.psc.2013.05.006

Rencoret, N., Stoddard, A., Haver, K., Taylor, G., & Harvey, P. (2010). *Haiti earthquake response: Contextual analysis*. Retrieved from Active Learning Network for Accountability and Performance website: http://www.alnap.org/resource/5869

Reyes, D., & Lu, J. (2017). Gender dimensions and women's vulnerability in disaster situations: A case study of food prone areas impacting women in Malabon City, Metro Manila. *Journal of International Women's Studies, 18*(4), 69-88. Retrieved from http://vc.bridgew.edu/jiws/

Riessman, C. (1993). *Qualitative research methods: Narrative analysis* (Vol. 30). Newbury Park, CA: SAGE Publication.

Rose, N., Hughes, P., Sherese, A., & Lynne J. (2011). Integrating mental health into primary health care settings after an emergency: Lessons from Haiti. *Intervention: International Journal of Mental Health and Psychosocial Support in Conflict Affected Areas, 9*(3), 211-224. doi:10.1097/WTF.0b013e32834e0061

Ruwanpura, K. (2008). Temporality of disasters: The politics of women's livelihoods 'after' the 2004 tsunami in Sri Lanka. *Singapore Journal of Tropical Geography, 29*(3), 325–340. doi:10.1111/j.1467-9493.2008.00327.x

Ruwanpura, K., & Hollenbach, P. (2014). From compassion to the *will to improve*: Elision of scripts? Philanthropy in post-tsunami Sri-Lanka. *Geoforum, 51*, 243-251. http://dx.doi.org/10.1016/j.geoforum.2013.04.005

Saito, F. (2012). Women and the 2011 east Japan disaster. *Gender & Development, 20*(2), 265-279. doi:10.1080/13552074.2012.687225

Save the Children. (2011). *Reducing risks, saving lives, Save the Children's approach to disaster risk reduction and climate change adaptation.* Retrieved from https://resourcecentre.savethechildren.net/node/3951/pdf/3951.pdf

Scharffscher, K. (2011). Disempowerment through disconnection: Local women's disaster response and international relief in post-tsunami Batticaloa. *Disaster Prevention and Management, 20*(1), 63-81. doi:10.1108/09653561111111090

Shah, S. (2012). Gender and building homes in disaster in Sindh, Pakistan. *Gender & Development, 20*(2), 249-264. doi:10.1080/13552074.2012.687222

Souza, R., Bernatsky, S., Reyes, R., & Jong, K. d. (2007). Mental health status of vulnerable tsunami-affected communities: A survey in Aceh province, Indonesia. *Journal of Traumatic Stress, 20*(3), 263-269. doi:10.1002/jts.20207

Sparkes, A. C. (2001). Myth 94: Qualitative health researchers will agree about validity. *Qualitative Health Research, 11*(4), 538-552. doi:10.1177/104973201129119307

Tang, B., Liu, X., Liu, Y., Xue, C., & Zhang, L. (2014). A meta-analysis of risk factors for depression in adults and children after natural disasters. *BMC Public Health, 14*(1). http://dx.doi.org.proxy1.lib.uwo.ca/10.1186/1471-2458-14-623

Tedstone Doherty, D., & Kartalova-O'Doherty, Y. (2010). Gender and self-reported mental health problems: Predictors of help seeking from a general practitioner. *British Journal of Health Psychology, 15*(1), 213-228. doi:10.1348/135910709X457423

Sphere. (2018). *About*. Retrieved from https://www.spherestandards.org/about/

United Nations Division for the Advancement of Women, Department of Economic and Social Affairs. (2004). *Making risky environments safer: Women building sustainable and disaster-resilient environments.* Retrieved from United Nations Entity for Gender Equality and the Empowerment of Women website: http://www.unwomen.org/-/media/headquarters/media/publications/un/en/w2000natdisasterse.pdf?la=en&vs=956

United Nations General Assembly, Economic and Social Council. (2017). *Strengthening of the coordination of emergency humanitarian assistance of the United Nations*. Retrieved from https://www.un.org/ecosoc/sites/www.un.org.ecosoc/files/files/en/2017doc/2017%20SG%20report%20on%20Strengthening%20Coordination%20-%20Advance%20Unedited%20Draft%20-%20April%202017.pdf

United Nations Office for the Coordination of Humanitarian Affairs. (2013). *Humanitarian action plan for Haiti 2014*. Retrieved from http://reliefweb.int/sites/reliefweb.int/files/resources/HAP_2014_Haiti.pdf

United Nations, Security Council. (2010). *Report of the Secretary-General on the United Nations Stabilization Mission in Haiti* (Report S/2010/200). Retrieved from http://www.un.org/en/ga/search/view_doc.asp?symbol=S/2010/200

United Nations Peacekeeping. (n.d.) *MINUSTAH Factsheet, United Nations stabilization mission in Haiti*. Retrieved from United Nations Peacekeeping website: https://peacekeeping.un.org/en/mission/minustah

Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in qualitative research. *Qualitative Health Research, 11*(4). 522-537. doi:10.1177/104973201129119299

Wiest, R., Mocellin, J., and Motsisi, T. (1994). *The needs of women in disasters and emergencies* [Research Report]. Retrieved from Gender & Disaster Network website: https://gdnonline.org/resources/women-in-disaster-emergency.pdf

Williams, E., & Morrow, S. (2009). Achieving trustworthiness in qualitative research: A pan-paradigmatic perspective. *Psychotherapy Research, 19*(4-5), 576-582. doi:10.1080/10503300802702113

World Bank. (2012). *Poverty headcount ratio at poverty lines (% of population)*. Retrieved from https://data.worldbank.org/indicator/SI.POV.NAHC?locations=HT

World Health Organization. (2017). *About the social determinants of health*. Retrieved from https://www.who.int/social_determinants/sdh_definition/en/

World Health Organization, United Kingdom Health Protection Agency, & Save the Children (2011). *Disaster risk management for health: Child health*. Retrieved from United Nations Office for Disaster Risk Reduction website: https://www.unisdr.org/we/inform/publications/19992

Yamada, S., Gunatilake, R., Roytman, T., Gunatilake, S., Fernando, T., & Fernando, L. (2006). The Sri Lanka tsunami experience. *Disaster Management & Response, 4*(2), 38-48. doi:10.1016/j.dmr.2006.01.001

3 Chapter Three

The purpose of this research was to examine women's experiences with humanitarian aid and reveal the barriers and facilitators of humanitarian aid. As a function of the findings, this research helps to increase public awareness of the experiences of women in natural disasters and encourage action within the humanitarian community. The findings of this research illuminate the personal impact, psychological and otherwise, of living through a disaster, and the resiliency and adaptability demonstrated by women that facilitated the process of receiving aid and also the barriers to accessing humanitarian aid. By sharing their experiences and revealing structures of power within the disaster response, the women have provided an opportunity for the humanitarian aid system to reflect on its actions and the impact on affected populations. Additionally, the findings can inform nurses working in disaster settings and encourage critical reflection of their practice. The results of this research have important implications for nurses and may contribute to a holistic provision of humanitarian aid by strengthening education, practice, policy and research

3.1 Implications for Nursing Education

The implications for nursing education stem from the perceptions of power structures that women shared in this study. To prepare nurses for humanitarian work, nursing education needs to address the impact of the profession's power and position on disaster-affected populations, recognizing the influence of historical context. Without knowledge of the historical context of countries where we practice, nurses are at risk of replicating colonial relationships with communities (Racine & Perron, 2012), practicing with a sense of superiority and centering Western priorities of health. The Canadian Nurses Association [CNA] (2017) *Code of Ethics for Registered Nurses* recognizes that power imbalances exist between nursing staff and patients, and stresses the importance of social justice for patients. However, the International Council of Nurses' framework for disaster nursing competencies (International Council of Nurses [ICN] & World Health Organization Western Pacific Region, 2009) does not address issues of power differentials or community collaboration, although these competencies are currently under review. Generally, competencies used for disaster training and education for healthcare workers

vary depending on academic institution and recruiting organizations (Al Thobaity, Plummer, & Williams, 2017; Daily, Padjen, & Birnbaum, 2010; Hunt, Schwartz, & Elit, 2012; Jose & Dufrene, 2014), leading to inconsistent competence of aid workers in disasters (Djalali et al., 2015). Nurses' own perception of their competency in disaster preparedness has been rated poorly (Labrague et al., 2018), highlighting the need to strengthen nursing education in disaster settings. Possible implications of these findings on nursing education include the significance of interrogating power relations and inequities through the nursing educational curricula, and strengthening education of collaborative practice.

Not surprisingly, the power structures described by the women, the lack of engagement and colonial hierarchy, aligned with a medical model of care that inhabits elements of a hierarchal structure (Fuller, 2017). Health care professionals working as humanitarian aid respondents have also recognized the power imbalance that exists between them and affected populations, as a function of experiences of mistrust or glorification by affected populations (Hunt, 2008, 2009). Preparing nursing students to enter into humanitarian work requires a foundational understanding of how power impacts relationships between nurses and clients. Nursing practice places significant focus on improving equity in health outcomes and recognizing the impact of societal factors, including gender, socioeconomic status, and education, on patients and communities (CNA, 2017). Social justice and the social determinants of health are fundamental facets of Canadian nurses' ethical practice (CNA, 2017) and should be strengthened in nursing education by focusing on the historical power relationships in countries where nurses practice (Douglas et al., 2009). These facets can foster greater self-awareness for nursing students and empower them to challenge the status quo and create more equitable relationships. Theories such as colonial, post-colonial, feminist theory and intersectionality can be used by nursing educators to explore social justice in nursing within the humanitarian contexts (Wesp et al., 2018).

These theories can be practically incorporated through reflective practice and patient or community assessments. Reflective practice is an expected responsibility of registered nurses (College of Nurses of Ontario, 2015; Epp, 2008). Encouraging critical reflection includes the interrogation of one's own values and beliefs (Douglas et al.,

2009), and increasing one's social justice awareness would include understanding oppressive structures and the subsequent formations of vulnerability and privilege (Boutain, 2015). This activity provides an opportunity for students to critique their own assumptions about social identities (e.g., race, gender norms), how these identities are constructed and which identities may contribute to power imbalance in different contexts. Reflections should specifically address gender, as power relations and social contexts have significantly impacted women's health outcomes (Miers, 2002). Through applying intersectionality and feminist theory to critical self-reflection, educators can encourage deeper investigation into students' self-awareness, and guide them in discussions to uncovering how power impacts their practice and the experience of women.

The theories may also be applied when assessing patients and communities, particularly in humanitarian contexts. Individual and community assessments provide an opportunity to investigate imbalances of power within communities and families. In assignments designed to teach assessment, such as community windshield surveys or initial patient assessments, students should be encouraged to identify potential power imbalances in families or communities, and ask about barriers or facilitators to accessing services. Specific focus should be paid to how gender and the social determinants of health impact patient and community experiences. Educational programs that apply these theories can better equip nursing students to identify and prevent inequitable power relationships in the context of disaster and the aid response.

Nursing and aid worker education would also benefit from efforts that serve to strengthen and support local initiatives and actors. The women in this study demonstrated their skills and resourcefulness when creating collectives, albeit outside the humanitarian structure. Best practice may therefore constitute that when aid organizations arrive to a disaster site they should recognize and support existing grassroots systems, especially from vulnerable groups. For example, working with women to identify gender-specific needs and creating distribution mechanisms with vulnerable groups. Health care professionals have also recognized the importance of collaborative approaches and become frustrated when this was not promoted or applied (Hunt, 2009). Therefore, reorienting nursing students and nurses on how to value and work with local and indigenous knowledge and skills should work towards decentralizing international

expertise and balancing power within relationships. Not only does this recognize and dignify local communities, but using local knowledge and skills in humanitarian aid can also improve relief and recovery efforts (Bealt & Mansouri, 2018; Sheppard, Tatham, Fisher, & Gapp, 2013).

3.2 Implications for Nursing Practice

The women in this study expressed complex emotions of gratitude and humiliation in relation to receiving humanitarian aid. This finding has important implications for relational nursing practice, which centers the partnership between client and nurse, ensuring an open and non-directive dialogue and relationship for care (Jonsdottir, Litchfield, & Pharris, 2004). Relational nursing practice focuses on caring for and caring about the client, and when seen through a social justice lens, nurses share power with clients by both recognizing and using the socio-cultural context to understand their experiences (Woods, 2012). The dignity of the women in this study was at times compromised due to their interactions with humanitarian aid workers. These challenging experiences shared by the women have the potential to inform nurses' understanding of the importance of relational practice in disaster settings.

Maintaining dignity and equal treatment for all people has been identified as an important ethical value that guides the nursing profession (ICN, 2012; Jacobs, 2001; Shahriari, Mohammadi, Abbaszadeh, & Bahrami, 2013). Dignity involves recognizing the worth and value of clients (Clark, 2010). Clients can experience grave humiliation when their dignity is not maintained (Nåden & Eriksson, 2004), where lack of equal treatment and access to services is evidence of unjust conditions (Boutain, 2015). In disaster settings, women have identified feeling humiliated and noted manipulation of humanitarian aid resources (Horton, 2012; Lee, 2008; Lesnik & Urek, 2010; Perera-Mubarak, 2012; Reyes & Lu, 2017; Ruwanpura, 2008; Saito, 2012; Shah, 2012; Yamada et al., 2006). This research sheds light on how power relations connected to gender and colonial relationships may enhance these feelings. Social justice, which recognizes that systems of power and oppression create inequitable outcomes (Boutain, 2015), could be used in nursing practice to prevent perpetuation of humiliation, as well as recognize and rectify unjust conditions. On the frontline of disasters, a social justice lens can support

nurses in identifying how women and other vulnerable groups may face disadvantages in access to resources; a social justice lens may also inspire collaboration on ways to maintain dignity. In practice, nurses can use a social justice lens within their relational practice, recognizing that the care for the client, whether an individual, family or community, can not be separated from their socio-cultural context and associated strengths and vulnerabilities (Woods, 2012). Boutain (2015) calls this 'social justice amelioration', where immediate action is taken to address unjust conditions. By using a social justice lens in disaster settings, nurses can identify unjust conditions and concerns of women, and actively work with communities to restore justice.

The experiences of trauma shared by women in this study were followed by reported feelings of disappointment when their mental health needs were not explicitly addressed. The lack of attention to women's mental health needs tends to align with the medical model of care and the preoccupation with physical injury and disease. Guidelines and policies on mental health and psychosocial support (MHPSS) in emergencies have been developed (Inter-Agency Standing Committee, 2007; World Health Organization & United Nations High Commissioner for Refugees, 2015), but the transition of these policies to practical implementation remains limited (Dückers et al, 2018; Greene et al. 2017; Reifels et al., 2013). Researchers have identified a lack of trained staff, inadequate training for those who are trained and an increased need for psychosocial experts during disasters as challenges to implementing policies (Pourhesseni, Ardalan, & Mehrolhassani, 2015; Rabiei, Nakhaee, & Pourhosseini, 2014; Wenji, Turale, Stone, & Petrini, 2015). Key indicators for successful MHPSS programs in humanitarian contexts include strengthening planning and delivery mechanisms of psychosocial support, along with adequate training (Dickson & Bangpan, 2018; Dückers et al., 2018). The findings of recent studies support better integration of MHPSS into the overall health services approach in disasters (Coldiron, Llosa, Roederer, Casas, & Moro, 2013; Lucchini et al., 2017).

Nurses that practice from a social determinants of health framework would be attentive to the psychosocial factors impacting health in all healthcare settings (CNA, 2017; Solar & Irwin, 2010). Moreover, trauma- and violence-informed care (TVIC) is a universal approach to health care delivery (Public Health Agency of Canada, 2018;

Varcoe, Wathen, Ford-Gilboe, Smye, & Browne, 2016) and can be especially relevant in contexts directly related to traumatic events. The aim of TVIC practice is to minimize harm, supporting clients by preventing re-traumatization and creating safe environments for clients (Greene, 2018), and also recognizing that trauma or violence are influenced by social conditions and may be ongoing, systematic and/or institutional (Varcoe et al., 2016). The principles of TVIC include: understanding trauma and violence and their impact; creating emotionally and physically safe environments; choice and collaboration; and a strengths- and skills-based approach (Public Health Agency of Canada, 2018; Varcoe, Wathen, Ford-Gilboe, Smye, & Browne, 2016). Strengths- and skills-based approaches recognize the existing strengths and coping strategies clients have developed, the historical conditions impacting their lives and supports clients' agency in the process of building new skills (Canadian Centre on Substance Abuse, 2014; Hopper, Bassuk, & Olivet, 2010; Public Health Agency of Canada, 2018; Purkey et al. 2018). Choice and collaboration highlight the need to correct imbalances of power and ensure clients are provided with appropriate and meaningful options to make informed choices as well as support shared decision-making (Purkey et al. 2018; Registered Nurses' Association of Ontario, 2017; Varcoe et al., 2016). These principles align with nursing values and expectations for excellence in care (CNA, 2017; Greene, 2018). Nurses can be the practice leaders that ensure MHPSS is applied in their practice and their team approach through the application of TVIC.

Given the significant psychological demands and unmet needs shared by women in this study, best practice may dictate that disaster settings can benefit and should increase recruitment of MHPSS experts and mental health nurses (Ranse, Hutton, Wilson, & Usher, 2015). In Haiti, only 9 psychiatric nurses were working in 2003 (Pan American Health Organization, 2003), which equates to 0.038 psychiatric nurses per 100,000 people (Pan American Health Organization, 2011), exposing the significant gap between mental health demand and need not uncommon in low-income countries (Raviola et al., 2013; Tiberi, 2016). Survivors of natural disasters have identified mental health nurses as great resources through which they can more readily disclose their MHPSS needs (Ranse et al., 2015; Warsini et al., 2014). Mental health nurses working to the full scope of their practice in disaster settings have provided psychological first aid and education, and have

created supportive relationships with communities (Ranse et al., 2015). Additionally, nurses working in disaster settings have also identified psychological interventions as an important skill in practice and the 9th most used in disaster settings (Yan, Turale, Stone, & Petrini, 2015). Thus, strengthening humanitarian responses with mental health nurses and having disaster nurses trained in basic psychological first aid provides an opportunity for nurses to apply best practices and be leaders in addressing MHPSS.

3.3 Implications for Nursing Policy

The implications for nursing policy address the need for increased accountability of humanitarian aid organizations to women and disaster-affected populations, and increased engagement. Accountability is defined as "the process of using power responsibly" (p.37) and being held accountable especially to groups affected by the exercise of that power (Core Humanitarian Standard on Quality and Accountability Alliance, Groupe Urgence, Réhabilitation Dévelopment, & The Sphere Project, 2015). Engagement encompasses the strategies used to communicate and facilitate participation of communities and integrating them into each stage of the program and/or intervention (Core Humanitarian Standard on Quality and Accountability Alliance, Groupe Urgence, Réhabilitation Dévelopment, & The Sphere Project, 2015). Women in this study repeatedly expressed their frustration with aid organizations that did not engage with them or their community. This frustration was exacerbated by the glaring absence of feedback mechanisms for communities to provide comments, suggestions or complaints. Disaster relief standards and guidelines have encouraged aid organizations to use strategies to engage with and ensure accountability to affected populations but this remains an area for improvement for many aid organizations (Arroyo, 2014; de Torrenté, 2013). Creating opportunities for communities to provide feedback to aid organizations on their interventions can enhance accountability by identifying gaps in services and protecting against corruption (Davoren, 2012; Maclure, 2006; Maxwell et al., 2012). Aid organizations have incorporated policies or statements on accountability to beneficiaries (Foran & Williams, 2014), yet they remain poorly defined and have less focus on enforcement (Tan & von Schreeb, 2015).

Nursing policy advocates can address lack of engagement and accountability by advocating for a social justice approach to monitoring, evaluation and accountability mechanisms, as well as mandated representation of local women in disaster planning. Maxwell et al. (2012) found that monitoring of satisfaction and feedback mechanisms is often not completed effectively across services, but rather accountability strategies could be strengthened to address corruption and improve power imbalances. Current monitoring and evaluation practices may not be attuned to identifying barriers to humanitarian aid (Kirsch et al., 2013). Nurses' role in the policy context is to ensure effective evaluation and to advocate on behalf of vulnerable groups (ICN, 2017) and this is needed to strengthen a much weakened accountability system in humanitarian aid (Lloyd, 2005). A second strategy to address the concerns of the women in this study would be the incorporation of standardized accountability initiatives to affected populations within all disaster and relief programs of NGOs. Examples include working with the community to develop communication strategies, including telecommunications, feedback channels, transparent monitoring and evaluation of interventions (International Federation of Red Cross and Red Crescent Societies, 2011).

Non-enforcement of accountability mechanisms remains a significant challenge in humanitarian settings (de Torrenté, 2013). When feedback mechanisms are designed to correct power imbalances with communities and improve practice, some have instead been used to validate NGOs' work or the feedback is not applied to change humanitarian policies (Carruth, 2018; Madianou, Ong, Longboan, & Cornelio, 2016). Nurses working in disaster settings should advocate for the implementation of policies that incorporate shared power and decision-making with local communities, particularly marginalized groups, in developing of accountability mechanisms. Correcting power imbalances through collaboration with local communities and women demonstrates recognition and value of their lived experiences as expertise and can ensure their voices are heard. Ensuring that policies for accountability are implemented can help organizations better meet the needs of communities as well as hold them accountable for their actions in ways that fit the local context. Women, and all affected populations, are the recipients of aid and need to have sufficient opportunity to report concerns, abuse, corruption or gaps in services.

3.4 Implications for Nursing Research

This study adds to the limited research on women's experiences, in receiving humanitarian aid within the context of a natural disaster. Of the many potential areas to further explore in research, the power dynamic between women and their community allies is a focus we were unable to fully address in this study. Nursing research could expand on the different levels of power, trust and legitimacy that permeate relationships dependent on aid. Secondly, understanding the duality of humiliation and gratitude in the humanitarian aid context remains an underdeveloped research area. Moving forward, nursing research, informed by postcolonial theory and critical theory, could contribute to addressing these research gaps as well as enhance nursing practice in disaster settings.

This study highlighted the paucity of critical and feminist research investigating humanitarian aid systems. Critical research focuses on revealing power structures and enacting change (Campbell & Bunting, 1991), and this study has uncovered layers of power within the humanitarian aid system between and within aid organizations and women affected by disaster. Specifically, the experiences shared by the women about social capital being leveraged to gain access to aid may be best suited for critical analysis through Friere's methodology (1969). Using Friere's (1969) methods in disaster nursing research could expose oppressive social systems in disaster responses and community structures that allow for inequitable distribution of aid within communities.

Another methodology that can be used to further investigate the experiences of women in disaster is feminist theory. The women in this study shared their unique resiliency strategies and nursing researchers can use feminist theory to extend on these contributions by gaining a better understanding of women's motivations, emotions and experiences in creating collectives and forming allies. Through dialogue with women in disaster-affected populations, nursing researchers can apply feminist theory to interrogate exclusionary and hegemonic processes that prevent women from participating in disaster planning processes. Additionally, feminist theory is ideally situated to explore women's unique psychosocial needs and potential interventions after natural disasters.

The exposure of women's experiences in disasters has the potential to contribute to social justice awareness for practitioners (Boutain, 2015), which is a first step towards creating change. Both critical and feminist research can implement emancipatory

approaches such as participatory community-based research (Olshansky & Zender, 2014). This research method focuses on creating actions and/or interventions to address oppressive practices by working with communities as equal partners throughout the research process (Olshansky & Zender, 2015; Pavlish & Pharris, 2012). McKenna (2013) identifies community action and participatory-action research as one of the few approaches that remain true to Friere's methodology, and recognizes the important role of working with communities to deconstruct oppression. Given the experiences women described of limited engagement and accountability by aid organizations, participatory community-based research provides space for vulnerable groups to lead and change the power imbalances in the humanitarian aid system.

Nursing research on the disaster response and the disaster nurses' role remains limited (ICN & World Health Organization Western Pacific Region, 2009; Wenji et al., 2015), and many disaster nursing research studies call for increased disaster nursing research related to competence and interventions (Labrague et al., 2018; Veenema et al., 2015). This study calls for nursing research to include better understanding of power relations between nurses and individuals affected by disaster as well as development of strategies to improve the power imbalances. However, nursing researchers can also highlight the impact of disasters on communities and advocate for vulnerable communities (Giarratano, Savage, Barcelona-deMendoza, & Harville, 2014; ICN & World Health Organization Western Pacific Region, 2009). The voices of women who have experienced natural disasters and the ensuing humanitarian aid can provide context for how humanitarian aid is perceived and the positive strategies that work, as well as contribute to solutions of barriers. I encourage further research in the field of disaster response to better inform how disaster aid can be more efficient and supportive of local women.

These research initiatives I believe will help create a more holistic understanding on humanitarian aid experiences and ensure affected populations' concerns are recognized in scholarly literature. By building an evidence base of women's experiences, we can hopefully create collaborative strategies to address barriers and support solutions. More research is needed to identify how mental health and subsequent treatment can impact women differently (Howard, Ehrlich, Gamlen & Oram, 2016), however gender

differences have already shown to impact recovery strategies (Akerkar & Fordham, 2017) and barriers to help-seeking (Tedstone Doherty & Kartalova-O'Doherty, 2010).

3.5 Limitations

The main limitations for this research are related to identity and temporal constraints. As a non-Haitian conducting research with Haitian women, the power disparity is evident and may have impacted the responses participants provided. My position as a Western researcher working with a white interpreter is part of the relational space created with the participant, and must be considered when discussing participant interviews. There were a few cases where I needed to emphasize that I was not with a humanitarian aid organization. I think some participants may have identified me with the humanitarian workers given the content of the research questions and my position as a foreigner, and the space could potentially perpetuate those feelings of humiliation and gratitude. These factors may have influenced participants to share positive remarks about the humanitarian response. Important to note, in Nouvet's (2016) research of mission trips in Nicaragua, she reported that it was also important to accept and analyze the expression of gratitude instead of dismissing it.

Similarly, the interpreter was a White female who spoke fluent Creole and has lived in Haiti for approximately 30 years, with extensive experience in translation between English and Creole. An attempt was made to find a Haitian-national interpreter, and one interview was conducted with a female Haitian interpreter. However, in order to maintain the continuity of one interpreter for all the interviews and to strengthen the analysis of the data, the former interpreter was chosen as she was able to travel to the various sites more easily and worked with communities used in research. Although she lived in Haiti and had significant experience as an interpreter, her presence may have reinforced the power disparity within the relational space. Finally, the time in country was limited to six weeks due to my own responsibilities, commitments and financial constraints. This limited the time allotted to recruiting and sampling, as well as limited the time available to live in the community. Also, the interviews took place five years after the earthquake, thus the details of their interactions may have changed or their understanding of the experience may have changed over the years.

3.6 Conclusion

The narratives shared by participants in this study provided a greater understanding of gaps, strengths and power structures that exist within humanitarian aid. These findings provide a number of opportunities to influence nursing education, practice, policy and research moving forward. In particular, nursing education should consider incorporating the awareness and dismantling of power imbalances to improve curricula and disaster competencies. A holistic approach to disaster nursing can also be supported through the integration of theories that apply techniques to increase self-awareness of students and encourage learners to assess the power relations in their assessments. In addition, nursing students are encouraged to recognize the historical context of their client and the potential impact on their nurse-client relationship, and partner with affected populations by respecting their expertise and knowledge.

In practice, participants' experiences of gratitude and humiliation can inform nurses' daily interactions with clients in disaster-stricken populations. Specifically, applying relational practice and use of a social justice lens can strengthen the relationship with affected populations and identify systems that create inequitable outcomes. Ensuring equitable outcomes also links with equitable access, and the gaps in the health care response related to psychosocial factors points to the need for MHPSS services to be integrated across all sectors in a disaster response. This also presents an opportunity to support the leadership role nurses can play in addressing psychosocial needs post-disaster using a TVIC approach. Nursing leadership and social justice can further be applied in policy, where lack of accountability and engagement with communities can be addressed by advocating for a social justice approach to monitoring and evaluation. Such an approach can be used to prevent uneven power dynamics by advocating for evidence-based standardized accountability initiatives that include shared decision-making and mandated local women representatives.

Nursing research can support the development of collaborative initiatives by using emancipatory methodologies to investigate evidence-based strategies for humanitarian responses. Theoretical frameworks that expose the power imbalances within the disaster response can help challenge the status quo and pave a way for innovative solutions. Areas

that require further scholarly investigation include the power dynamic between humiliation and gratitude, as well as the competencies for nursing in disaster settings.

The findings of this study identify a number of opportunities for the nursing profession to advance a more just and holistic humanitarian aid response. The act of nursing hinges on the relationship with the clients we serve, and as members of the humanitarian response, nurses have a responsibility to communities affected by disaster. Ideally suited to advocate and partner with communities, nurses can have a direct impact in their individual disaster response, as well as create space for women in decision-making processes. It is my hope that this research can contribute to the scholarly literature by sharing the experiences of women affected by disaster and exposing the relationships of power within the disaster response. It is intended that these findings will spark a change in research and action among humanitarian aid actors. Although the path towards an equitable humanitarian response may appear an uphill battle, the resiliency of women affected by disaster and nursing's history of tackling hegemonic structures ensures we are well prepared to push for change.

3.7 References

Akerkar, S., & Fordham, M. (2017). Gender, place and mental health recovery in disasters: Addressing issues of equality and difference. *International Journal of Disaster Risk Reduction, 23*, 218-230. doi:10.1016/j.ijdrr.2017.03.014

Al Thobaity, A., Plummer, V., & Williams, B. (2017). What are the most common domains of the core competencies of disaster nursing? A scoping review. *International Emergency Nursing, 31*, 64-71. doi:10.1016/j.ienj.2016.10.003

Arroyo, D. M. (2014). Blurred lines: Accountability and responsibility in post-earthquake Haiti. *Medicine, Conflict, and Survival, 30*(2), 110-132. doi:10.1080/13623699.2014.904642

Bealt, J., & Mansouri, S. (2018). From disaster to development: A systematic review of community-driven humanitarian logistics. *Disasters, 42*(1), 124-148. doi:10.1111/disa.12232

Boutain, D. (2015). Chapter 4: Social justice in nursing: A review of the literature. In M. Chesnay & B. Anderson, *Caring for the vulnerable: Perspectives in nursing theory, practice, and research* (pp. 49-66). Burlington, MA: Jones & Bartlett Publishers.

Campbell, J. C., & Bunting, S. (1991). Voices and paradigms: Perspectives on critical and feminist theory in nursing. *Advances in Nursing Science, 13*(3), 1-15. doi:10.1097/00012272-199103000-00004

Canadian Centre on Substance Abuse (2014). *Trauma-informed care*. Retrieved from http://www.ccsa.ca/Resource%20Library/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. Retrieved from https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive.pdf

Carruth, L. (2018). The data hustle: How beneficiaries benefit from continual data collection and humanitarian aid research in the Somali region of Ethiopia. *Medical Anthropology Quarterly, 32*(3), 340-364. doi:10.1111/maq.12431

Clark, J. (2010). Defining the concept of dignity and developing a model to promote its use in practice. *Nursing Times, 106*(20), 16. Retrieved from https://www.nursingtimes.net/roles/practice-nurses/defining-the-concept-of-dignity-and-developing-a-model-to-promote-its-use-in-practice/5015026.article

Coldiron, M. E., Llosa, A. E., Roederer, T., Casas, G., & Moro, M. R. (2013). Brief mental health interventions in conflict and emergency settings: An overview of four Médecins Sans Frontières–France programs. *Conflict and health*, *7*(1), 23. doi: 10.1186/1752-1505-7-23

College of Nurses of Ontario. (2015). *Practice reflection: Learning from practice* [PowerPoint Slides]. Retrieved from http://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/prac/learn/teleconferences/practice-reflection--learning-from-practice.pdf

Core Humanitarian Standard on Quality and Accountability Alliance, Groupe Urgence, Réhabilitation Dévelopment, & The Sphere Project. (2015). *CHS guidance notes and indicators*. Retrieved from

https://corehumanitarianstandard.org/files/files/CHS-Guidance-Notes-and-Indicators.pdf

Daily, E., Padjen, P., & Birnbaum, M. (2010). A review of competencies developed for disaster healthcare providers: Limitations of current processes and applicability. *Prehospital and Disaster Medicine, 25*(5), 387-395. doi:10.1017/S1049023X00008438

Davoren, S. (2012). Helping international non-government organisations (INGOs) to include a focus on gender-based violence during the emergency phase: Lessons learned from Haiti 2010–2011. *Gender & Development, (20)*2, 281-294. doi: 10.1080/13552074.2012.687224

de Torrenté, N. (2013). The relevance and effectiveness of humanitarian aid: Reflections about the relationship between providers and recipients. *Social Research: An International Quarterly, 80*(2), 607-634. Retrieved from https://www.socres.org

Dickson, K., & Bangpan, M. (2018). What are the barriers to, and facilitators of, implementing and receiving MHPSS programmes delivered to populations affected by humanitarian emergencies? A qualitative evidence synthesis. *Global Mental Health, 5*, E21. doi:10.1017/gmh.2018.12

Djalali, A., Ingrassia, P. L., Della Corte, F., Foletti, M., Gallardo, A. R., Ragazzoni, L., . . . Fisher, P. (2015). Identifying deficiencies in national and foreign medical team responses through expert opinion surveys: Implications for education and training. *Prehospital and Disaster Medicine, 29*(4), 364-368. doi:10.1017/S1049023X14000600

Douglas, M. K., Pierce, J. U., Rosenkoetter, M., Callister, L. C., Hattar-Pollara, M., Lauderdale, J., . . . Pacquiao, D. (2009). Standards of practice for culturally competent nursing care: A request for comments. *Journal of Transcultural Nursing, 20*(3), 257-269. doi:10.1177/1043659609334678

Dückers, M. L. A., Thormar, S. B., Juen, B., Ajdukovic, D., Newlove-Eriksson, L., & Olff, M. (2018). Measuring and modelling the quality of 40 post-disaster mental health and psychosocial support programmes. *PloS One, 13*(2), e0193285. doi:10.1371/journal.pone.0193285

Epp, S. (2008). The value of reflective journaling in undergraduate nursing education: A literature review. *International Journal of Nursing Studies, 45*(9), 1379-1388. doi:10.1016/j.ijnurstu.2008.01.006

Foran, M. P., & Williams, A. R. (2014). Global uptake of the humanitarian accountability partnership over its first ten years. *Prehospital and Disaster Medicine, 29*(4), 413-416. doi:10.1017/S1049023X14000673

Friere, P. (1968). *Pedagogy of the oppressed*. New York: Continuum.

Fuller, J. (2017). The new medical model: A renewed challenge for biomedicine. *Canadian Medical Association Journal, 189*(17). E640-E641; doi: 10.1503/cmaj.160627

Giarratano, G., Savage, J., Barcelona-deMendoza, V., & Harville, E. W. (2014). Disaster research: A nursing opportunity. *Nursing Inquiry, 21*(3), 259-268. doi:10.1111/nin.12049

Greene, P. (2018). Trauma-informed care: Are we there yet. *Texas Nursing Magazine*,

(Spring), 8-11. Retrieved from http://www.texasnurses.org/?page=TNMagazine

Greene, M. C., Jordans, M. J., Kohrt, B. A., Ventevogel, P., Kirmayer, L. J., Hassan, G., ... & Tol, W. A. (2017). Addressing culture and context in humanitarian response: Preparing desk reviews to inform mental health and psychosocial support [Short Report]. *Conflict and Health*, *11*(21). https://doi.org/10.1186/s13031-017-0123-z

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, *3*(1), 80-100. Retrieved from https://benthamopen.com/TOHSPJ/home/

Horton, L. (2012). After the earthquake: Gender inequality and transformation in post-disaster Haiti**.** *Gender and Development, 20*(2), p.295-308. doi:10.1080/13552074.2012.693284

Howard, L. M., Ehrlich, A. M., Gamlen, F., & Oram, S. (2016). Gender-neutral mental health research is sex and gender biased. *The Lancet Psychiatry*, *4*(1), 9-11. http://dx.doi.org/10.1016/ S2215-0366(16)30209-7

Hunt, M. (2008). Ethics beyond borders: How health professionals experience ethics in humanitarian assistance and development work. *Developing World Bioethics, 8*(2), 59–69. doi:10.1111/j.1471-8847.2006.00153.x

Hunt, M. R. (2009). Moral experience of Canadian healthcare professionals in humanitarian work. *Prehospital and Disaster Medicine*, *24*(6), 518-524. doi:10.1017/S1049023X00007445

Hunt, M. R., Schwartz, L., & Elit, L. (2012). Experience of ethics training and support for health care professionals in international aid work. *Public Health Ethics, 5*(1), 91-99. doi:10.1093/phe/phr033

Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Retrieved from https://interagencystandingcommittee.org/sites/default/files/iasc_guidelines_on_mental_health_and_psychosocial_support_in_emergency_settings.pdf

International Council of Nurses (2012). *The ICN code of ethics for nurses*. Retrieved from https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf

International Council of Nurses. (2017). *Disaster nursing: International classification for nursing practice (ICNP) catalogue*. Retrieved from https://www.icn.ch/sites/default/files/inline-files/ICNP_Catalogue_Disaster_Nursing.pdf

International Council of Nurses & World Health Organization Western Pacific Region. (2009*). ICN Framework of disaster nursing competencies*. Retrieved from http://www.wpro.who.int/hrh/documents/icn_framework.pdf

International Federation of Red Cross and Red Crescent Societies. (2011). *Beneficiary communication and accountability, A responsibility, not a choice: Lessons learned and recommendations*. Retrieved from https://www.ifrc.org/PageFiles/94411/IFRC%20BCA%20Lesson%20Learned%20doc_final.pdf

Jacobs, B. B. (2001). Respect for human dignity: A central phenomenon to philosophically unite nursing theory and practice through consilience of knowledge. *Advances in Nursing Science, 24*(1), 17-35. doi:10.1097/00012272-200109000-00005

Jonsdottir, H., Litchfield, M., & Pharris, M. D. (2004). The relational core of nursing practice as partnership. *Journal of Advanced Nursing, 47*(3), 241-248. doi: 10.1111/j.1365-2648.2004.03088_1.x

Jose, M. M., & Dufrene, C. (2014). Educational competencies and technologies for disaster preparedness in undergraduate nursing education: An integrative review. *Nurse Education Today, 34*(4), 543-551. doi: 10.1016/j.nedt.2013.07.021

Kirsch, T., Siddiqui, M. A., Perrin, P. C., Robinson, W. C., Sauer, L. M., & Doocy, S. (2013). Satisfaction with the humanitarian response to the 2010 Pakistan floods: A call for increased accountability to beneficiaries. *Emergency Medicine Journal, 30*(7), 565-571. doi:10.1136/emermed-2012-201226

Labrague, L. J., Hammad, K., Gloe, D. S., McEnroe-Petitte, D. M., Fronda, D. C., Obeidat, A. A., . . . Mirafuentes, E. C. (2018). Disaster preparedness among nurses: A systematic review of literature. *International Nursing Review, 65*(1), 41-53. doi:10.1111/inr.12369

Lebowitz, A. J. (2015). Community collaboration as a disaster mental health competency: A systematic literature review. *Community mental health journal, 51*(2), 125-131. doi: 10.1007/s10597-014-9751-6

Lee, A. C. K. (2008). Local perspectives on humanitarian aid in Sri Lanka after the tsunami. *Public Health, 122*(12), 1410-1417. doi:10.1016/j.puhe.2008.06.004

Lesnik, B., & Urek, M. (2010). Traps of humanitarian aid: observations from a village community in Sri Lanka. *European Journal of Social Work, 13*(2), 271-282. doi: 10.1080/13691451003690908

Lloyd, R. (2005). The role of NGO self-regulation in increasing stakeholder accountability. Retrieved from http://coddeconduitaong.ro/wordpress/wp-content/uploads/2011/08/The_Role_of_NGO_Self-Regulation_in_Increasing_Stakeholder_-Accountability.pdf

Lucchini, R. G., Hashim, D., Acquilla, S., Basanets, A., Bertazzi, P. A., Bushmanov, A., . . . Luft, B. J. (2017). A comparative assessment of major international disasters: The need for exposure assessment, systematic emergency preparedness, and lifetime health care. *BMC public health, 17*(1). https://doi.org/10.1186/s12889-016-3939-3

Maclure, R. (2006). Pragmatism or transformation? Participatory evaluation of a humanitarian education project in Sierra Leone. *The Canadian Journal of Program Evaluation, 21*(1), 107-129. Retrieved from https://journalhosting.ucalgary.ca/index.php/cjpe

Madianou, M., Ong, J. C., Longboan, L., & Cornelio, J. S. (2016). The appearance of accountability: Communication technologies and power asymmetries in humanitarian aid and disaster recovery: The appearance of accountability. *Journal of Communication, 66*(6), 960-981. doi:10.1111/jcom.12258

Maxwell, D., Bailey, S., Harvey, P., Walker, P., Sharbatke-Church, C., & Savage, K. (2012). Preventing corruption in humanitarian assistance: Perceptions, gaps and challenges. *Disasters*, *36*(1), 140-160. doi:10.1111/j.1467-7717.2011.01245.x

McKenna, B. (2013). Paulo Freire's blunt challenge to anthropology: Create a pedagogy of the oppressed for your times. *Critique of Anthropology*, *33*(4), 447-475. doi:10.1177/0308275X13499383

Miers, M. (2002). Developing an understanding of gender sensitive care: Exploring concepts and knowledge. *Journal of Advanced Nursing*, *40*(1), 69-77. doi:10.1046/j.1365-2648.2002.02341.x

Nåden, D., & Eriksson, K. (2004). Understanding the importance of values and moral attitudes in nursing care in preserving human dignity. *Nursing Science Quarterly*, *17*(1), 86-91. doi:10.1177/0894318403260652

Nouvet, E. (2016) Extra-ordinary aid and its shadows: The work of gratitude in Nicaraguan humanitarian healthcare. *Critique of Anthropology*, *36*(3), 244-263. doi:10.1177/0308275X16646835

Olshansky, E., & Zender, R. (2015). The use of community-based participatory research to understand and work with vulnerable populations. In M. Chesnay & B. Anderson, *Caring for the vulnerable: Perspectives in nursing theory, practice, and research* (pp. 243-252). Burlington, MA: Jones & Bartlett Publishers.

Pan American Health Organization (2003). *Haiti: Profile of the health services system*. Retrieved from http://www1.paho.org/hq/dmdocuments/2010/Health_System_Profile-Haiti_2003.pdf

Pan American Health Organization. (2011). *IESM-OMS rapport sur le système de santé mentale en Haïti*. Retrieved from World Health Organization website: http://www.who.int/mental_health/who_aims_country_reports/who_aims_report_haiti_fr.pdf.

Pavlish, C. P., & Pharris, M. D. (2012). *Community-based collaborative action research: A nursing approach* [Google Books]. Sudbury, MA: Jones & Bartlett Learning

Perera-Mubarak, K. (2012). Reading 'stories' of corruption: Practices and perceptions of everyday corruption in post-tsunami Sri Lanka. *Political Geography, 31*(6), 368-378. doi:10.1016/j.polgeo.2012.05.007

Polivka, B. J., Stanley, S. A. R., Gordon, D., Taulbee, K., Kie, G., & Mccorkle, S. M. (2008). Public health nursing competencies for public health surge events. *Public Health Nursing, 25*(2), 159–165. doi: 10.1111/j.1525-1446.2008.00692.x

Pourhosseini, S. S., Ardalan, A., & Mehrolhassani, M. H. (2015). Key aspects of providing healthcare services in disaster response stage. *Iranian journal of public health, 44*(1), 111. Retrieved from http://ijph.tums.ac.ir

Public Health Agency of Canada (2018, February). *Trauma- and violence-informed approaches to policy and practice*. Retrieved from https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html#s2

Purkey, E., Patel, R., & Phillips, S. P. (2018). Trauma-informed care: Better care for everyone. *Canadian Family Physician, 64*(3), 170-172. Retrieved from http://www.cfp.ca

Racine, L., & Perron, A. (2012). Unmasking the predicament of cultural voyeurism: A postcolonial analysis of international nursing placements. *Nursing Inquiry, 19*(3), 190-201. doi:10.1111/j.1440-1800.2011.00555.x

Rabiei, A., Nakhaee, N., & Pourhosseini, S. S. (2014). Shortcomings in dealing with psychological effects of natural disasters in Iran. *Iranian Journal of Public Health, 43*(8), 1132-1138. Retrieved from http://ijph.tums.ac.ir/index.php/ijph

Ranse, J., Hutton, A., Wilson, R., & Usher, K. (2015). Leadership opportunities for mental health nurses in the field of disaster preparation, response, and recovery. *Issues in Mental Health Nursing, 36*(5), 391-394. doi:10.3109/01612840.2015.1017062

Raviola, G., Severe, J., Therosme, T., Oswald, C., Belkin, G., & Eustache, F. (2013). The 2010 Haiti earthquake response. *Psychiatric Clinics of North America, 36*(3), 431-450. http://dx.doi.org/10.1016/j.psc.2013.05.006

Registered Nurses' Association of Ontario (2017). *Crisis intervention for adults using a trauma-informed approach: Initial four weeks of management.* Retrieved from https://rnao.ca/sites/rnao-ca/files/bpg/Crisis_Intervention_FINAL_WEB_0.pdf

Reifels, L., Pietrantoni, L., Prati, G., Kim, Y., Kilpatrick, D. G., Dyb, G., . . . O'Donnell, M. (2013). Lessons learned about psychosocial responses to disaster and mass trauma: An international perspective. *European Journal of Psychotraumatology, 4*(1), 22897. doi:10.3402/ejpt.v4i0.22897

Reyes, D., & Lu, J. (2017). Gender dimensions and women's vulnerability in disaster situations: A case study of food prone areas impacting women in Malabon City,

Metro Manila. *Journal of International Women's Studies, 18*(4), 69-88. Retrieved from http://vc.bridgew.edu/jiws/

Ruwanpura, K. (2008). Temporality of disasters: The politics of women's livelihoods 'after' the 2004 tsunami in Sri Lanka. *Singapore Journal of Tropical Geography, 29*(3), 325–340. doi:10.1111/j.1467-9493.2008.00327.x

Saito, F. (2012). Women and the 2011 east Japan disaster. *Gender & Development, 20*(2), 265-279. doi:10.1080/13552074.2012.687225

Shah, S. (2012). Gender and building homes in disaster in Sindh, Pakistan. *Gender & Development, 20*(2), 249-264. doi:10.1080/13552074.2012.687222

Shahriari, M., Mohammadi, E., Abbaszadeh, A., & Bahrami, M. (2013). Nursing ethical values and definitions: A literature review. *Iranian Journal of Nursing and Midwifery Research, 18*(1), 1-8. Retrieved from http://www.journalonweb.com/ijnmr/

Sheppard, A., Tatham, P., Fisher, R. & Gapp, R. (2013). Humanitarian logistics: Enhancing the engagement of local populations. *Journal of Humanitarian Logistics and Supply Chain Management, 3*(1), 22-36. doi: 0.1108/20426741311328493

Solar, O. & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health: Social determinants of health discussion paper 2 (policy and practice)*. Retrieved from World Health Organization website: https://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

Tan, Y. S. A., & von Schreeb, J. (2015). Humanitarian assistance and accountability: What are we really talking about? *Prehospital and Disaster Medicine, 30*(3), 264-270. doi:10.1017/S1049023X15000254

Tedstone Doherty, D., & Kartalova-O'Doherty, Y. (2010). Gender and self-reported mental health problems: Predictors of help seeking from a general practitioner. *British Journal of Health Psychology, 15*(1), 213-228. doi:10.1348/135910709X457423

Tiberi, O. (2016). *Mental health in Haiti: Beyond disaster relief*. Retrieved from Journal of Global Health website: ghjournal.org/mental-health-in-haiti-beyond-disaster-relief/

Varcoe, C. M., Wathen, C. N., Ford-Gilboe, M., Smye, V., & Browne, A. (2016). *VEGA briefing note on trauma- and violence- informed care*. Retrieved from https://vegaproject.mcmaster.ca/docs/default-source/pdf/briefing-note-trauma-and-violence-informed-care.pdf?sfvrsn=e9e58971_0

Veenema, T. G., Griffin, A., Gable, A. R., MacIntyre, L., Simons, R. N., Couig, M. P., . . . Larson, E. (2016). Nurses as leaders in disaster preparedness and response—A call to action. *Journal of Nursing Scholarship, 48*(2), 187-200. doi:10.1111/jnu.12198

Warsini, S., West, C., Ed (TT), G. D., Res Meth, G. C., Mills, J., & Usher, K. (2014). The psychosocial impact of natural disasters among adult survivors: An integrative review. *Issues in Mental Health Nursing, 35*(6), 420-436. doi:10.3109/01612840.2013.875085

Wenji, Z., Turale, S., Stone, T. E., & Petrini, M. A. (2015). Chinese nurses' relief experiences following two earthquakes: Implications for disaster education and policy development. *Nurse Education in Practice, 15*(1), 75-81. doi:10.1016/j.nepr.2014.06.011

Wesp, L. M., Scheer, V., Ruiz, A., Walker, K., Weitzel, J., Shaw, L., . . . Mkandawire-Valhmu, L. (2018). An emancipatory approach to cultural competency: The application of critical race, postcolonial, and intersectionality theories. *Advances in Nursing Science, 41*(4), 316-326. doi:10.1097/ANS.0000000000000230

Woods, M. (2012). Exploring the relevance of social justice within a relational nursing ethic. *Nursing Philosophy, 13*(1), 56-65. doi:10.1111/j.1466-769X.2011.00525.x

World Health Organization & United Nations High Commissioner for Refugees. (2015). *mhGAP humanitarian intervention guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies*. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/162960/9789241548922_eng.pdf;jsessionid=6A5F09B941D49FC7A4C4FC417A987112?sequence=1

Yan, Y. E., Turale, S., Stone, T., & Petrini, M. (2015). Disaster nursing skills, knowledge and attitudes required in earthquake relief: Implications for nursing education. *International Nursing Review, 62*(3), 351-359. doi:10.1111/inr.12175

Yamada, S., Gunatilake, R., Roytman, T., Gunatilake, S., Fernando, T., & Fernando, L. (2006). The Sri Lanka tsunami experience. *Disaster Management & Response, 4*(2), 38-48. doi:10.1016/j.dmr.2006.01.001

Appendices

Appendix A: Semi Structured Interview Guide

A. Tell me about your life leading up the earthquake in 2010.

Probes

- Who were the major actors in your life? (i.e. family, support systems)
- What was you experience in the education system (if any)?
- Resources:
- What is your main source of income? How did you happen on this employment?
- Shelter?

B. Tell me about the day of the earthquake.

Probes

- How did the earthquake impact/change your life?
- What emotions did you experience?

C. Describe your experience receiving aid from a non-governmental organization.

Probes

- What was the role of the NGO?
- How were resources distributed?
- For how long was your interaction with them?
- How did you benefit from the NGO (if at all)?
- How did the aid disadvantage you (if at all)?

D. How did receiving aid from NGOs change your situation (or not)?

Probes

- Have you received aid from NGOs before the earthquake? Describe.
- What emotions were you feeling before you received aid? And after?
- How did you communicate with NGOs? How did they communicate with you?

E. What influence have NGOs had on you and your world today (if at all)?

- Financially?
- Psychologically?
- Emotionally?
- Culturally?

Appendix B: Letter of Information and Consent

Letter of Information – (Will require translation for use with population)

Project Title: Women's Experiences Receiving Humanitarian Aid

Student Researcher: Aden Hamza, MScN Candidate, Western University

Principal Investigator – Supervisors: Dr. Helene Berman and Dr. Lorie Donelle

Letter of Information

You are being asked to take part in a research study. This study is about women's experiences of getting humanitarian aid after the 2010 earthquake. As someone who has been affected by the earthquake and the relief effort, we want to include your story in this study. The purpose of this letter is to give you information about what we are studying and how we plan to use this information. This is so that you can decide if you want to be in the study. It is important for you to understand why we are doing the study and what it will involve. Please feel free to ask questions if anything is unclear or there are words or phrases you do not understand.

The purpose of this study is to understand the experiences of women who received aid after the earthquake. We hope that this research can be a way for you to talk about your experience and help to improve relief efforts in the future.

You can participate in this study if you:

- Were 18 years old or older at the time of the earthquake
- Were affected by the earthquake in 2010 in Haiti
- Received humanitarian aid during the earthquake of 2010

If you agree to be in this study, the student researcher and an interpreter (if needed) will schedule one interview with you. The time and location will be planned around what works best for you. The meeting will last about 1.5 – 2 hours. The interview will be audio-recorded. If you do not wish to be audio-recorded you will not be able to join the study. During the interview, you will be asked questions about your experiences after the earthquake. There are not any risks or discomforts we are aware of that relate to being in this study. However, it is possible that talking about what happened at that time can cause some short-term distress. We may also contact you for follow-up in the future. You may benefit from this study by having the chance to share your experiences and concerns. Also, you may benefit from changes in policies and the ways that aid is delivered in the future.

You will get 125 Haitian Gourde for your time and effort in this study. Participation in this research is completely voluntary. You may refuse to participate and remove your information from the study at any time during the interview. You may also refuse to answer any questions that you do not want to answer. Whether you participate or decide not to participate, no negative consequences will result. If you decide you do not want to participate, your information will be removed and destroyed.

Your confidentiality is very important to us. All the information we gather will be confidential and only available to the researchers of this study. If this research is published your personal information will not be identified. Your research records will be kept in a locked cabinet in a secure office. Audiotapes will be reviewed only by members of the research team and they will be destroyed or archived after 5 years. However, if you want a copy of published information, then please give your contact information (name and contact information) to the student researcher. While we will do our best to protect your information there is no guarantee that we will be able to do so. The inclusion of your initials and your date of birth may allow someone to link the data and identify you. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

If you have any questions, concerns or require more information about your participation or the study, please feel free to contact Aden Hamza, student researcher on site by phone (phone number) or email [redacted] Also, feel free to contact Principal Investigators off-site Dr. Helene Berman at (email) and Dr. Lorie Donelle at (email).

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics [redacted] email: [redacted]

Thank you for considering participation in this research.

This letter is yours to keep for future reference

Consent Form

Project Title: Women's Experiences Receiving Humanitarian Aid

Principal Investigator's Name: Dr. Helene Berman and Dr. Lorie Donelle

Student Researcher: Aden Hamza, MScN Candidate, Western University

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I consent to being contacted after the interview. ☐

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print): _____

Signature: _____

Date: _____

Person Providing Interpreting Services (please print): _____

Signature: _____

Date: _____

Appendix C: Ethics Approval from University of Western Ontario

Western Research

Research Ethics

Western University Health Science Research Ethics Board
NMREB Full Board Initial Approval Notice

Principal Investigator: Dr. Lorie Donelle
Department & Institution: Health Sciences\Nursing,Western University

NMREB File Number: 106603
Study Title: Women's Experiences Receiving Humanitarian Aid
Sponsor:

NMREB Initial Approval Date: June 05, 2015
NMREB Expiry Date: June 05, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2015/05/19
Letter of Information & Consent	Creole Translation of Letter of Information and Consent Form	2015/05/27
Letter of Information & Consent	French Translation of Letter of Information and Consent Form	2015/05/23
Other	Confidentiality Agreement From for Interpreter	2015/05/17
Other	Participant Follow up Script	2015/05/21
Other	Consent Form with Track Changes	2015/05/17
Revised Letter of Information & Consent		2015/05/17
Instruments	Semi-Structured Interview Guide	2015/05/07

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[redacted]

Ethics Officer, on behalf of Riley Hinson, NMREB Chair

Ethics Officer to Contact for Further Information

Erika Basile	Grace Kelly	Mina Mekhail	Vikki Tran
ebasile@uwo.ca	grace.kelly@uwo.ca	mmekhail@uwo.ca	vikki.tran@uwo.ca

This is an official document. Please retain the original in your files.

Western University, Research, Support Services Bldg., Rm. 5150
London, ON, Canada N6G 1G9 t. 519.661.3036 f. 519.850.2466 www.uwo.ca/research/ethics

Curriculum Vitae

Name:	Aden Hamza
Post-secondary Education and Degrees:	University of Western Ontario London, Ontario, Canada 2007-2011 B.S.c.N.
	Duke University Geneva, Switzerland Duke Program on Global Policy and Governance – Humanitarian Track Course June – August 2012
Honours and Awards:	Recognition of excellence for teaching Faculty of Health Sciences, University of Western Ontario June 2016
	Dr. Joan Lesmond Memorial Scholarship Registered Nurses' Foundation of Ontario May 2016
	Research Grant Award Recipient Iota Omicron Chapter of Sigma Theta Tau International November 2015
	Yaphet Robinson Human Equality Award Congress of Black Women June 2015
	Associate Fellow of the Royal Commonwealth Society Since January 2015
	Recognition for achievement of teaching Faculty of Health Sciences, University of Western Ontario
Related Work Experience	Policy Advisor Canadian Nurses Association December 2018 – Present
	Registered Nurse London Health Sciences Centre May 2011 – November 2018

Lecturer – Introduction to Professional Nursing Practice
The University of Western Ontario
September – October 2015

Research Assistant
Huron Perth Health Alliance
March – December 2015

Clinical Instructor
The University of Western Ontario
September – December 2013, January – February 2015

Teaching Assistant
The University of Western Ontario
September – December 2016, January – April 2015, September – December 2014, May – July 2014

Publications:

Miller, K. B. A., Hamza, A., Metersky, K., & Gaffney, D. M. 2018. Nursing transfer of accountability at the bedside: Partnering with patients to pilot a new initiative in Ontario community hospitals. *Patient Experience Journal, 5*(1): 90-96.