

**AKSE Baseline Study**

**Women, Children, Youth and Persons Living With Disabilities:  
Rights and Services in Haiti**

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## **Preface**

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## Executive Summary

### AKSE Baseline Study: Women, Children, Youth and Persons Living With Disabilities

**Objective of study.** The Baseline Study is designed to support the overall goal of AKSE, "...to improve the safety and security of women, children and youth in Haiti by decreasing the incidence of human rights abuse and expanding access to treatment and care." The Performance Monitoring Plan (PMP) for the project assigns the following tasks to baseline inquiry: (1) determine the current situation regarding the rights of women, children, youth and people living with disabilities, (2) canvass householders to determine knowledge and opinions about services available for the protection of rights, and (3) identify gaps in services. Accordingly, the baseline study provides information on rights and services of five vulnerable groups: child domestic servants (*restavèk*) and other Highly Vulnerable Children and youth, women vulnerable to gender based violence, and persons living with disabilities.

**Field studies.** To address these issues, the baseline research team used multiple modes of inquiry including household surveys, extended interviews with key informants and institutional representatives, and interactive methods including group interviews. This strategy served to triangulate information from a combination of quantitative and qualitative sources.

**Time frame and survey sites.** From October through early December 2012 the baseline survey team conducted over 665 quantitative household surveys in the three US government corridors. The survey sample included 372 households in the Port-au-Prince area – Cité Soleil, Bel-Air, Martissant, Carrefour-Feuilles, Carrefour, Croix des Bouquets and Fond-Parisien; 109 households in the commune of St. Marc, and 184 in the North including Cap-Haïtien, Limonade, Caracol, Trou du Nord and Ouanaminthe. The total population of the 665 households surveyed was 4,594 adults and children. Baseline studies also included qualitative interviews and field contacts with 76 persons including 6 group interviews with: street youths and *restavèk* domestic workers in Cap-Haïtien, woman victims of conjugal violence in St. Marc, and caretakers together with persons living with disabilities in Martissant and Carrefour-Feuilles (Port-au-Prince).

**Profile of survey households.** Households included a total of 4,594 people and an average household size of 7.5 persons in the North, 6.9 in St. Marc, and 6.6 persons per household in Port-au-Prince. Over half of the members of survey households were under 18 years of age. Over three quarters of survey respondents were women, most of them household heads. Survey findings below are presented by zone, as the findings are only deemed representative at the level of each zone of study, given the sample size.

**Child domestic workers and other vulnerable children.** A remarkably high percent of children surveyed live with neither parent for a variety of reasons (over 24% of all children in the households surveyed). Survey households with *restavèk* children included 23% of households in the North, 26% in Port-au-Prince, and 33% in St. Marc. Households with other outside children who were not *restavèk* children included 19% of households in the North, 30% in St. Marc, and 28% in Port-au-Prince. Among all children 5-17 years old, the proportion of *restavèk* children was 12% in the North, 14% in Port-au-Prince and 18% in St. Marc. The *restavèk* children were 49% girls in the North, 54% in St. Marc, and 69% in Port-au-Prince.

Interviews suggest that *restavèk* children attending school tend to be treated better than those not in school, i.e., schooling generally has the effect of adding value to otherwise highly

devalued persons. Unschooled children are especially vulnerable to abuse and may also be more tolerant of abuse than schooled children.

By far the most significant source of child vulnerability is extreme poverty which deeply affects the life chances of the vast majority of rural and urban households (55%), and is highest in rural households (81%).<sup>1</sup> The demand for education (rural areas) and potable water (urban areas) exert a significant impact on the supply and demand for child labor, including *restavèk* placement.

Aside from extreme poverty, indicators of heightened child vulnerability include the following:

- children not in school or over-age for their class assignment
- children not living with either parent
- orphans and children affected by HIV-AIDS
- street children
- children sent to the Dominican Republic
- children living in IDP camps
- children in prison
- children without birth certificates
- children with workloads that interfere with their health or school attendance, whether or not they are *restavèk* children.

### **Gender Based Violence and Vulnerability**

Field interviews and the baseline survey indicate that domestic violence is far and away the most important source of violence against women. There has also been a dramatic increase in GBV and child vulnerability due to the earthquake and IDP camps, including a heightened incidence of rape, adolescent pregnancy, survival sex for food and shelter, and orphaned children. Traveling intermediaries (*madansara*) are a specialized group vulnerable to abuse and violence when away from home.

There is a significant disjuncture between awareness of institutional services and victim use of such services. GBV victims are aware of protective services but not inclined to use the court system or police, unless accompanied, or sponsored by organizations providing legal aid especially women's organizations. Many victims are also constrained from using services due to financial reasons.

According to court personnel interviewed, cases of child abuse brought to court are extremely rare, and there are no known cases of court proceedings focused on *restavèk* placement as a rights violation. Hospitals and other medical services are the most common institutional services used by victims of gender based violence, who otherwise tend to be hidden from service providers.

### **Persons Living with Disabilities**

Persons living with disabilities are dramatically underserved. In a society already deeply marked by political and economic exclusion, persons with disabilities are relatively more excluded from rights and services than others. Services for the disabled are virtually non-existent in most areas of the country outside of Port-au-Prince. Due to prejudice and

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<sup>1</sup> See Verner 2005 (World Bank) for figures on poverty and extreme poverty in Haiti.

stigmatization, a large proportion of persons with disabilities are reportedly unschooled. High priorities for inclusion are improved access to schooling and employment.

The whole sector of persons with disabilities in Haiti is poorly known and poorly documented. The situation is complicated by the sheer diversity of special needs and highly specialized requirements, e.g., prostheses for limbs, special needs of visually and hearing impaired. Families of persons with disabilities in Port-au-Prince were generally aware of some services but tended not to use them because they could not afford the cost.

Around 18 percent of households in all three studies have household members with disabilities. The incidence of persons with disabilities varies from 4 to 6 percent of all persons surveyed. The reported incidence of physical disability is significantly higher than mental disabilities. The highest rates of reported disability are the visually impaired, limitations in the use of limbs, and the hearing impaired. The most highly stigmatized categories of disability are reportedly the hearing impaired and mentally disturbed.

### **Current Trends in Vulnerability**

Key informants take note of popular culture that denigrates women including some instances of Haitian rap music. An increase in the incidence of child abandonment by fathers, or refusal to pay child support, is deemed an important current trend by women's rights observers in St. Marc. There is also a heightened trend toward organized sexual exploitation of adolescent girls and young women which takes a number of different forms, e.g., *zokiki*, *plimtikit*, *gèdè*. Women and adolescent girls in the remaining IDP camps are highly vulnerable to abuse and sexual exploitation.

### **Recommendations**

IDP camps are a high priority for rights monitoring and protective services, especially for the protection of adolescent girls.

An important gap in services is accompaniment and legal aid for victims of conjugal violence, services that a number of women's organizations currently provide, but geographic coverage is inadequate.

A complement to such services is in-service gender rights and psychological training of judges, especially at the level of Tribunal de Paix, and public prosecutor offices, also hospitals and other frontline medical services for victims of gender based violence including rape.

To better gain access to and serve the victims of GBV, promote close partnership and collaboration among three types of institutions or activities: medical institutions including HIV-AIDS programs, women's organizations and legal aid.

To reach otherwise hidden victims of GBV, hospitals including large general hospitals should be institutionally strengthened, including in-service training of personnel encountering victims of violence. This type of training should include psychological training, and improved skills in dealing with traumatized persons.

Rural areas are devoid of protection and support services for victims of domestic violence and rape. The key point of entry in communal sections is the CASEC who should be trained in the rights of women and children and the referral and accompaniment of victims.

Donors should offer assistance to law schools and bar associations for improved curricula in human rights, and also the provision of legal aid. Field interviews with women's organizations and other institutions point to a lack of lawyer and court experience in dealing with human rights issues, especially women's and children's rights, and to an unmet need for legal aid.

Institutional strengthening of public institutions should give priority to strengthening field offices, i.e., deconcentrated services, especially for the Ministry of Women, the BPM, IBESR, OPC, the Ministry of Education program for special needs education (CASAS), and hospital services.

Traditional healers should be contacted and offered non-formal training in GBV, and recruited as a source of referrals to other medical services.

The curricula of police academy training should include heightened emphasis on GBV, children's rights and the rights and risks of persons living with disabilities.

Programs to protect children's rights should target all children and not just *restavèk* children.

The category of unschooled children is by far the largest population of children at risk and should be assigned high priority for program assistance to prevent child victimization and alleviate risk.

Accordingly, programs to protect children's rights should emphasize prevention, especially the schooling of *restavèk* children, over-age schooling and active census, recruitment and schooling of all unschooled children.

Campaigns for increased school enrollment of *restavèk* children should contact with household heads in *restavèk* households.

Program interventions related to children's rights should also retain a marked focus on the broader issues of child abuse and child labor exploitation rather than focusing solely on *restavèk* placement.

Promote expanded access to civil registration and birth certificates as a means of enhancing the protection of children's rights (Universal Birth Registration, UBR).

## Acronyms

AKSE	Aksyon Kolektif pou Sekirite kont Eksplowatasyon
APDDL	Asosyasyon Plantè pou Devlopman Delije Lanzak (Montrouis-St. Marc)
BID	Banque Inter-Américaine de Développement
APENA	Administration Pénitentiaire Nationale
BPM	Brigade de la Protection des Mineurs
BSEIPH	Bureau du Secrétairerie d'Etat à l'Intégration des Personnes Handicapées
CASEC	Conseil d'Administration de la Section Communale
CDC	Center for Disease Control
CEDAW	Convention sur l'élimination de toutes les formes de discrimination à l'égard des femmes
CEDCS	Centre d'études sur le développement des cultures et des sociétés
CEDEF	Comité pour l'élimination de la discrimination à l'égard des femmes
CEDH	Centre Œcuménique des Droits Humains
CESFRONT	Cuerpo Especializado de Seguridad Fronteriza Terrestre
CIDE	Convention Internationale Relative aux Droits de l'Enfants
CNVFF	Concertation Nationale contre les Violences Faites aux Femmes
COFAL	Cabinet de Consultation, de Formation et d'Assistance Légale
DHS	Demography and Health Survey (conducted at 5 year intervals, see EMMUS)
EMMUS	Enquête Mortalité, Morbidité et Utilisation des Services
FAFO	Institute for Applied International Studies (Norway)
FEFBA	Fédération des femmes du Bas Artibonite
FEH	Fondation pour les Enfants d'Haïti
GHEKIO	Groupe Haïtien d'Etude du Sarcome de Kaposi et des Infections Opportunistes
HRW	Human Rights Watch
HSI	Haïti Solidarité International
IASC	Inter-Agency Standing Committee
IBESR	Institut de Bien-être Social et de Recherches
ICG	International Crisis Group
IDP	Internally Displaced Persons
IHE	Institut Haïtien de l'Enfance
INURED	Inter University Institute for Research and Development
IRC	International Rescue Committee
IHSI	Institut Haïtien de Statistique et de l'Informatique
IPSOFA	Institut Psycho-Social de la Famille
IRC	International Rescue Committee
MCDFD	Ministère à la Condition Féminine et aux Droits des Femmes
MEF	Ministère de l'Economie et des Finances
MENJS	Ministère de l'Education Nationale, de la Jeunesse et des Sports
MAST	Ministère des Affaires Sociales et du Travail
MEF	Ministère de l'Economie et des Finances
MINUSTAH	Mission des Nations Unies pour la Stabilisation en Haïti
MJSP	Ministère de la Justice et de la Sécurité Publique
MOUFHED	Mouvement des Femmes Haïtiennes pour l'Éducation et le Développement
MPCE	Ministère de la Planification et de la Coopération Externe
MSP	Ministère de la Santé Publique et de la Population
NCHR	National Coalition for Haitian Rights
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
OAS	Organization of American States

OEA	Organisation des Etats Américains
OIM	Organisation Internationale pour les Migrations
OPC	Office de Protection du Citoyen et de la Citoyenne
OVC	Orphans and other vulnerable children
PMP	Performance Monitoring Plan
PNH	Police Nationale Haïtienne
PNUD	Programme des Nations Unies pour le Développement (UNDP)
RFADA	Rezo fanm an aksyon pou devlopman latibonit (St. Marc)
SEIPH	Secrétairerie d'état à l'Intégration des Personnes Handicapées
SOFA	Solidarite Fanm Ayisyèn
TIP	Trafficking in persons
UBR	Universal Birth Registration
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations Children's Fund/Fonds des Nations Unies pour l'Enfance
USAID	United States Agency for International Development
USG	United States Government



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# I. Introduction

## Background of Study

**Objective.** The Baseline Study is designed to support the overall goal of AKSE, "...to improve the safety and security of women, children and youth in Haiti by decreasing the incidence of human rights abuse and expanding access to treatment and care." The Performance Monitoring Plan (PMP) for the project assigns the following tasks to baseline inquiry:<sup>2</sup>

- *determine the current situation regarding the rights of women, children, youth and people living with disabilities and inform the projection of AKSE indicators for the five coming years.*
- *canvass householders to determine the knowledge of, and opinions about, protection rights and the protection services available to them and to confirm or expand upon the service gaps identified and, therefore to be used to shape the type and quality of technical assistance and training provided.*

**Indicators.** Specific elements of the PMP identify the Baseline Study as a source of data to help measure project goals and intended results over time including the following:<sup>3</sup>

- *Percentage of people living with disabilities who report discrimination or stigmatization.*
- *Percentage of boys and girls living as restavèks.*
- *Percentage of target population that views Gender-Based Violence (GBV) as less acceptable after participating in or being exposed to USG programming.*
- *Percentage of persons having good knowledge, attitudes and practices toward protection issues.*
- *Proportion of target population reporting increased agreement with the concept that males and females should have equal access to social, economic and political opportunities.*
- *Number of at-risk families in targeted communes aware of their vulnerability.*<sup>4</sup>

In short, the Baseline Study addresses rights and services regarding boys and girls living as *restavèk* child domestic workers, youth, gender based vulnerability to violence, and persons living with disabilities. The chapters that follow present an overview of the protection and vulnerability issues followed by presentation of field survey findings for each category of persons studied.

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<sup>2</sup> CARE-AKSE, July 2012, 17.

<sup>3</sup> *Ibid.*, pages 18-23, PMP Summary Table: Intermediate Goals (IG) 2 and 3; Intermediate Results (IR) 5.1.2., IR 5.3.1., IR 5.4.1., 5.4.2. This list is based on PMP identification of the baseline study as a data source for monitoring indicators.

<sup>4</sup> Note that the present study was framed primarily by the draft PMP of July 2012; however, the October 10 version of the PMP added another indicator (5.4.1): *Number of at-risk families in targeted communes aware of their vulnerability*. The 5.4.1 indicator is linked to the IR 5.4 goal of reducing family separation and increasing opportunities for family reintegration. See Annex G, Comments on household awareness of vulnerability (p.94), for problematic issues in measuring this indicator as stated.

**Definitions.** A critical issue in designing baseline studies as well as meeting project objectives is a working definition of at-risk populations to be served. Accordingly, this report uses the following definitions as a frame of reference for field inquiry and analysis. The background for these definitions is presented in the respective chapters for each group targeted for study.

*Restavèk* – This Haitian Creole term literally means a person who lives with others; however, for purposes of study it is defined here as a child domestic worker or unpaid (unsalaried) child servant living separately from parents. In some cases there are also unsalaried adult domestic workers called *restavèk*. Other idiomatic references to such children include *ti moun rete kay moun* (children living with others), or, *ti moun ki rann sèvis* (children who provide service).

*Highly vulnerable children* – Vulnerable children living under high risk circumstances that may impair their growth and development. In the Haitian context, this includes AIDS orphans, other children affected by HIV-AIDS, child laborers, street children, children in gangs, children with disabilities, children in IDP camps and children in detention.

*Youth* – Young people between the ages of 18 and 24.

*Gender based violence (GBV)* – Acts of violence causing harm or physical, sexual or psychological suffering to members of the feminine sex.

*Persons living with disabilities* – Persons living with physical, mental or sensory impairment limiting their capacity to perform basic tasks of everyday life.

*Household* – The number of people eating and sleeping under the same roof.

## **Field Studies and Methodology**

**Approach.** To address these issues, the baseline research team used complementary modes of inquiry including household surveys, extended interviews with key informants and group interviews. This strategy served to triangulate information from a combination of quantitative and qualitative sources. Representative study sites were drawn from the three US government development corridors and a list of target communes supplied by AKSE as prospective field targets for program operations.<sup>5</sup> See Annex A for a detailed description of the survey methodology and sampling strategy, Annex B for a list of communes in USG corridors, and Annex F for maps of survey zones and the GPS location of all interviews undertaken.<sup>6</sup>

### **Household Surveys**

**Survey data collection.** The team prepared a household survey instrument, and a second follow-up instrument for return interviews with persons living with disabilities. Pre-testing and interview feedback and discussion of draft instruments were important components in four days of enumerator training. The data were collected using a pre-structured and pre-coded questionnaire. Data were cleaned in the field during collection and then coded and processed.

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<sup>5</sup> Sites were drawn from USG corridors as defined by the following development strategy document, Post-Earthquake USG Haiti Strategy: Toward Renewal and Economic Opportunity (January 3, 2011), and from the AKSE Mapping Data Report, August 30, 2012.

<sup>6</sup> Household interview sites mapped in Annex F include two border communes, Ouanaminthe and Ganthier (Fond-Parisien) affected by cross border migration, smuggling and trafficking.

Experienced data entry operators entered the data twice to identify errors or inaccuracies in data entry.

The team used an area sampling frame, randomly chosen cluster points and five survey households per cluster point in both rural and urban areas. The households surveyed included three distinct subsamples, each reflecting a subregion of the three USG corridors. Therefore, the household survey is representative at the subregional level rather than at the level of individual communes or entire corridors.

**Adjustment of methodology.** From October through early December 2012 the baseline survey team conducted 665 quantitative household interviews in the three US government corridors; however, a series of external interruptions caused the calendar for data collection and analysis to shift. Field data collection took longer than expected due to severe storm events in Port-au-Prince (Hurricane Sandy, October) and Cap-Haïtien (November floods), gang violence in Cité Soleil and Belair hotspots of the Port-au-Prince corridor (October-November), and student demonstrations in Port-au-Prince (November) that hampered movement in central city areas and blocked roads north, thereby postponing interviews in St. Marc.

Secondly, the research team and AKSE had initially agreed on a sample size of 350 for households in Port-au-Prince to guarantee a 5% margin of error, plus smaller samples with a higher margin of error in the other two survey zones. Later the team later expanded the sample to 665 households in order to retain a margin of error under 10% in St. Marc and the North and 5% in Port-au-Prince (see Table 35 in Annex A). The confidence level for the survey is 95% in all cases, but the margin of error varies with sample size for the three zones studied.<sup>7</sup>

Thirdly, the team decided to use Global Positioning System (GPS) instruments to identify each household interview site and transmit GPS points and site photographs to a central data base. Accordingly, field interviewers registered each household interview by time and location. Interview site data were mapped and compared with the randomly chosen cluster points targeted for survey. This facilitated monitoring and supervision of interviewers, including compliance with prescribed sample points and facilitated corrections. In St. Marc, for example, interviewers returned to Bocozièl for additional interviews when a number of initial interviews did not fall within the prescribed sample site. As a result, the statistician initiated pre-interview site visits together with supervisors to ensure accurate compliance with the sample as mapped.

Fourthly, the team initially used a follow-up survey form for persons with disabilities identified by the household survey. It soon became clear that the numbers were too small to justify reliable statistical analysis; therefore, the team ceased to use the follow-up instrument, relying instead on qualitative follow-up interviews with two groups of persons with disabilities and their caretakers in Martissant and Croix des Bouquets.<sup>8</sup>

**Survey analysis.** Data were processed using SPSS. Data analysis survey followed established norms and procedures for survey analysis (see Babbie 1989).<sup>9</sup> First, the analysis

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<sup>7</sup> Budgetary constraints had the effect of limiting sample size. The two different margins of error for the three samples are a function of sample size. See Annex A for more detailed description of the sampling strategy and adjustments.

<sup>8</sup> Due to time and budgetary constraints, group interviews targeting persons living with disabled were conducted in the survey zone with the greatest concentration of such persons (Port-au-Prince).

<sup>9</sup> See Earl Babbie. 1989. *The Practice of Social Research*. Belmont, California: Wadsworth, Inc. (especially Chapters 14-16).

generated frequency distributions for all variables, including bivariate analysis for selected variables. This generated meaningful inter-linkages among variables. Secondly, the analysis created indexes and scores to synthesize responses to conceptually inter-related indicators, for example, an economic scale to compare households in relation to other variables (see Annex A for detailed description of the economic scale).

**The survey sample.** See Table 1 below for the household survey sample. The survey sample included 372 households in the Port-au-Prince area – Cité Soleil, Bel-Air, Martissant, Carrefour-Feuilles, Carrefour, Croix des Bouquets and Fond-Parisien, 109 households in the commune of St. Marc and 184 in the northern corridor including Cap-Haïtien, Limonade, Caracol, Trou du Nord and Ouanaminthe. The total population of the 665 households surveyed was 4,594 adults and children.

## Qualitative Methods

Baseline studies also included qualitative interviews and field contacts with 76 persons including 40 males, 36 females, 6 group interviews with a total of 38 persons, and 16 children and youth. Institutional interviews included the Ministries of Women, Education and Social Affairs, court and prosecutor officers in St. Marc, BPM officers at the border in Ouanaminthe, medical services, teachers, UNICEF, local and international non-governmental organizations and grassroots organizations. See Annex C for a list of contacts and interviews with individuals, institutional representatives and groups in the three corridors.

**Institutional interviews.** Institutional interviews included a range of public and private institutions with programs pertinent to protective or other services oriented to AKSE target populations (women vulnerable to gender based violence, youth, highly vulnerable children including *restavèk* children, and persons living with disabilities). These interviews elicited information on services provided and geographic spread, current priorities, clientele served, gaps in services, current social trends affecting AKSE target groups, and access to data, reports and archives.

In general, it was very difficult to gain access to reports or data from service providers, especially in Port-au-Prince. Institutional representatives and directors did not generally have ready access to their reports and data, or, perhaps chose not to share data and reports. Hence efforts to collect and review of data from service providers were largely stymied, especially the records of protection institutions. Some useful reports are available on web sites, such as SEIPH. It was somewhat easier to review data in the field (away from Port-au-Prince), such as the monthly caseload of the BPM in Ouanaminthe, or *restavèk* and street children in a school for vulnerable children in Cap-Haïtien. In general, law enforcement and court personnel also tended to be more readily available in areas away from Port-au-Prince such as a judge (*juge de paix*), and registrar (*greffier*) in the prosecutor's office in St. Marc.

**Group interviews.** Group interviews included street youths in Cap-Haïtien, *restavèk* children and youth in Cap-Haïtien, women victims of domestic violence in St. Marc, and caretakers and persons living with disabilities in Martissant and Carrefour-Feuilles (Port-au-Prince). The group interviews included 38 persons, half male and half female, as listed below:

**Table 1. Baseline Household Survey Sample**

***Port-au-Prince***

	Clusters of 5 households by housing patterns				
	Large Urban Center	Periurban & Small towns	Rural Areas	Total Clusters	Total Households
Carrefour	12	2	2	16	80
Carrefour-Feuilles / Martissant / Cité l'Éternel	17			17	84
Bel-Air	10			10	50
Cité-Soleil	10	2		12	60
Croix-des-Bouquets	6		4	10	50
Fond Parisien		6	4	10	50
<b>Total Port-au-Prince</b>	<b>55</b>	<b>10</b>	<b>10</b>	<b>75</b>	<b>372</b>

***North***

	City center	Periurban / Small town	Rural	Total Clusters	Total Households
Cap-Haïtien	7	2	1	10	50
Limonade		4	1	5	25
Trou du Nord		5	3	8	40
Caracol		2	1	3	15
Ouanaminthe	6		5	11	52
<b>Total Nord</b>	<b>13</b>	<b>13</b>	<b>11</b>	<b>37</b>	<b>184</b>

***Saint-Marc***

	Large City Center	Accessible Rural	Isolated Rural	Total Clusters	Total Households
St Marc	12	5	5	22	109

***Total Sample***

	Large City Center	Periurban / Small town	Rural	Total Clusters	Total Households
<b>Port-au-Prince</b>	<b>55</b>	<b>10</b>	<b>10</b>	<b>75</b>	<b>372</b>
<b>North</b>	<b>13</b>	<b>13</b>	<b>11</b>	<b>37</b>	<b>184</b>
<b>St Marc</b>	<b>12</b>	<b>-</b>	<b>10</b>	<b>22</b>	<b>109</b>
	<b>80</b>	<b>23</b>	<b>31</b>	<b>134</b>	<b>665</b>

NOTE: At a small number of cluster interview sites, there were less than 5 households whose data were retained for analysis.



1. Persons living with disabilities and caretakers (Martissant) – 5 men, 2 women, 3 children
2. Persons living with disabilities and caretakers (Carrefour-Feuilles) – 3 men, 2 women,
3. Victims of conjugal violence and a member of RFADA (St. Marc) – 3 women
4. Patients, Healing Hands of Haiti (Port-au-Prince) – 4 children, 4 caretakers, 4 adult patients
5. Students enrolled in École Coeur des Jeunes (Cap-Haïtien) – 4 male, 4 female:
  - 2 male youths living in the street (age 18)
  - 2 *restavek* youths, 1 boy (age 18), 1 girl (age 22)
  - 4 *restavek* children, 1 boy (age 16), 3 girls (age 15-17)

For woman victims of domestic violence, a small joint interview was conducted with women only, staffed by a male and a female researcher. Interviews with children were conducted with the permission of adults and the presence of at least two adult interviewers including a woman. Group interviews that focused on persons living with disabilities included both caretakers and disabled persons.

The household survey identified households including persons living with disabilities. As noted earlier, these persons and caretakers were invited for group interviews in Martissant and Carrefour-Feuilles. The group interviews were staffed by two men and two women. Both groups were composed primarily of caretakers, generally family members who lived in the same households with disabled persons. Caretakers and adults with disabilities actively participated in discussion. They were asked to describe the nature and origin of their disabilities, how they managed daily life, how they were treated by others including family caretakers, if they were subject to stigmatization including specific examples, and access to or use of protective and support services. Three children with disabilities were present in the Martissant group.

In Cap-Haïtien group or joint interviews were organized with youth living in the street, *restavèk* youth and *restavèk* children. A school director helped to organize these encounters with students enrolled in the director's primary school. The school Coeur des Jeunes operates with two daily sessions (*double vacation*), one in the morning devoted to children from low income households, and an afternoon session devoted to *restavèk* children and youth, also children (minors) and youths 18 years or older living in the streets of Cap-Haïtien.

Elicitation of brief life histories served as the primary method of inquiry for these encounters. All participants appeared comfortable with the conversational tone and expression of personal interest in their lives, concerns and treatment. All were highly motivated to collaborate with interviews. Elicitation of life histories served as a vehicle for inquiry regarding the use of and access to services, gaps in services, stigmatization, vulnerability, and knowledge, attitudes and practices toward protection issues. Following interviews with *restavèk* children and street youth enrolled in school, their circumstances and school performance were discussed with the school director and teachers. This served as a cross-check on information provided by the children and youth interviewed. It also generated insights into the broader system of *restavèk* placement via information acquired from a range of key informants.

## **The Household Survey Instrument**

See Annexes D and E for the household survey instrument in Haitian Créole and English translation. The first page of the survey questionnaire is devoted primarily to household composition as the household is the basic unit of analysis for baseline survey. Household definition is not a simple matter in Haiti as some households provide shelter for people who

sleep but do not eat there, and others include persons who eat but do not sleep there. Therefore, for purposes of study the household is defined as the number of people eating and sleeping under the same roof.

Secondly, the survey devotes special attention to the presence and treatment of children living in the household with a view to identifying child domestic workers. The instrument does not use the term *restavèk* due to its pejorative connotation that interferes with data collection. Instead, it uses another term to identify such children, *timoun wap ede epi kap rann ou ti sèvis* (“a child you are helping and who provides services”). Identifying child domestic workers is not a simple matter since children live with others in Haiti for a variety of reasons described in more depth in the next chapter. Therefore, the survey first elicits information on all children in the household between the ages of 5 and 18 including kinship ties to the household head, schooling and boarding arrangements, and then asks if the child provides services in exchange for “helping” the child (see page two of the questionnaire). The instrument also verifies differences in treatment by comparing schooling for all children in the household (presently enrolled in school, last grade level completed), and by comparing two children of similar age and sex in the house (page 4 of questionnaire), one a child of the household head (*pitit mèt kay*) and the other a child providing services (*pitit ki rann ti sèvis*).

Thirdly, the survey instrument elicits information on gender based violence or abuse including attitudes and perceptions and also the behavior of victims and vulnerable persons (see GBV-K and GBV-M coded questions on page 6 of the questionnaire). These questions explore the types of violence or other forms of abuse of women, using the January 2010 earthquake as a time marker. Women are asked if they have been victims of harassment, absence of child support by fathers, beatings, threats, humiliation, rape, etc. Respondents are also asked what types of violence are most common in their communities (GBV-K).

Attitudes are elicited by asking about what types of recourse a victim has available (see questions GBV-R on page 7 of the questionnaire). This might include prayer, magic, complaints to the aggressor’s family, recourse to local organizations and authorities. Respondent knowledge of services available is addressed by question KABI (page 8), which asks where a victim can seek protective services including police, courts, local elected officials, women’s groups or other local organizations, the church, relatives or use of magic.

Fourthly, the instrument identifies households that include persons living with disabilities (see pages 11 and 12). The survey asks about nine categories of limitations. In Haiti the term *andikap* (handicap) is used specifically with reference to difficulties in the use of arms and legs while retaining mobility, and does not cover other physical or mental disabilities such as visual or auditory impairments. People whose physical limitations do not allow unassisted movement are called *enfim*. The term *kokobe* may be translated in the first instance as “cripple;” however, the word has a pejorative connotation and may also refer to a whole range of disabilities.

For survey purposes in the Haitian context, the instrument distinguishes between limitations related to the *tèt* (head) versus the body (see responses coded H1-H9). The first includes limitations in mental capacity as well as mental illness. The second refers to other physical limitations including motor, visual and auditory impairment. In all cases, the identifying indicator is disabilities that limit the persons’ ability to take care of themselves in the normal tasks of everyday living.

## Survey Households and Respondents

Tables 2-5 below summarize the social profile of survey households. Over half of survey household members are under 18 years of age in all regions studied. There is an unusually high proportion of males (51 to 55 percent), suggesting that females have left these households at higher rates than males.<sup>10</sup> When broken down by age range (Table 3), the disproportion of males to females in the baseline survey is most evident in St. Marc, particularly for the age range 5-13, a prime age for sending girls to live elsewhere, but with the proportions reversed for the age range 18-24, with a larger proportion of females present in the household.

Male adults are on average slightly more educated than women (Table 4). The observed difference between genders is one year for North corridor but with only slight differences in Port-au-Prince and St. Marc. The relatively high proportion of household adults who have attended school may be attributable to the heavier urban weighting of the sample, as the rate of schooling in urban areas is generally far higher than in rural areas.<sup>11</sup>

Survey respondents were household heads or another adult member of the household if the household head was not available to be interviewed (Table 5). Over three quarters of respondents were women, most of them household heads. As shown in Table 6, average household size of survey households was a high of 7.5 persons in the North, 6.9 in St. Marc and 6.6 in Port-au-Prince, significantly higher than the average of 4.6 persons per household reported by the Demography and Health Survey (EMMUS-IV, 11). This may reflect in part the impact of the the January 2010 earthquake precipitating inter-household movements, even in areas not directly affected by the earthquake country.

**Table 2. Survey household composition by age, and by education level of adults in percent**

Household Members	North (N=1173)	St.-Marc (N=630)	Port-au-Prince (N=2092)
<b>Age</b>			
Under 5	13%	16%	15%
5 to 17	43%	44%	42%
18-25	19%	17%	19%
26-35	10%	11%	11%
36-50	8%	6%	8%
Over 51	7%	6%	5%
	(100%)	(100%)	(100%)
<b>Education (age 18 or over)</b>	<b>(N=413)</b>	<b>(N=218)</b>	<b>(N=808)</b>
None	13%	11%	9%
Grade 1-6	33%	29%	23%
Grade 7-9	25%	25%	18%
Grade 10-13	26%	34%	44%
University	3%	1%	6%
	(100%)	(100%)	(100%)

*NOTE: This table is based on information for 3,895 people for which information was available for age, gender and education.*

<sup>10</sup> In contrast, the earlier Demography and Health Survey found that females composed 52% of household members surveyed EMMUS-IV (2007, 9).

<sup>11</sup> MENJS, 2004, 26.

**Table 3. Members of survey households by age, gender and zone, in percent**

	North		St. Marc		Port-au-Prince	
Age	Male (51%)	Female (49%)	Male (55%)	Female (45%)	Male (50%)	Female (50%)
Under 5	13%	11%	12%	16%	13%	11%
5-13	26%	28%	33%	26%	26%	28%
13-17	16%	20%	15%	17%	16%	16%
18-24	17%	18%	14%	18%	17%	19%
25-34	10%	9%	10%	12%	11%	13%
35-50	10%	8%	10%	4%	12%	7%
Over 50	8%	6%	6%	7%	5%	6%
Total	100%	100%	100%	100%	100%	100%
N	562	544	320	259	983	968

NOTE: Based on information for 3,636 people for which information was available for age and gender.

**Table 4. Education level of adults by gender and zone**

Education Level	North		St. Marc		Port-au-Prince	
Adults (age 18 and above)	Male	Female	Male	Female	Male	Female
None	9%	16%	9%	12%	7%	10%
Grades 1-6	33%	34%	32%	27%	22%	23%
Grades 7-9	26%	24%	21%	32%	18%	17%
Grades 10-13	28%	24%	37%	29%	46%	44%
University	4%	2%	1%	0%	7%	6%
Total	100%	100%	100%	100%	100%	100%
Average years education*	8.3	7.3	8.1	7.7	9.9	9.2
Difference male-female	1.0 sig.		0.5 NS <sup>+</sup>		0.7 NS	
N	211	199	118	96	400	399

\* Including preschool = 1. <sup>+</sup>NS=not significant.

**Table 5. Respondents and household heads by gender, in percent**

	North (N=184)	St.-Marc (N=109)	Port-au-Prince (N=372)
<b>Respondents</b>			
Men	23%	24%	23%
Women	77%	76%	77%
<b>Household heads among respondents</b>			
Men	78%	76%	80%
Women	65%	76%	66%

**Table 6. Average household size by zone**

	North (N=184)	St.-Marc (N=109)	Port-au-Prince (N=372)
<b>Mean</b>	7.5	6.9	6.6

NOTE: A total population of 4,594 people and 665 households.

## II. Child Domestic Workers

### Definitions

The basic definition used for baseline inquiry is the following: child domestic workers, or, unpaid child servants living and working away from home.<sup>12</sup> An earlier study of child domestic workers in Haiti used the following characteristics to identify a child domestic worker: child separated from parents, high workload, lack of schooling or delays in attending school.<sup>13</sup> These features are consistent with the definition noted above.

Other related terms in the literature include children in domesticity, child domesticity, or child servitude. The Haitian labor code has referred to such practices as “enfants en service” and also “enfant en domesticité” (see Chapter 9 of the 1961 Labor Code); however the code’s provisions regarding child domestic labor were legally annulled in 2003. The labor code retains other provisions regarding paid employment of minors working specifically in industry, agriculture or commerce, allowing the salaried employment of minors age 15 and above (Article 335). Article 257 states that domestic workers (not necessarily minors) are required to have 10 hours of release from duty each work day including two hours for meals and eight hours of rest.<sup>14</sup>

The Demography and Health Survey (DHS) for Haiti defines child domestic workers as *restavèk* (“living with”) children age 5 to 14 years, unrelated or only distantly related to the household head, attached to a household to provide services without remuneration, and whose rights are not generally respected.<sup>15</sup> This definition proposes age and kinship restrictions which other studies do not assume, and it explicitly takes note of child rights violations.

Much of the advocacy literature uses the Créole word *restavèk* to refer to child domestic laborers, for example, the widely cited Cadet autobiography (1998), also the US State Department TIP reports.<sup>16</sup> The Cadet autobiography also uses the term “slave child” to refer to *restavèk* children, assuming a historical connection to slavery. Other well intentioned reports and widespread journalistic coverage make reference to modern slavery in Haiti;<sup>17</sup> however, the term is misleading and technically inaccurate.

The word slavery undoubtedly lends itself to fundraising and advocacy for child domestic workers marked by low social status and abuse; however, if the premise of child slavery is the starting point, programmatic response for effective rights protection may be ineffectual or counter-productive. For example, social services that demonize offending households may not

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<sup>12</sup> See Smucker and Murray (2004), also Smucker, Pierre, and Tardieu (2007). The word “unpaid” here means unsalaried. Households with child servants may in fact cover schooling costs; however, this is not a salary.

<sup>13</sup> Sommerfelt 2002, 4. This study analyzed data from the 2001 cost of living survey (ECVH 2003). Also see Sommerfelt 2002b and Hatløy (2005).

<sup>14</sup> See Code du travail, Décret du 24 février 1984 et Loi du jeudi 5 juin 2003 actualisant le Code du travail du 12 septembre 1961, [www.haitijustice.com](http://www.haitijustice.com). Also, excerpts in the IBESR (2012) volume on child law.

<sup>15</sup> EMMUS-IV 2007, 256. The Demography and Health Surveys are generally undertaken every five years. The one scheduled for 2010 was postponed and then carried out recently. Its findings were not yet available at the time of this writing.

<sup>16</sup> US State Department Trafficking in Persons Report 2012.

<sup>17</sup> McCalla and Archer, 2002, *Restavèk no More: Eliminating Child Slavery in Haiti*; also Restavek Freedom 2011, *The Persistence of Child Labor and Slavery*.

have ready access to such households and the children who live there. In contrast, the Foyer Maurice Sixto (Carrefour) operates a school and outreach program for *restavèk* children, including staff visits to *restavèk* households and monthly meetings with household heads. Most *restavèk* children in the program were not attending school prior to the Foyer program. Staff members and children have reported a marked improvement in the domestic treatment of children enrolled in the school. They attribute this to regular contact with “host” parents as well as to the impact of schooling.<sup>18</sup>

According to field based studies cited earlier, children in *restavèk* placement are indeed vulnerable to abuse; however, neither sending nor receiving households view such children as slave property that is bought and sold, nor does *restavèk* placement require an intermediary recruiter as the State Department TIP report seems to suggest.<sup>19</sup> Rather, child domestic workers are generally living with others with the active knowledge and permission of their parents. Parents may know or have kinship ties to the receiving household. Parents generally take such measures with the understanding that the beneficiary household will send the children to school and cover child rearing costs in exchange for their labor. The circumstances of sending households may also create significant vulnerability for children living at home. Most field studies find that sending households for *restavèk* children are poorer than receiving households, and the two households are frequently related by kinship, unlike the DHS definition which excludes placements marked by close kinship ties.<sup>20</sup> Of course relocation of orphans, or child relocation into households not directly known to sending parents, tends to increase the vulnerability of children not living with parents.

The term *restavèk* literally means someone who lives with another; however, in popular parlance the word is a pejorative reference to servile dependence and is categorically demeaning. The term may be used with reference to adults as well as children. It is also used metaphorically in other realms of discourse such as politics. Households with child domestic laborers commonly refer to them in less pejorative terms including *timoun rann sèvis* (literally a child who renders service, or, a child helping out), *timoun rete kay moun* (a child or children living with others), or simply *timoun* (literally “child”) in which the connotation is one of an outside child rather than one’s own child (*pitit* or *pitit zantray* in Haitian Créole). There is in fact longstanding precedent for use of the word *timoun* to refer to children living outside the home, as noted in classic ethnographic accounts by Herskovits (1937) and Simpson (1942). Also, many children in Haiti live away from home under temporary boarding arrangements, a practice called *fè la desant* which is generally linked to the school calendar.

## Children Separated from Parents

The giving and taking of children in fosterage arrangements is not uncommon in Haiti and other Caribbean societies including the neighboring Dominican Republic.<sup>21</sup> Field surveys point to a remarkably high rate of Haitian children living away from their homes of origin or living with neither parent. According to the DHS household survey, 20% of all Haitian children under the

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<sup>18</sup> Smucker 2005, 20, interviews at Foyer Maurice Sixto including its director, Père Miguel Jean-Baptiste.

<sup>19</sup> State Department TIP Report (2012): “The majority of children that become *restaveks* do so when recruiters arrange for them to live with families in other cities and towns...”

<sup>20</sup> EMMUS-IV, *op.cit.*

<sup>21</sup> In the Dominican Republic, Dominican children sent to live with others in informal fosterage arrangements are called *hija* or *hijo de crianza*. Such children also include Haitian children sent across the border to live with Dominican families (see Smucker and Murray, 2004). In Argentina a type of informal fosterage is practiced called *criadazgo* when women migrate for employment, leaving children with extended family or neighbors (Jusionyte 2012).

age of 18 live with neither parent. This includes the 1% of children who are full orphans, having lost both parents.<sup>22</sup> In addition, there is a relatively small but growing number of street children and runaways not counted in household composition surveys;<sup>23</sup> however, the preponderance of evidence suggests that most children not living with their parents have been sent by their parents to live with others, or, their parents no longer live in the household due to death or out migration. In fact, Sommerfelt (2002, 13) found that two-thirds of children not living with their parents were never relocated; they were born into their present home.

Large numbers of Haitian children living away from home, or separately from parents, has given rise to widely varying numbers as to the magnitude of child domestic workers; however, most such figures are not well grounded in verifiable household composition data or an understanding of the social context for such figures.<sup>24</sup> The most recent State Department TIP report estimates 150,000 to 500,000 *restavèk* servant children in Haiti. National census projections for 2010 (IHSI 2008, 45) estimate a total population of 2,353,957 children age 5 to 14, the prime age range for child placement outside the home. If one assumes that 20% of children in this age range are not living with their parents, this would be a total of 470,791 children living separately from parents, though only a portion could be considered child domestic workers.

The DHS household survey found that 3% of children age 5 to 14 were *restavèk* children, or roughly 71,000 children based on IHSI population projections for 2010.<sup>25</sup> The FAFO household study (2002) estimated 173,000 child domestic workers or 8.2% of children age 5-17 years in both rural and urban areas.<sup>26</sup> Using the same 2001 data base, Hatløy (2005) reported that 16-17% of all girls in Haiti age 11-18 were child domestic workers, and 8-10% of boys in this age range. The later PADF study (2009) of hotspot urban areas found 16% of children identified as child domestic workers in eight hyper-urban areas of Haiti.<sup>27</sup>

It cannot simply be assumed *a priori* that all children sent to live with others in Haiti are treated as servant children.<sup>28</sup> Aside from domestic service, Haitian children go to live with others for a variety of reasons including informal foster home placement, informal adoption, ties and obligations related to kinship, access to schooling, boarding arrangements whereby sending parents cover school and maintenance costs during the school year, and perceived opportunity to improve a child's chances in life in a social context marked by poverty, class stratification and invidious distinctions between urban and rural dwellers. Sending children to live with others may also be a temporary solution to a crisis in the household economy such as crop failure, extended illness or the death of a caretaker adult. Emerging data on the situation of Haitian families in the wake of the January 12 earthquake of 2010 also point to large numbers of

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<sup>22</sup> EMMUS-IV, 2007, p. 256-258.

<sup>23</sup> See Pierre 2003, Pierre et al (2003a, 2003b), Bernier and Ponticq (1999).

<sup>24</sup> Smucker and Murray (2004, 16) summarized a series of published figures varying from 100 to 400 thousand servant children, mostly estimates unsupported by field based research.

<sup>25</sup> The DHS figures (EMMUS-IV, 2007, 257) are based on asking directly if *restavèk* children are present in the household. Given the social stigma, this figure is undoubtedly an undercount since household heads may be reluctant to admit they have *restavèk* children. They may prefer to say they have taken in children who need help, or they are helping out a relative.

<sup>26</sup> Sommerfelt (2002, 35) used the lower population estimates of the ECVH-2001 study of living conditions rather than the somewhat higher population projections of the 1982 national census, which would suggest a total of 206,000 child domestic workers rather than 174,000.

<sup>27</sup> Smucker, Pierre and Tardieu 2009, 17.

<sup>28</sup> Smucker and Murray 2004, Sommerfelt 2002.

children displaced due to the earthquake including those living in nearby camps or in other households distant from Port-au-Prince.<sup>29</sup>

## Indicators of the Presence of Child Domestic Workers

In short, baseline inquiry into the presence of child domestic workers must clearly distinguish servant children from other children living separately from parents. The basic criteria for doing so are workload and schooling.

- To what extent is there a significant gap in workload among children of similar ages in the same household?
- To what extent is there a significant gap in (i) school enrollment or (ii) age in relation to grade level among children of similar ages in the same household?

**Schooling.** The schooling indicator for the presence of domestic child workers can only be assessed in the broader social context of education in Haiti. There is overall a very strong desire among both rural and urban families to send children to school, including both boys and girls. In reality, rural children tend to be excluded from schooling at significantly higher rates than urban children, who also tend statistically to be far less poor than their rural counterparts.<sup>30</sup> For example, the DHS survey found that only 50% of all children age 6-11 were in school; however, there was also a sharp contrast between urban school attendance (65%) versus rural school attendance (42%).<sup>31</sup>

**Children's work.** Children are expected to do chores in most Haitian households.<sup>32</sup> Even for the powerful indicator of workload, it is important to note that the vast majority of Haitian households rely heavily on child labor, primarily the children born to the household. Therefore evidence of child domestic workers versus other children has to do with the workload in relative terms – contrasting child workloads within the same household – and not simply whether or not children work. For example, the DHS survey found that 87% of children age 5-17 had worked the previous week, 86% did domestic work, 68% had done so for at least four hours per day, 19% worked for others outside the home and 18% did so for no salary, orphans worked for others at a higher rate (24%) than non-orphans (18%), and rural children worked for others at a higher rate (22%) than urban children (14%). There is also variation in workload by region. Children in the Artibonite and Centre worked less for others (13%) than children in Grande-Anse (30%).<sup>33</sup>

**Physical conditions.** There are also other possible indicators of children treated distinctly differently within the same household including sleeping arrangements; quality, quantity and timing of access to food; frequency and mode of punishment; however, as defining indicators, these elements are less significant than workload and schooling, which more accurately identify heightened vulnerability and the presence of children treated as servants. In fact, Hatløy (2005)

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<sup>29</sup> Kolbe et al (210, 287-288) conducted surveys of sample households before and after the earthquake, and found over 1.2 million people displaced including a very large number of children. Children were affected disproportionately to adults in other respects, e.g., some two-thirds of earthquake related deaths were found to be children under age 12.

<sup>30</sup> MPCE 2004, Carte de Pauvreté d'Haïti, Verner 2005.

<sup>31</sup> EMMUS-IV, *op. cit.*, 14-17. There may be improvement in school attendance since the last DHS survey. EMMUS-V reportedly found 84% of children age 5-11 in school compared to 50% in EMMUS-IV (see UNICEF 2012 on preliminary findings).

<sup>32</sup> See Bastien (1961, 1985) for classic descriptions of family life and children's work in Haiti.

<sup>33</sup> EMMUS-IV, *op. cit.*, 270-272.



found that physical living conditions for child domestic workers were not necessarily worse than for other children, i.e., food, medical care, sleeping arrangements and physical punishment, although there were significant differences in terms of workload and education.<sup>34</sup> Hatløy also noted that most children in both groups had access to no more than two meals per day, which raises serious questions about adequate nutrition for all children. On the other hand, Sommerfelt (2002, 53-58) did find some differences in physical treatment between the two categories of children, and also significant differences by gender and by urban versus rural residence. Interestingly, Sommerfelt did not report significant differences in the punishment of child domestic workers versus other children in the households surveyed.

**Social context.** There are other salient issues that should also be taken into account in assessing child domestic service:

- There is a longstanding practice of employing domestic servants in Haiti. This cuts across income levels, i.e., salaried domestic employment is not limited to wealthy families.
- Access to domestic service may also be achieved via unsalaried adult as well as child *restavèk* arrangements.
- In some cases, children live at home but are assigned to domestic tasks in other nearby households. Such children would not readily be identified in household composition surveys.
- Corporal punishment is used to discipline virtually all children whether or not they are child domestic workers.
- Haitian society is marked by acute class stratification with limited opportunity for upward mobility among the poor majority. Access to education or wider social ties is perceived as a social escalator. Therefore, people send children to live with others who can cover school costs and hold the promise of improving a child's life chances in other ways, e.g., access to a trade, employment, savoir faire, influential individuals.
- Schools are also in short supply, especially in rural areas. Towns, cities and major roadways in Haiti are education centers where parents seek access to schooling for their children.
- Finally, it is useful, when feasible, to compare living conditions between homes of origin and receiving homes. In some cases, children may prefer or even choose to live away from their homes of origin due poverty, abuse or food shortages.<sup>35</sup> This issue has plagued program efforts at reinsertion of children into their homes of origin.<sup>36</sup>

## Survey Findings on Child Domestic Workers

A sizeable minority of survey households has *restavèk* children. As shown in Table 7, this varies from one-fourth of survey household in the North and Port-au-Prince to more than a third in St. Marc. Given the scale of *restavèk* households in St. Marc, this region should be a high priority for AKSE supported services. Roughly similar proportions of households have child

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<sup>34</sup> The data source for Hatløy was the Haiti Living Conditions Survey of 2001; however, it should be noted that an important limitation on the data is that information was provided solely by the household head or other caretaker adult who may not accurately report differences in the treatment of child domestic workers versus other household children. For reasons of corroboration and accuracy, there should be other sources of information, including qualitative interviews with children and adults.

<sup>35</sup> Such cases were reported in Smucker and Murray (2004, 40).

<sup>36</sup> See Smucker 2005 and Pierre *et al* 2003a.

boarders present, that is, children in temporary boarding arrangements (*fè la desant*), perhaps for the school year.

**Table 7. Percent of survey households with *restavèk* and child boarders by zone**

	North N=179	St. Marc N=107	Port-au-Prince N=360
Households with <i>restavèk</i> children	23	34	26
Households with child boarders	19	30	28

These findings should be viewed in the context of a remarkably high proportion of all children surveyed not living with their parents, as shown in Table 8 and Figure 1 below. Literally a third of all children surveyed in St. Marc are not living with their parents, also 28% of the children in Port-au-Prince and 24% in the North. These figures are somewhat higher than the national average, which is 20% of all children according to the Demography and Health Survey cited earlier; however, the baseline survey sample is also not a cross section of Haitian society since it is stratified for USG corridors, urban hotspots and communes of special interest to AKSE.

**Table 8. Percentage of children not living with their parents**

North (N=494)	St. Marc (N=274)	Port-au-Prince (N=863)
24%	33%	28%

**Figure 1**

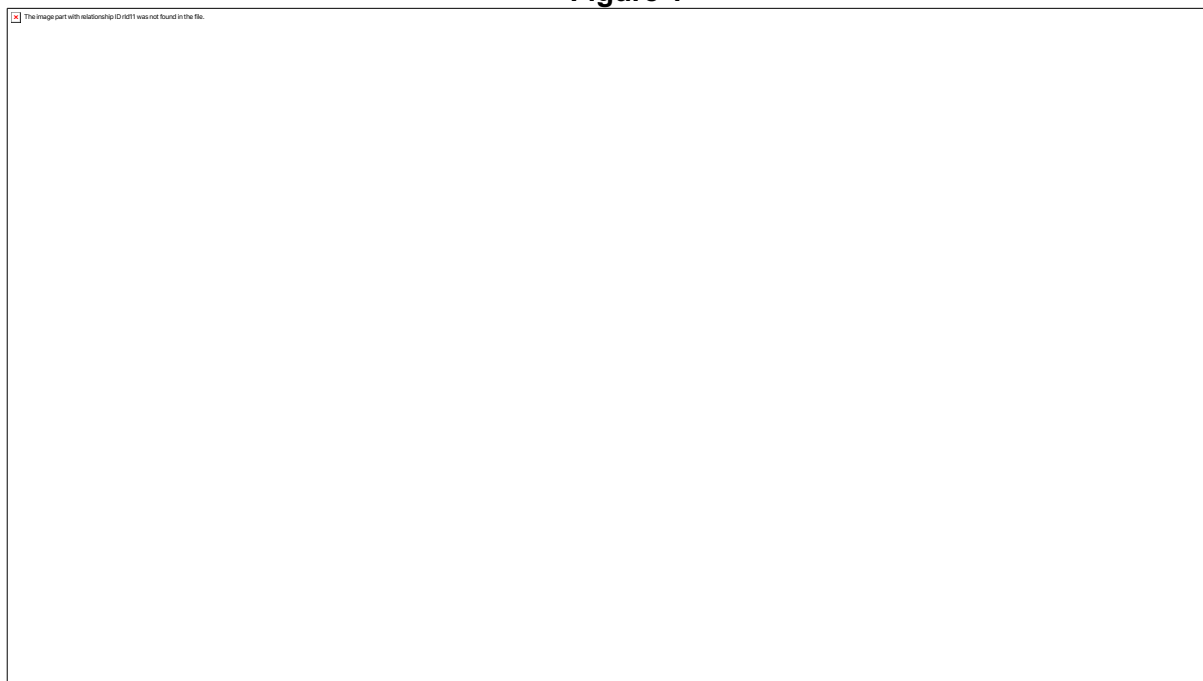


Table 9 below shows *restavèk* children as a percentage of all children in survey households. This comes to 12% of children in the northern corridor, 14% in hotspot neighborhoods of the

metropolitan area and 18% of children in St. Marc. This analysis calculates *restavèk* children as a percentage of all children 5 to 17 years in survey households.

The breakdown by gender in Table 10 is roughly equal in the North, but the proportion of *restavèk* girls is much higher in St. Marc (54%) and especially in Port-au-Prince (69%). The figures in Table 11 suggest that boys and girls are recruited as child domestic workers at roughly equal rates in the northern corridor, which is consistent with Table 10. This undoubtedly reflects to some extent the heavier weighting of rural areas in the northern sample including the communes of Limonade, Caracol and Trou du Nord. In the more urbanized samples of St. Marc and Port-au-Prince, the gender distinction is sharply divergent with girl *restavèk* children in relation to all girls at roughly twice the rate of *restavèk* boys in relation to all boys.

**Table 9. Percent of *restavèk* children among all children age 5-17**

North (N=491)	St. Marc (N=271)	Port-au-Prince (N=851)
12%	18%	14%

**Table 10. Gender of *restavèk* children in percent by zone**

Gender	North N=57	St.-Marc N=50	Port-au-Prince N=120
Girls	49	54	69
Boys	51	46	31
	100	100	100

**Table 11. Percent of all boy children and all girl children in *restavèk* placement**

<i>Restavèk</i>	North (N =491)	St. Marc (N=271)	Port-au-Prince (N=851)
Boys	12%	14%	9%
Girls	11%	24%	19%

*NOTE: These are percentages of all male children and all female children, respectively, between the ages of 5 and 17 in each survey zone.*

Greater workload is a primary characteristic of *restavèk* children. Table 12 shows that *restavèk* child servants have a consistently higher workload than other children in the household. The *restavèk* workload in the North is also notably higher than other areas studied (6.5 tasks versus 5.4 in Port-au-Prince). On the other hand, *restavèk* versus non-*restavèk* workloads are relatively more equal in the north compared to other areas studied, only 1.6 additional tasks compared to 2.3 additional tasks in the Port-au Prince sample.

**Table 12. Workload of child domestic workers versus other household children**

	North	St-Marc	Port-au-Prince
Household children	4.9	3.2	3.2
Restavèk children	6.5	5.5	5.4

*NOTE: Average workload is based on 0-9 domestic tasks assigned to children. See page 4 of questionnaire for the list of tasks.*

Figure 2 shows distinct differences for the workload of non-servant children among the three study zones, but not for *restavèk* children. It may be that the somewhat more equal treatment of *restavèk* versus non-*restavèk* children in the North reflects the higher overall workload for all children in the northern sample compared to other regions.<sup>37</sup>

**Figure 2**



Aside from workload, analysis of schooling by age is another important indicator of differential treatment of *restavèk* versus other children in household (see Tables 13 and 14 below). Education as a filter includes two features, rates of current enrollment, and school level by age for the normal sequence of primary schooling. A 6 year old child in the first grade is on target. An 8 year old in the first grade is 2 years behind.

The data show that *restavèk* children on average are further behind in schooling compared to other household children of the same age. This tends to confirm the premise of unequal treatment in exchange for services rendered. Equally remarkable is the finding that non-*restavèk* children in the study are also significantly behind in schooling, although national data have consistently shown that a high proportion of over age students is characteristic of education in Haiti, i.e., over 50% of all primary school students.<sup>38</sup> Among students surveyed, the average delay in schooling for children of household heads and other non-*restavèk* children in the household is nearly the same; however, *restavèk* delays in schooling are notably higher than the other two categories of children.

<sup>37</sup> For workload ratings, there were no significantly different responses when analyzed by differences in gender, age, economic status or education level of household heads.

<sup>38</sup> MENJS, 2004, p. 24.

Rates of current school enrollment show the same trend. Enrollment rates of *restavèk* children are significantly less than other children in the household, including child boarders living with others during the school year, whose living expenses are paid or subsidized by sending parents.<sup>39</sup>

**Table 13. Comparison of *restavèk* and other children by average number of years behind in schooling compared to the normal cycle of age and level of schooling**

Child status in the household	Average years behind in schooling
<i>Restavèk</i> children	3.3
Children of household heads	2.1
Child boarders ( <i>fè la desant</i> )	2.3

**Table 14. Current school enrollment of *restavèk* and other children in the household**

Child status	Percent currently attending school
<i>Restavèk</i> children	84%
Children of household heads	93%
Child boarders ( <i>fè la desant</i> )	90%

There is significant variation in economic status among *receiving* households for *restavèk* children but the overall pattern is consistent throughout the three regions. As shown in Table 15, one half to two-thirds of households with the highest economic status have *restavèk* children. This is consistent with the longstanding hypothesis that receiving households tend to be more affluent than sending houses; however, the table also demonstrates that the full range of economic categories includes *restavèk* households.<sup>40</sup> As a corollary, Table 16 shows that lower and middle range households are *sending* children at higher rates in all three regions, although households in the upper tier may also send children for *restavèk* placement.<sup>41</sup>

**Table 15. Percent of households receiving *restavèk* children by economic status**

	North N =179	St.-Marc N=107	Port-au-Prince N=360
Household economic status			
Low	14%	28%	18%
Middle	24%	39%	27%
High	60%	67%	53%
All households with <i>restavèk</i> children	23%	34%	26%

NOTE: These are percentages of each economic class, respectively, for low, middle and high income households, based on the wealth index noted earlier (see Annex A for description of the scale).

<sup>39</sup> An earlier study detected *restavèk* type treatment of some child boarders not otherwise identified as *restavèk* children, in response perhaps to inadequate compensation on the part of sending parents (see Smucker *et al*, 2009).

<sup>40</sup> Questions R1-16, PYES, INOND, and RENT are the indicators for an index of the economic status of all households surveyed. The index does not include income information which is much more difficult to attain with a reasonable degree of reliability in this type of a survey.

<sup>41</sup> It should be noted that the economic index is not a cross-section of all elements of Haitian society which would include the most affluent, whereas the study focuses on target areas for AKSE services including urban hotspot neighborhoods.

**Table 16. Percent of households *sending* *restavèk* children, by economic status**

Household Economic Status	North (N =179)	St. Marc (N=107)	Port-au-Prince (N=360)
Lower	9%	21%	18%
Higher	9%	13%	12%
All sending households	9%	17%	14%

NOTE: These are percentages of each economic class, respectively, for low, middle and high income households, per wealth index noted earlier.

Table 17 shows percentage of survey households that furnish *restavèk* children, households that receive *restavèk* children, and households that both send and receive *restavèk* children. The latter is a small but consistent percentage over the three survey zones. In these households, the comings and goings of children are not necessarily simultaneous and may reflect changes in household composition, labor requirements and economic status over time. This deserves further study as seeming anomalies can shed light on how the system works.

The percent of sending houses is significantly lower than receiving households in all three zones. This suggests that the sources of children for *restavèk* placement may tend to be outside the immediate vicinity of receiving households, particularly in a survey sample with more urban than rural households.

**Table 17. Pourcentage of survey households sending and receiving *restavèk* children by zone**

	North N =179	St. Marc N=107	Port-au-Prince N=360
Sending households only	8%	16%	12%
Receiving households only	20%	31%	23%
Households that both send and receive	2%	2%	2%

*To what extent is household size a factor in the presence of restavèk children?* Figure 3 below demonstrates that households with *restavèk* average one more person than households without *restavèk* children (7.85 versus 6.84 persons); however, if the *restavèk* child is not counted, both households have nearly the same average size. Therefore, original size of the household does not appear to have an impact on the presence of *restavèk* children.

*Are there differences between restavèk versus non-restavèk households reporting the use of corporal punishment?* There is virtually no difference when queried by household; however, the survey instrument does not capture differences in the use of corporal punishment for *restavèk* versus non-*restavèk* children. These differences are difficult to determine reliably through a quantitative household survey instrument. Furthermore, as shown in the discussion of Highly Vulnerable Children, corporal punishment is standard practice in most households surveyed (see Table 20 in the next section of the report).

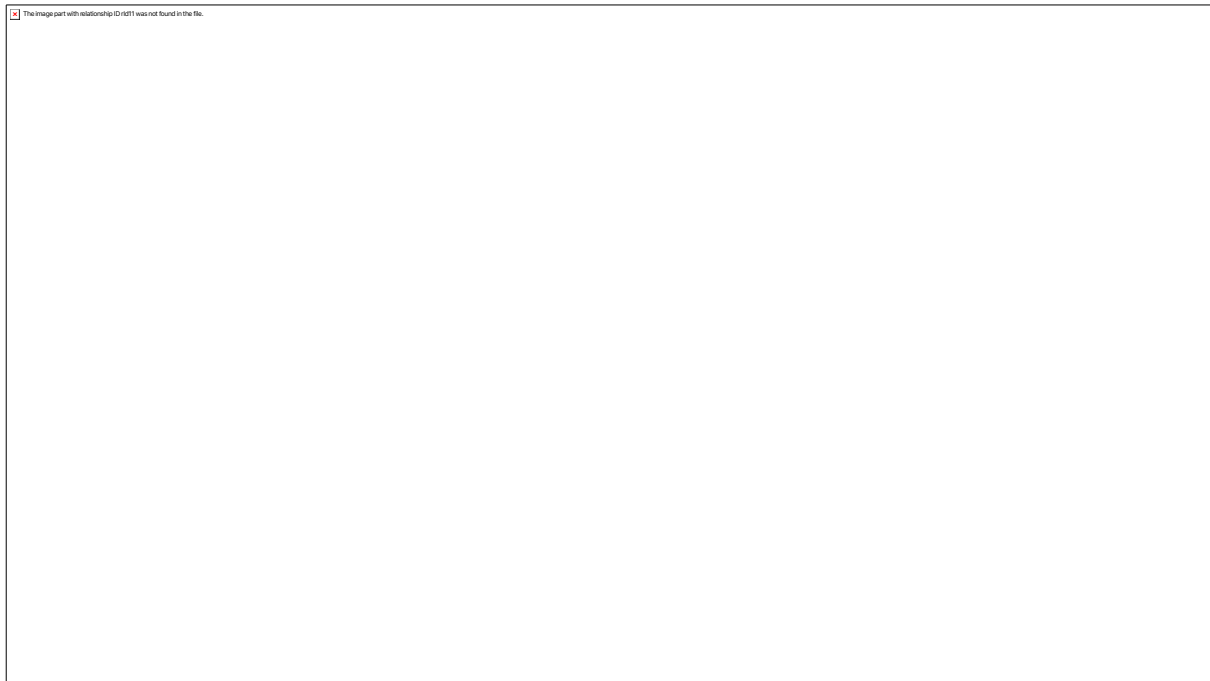
**Sources of *restavèk* children.** The movement of *restavèk* children from sending to receiving households is primarily internal to the region within each study corridor, including Port-au-Prince (see Table 18 below). Port-au-Prince is more diverse than the other study corridors as the country's political and economic capital. Port-au-Prince is also the most important single target for rural/urban migration in Haiti. Nevertheless, there is disproportionate representation in Port-au-Prince of *restavèk* children coming from the southern peninsula, especially Grande Anse and

Sud departments. In communes surveyed in the wider northern region, *restavèk* children come largely from within the North North-East departments. These patterns may shift somewhat if there is rapid in-migration into the North-East department where the new industrial park and housing developments are located. Overall, trends in the relocation of *restavèk* children appear to reflect broader rural-urban migration patterns.

## Highly Vulnerable Children

**Definitions.** The Haitian jurist Norah Jean-Francois (2008a, 11) has defined a “child in danger” as “a non-emancipated child whose conditions of health, education, security and morality are severely comprised.”<sup>42</sup>

**Figure 3. Household size and the presence of *restavèk* children**



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<sup>42</sup> Translated from Jean-Francois 2008a, p.117.

**Table 18. Departmental origins of *restavèk* children by zone**

Origin	North (N =48)	St. Marc (N=36)	Port-au-Prince (N=102)
Artibonite	4%	<b>81%</b>	3%
Centre	0	0	4%
Grande Anse	0	0	11%
Nord	<b>38%</b>	3%	2%
Nord-Est	<b>48%</b>	0	1%
Nippes	0	0	6%
Nord-Ouest	4%	3%	0
Sud	0	0	9%
Sud-Est	2%	3%	5%
Ouest	4%	11%	<b>60%</b>
Total	100%	100%	100%

A definition used by USAID (2008) includes the following characteristics:

Highly vulnerable children are those children under age 18 whose safety, well-being, or development is at significant risk due to inadequate care, protection, or access to “essential services.”

Highly vulnerable children include those who are orphaned; receive inadequate adult support because of death, abandonment, economic distress, or chronic illness; have HIV/AIDS or are suspected of having HIV; are directly affected by armed conflict; live outside of family care; or have suffered, in some other way, from a collapse of traditional social safety nets in their communities.

The term *children in adversity* is also used by the US government:<sup>43</sup>

Such children include those who are without protective family care or living in abusive households, on the streets, or in institutions; trafficked; participating in armed groups; exploited for their labor; and/or living within fragile families and who face a multitude of risks posed by extreme poverty, disease, disability, conflict, and disaster.

**Orphaned children.** The baseline household survey instrument has questions regarding orphaned children including AIDS orphans. The US government identifies AIDS orphans as a highly vulnerable component of orphans and other vulnerable children (OVC):<sup>44</sup>

Conceptually, a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired. In the international community, the term “Orphans and other Vulnerable Children,” or “OVCs,” sometimes refers only to children with increased vulnerabilities because of HIV/AIDS, and other times refers to all vulnerable children, regardless of the cause (e.g., chronic poverty, armed conflict, famine).”

<sup>43</sup> See Public Law (PL) 109-95 and U.S. Government Action Plan On Children In Adversity, launched on December 19, 2012, at the White House (USAID, December 17, 2012).

<sup>44</sup> US Global AIDS Coordinator (July 2006).



This report also notes that AIDS based vulnerability of children derives from having lost one or both parents to HIV/AIDS, or is HIV-positive, lives without adequate adult support, lives outside of family care or is “marginalized, stigmatized or discriminated against.”

The DHS survey for Haiti follows UNICEF (2005) in using the following indicators of orphans and other vulnerable children: children orphaned by at least one parent, a parent severely sick for 3 out of the last 12 months, living in a household with at least one adult 18-59 gravely ill for 3 of the last 12 months, living in a household where an adult between the ages of 18 and 59 has died during the past year after being gravely ill for at least 3 months. By these measures, the DHS survey found 24% of children as OVC in this national survey, or 15% deemed vulnerable in addition to half orphans.<sup>45</sup>

There are other sources of vulnerability. A 2006 report on the Caribbean stated that Haiti had the highest rate of violence against children in the Caribbean, a vulnerability that was further increased by the January 2010 earthquake.<sup>46</sup> As noted earlier, according to the DHS survey, 20% of all Haitian children do not live with either parent, although sending children to live with others may also be a parental strategy for diminishing a child’s vulnerability.<sup>47</sup> The DHS survey also found that 45% of children under age 18 were living with both parents, although the percentage was considerably higher in rural areas (50%) compared to urban areas (35%).<sup>48</sup>

**Indicators of vulnerability.** In sum, for purposes of the baseline survey, children not in school or over-age for their class assignment are deemed vulnerable, also children with workloads that interfere with their health or school attendance, orphans, and children affected by HIV-AIDS. Children not living with either parent are also subject to heightened vulnerability, including street children as well as children living in other households. The Ministry of Education takes note of sexual abuse and violence against girls in schools.<sup>49</sup> It is also abundantly clear from recent reports that children living in camps for internally displaced persons are highly vulnerable.<sup>50</sup> Finally, by far the most significant source of child vulnerability is extreme poverty which deeply affects the life chances of the vast majority of rural and urban households (55%), but attains higher overall incidence in rural households (81%).<sup>51</sup>

## Survey Findings on Highly Vulnerable Children

- The household survey found households in the North and St. Marc that had sent children to the Dominican Republic, including a few more boys than girls; however, the numbers were too small for valid statistical analysis.<sup>52</sup> The BPM agent interviewed at the border post in Ouanaminthe

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<sup>45</sup> EMMUS-IV, *op.cit.*, 257-259.

<sup>46</sup> See Meeks-Gardner *et al*, 2006, Violence against Children in the Caribbean...

<sup>47</sup> Also noted earlier, some 28% of all children in the baseline survey did not live with their parents (see Table 10).

<sup>48</sup> *Ibid.*

<sup>49</sup> MENJS, 2004, 27.

<sup>50</sup> See D’Adesky 2012, Beyond Shock: Charting the Post-Quake Landscape of Sexual Violence in Haiti, and HRW 2011.

<sup>51</sup> MPCE 2004, Carte de Pauvreté d’Haïti, Verner 2005.

<sup>52</sup> An earlier study identified Plaisance and Pilate as a recruitment area for children crossing the border (Tejeda *et al*, 2002). Smucker and Murray (2004) interviewed border area children placed in Dominican homes as *hija/hijo de crianza* (a Dominican form of informal fosterage).

(November 2012) reported that her border post handles around two hundred cases per month including smuggling and illegal border crossing, a few cases of trafficking, a significant number of repatriations from the Dominican Republic, and a small number of minors in conflict with the law.

- The survey instrument also asked about children affected by HIV-AIDS. Again only a handful of respondents admitted housing such children. This may reflect the stigma attached to the disease.
- A certain percentage of *restavèk* children in the study are orphans (4%) or half orphans (9%) for a cumulative total of 13% of all *restavèk* children as shown in Table 19 below.
- Corporal punishment is nearly universal as shown in Table 20 below.

**Table 19. Orphaned *restavèk* children in all regions**

Absent Parent	Percent	Cumulative Percent
Father	5.6	5.6
Mother	3.7	9.3
Both	4.0	13.3

**Table 20. Punishments used by survey households, in percent**

Punishment	North (N=174)	St. Marc (N=103)	Port-au-Prince (N=335)
Beating	96	97	92
Kneel on rear chair rung	12	14	12
Kneel on a grater	2	15	10
Shaming without above	27	26	33
Other sanction	0	1	4

## Youth

In its recently published Youth in Development policy, USAID (USAID 2012, 9) states a goal regarding youth: “improve the capacities and enable the aspirations of young people so that they contribute to and benefit from more stable, democratic and prosperous communities and nations.”

**Definitions.** Age definitions for youth are highly variable but often focus on age 15 to 24. USAID also cites the age range 10-29 years old as a broader youth cohort. The USAID policy statement notes that Haiti is classified demographically as a “growing” country with 36% of the population under age 15, and 30% of the population between the ages of 15 and 24 years (*Ibid.*, 23). A recent national study collected information on Haitian youth, and defined the age range as 13 and 24 years (INURED 2011).

**Situation.** Lunde (2010) notes that rural youth in Haiti have few opportunities for social mobility if they remain in rural areas, which have much higher rates of poverty than urban areas. Rural

areas also have far higher rates of illiteracy and unschooled children.<sup>53</sup> Therefore, rural youth commonly look to urban migration. Aside from migration to Haiti's cities, rural youth, primarily males, are also migrating in large numbers to the Dominican Republic, even though such migration carries high risk due to the common practice of crossing the border illegally and the resulting absence of legal status as undocumented workers in the Dominican Republic.

**Baseline data on youth.** In this very youthful country, well over 40% of household members surveyed were between the ages of 5 and 17. Household members between the ages of 18 and 25 years constituted 19% of household members surveyed in the North, 17% in St. Marc and 19% in Port-au-Prince.

Field study included qualitative interviews with *restavèk* youth and street youth between the ages of 18 and 22. These youths were attending primary school at the Ecole Coeur des Jeunes in Cap-Haïtien. Two of the students were young men 18 years old still living in the street, having been on their own since the ages of 7 and 10. Both were orphans who had run away from *restavèk* situations with relatives.

Other students interviewed included an 18 year old male and 22 year old female in *restavèk* situations. They had lived with others in *restavèk* placement since the ages of 11 and 7 respectively. As young adults, both of them had the option of leaving these households and also of returning home, but had not exercised these options. Both stated they were treated as servants, were stigmatized socially and worked very hard; however, they felt that they ate better than if living at home. They viewed the opportunity to attend school as a way out of their situation.

The 22 year old woman in *restavèk* placement since age 7 was originally from Plaisance. Her mother had 8 children. Her father has gone to Dominican Republic and never returned. Her mother borrowed money and was imprisoned several times for debt. When the mother was in prison, the children would seek food from neighbors and relatives. As a child, the young woman could not attend school in Plaisance because her mother could not afford it. While her mother was in prison, a truck driver encountered her in the streets of Plaisance and recruited her for *restavèk* placement in Cap-Haïtien. She waited two weeks before accepting the truck driver's offer. Her grandfather approved, and she and a sister went to live with two sisters (separate households) in Cap-Haïtien. She says this decision at age 7 was her own decision because she did not have enough to eat and she could not attend school, and it is still her decision to stay at present. She feels that she is able to help her mother in Plaisance by living with others and attending school.

Overall, eight Interviews were undertaken with students between the ages of 15 and 22 at the Cœur des Jeunes school in Cap-Haïtien. Those living with others in *restavèk* arrangements began between the ages of 6 and 14. By their own accounts, a number of those interviewed actively participated in the choice to live with others, or at least to continue living there.

The two street kids first began living in the street at age 7 and 10. The street kids were orphaned. There was some movement back and forth between *restavèk* placement and living in the street.

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<sup>53</sup> See Lunde 2008, also MENJS 2004 which points to a huge gap in illiteracy rates between rural and urban areas (48% versus 24%).

For those in *restavek* placement, homework and housework compete for time, and host households are sensitive to this issue. All are behind in terms of age and the normal sequence of schooling. They report stigmatization targeted at both *restavek* and street kids, but prejudice is greater toward street kids. Some do not have access to their birth certificates which constitutes a barrier to passing state school exams, even for primary school. In some cases, eliciting information about their lives and circumstances provoked strong feelings and tears. All saw schooling as a means of to improve their social status and treatment and also as a way out.

### III. Gender Based Violence

#### Defining Terms

The following texts, along with Haitian Creole terms and cultural perceptions, inform baseline understanding of gender based violence (GBV) and survey questions designed to elicit GBV data. The initial definition is drawn from the Inter-Agency Standing Committee (IASC) of which CARE is a member.<sup>54</sup>

Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

The following definition is used by a consortium of women's organizations in Haiti. It is drawn from the Convention Belém Do Pará, an Inter-American Convention signed by Haiti in 1996.<sup>55</sup>

*Violence against women designates all acts of violence due to belonging to the feminine sex, causing or capable of causing harm or physical, sexual or psychological suffering including threats of such acts, restraint or arbitrary restriction of liberty whether in public or private life.*

A legal guide for women published by Femmes en Democratie, a Haitian women's network, defines violence as any "...act of aggression attacking the physical or psychological integrity of the person against whom it is directed."<sup>56</sup>

The core types of gender based violence noted below were created for data collection and statistical analysis by OCHA, UNHCR, and the IRC, with technical guidance from the IASC Sub-Working Group on Gender and Humanitarian Action (2006).<sup>57</sup>

- Rape
- Sexual Assault
- Physical Assault
- Forced Marriage
- Denial of Resources, Opportunities or Services
- Psychological / Emotional Abuse

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<sup>54</sup> Communication from Yvonne Uwimana, CARE/Haiti, 9-5-12. The definition was developed by a team of GBV experts in 2005 when the Inter-Agency Standing Committee Guidelines on GBV Interventions in Emergencies were developed. Because it is an IASC-endorsed definition, this is the agreed definition for use by UN agencies, most international NGOs, the Red Cross/Red Crescent movement, and most other international organizations involved in emergency response.

<sup>55</sup> Translated from the French (CNVFF 2011). Definition adopted by the Interamerican Convention for the Prevention, Sanction and Elimination of Violence against Women, also called, Convention Belém Do Pará (Brazil, June 1994), ratified by Haiti April 3, 1996, quoted by the Haitian Concertation Nationale contre les Violences Faites aux Femmes.

<sup>56</sup> Guide Juridique à l'usage des femmes haïtiennes (2002, 133).

<sup>57</sup> <http://gbvims.org/learn-more/gbvims-tools/>

## Vulnerability Analysis

The Demography and Health Survey included questions on domestic and conjugal violence against women over the age of 15. Some 27% of women surveyed had been victims of violence at some point in their lives since age 15, and 16% within the past 12 months. The aggressor was someone other than a partner or spouse in 46% of the cases, and the husband or partner in 32% of the cases. Respondents from the Artibonite reported much higher rates of victimization (41%) than other parts of the country. Among women currently or previously in some type of marital union, 25% were victims of marital violence whether emotional, physical or sexual.<sup>58</sup>

The Center for Disease Control is presently funding a national survey of violence against children and youth in Haiti with a view to proposing targeted programs for prevention as well as policy initiatives. The target group for inquiry is between the ages of 12 and 24. The results of this survey were not yet available at the time of this writing.<sup>59</sup>

In November 2012, a post-earthquake women's coalition released the findings of a study of post-earthquake sexual violence drawn from 60 agencies and field providers in *Haiti, Beyond Shock: Charting the Post-Quake Landscape of Sexual Violence in Haiti – Progress, Challenge and Emerging Trends* (D'Adesky 2012). The report noted an increase in gender-based violence and rape just after the January 12, 2010 earthquake and a decline in officially reported cases since early 2011. The study found that 90% of all agency reported cases of gender based violence were attributable to domestic violence, and 60% of reported rapes were perpetrated against adolescents and younger girls, mostly by persons known to the victims. Some of the violence was attributable to survival sex related to food insecurity and lack of safe housing, including IDP camps. Many victims reported having access to post-rape counseling but not medical or preventive health services.

A closely related PotoFi survey was based on interview with pregnant adolescents. The survey found that 64% of the pregnancies were due to rape. Also, 37% of another group of pregnant girls reported they had engaged in survival sex for shelter and food in the post-earthquake period.<sup>60</sup>

Marcelin (2011) reported survey results on violence and the administration of justice in Cité Soleil, 2008-2010, including post-earthquake violence. Marcelin stated that post-earthquake distribution of food aid, shelter and jobs was "largely sex-driven in addition to being politically driven" in IDP camps. In terms of access to justice, Marcelin found that people were aware of their rights (88%) and knew how to make formal complaints (71%). Some 28% of respondents had reported crimes but 53% viewed justice systems as corrupt, thereby limiting the benefit of recourse to justice institutions, unless one has money or knows people in authority.<sup>61</sup>

Four non-governmental agencies have been documenting cases of violence against women since 2002, i.e., Kay Fanm, SOFA, GHESKIO and Médecins sans Frontières.<sup>62</sup> Their most recent report covers the period July 2009-June 2011 in the Artibonite, Grande Anse, Ouest, and

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<sup>58</sup> Emmus-IV, op. cit., 295-310

<sup>59</sup> INURED, October 2011, Sondage violence à l'encontre des enfants (SVEE) en Haïti...

<sup>60</sup> PotoFi, Summary Report, Gender Aftershocks : Teen Pregnancy and Sexual Violence in Haitian Girls. Final Results of an Adolescent Field Survey (see D'Adesky 2012).

<sup>61</sup> Marcelin 2011, 17-31.

<sup>62</sup> CNVFF, November 2011 report, also SOFA 2011.

Sud-est. During this period, 67% of the cases of violence against women were registered by medical services, 25% by women's organizations, and 7% by the justice sector (courts, public prosecutors). The breakdown of reported incidents is as follows: 60% physical violence, 30% sexual violence, 6% psychological violence, 5% economic violence. Only 58% of the victims of sexual violence attained services within a three day period following the attack.

**Border violence against women.** Doucey (2010, 21-25) reports on violence against women in Haiti/Dominican border areas. Doucey noted that domestic violence first of all, and then rape, are the most common forms of GBV in border areas. This is not unique to the border area as this also mirrors the pattern of violence away from the border (see EMMUS-IV). Doucey takes note of cross-border trafficking in women but does not deem it a major trend. Doucey states that human security has gotten worse along the border, especially for women, since the 2007 mobilization of CESFRONT, the Dominican army corps for border security.<sup>63</sup> According to Doucey, CESFRONT is composed only of men and they have no training in gender issues. Periodic deportation of Haitians tends to be late in the day, a time frame that significantly increases the risk of violence to deportees, especially for women. There is a bi-national protocol on repatriation which requires Dominican notification of Haitian diplomatic personnel; however, it is generally not respected, and does not provide for direct communications between nearby border authorities.<sup>64</sup>

**MINUSTAH.** Another salient issue in GBV is a byproduct of the presence of MINUSTAH forces, present in Haiti since 2004. The mission of UN forces in Haiti is to assist the national government to ensure security and political stability in keeping with the national Constitution, and to assist in the protection of human rights.<sup>65</sup> Jennings (2008) found that UN forces in Haiti have not effectively implemented their announced zero-tolerance policy towards sexual exploitation, and there have been a number of well publicized cases of MINUSTAH soldiers engaging in sexual exploitation. Furthermore, the introduction of cholera by UN forces in 2010 has also significantly increased the overall vulnerability of women and children (ICG 2012, Engler 2012). Gilles (2008, 109) carried out a study of violence, conflict and conflict resolution in the Artibonite and reported that survey respondents, ordinary citizens, expected little or nothing from MINUSTAH for control of violence and conflict.

**Ministry initiatives.** Current priorities of the Ministry of Women include expanding access to legal aid for women, strengthening the ministry's presence in other parts of the country, expanding shelter services for battered women and girls, providing safe shelter for traveling intermediaries (*madansara*) as a special category of vulnerable women.<sup>66</sup> The Ministry has also proposed a new law on violence in keeping with the Convention of Belem.

## **Baseline Survey Findings on GBV and Abuse**

### **Attitudes and Opinions**

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<sup>63</sup> Cuerpo Especializado de Seguridad Fronteriza Terrestre.

<sup>64</sup> See Smucker (2008, 15-17) for discussion of the *Protocole d'Accord entre la République d'Haïti et la République Dominicaine sur les Mécanismes de Rapatriement*.

<sup>65</sup> Haiti-MINUSTAH-Mandat: Mission des Nations Unies pour la Stabilisation en Haïti (see Gilles 2008, 130-131).

<sup>66</sup> Interview with the MCFDF minister's Chief of Staff Elise Brisson Gelin and Attorney Mona Jean.

This section reports on respondent attitudes and opinions regarding abuse as well and gender based violence, gender equality and inequality, and prospective recourse in the face of interpersonal conflict between men and women.

In terms of respondent opinions regarding local propensity for different forms of gender based violence and abuse (Table 21), beating a woman is identified by 8% of northern respondents, 17% in St. Marc and 21% in Port-au-Prince; and rape by 1% in the North and 3% in Port-au-Prince. Respondents also report a high frequency of women subject to insulting language including 31% in the North, 21% in St. Marc and 21% in Port-au-Prince, also harassment including 13% of respondents in Port-au-Prince.

Table 21 shows that respondents perceive the withholding of child support as far and away the most common form of male abuse of women in the three survey zones, including over half of respondents in the North and St. Marc, and 41% in Port-au-Prince. Female respondents also reported this at significantly higher rates than male respondents.<sup>67</sup>

**Table 21. Opinion of local propensity for abuse of women**

	<b>North (N=98)</b>	<b>St. Marc (N=65)</b>	<b>Port-au-Prince (N=230)</b>
No male child support	51%	58%	41%
Insulting language	31%	21%	20%
Beatings	8%	17%	21%
Harassment	9%	2%	13%
Rape	1%	0%	3%
Steal belonging	0%	0%	1%
Humiliation	0%	2%	0.4%
Magic	0%	0%	0%
Threats	0%	0%	0.4%
Total	100%	100%	100%

*NOTE: See question GBV-K on page 6 of questionnaire.*

As shown in Table 22 below, respondents strongly advise the man to leave the woman who betrays him. On the other hand, around one fourth of respondents recommend efforts to seek reconciliation. A significant number suggest prayers. When responses to the question are analyzed by gender (Table 23), female respondents score higher than male respondents in favor of breaking off the relationship, except in the North where responses by gender are fairly similar. Female respondents appear to favor fidelity in a social context where men overall have greater latitude than women for multiple relationships. For the option of seeking reconciliation, women also score higher than men in the North and St. Marc, and about equally in Port-au-Prince. Male respondents in the northern sample appear somewhat less tolerant and less inclined to reconciliation. The category of “other response” is also notably higher for male respondents compared to female respondents in all three zones.<sup>68</sup>

<sup>67</sup> Analysis of GBV-K2 responses.

<sup>68</sup> The instrument did not capture more detail on “other responses” but this would be worth pursuing. Also, perhaps the equivalent question should have been asked regarding a woman’s response to male relationships with other women.



**Table 22. Responses to what a real man should do if a woman betrays him?**

<b>Response</b>	<b>North (N=173)</b>	<b>St. Marc (N=107)</b>	<b>Port-au-Prince (N=362)</b>
Leave her	<b>54.3%</b>	<b>48.9%</b>	<b>42.1%</b>
Beat her	1.7%	4.4%	4.7%
Seek reconciliation	<b>23.7%</b>	<b>25.4%</b>	<b>29.9%</b>
Prayers	8.1%	5.2%	11.2%
Work magic	1.7%	.0%	.9%
Other response	10.4%	16.0%	11.2%
	100.0%	100.0%	100.0%

NOTE: See question PERGBV2 of questionnaire.

**Table 23. Responses by gender to what a “real man” should do if a woman betrays him?**

<b>Response</b>	<b>North</b>		<b>St. Marc</b>		<b>Port-au-Prince</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Leave her	58%	54%	36%	44%	40%	52%
Beat her	0%	2%	4%	5%	2%	5%
Seek reconciliation	17%	25%	28%	30%	27%	25%
Prayers	10%	8%	8%	12%	9%	4%
Work magic	0%	2%	4%	0%	0%	0%
Other response	15%	9%	20%	9%	22%	14%
	100%	100%	100%	100%	100%	100%
<b>N</b>	<b>40</b>	<b>132</b>	<b>25</b>	<b>82</b>	<b>82</b>	<b>278</b>

**Gender equality.** The survey instrument sought to measure attitudes regarding gender equality by eliciting respondent agreement or not with the idea that a woman can supervise a man in the workplace. Some 23% of respondents agreed. Respondents were also asked if women should be recommended for political posts or carry out tasks generally attributed to men (see Table 24 below). The scores for the index show virtually no difference in responses between men and women, as both scored less than 1 for the three questions about gender equality. These responses suggest only limited support for the idea of gender equality, at least insofar as political and management roles can be assigned equally to men or women.<sup>69</sup>

Depending on the circumstances, women may also be reluctant to express views of gender equality in public settings. Women commonly express themselves more freely when men are not present, as in group interviews composed of women only.

<sup>69</sup> There were also no significant differences in responses by different age and education levels.

**Table 24. Index of attitudes towards gender equality by gender and site**

	<b>North</b> (N=183)	<b>St. Marc</b> (N=109)	<b>Port-au-Prince</b> (N=370)
Women	0.9	0.7	0.8
Men	0.9	0.8	0.9

*NOTE: See Annex A for methodology used to build this index of attitudes.*

The social and political context is one in which there is a sharp contrast between formal and informal roles of women in public settings. Formal public roles are largely dominated by men; however, it is clear that women dominate Haiti's internal market system deemed the informal economy. Many anthropological field studies point to the pivotal role of Haitian market women, and also the central economic role of women in the management of Haitian peasant households.<sup>70</sup>

In terms of formal public roles and management positions, it is clear that such roles are widely dominated by men, although there has been a woman prime minister in recent times, a mainstream woman candidate for president in the last presidential election, and the creation of a cabinet level ministry devoted to the interests of women. At present there are no woman senators and only 5 of 99 parliamentarians are women.<sup>71</sup>

At other levels of society, women are playing growing roles in the formal system, e.g., Gerda Bienaimé of FEFBA (St. Marc) has successfully defended the rights of women within the legal system. The male dominated system of judges and prosecutors in the Artibonite now actively seek her advice, which was not the case several years ago, and defer to her and FEFBA in cases of gender based violence that come to their attention.<sup>72</sup>

### **Incidence of GBV and Abuse**

A significant number of households in all three regions include women who have been abused in some manner (see Table 25). Survey responses reflect the full range of abuse categories in the survey instrument including violence. Consistent with the earlier Table 21 on opinions, many survey households include women victimized by lack of child support from the fathers of their children (14 to 18 percent), insults (12-16%) and beatings. Port-au-Prince and St.-Marc report twice the incidence of beatings (12%) compared to northern households (5%). One percent of households in the North and Port-au-Prince include victims of rape in the period since the January 2010 earthquake.

The use of aggressive magic is likely underreported in the household survey, i.e., 2% of responses shown for the North and St. Marc. First of all, it is difficult to demonstrate or prove the use of magic in empirical terms. Secondly, what is perhaps far more common but with very significant psychological impact is the fear of magic and accusations of magic. The psychological impact should not be underestimated as accusations of magic reflect real conflict in interpersonal relations. These issues are better explored by qualitative inquiry rather than survey instruments.

<sup>70</sup> For example, Mintz 1961 and 1964.

<sup>71</sup> Per Interview with Elise Brisson Gelin, Chief of Staff, Minister of Women (10/22/12).

<sup>72</sup> Per field interviews with a judge, the prosecutor's office, FEFBA and victims in St. Marc (11/15/12).

**Table 25: Percentage of survey households with woman victims of abuse**

	<b>North (N=184)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince (N=372)</b>
No male child support	14%	17%	18%
Insults	12%	15%	16%
Beatings	5%	12%	10%
Harassment	3%	7%	5%
Humiliation	5%	5%	6%
Threats	3%	6%	5%
Magic	2%	2%	0%
Steal belongings	1%	2%	2%
Rape	1%	0%	1%
Other forms of abuse	1%	1%	1%

NOTE: See question GBV-M1-M9 on page 6 of questionnaire.

Table 26 below reflects patterns similar to the table on household incidence when the incidence of abuse is analyzed as a percent of all women rather than all houses surveyed; however, the reported incidence of battered women is higher, especially in St. Marc (19%) and Port-au-Prince (11%). Furthermore, the incidence of rape is much higher for Port-au-Prince (2.5%) than earlier tables would suggest (1%). The sample did not include interviews in IDP camps; however, given recent evidence from other studies, the incidence of rape would likely be much higher among camp dwellers. When female respondents were asked if they personally had been beaten by men, responses show 9% in the North, 6% in St. Marc and 7% in Port-au-Prince.<sup>73</sup>

The incidence of battered women in the baseline survey is consistent with other studies such as the Demography and Health Survey cited earlier in this chapter. Domestic violence is generally identified as the most common type of violence against women. In St. Marc, FEFBA reports that physical violence against women is far more common than rape.

The high pattern of paternal neglect in child support shown in these tables is also supported by qualitative field interviews and a focus group in St. Marc. The director of FEFBA (St. Marc) has documented an unprecedented wave of what she calls “child abandonment” in the lower Artibonite. FEFBA legal aid has represented numerous women in lawsuits against fathers failing to provide child support, most commonly when school costs and rent payments are due.<sup>74</sup>

**Table 26. Percent of women surveyed age 18 and above who have been abused**

	<b>North (N=242)</b>	<b>St. Marc (N=111)</b>	<b>Port-au-Prince (N=448)</b>
Males withholding child support	9.9%	18.7%	16.6%
Beating	3.1%	18.7%	10.8%
Insults	8.4%	9.8%	16.6%
Harassment	1.5%	6.9%	5.8%
Humiliation	1.5%	4.9%	6.6%
Threats	0.8%	4.9%	3.3%
Magic	0.8%	3.9%	1.7%
Steal belongings	0.8%	1.0%	2.5%
Rape	0.8%	0.0%	2.5%

<sup>73</sup> Responses to GBV-R9, “Have you personally been a victim any of these treatments...”

<sup>74</sup> Gerda Bienaimé, Director of the Fédération des Femmes du Bas Artibonite (FEFBA).

## Awareness and Use of Available Services

Respondents show a significant degree of awareness of mainline protective services, although the first recourse reported for victims of conjugal violence is to appeal to relatives of the aggressor (see Table 27 below). Similar levels of response apply for reporting male violence against women to public authorities. Respondents also view local organizations as recourse when abused.

**Table 27. What should a woman do if a man beats her?**

	<b>North (N=181)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince (N=369)</b>
Nothing	4.4%	3.5%	7.3%
Complain to his relatives	<b>33.7%</b>	<b>28.2%</b>	<b>34.9%</b>
Complain to an Organization	<b>17.1%</b>	<b>11.4%</b>	<b>16.5%</b>
Complain to an authority	<b>33.1%</b>	<b>38.8%</b>	<b>27.5%</b>
Pray to God	4.4%	6.2%	8.3%
Hit back	1.7%	3.0%	.9%
Magic	.0%	.5%	.0%
Other	5.5%	8.4%	4.6%
	100%	100%	100%

NOTE: See GBV\_R2 in questionnaire.

Qualitative interviews indicate that relatives, churches and local organizations including women's groups serve as recourse in cases of marital discord and domestic violence.<sup>75</sup> This often includes efforts to mediate conflict. For example, a woman victim of conjugal violence was interviewed in St. Marc. Her husband had periodically beaten her causing injury, and destroyed her belongings in anger. He eventually threw her out of the house. She sought assistance from relatives, a member of a women's organization which included conflict mediation, and the court (*tribunal de paix*). She contacted the court when her husband threatened to burn her belongings. The judge ordered the couple to appear in court, admonished the husband to stop beating her, and asked her to reconcile with her husband. In another case of marital discord and violence, the woman first accepted her plight as God's will, then reported the problem to godparents for the marriage who encouraged them to reconcile their differences, and eventually took the case to church elders.<sup>76</sup>

Victims of conjugal violence encountered in qualitative interviews sought protection from relatives of the aggressor and also mediation by elders of the church rather than justice or law

<sup>75</sup> Women's organizations such as FEFBA and RFADA in St. Marc do mediation of conflict and also accompany woman victims of violence requiring medical exams or court referrals.

<sup>76</sup> Source: group interview with victims of GBV in St. Marc.

enforcement. Interviews in St. Marc with a judge, court clerk and a lawyer defending women's indicates that court treatment of such cases tends first of all to stress mediation and reconciliation rather than condemnation, even in the face of repeated offenses. According to field interviews with representatives of women's organizations, there are cases where court mediation, a system dominated almost entirely by men, may tend to favor the interests of the aggressor, perhaps inadvertently, by consistently promoting reconciliation and acceptance, which may increase the vulnerability of woman in unrelenting abusive relationships.

Awareness of services is important, but to what extent do people make use of protective services in the face of abuse? Table 28 indicates that respondents look to the police as the first line of recourse among public institutions, followed by the courts and local government. Appeal to the mayor or rural CASEC scores significantly higher in St. Marc than other zones. In this case, the respondents are responding to a broader definition of abuse than that encompassed by conjugal and gender based violence. Furthermore, the respondents in this case are not necessarily victims themselves. It is evident from other data including interviews with woman victims of violence, especially sexual violence, that such victims are not inclined to go to the police. Nevertheless, there is in general a high degree of interest in having access to police services. In rural areas, where national police are almost invariably absent, there is also stronger reliance on local elected officials (CASEC) for public safety and dispute mediation.

**Table 28. Local use of protective services in response to abuse**

<b>Service</b>	<b>North (N=184)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince (N=372)</b>
Police	48%	32%	54%
Courts	22%	11%	10%
Mayor/CASEC	20%	35%	15%
Women's organizations	4%	6%	3%
Church leaders		3%	3%
Relatives		1%	
Other	1%		
Magic	1%	1%	<b>2%</b>
Nowhere	2%		

NOTE: See KABI page 8 of questionnaire.

According to Table 29, respondents are well aware of hospital services in all zones of study, but use of support services is low according to responses summarized in Table 30. There appears to be a disjuncture between awareness versus the use of such services.

**Table 29. Awareness of other support services**

<b>Service</b>	<b>North (N=184)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince N=372)</b>
Hospital	83%	<b>92%</b>	87%
Traditional healers	2%	2%	1%
Prayers	1%	0	2%
Other	14%	6%	11%

**Table 30. Use of support services in survey households**

<b>Services</b>	<b>North (N =184)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince (N=372)</b>
Respondent	6%	8%	7%
Other member	3%	7%	3%

Among formal institutions, hospitals are the key point of access to victims of gender based violence. The hospital director in St. Marc notes that conjugal violence is a very serious public health problem and Hôpital Nicolas receives on average at least five such cases each day. This is a far more frequent rate of contact with victims of conjugal violence than what the court sees, according to the presiding judge at the Tribunal de Paix in St. Marc. Hospitals should therefore be viewed as an opportunity for improving GBV services, and could benefit from in service training and improved psychological support services. For example, at Hôpital Nicolas, psychological support is provided by someone trained as an engineer.

According to the judge and the prosecutor's office, most cases of domestic violence and GBV that come to their attention are by referral from women's organizations. This suggests a special role for such organizations, and the need for ongoing support and expansion of their roles in advising and accompanying GBV victims.

Rural areas are generally devoid of a police presence or any other institutional support service for victims of GBV. Field interviews suggest that aside from churches, and in some cases peasant organizations, the primary local institutional recourse is the local elected official (CASEC). For example, FEBA has provided services to a significant number of rural victims of rape by referral from CASEC. This suggests the importance of improving the referral role for CASECs with regard to both protective services and support services for GBV cases. FEFBA points to the need for training CASECs, mostly men, to improve their skills at mediation and referral for GBV and child abuse.

## IV. Persons Living with Disabilities

### Definitions

Baseline inquiry related to disabilities is based on the definition used by the Haitian government in keeping with the Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities:<sup>77</sup>

*Article I. The term "disability" means a physical, mental, or sensory impairment, whether permanent or temporary, that limits the capacity to perform one or more essential activities of daily life, and which can be caused or aggravated by the economic and social environment.*

The definition of disabilities encompasses a wide range of limitations on carrying out the normal range of activities in daily life. The current Haitian government policy on persons living with disabilities was issued in 2009.<sup>78</sup> It presents a typology of disabilities including motor, visual, mental, psychological, and auditory handicaps.

Accordingly, baseline study instruments focus on the range of limitations for normal activities of everyday life as filtered through Haitian perceptions and culture. Survey questions on disabilities were informed by the following sequence already tested in earlier surveys to elicit information on disabilities in Haiti:<sup>79</sup>

*Does this person have any limitations that make it difficult for them to do any of the normal activities of daily living like eating, getting dressed, bathing, using the toilet, walking, talking, hearing, seeing, learning, or caring for themselves?*

*Is this a physical limitation?*

*Is this a difficulty with learning, thinking, concentrating, or remembering?*

*Is this a situation where the person acts as if they are much younger than their chronological age?*

*Is this a difficulty with the emotions or feelings?*

*Is this a problem where the person sees or hears things that aren't there or acts in a way that is dangerous to him/herself or to other people?*

*Is this difficulty of the type that people have as they get older?*

*Has this person ever had a head injury?*

*Did the problems begin after the head injury?*

*Was this caused by illness?*

*Was this caused by injury such as an accident?*

*Was the person born with this disability?*

*Was this difficulty something that developed over a long period of time?*

*Is this problem temporary?*

*If so, for how long do you expect it to last?*

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<sup>77</sup> OAS 1999 and SEIPH 2009. The current French term used in Haiti for "persons living with disabilities" is *personnes vivantes avec des capacités réduites*.

<sup>78</sup> *Politique Nationale du Handicap: Les grandes orientations* (SEIPH 2009) issued by the Secrétaire d'Etat à l'Intégration des personnes Handicapées (SEIPH) under the Ministry of Social Affairs (MAST).

<sup>79</sup> Athena Kolbe, University of Michigan, personal communication, September 2012. Kolbe used this approach as a basis for disability questions related to UN funded programs in Haiti (Igarape Institute, Rio de Janeiro, 2011).

*Has this person received any assistance or treatment for this problem? From whom?  
What assistance or treatment did they receive?*

## Situational Overview

**Data on disabilities.** There are no reliable current data on numbers of people affected by these conditions; however, SEIPH estimates that the population living with disabilities is around 10 percent of the population or 800,000 people based on 2003 estimates (SEIPH 2009, 39). However, IHSI projections estimate the country's overall population at 10,085,214 people in the year 2010 (IHSI 2008). Therefore, if retaining this estimate, 10 percent would be in excess of a million persons living with disabilities.

Census data from 2003 indicated that the highest concentration of disabled persons was in the *département* of the Ouest followed by the Artibonite and Nord. This tracks the higher general populations of these *départements*. The 2003 census estimated the "handicapped" population at 1.5%, significantly lower than the 10% figure used by SEIPH. This is attributable at least in part to the census instrument itself, which appears to identify a far more limited range of disabilities than those encompassed by the SEIPH definition, possibly limited to difficulties in the use of arms and legs only.

**Table 31**  
**Disabilities by percent**

<u>Disability</u>	<u>%</u>
Learning difficulties	43
Motor	25
Visual	9
Auditory	9
Strange behavior	6
Untreated epilepsy	6
Untreated leprosy	1
<u>Multiple disabilities</u>	<u>1</u>
	100

Source: SEIPH 2009, 39

**Exclusion.** The accompanying textbox summarizes the SEIPH breakdown of disabilities (Table 31). By the far the largest category is learning disabilities, followed by motor control (difficulties in the use of arms and legs). SEIPH concludes that persons with disabilities are in effect the poorest of the poor - they are generally more vulnerable with fewer resources and less access to services than other sectors of the population. For example, health services are already woefully inadequate for the general population and even less so for the special needs of persons with disabilities.

The SEIPH notes that persons living with disabilities have little or no access to other institutions of daily existence including public offices and services, banks, markets, schools and public transportation. In addition, a high level priority is the integration of persons with disabilities into the workplace. The Secretariat notes that in 2009 only 30 employees out of an estimated 50,000 persons in the public sector were persons with disabilities.<sup>80</sup>

**Education.** Of particular concern is the education of children with special needs (SEIPH 2009, 42-43). In 1998 the Ministry of Education reported that only 1.7% of school age children with disabilities were enrolled in school, and well under 1% of teachers had any training in special education (MENJS 1998). There has been some recent progress in this sector. In the period 1998-2008, school enrollment rate of children with special needs rose to 3.5% thereby doubling the 1998 figure; however, this figure pales compared to the 70% enrollment rate (per SEIPH) for all school age children, which is already inadequate to meet the needs of Haiti's children. Needs identified by SEIPH include specialized curricula, training to prepare teachers for special

<sup>80</sup> SEIPH 2009, 44. SEIPH used 2004 data on public employment as a reference here, an estimated 50,000 employees.



needs education and concerted efforts to increase school enrollment of students with disabilities.

**Public institutions.** In 1998 the Ministry of Education created the Commission de l'Adaptation Scolaire et d'Appui Social (CASAS) to promote integration of handicapped children into the school system. At the Ministry of Social Affairs, the service providing some assistance to persons with disabilities is the Caisse d'Assistance Sociale. The legal and institutional framework improved significantly with the creation of a Secretary of State for the Integration of Handicapped Persons in May 2007 (SEIPH), and parliamentary ratification of OAS and UN conventions on the rights of handicapped persons in 2009.<sup>81</sup>

**Organizations.** Important civil society organizations in the sector include the Réseau Associatif National pour l'Intégration des Personnes Handicapées (RANIPH) and the Comité National de Prévention de la Cécité (CNPC).<sup>82</sup> In 2006, the Fédération Haïtienne des Associations et Institutions des Personnes Handicapées d'Haïti (FHAIPH) created a special Olympics committee (Comité Paralympique Haïtien). Review of a SEIPH list of Haitian associations with an interest in persons living with disabilities indicates that slightly over half of the organizations are located in the Port-au-Prince metropolitan area. A number are schools or other programs to support the education of special needs children. Few specialize in the visually or hearing impaired and none appeared to serve the mentally ill. In short, such institutions are few in number, highly concentrated in the Port-au-Prince area, and provide relatively few services to non-motor and non-learning disabled categories of disability.<sup>83</sup>

**Gap in services.** In general, it appears that persons living with disabilities are dramatically underserved, and services are virtually non-existent in most areas of the country outside of Port-au-Prince. There is also an acute paucity of reporting and data available in these sectors. The situation is complicated by the sheer diversity of special needs including those with highly specialized requirements, e.g., the visually and hearing impaired. High priorities are access to education and employment. In a society already deeply marked by political and economic exclusion, persons with handicaps are relatively more excluded from rights and services than others. Furthermore, the majority of institutions working with handicapped person were reportedly destroyed by the January 2010 earthquake.

**Policy concerns.** SEIPH policy imperatives are linked to the overall goal of social insertion or integration of persons living with disabilities. The SEIPH program agenda includes improved data collection, increased access to medical services, education and professional training, access to employment, publicity on the rights and obligations of persons with special needs, improved legal framework, deconcentration of SEIPH as an institution to other areas of Haiti. Policy imperatives also include prevention, services to childrens and families living with disabilities, the special concerns of women who are doubly vulnerable, the aged, and improved

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<sup>81</sup> See SEIPH (2011a), Convention Interaméricaine pour l'élimination de toutes les formes de discrimination contre les personnes handicapées, and SEIPH (2011b), Convention Relative aux Droits des Personnes Handicapées.

<sup>82</sup> National Committee for the Prevention of Blindness.

<sup>83</sup> BSEIPH, 2 février 2012, Liste des Associations Locales de et pour Personnes Handicapées. The listing provides only limited information regarding association goals and the categories of persons served; however, it is an excellent starting point for further investigation of available services and gaps. See SEIPH for further information, [www.seiph.gouv.ht](http://www.seiph.gouv.ht).

overall access to basic services including health, housing, transport, education, professional training, employment, justice institutions, information technologies, sports and the arts.<sup>84</sup>

## Baseline Survey Findings on Persons Living with Disabilities

Table 32 reports the incidence of persons living with disabilities in baseline survey households. The percentage varies from 4% to 6% by zone, that is, people living with disabilities divided by the total number of people in households surveyed. As shown in Figure 4 below, differences among the three zones of study are not significant, although St. Marc shows a slightly higher incidence than other zones. In all areas the incidence of various types of physical disability is significantly higher than mental disabilities. A small percentage of people have both physical and mental disabilities.

The percentages in Table 32 are much lower than the 10% estimates cited by SEIPH earlier in this chapter; however, it is also likely that certain types of disabilities were underreported by survey respondents, such as slow learners. The sector of persons with disabilities in Haiti is not well documented and also not best addressed by population-based surveys.<sup>85</sup>

**Table 32. Percent of persons living with disabilities by zone**

	<b>North</b>	<b>St. Marc</b>	<b>Port-au-Prince</b>
Mental	1.7%	1.4%	1.7%
Physical	2.4%	4.3%	1.9%
Both	0.6%	0.2%	0.5%
Total	4.6%	5.8%	4.1%
N	911	516	1474

As shown in Table 33, a similar proportion of households in all three zones include a household member with some type of disability (17 to 19 percent of households). The figures for specific types of limitations identify the visually impaired as the most numerous followed by limitations in the use of arms and legs, and then the hearing impaired. In order of importance these findings are consistent with the SEIPH list shown earlier (Table 31), except for learning difficulties which were not queried in the baseline instrument. If the two categories of motor deficiencies were combined (hand/arm limitations, unable to walk), this combined category would rank higher than visual impairment. If the three categories related to emotional problems and mental illness were combined, the broader definition of emotional/mental problems would also score somewhat higher on the list.

In a key informant interview, a SEIPH spokesperson stated that most persons with disabilities in Haiti are unschooled, except for Port-au-Prince.<sup>86</sup> He attributes this in part to stigmatization in that parents of regular school students resist the integration of disabled persons into the school system. According to the SEIPH spokesperson, only 4 or 5 percent of school age persons with

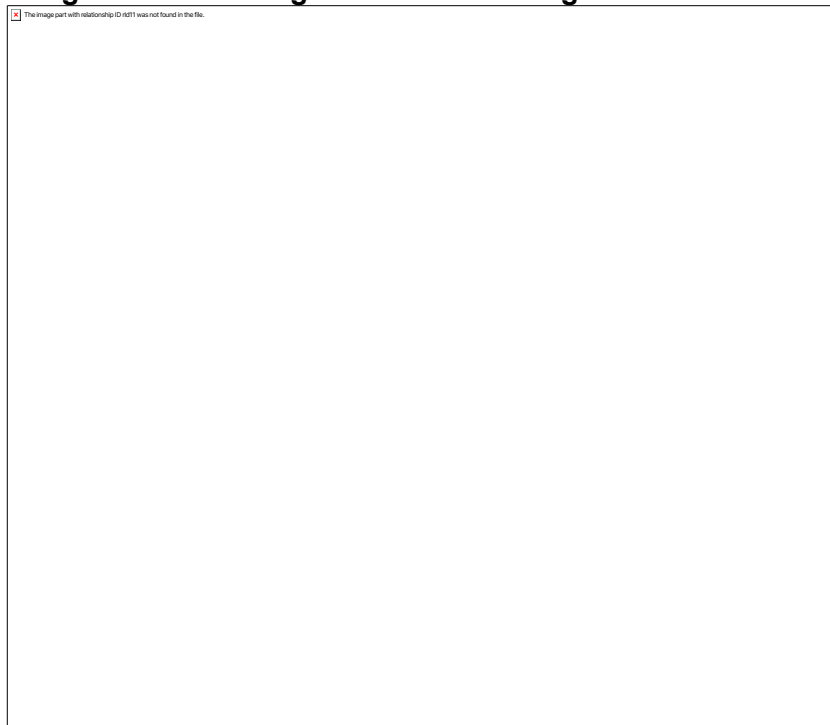
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<sup>84</sup> SEIPH (2009, 52-78).

<sup>85</sup> The study plan called for follow-up interviews in households with persons living with disabilities; however, the team stopped using the follow-up survey instrument when the numbers proved to be too small for meaningful statistical analysis. There were follow-up group interviews with two groups of caretakers and persons with disabilities in Martissant and Carrefour-Feuilles.

<sup>86</sup> Interview with Josué Joseph, BSEIPH, 11/08/12.

**Figure 4. Percentage of Persons Living with Disabilities**



**Table 33. Types of disabilities by household and zone**

	<b>North (N=184)</b>	<b>St. Marc (N=109)</b>	<b>Port-au-Prince (N=372)</b>
Visually impaired	<b>7 %</b>	<b>6 %</b>	<b>5 %</b>
Hand/arm limitations	3 %	4 %	2 %
Unable to walk	3 %	6 %	3 %
Hearing impairment	4 %	4 %	2 %
Speech impairment	2 %	2 %	2 %
Mental illness	2 %	1 %	4 %
Uncontrolled anger	0 %	1 %	0 %
Depression	0 %	0 %	1 %
Intellectual disability	1 %	1 %	3 %
<b>All disabilities</b>	<b>18 %</b>	<b>17 %</b>	<b>19 %</b>

**Table 34. Incidence of disabilities as a percent of all household members by zone**

	<b>North</b> (N=1173)	<b>St. Marc</b> (N=630)	<b>Port-au-Prince</b> (N=2092)
Visually impaired	1.10%	1.00%	0.90%
Hand/arm limitations	0.50%	0.60%	0.40%
Unable to walk	0.50%	1.10%	0.60%
Hearing impairment	0.60%	0.60%	0.30%
Speech impairment	0.30%	0.30%	0.40%
Mental disturbance	0.30%	0.20%	0.80%
Uncontrolled anger	0.00%	0.20%	0.00%
Depression	0.00%	0.00%	0.20%
Intellectual disability	0.20%	0.30%	0.50%
<b>All disabilities</b>	<b>4.60%</b>	<b>5.80%</b>	<b>4.10%</b>

disabilities are presently enrolled in school. To respond to this gap, the Ministry of Education recently expanded its service devoted to special needs education (CASAS); however the service is poorly funded with only limited human resources although it now has a fledgling presence in other *départements*.<sup>87</sup>

**Stigmatization.** SEIPH assigns high priority to reducing the stigmatization and exclusion of persons with disabilities. The hearing impaired and mentally ill are reportedly the disabilities most subject to prejudice and violence, including sexual assault ; however, within the range of disabilities for which SEIPH provides services, the agency has relatively less contact with the mentally ill compared to other disabilities.<sup>88</sup> CEDH, a human rights organization, has identified the mentally ill as a high profile target for stigmatization, prejudice and rights violations.<sup>89</sup> Various informants identified the mentally ill, particularly street people who exhibit signs of mental illness, as vulnerable to sexual assault.<sup>90</sup>

**Group interviews.** The team interviewed three groups of caretakers and persons living with disabilities. Two groups in Martissant and Carrefour-Feuilles were composed of persons identified by the household survey instrument and invited for follow-up interviews. In addition, patients of Healing Hands of Haiti were asked how they knew about their services, including prosthetic devices and physical therapy.

The following sketches are based on what members of the Martissant and Carrefour-Feuilles groups had to say about who they are and the disabilities that affect their lives.

### Martissant

<sup>87</sup> Personal Communication, Charles-Levelt Joseph, Directeur-General, Ministry of Education.

<sup>88</sup> Interview with Josué Joseph, *op.cit.*

<sup>89</sup> Personal communication, Sylvie Bajoux, Centre Oecuménique des Droits Humains (CEDH).

<sup>90</sup> Including Sylvie Bajoux (CEDH), Josué Joseph (SEIPH), Jean-Marie Bonaventure (CARE).

- A mother has three sons with disabilities, two with physical disabilities (knee problems, misplaced rib bones) and a third who stutters and has learning difficulties in school. Two of three are school age and attend school. Neighbors have advised the mother to seek treatment at Diquini, L'Espoir and Delmas 75 but she has not done so.
- A father has two sons with learning disabilities, one 7 and one 5. Both attend school. Children tease the older one because he cannot do his lessons. They call him names. They have not sought other services besides schooling.
- A grandmother is the primary caretaker for a two year old grandson who fails to thrive. The child's father died in the earthquake. The child's mother was pregnant, fell during the earthquake and rejected her baby. The grandmother said her daughter shed no tears during childbirth, but during the interview the grandmother cried when describing her daughter's rejection of the baby. "I am the baby's father. I am the baby's mother." The daughter also still lives with her. Medecins sans Frontières made a referral. They have not followed up.
- A man takes care of his mother who suffers from mental disturbance, memory loss and a foot severely injured in a taxi-moto accident. She was hospitalized at Medecins sans Frontières for the foot injury. An extended family household of five people.
- A woman has two sons with disabilities, one a 20 year old who has never walked, talked or attended school but can crawl; another an 18 year old who lost a foot in a car accident at age 11. The household includes eight people. They have used medical services in Babiole, St. Vincent, Sant Kodek. The younger son was fitted with a prosthesis but outgrew it and no longer uses it. Both children are teased and called names, sometimes hit, they throw stones in response.
- A woman helps care for an 11 year old nephew severely injured and emotionally traumatized by the earthquake. The boy was flown to Martinique for treatment just after the earthquake. The woman's sister and three children came to live with her when they were left homeless by the earthquake. The father is absent. The boy attends school, is several years behind, does not read well, misbehaves, is hyperactive, wanders away, does not remember things, has nightmares. To keep him from wandering away, they sometimes tie him or remove his clothes. Other children make fun of him and call him names such as *tet zip* (zipper head) because of his scars. His personality changed after the earthquake. His mother disciplines him (hits him) when he misbehaves. He did not misbehave like this before the earthquake.
- A woman takes care of her traumatized mother whose hand was injured during the earthquake. The household of eight people includes adult children and grandchildren. The mother lost a child in the earthquake and sometimes goes looking for her child. Her hand was injured during the earthquake. The hand became paralyzed one year after the earthquake. Consulted traditional healers. Aware of other medical services but cannot afford them.

#### Carrefour-Feuilles

- A father and son came together. The son is a visually impaired 20 year old attending school at St. Vincent, reads Braille, feels integrated into society, wishes to attend university. The father felt the blindness may have been caused by a goat who looked him in the eye while being butchered. The father was not inclined to enroll his son in school until referred to St. Vincent at

age 7 by a Cuban doctor in Jacmel. The son is subject to teasing and name calling. He made a strong statement about his condition: "I have a deficiency but I am not handicapped!"

- A young man came on behalf of his grandmother (age 102) who helped rear him. This is an extended family household of 9 people. The grandmother suffered a stroke some years ago then severely injured her foot when their house was destroyed by the earthquake. The whole household shares responsibility for taking care of the grandmother. The family is interested in physical therapy for the grandmother but cannot afford the cost.
- A young woman came on behalf of her sister who lost her only child, two grandchildren and a sister in the earthquake. She fell and broke her hand attending a funeral shortly after the earthquake. She has been very depressed ever since, does not speak, has severe headaches, and is very frustrated. She has used hospital services on Delmas 33 for her hand but cannot afford follow-up therapy because of transport costs.
- A young man came on behalf of his mother who was traumatized by the earthquake. Her menstrual cycle is irregular. She has a cyst and a swollen belly. She cannot walk in the street. She has gone for medical consultation in Cange, the Hôpital de la Paix on Delmas 31, General Hospital, and Centre Portail Léogane. She cannot afford the cost of further treatment.

#### Patients and caretakers at Healing Hands for Haiti

Patients (7) included two adult earthquake victims, a 13 year old with epilepsy and a leg dysfunction, and four young children and their mothers. The question asked was how they knew about the service provided at Healing Hands. Two had been referred by Handicap International, one by a physician professor of a nursing student whose daughter needed physical therapy, and others by informal networks and friends.

**Findings and conclusions regarding the groups.** It was not possible to verify the information provided by group participants from independent sources, except for certain types of information available on household survey questionnaires; however, participant demeanor, statements and what could be directly observed communicated frank and honest expression of their situations and disabilities.

For half of the household units represented, described disabilities were directly attributable to the earthquake. In most of these cases, the presenting problems took both physical and psychological forms; however, treatment focused on the physical problems and not the psychological, which included depression and post-traumatic stress. There appears to be a strong unmet need for psychological services to individuals and their families.

None of the households expressed a need for protective services.

Among the children with disabilities, most attended school but there were also cases where they were not in school or were over age for their class levels.

Children with disabilities were subject to teasing, name calling and physical abuse by other children, including other children in the household.

The children with disabilities appeared to be far more vulnerable to aggressive acts than adults with disabilities.

Participants were self-selected in the sense that they were invited but had no obligation to come. They may have come in the hope of benefiting from some type of support service for their disabilities. Nevertheless, they appeared highly motivated to participate.

Caretaker statements indicate that most households rely heavily on extended family support. Family ties appear to be the critical resource for providing care to persons with disabilities, whether that care is internal or external to the household.

There is a disjuncture between knowledge and use of services. Most participants knew where to go for services, but the most common barrier expressed was a financial barrier.

## V. Summary Findings and Recommendations

### Child Domestic Workers and other vulnerable children

Field surveys point to a remarkably high percent of Haitian children living with neither parent for a variety of reasons, about 28% percent all children surveyed.

Over half of the members of baseline survey households were under 18 years of age in all three regions, attaining a high of 60% in St. Marc.

Households with *restavèk* children were highest in St. Marc (34%), lowest in the North (23%) and 26% in Port-au-Prince.

Households also had other non-nuclear children present in temporary boarding arrangements, again lowest in the North (19%), highest in St. Marc (30%) and 28% in Port-au-Prince.

12% of children in the North were *restavèk*, 14% in the Port-au-Prince area and 18% in St. Marc among all children 5 to 17 years old.

49% of *restavèk* children in the North were girls compared to 54% in St. Marc and 69% in Port-au-Prince.

Current school enrollment rates of *restavèk* children were significantly less than other children, and they were further behind in school by age than other children.

In terms of economic status, households in all economic categories received *restavèk* children, but more so in upper end households; accordingly, a larger proportion of lower and mid-range households sent children into *restavèk* placement compared to upper end households.

In terms of origins, most *restavèk* children came from households located within the same region, including Port-au-Prince area households. *Restavèk* children in Port-au-Prince who were not from the Ouest department came disproportionately from the southern peninsula.

2% of households in all regions had both sent and received *restavèk* children.

A certain percentage of *restavèk* children in the study were orphans (4%) or half orphans (9%) for a cumulative total of 13% of all *restavèk* children. Key informants report an increase in orphans after the January 2010 earthquake.

According to court personnel interviewed, cases of child abuse brought to court are extremely rare, and there are no known cases of court proceedings focused on *restavèk* placement as a rights violation.

The use of corporal punishment is standard practice for both *restavèk* and non-*restavèk* children.

Some child domestic workers live at home and work in other nearby households.

Household access to education (rural areas) and potable water (urban areas) has a pronounced impact on the supply and demand of child labor including *restavèk* placement.



Interviews suggest that *restavèk* children attending school tend to be treated better than those not in school, i.e., schooling has the effect of adding value to otherwise highly devalued persons.

According to some rights observers, unschooled children are especially vulnerable to abuse and may also be more tolerant of abuse than schooled children.

By far the most significant source of child vulnerability is extreme poverty which deeply affects the life chances of the vast majority of rural and urban households (55%), but attains highest overall incidence in rural households (81%).<sup>91</sup>

Indicators of heightened child vulnerability include the following:

- children not in school or over-age for their class assignment
- children not living with either parent
- orphans and children affected by HIV-AIDS
- street children
- children sent to the Dominican Republic
- children living in IDP camps
- children in prison
- children without birth certificates
- children with workloads that interfere with their health or school attendance, whether or not they are *restavèk* children.

## Youth

Some *restavèk* servants encountered in field study were young adults age 18 and above.

Some *restavèk* persons interviewed, both minors and young adults, have actively participated in the decision to live with others and work as domestic servants.

## Gender Based Violence and Vulnerability

Field interviews and the baseline survey indicate that domestic violence is far and away the most important source of violence against women.

There has been a dramatic increase in GBV and child vulnerability due to the earthquake and IDP camps, including heightened incidence of rape, adolescent pregnancy, survival sex for food and shelter, and orphaned children.

Traveling intermediaries (*madansara*) are vulnerable to abuse and violence, particularly in the absence of shelter.

Hospitals and other medical services are the most common institutional link to victims of gender based violence

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<sup>91</sup> Poverty figures based on Verner (2005) and MPCE (2004).

Child abandonment and withholding of child support by fathers is cited as the most common form of abuse against women followed by insults and beatings.

There is a significant disjuncture between awareness of institutional services and victim use of such services.

GBV victims are aware of protective services but not inclined to use the court system or police, unless accompanied, or sponsored by organizations providing legal aid especially women's organizations.

Survey respondents express minority support for the idea of gender equality, at least insofar as appointment to formal political and management roles are concerned.

Court based mediation via the Tribunal de Paix, a practice and institution dominated almost entirely by men, may favor the interests of the male aggressor in at least some cases of conjugal violence, and may tend to increase the vulnerability of woman victims.

Representatives of the Ministry of Women and other key informants take note of the link between women's poverty and their vulnerability to conjugal violence, and conversely, improved ability via greater economic independence to diminish the risk of conjugal violence.

### **Persons Living with Disabilities**

Persons living with disabilities are dramatically underserved.

In a society already deeply marked by political and economic exclusion, persons with disabilities are relatively more excluded from rights and services than others.

Services for the disabled are virtually non-existent in most areas of the country outside of Port-au-Prince. Due to prejudice and stigmatization, a large proportion of persons with disabilities are reportedly unschooled.

High priorities are improved access to schooling and employment.

The situation is complicated by the diversity of special needs including those with highly specialized requirements, e.g., prostheses for limbs, special needs of visually and hearing impaired.

Families of persons with disabilities encountered in Port-au-Prince were generally aware of services available for disabled persons, but they tended not to use them because they could not afford the cost.

17 to 18 percent of households in all three zones have household members with disabilities.

Incidence of persons with disabilities varies from 4 to 6 percent of all persons surveyed in the three zones of study.

The reported incidence of physical disability is significantly higher than mental disabilities.

The highest rates of reported disability are the visually impaired, limitations in the use of limbs, and the hearing impaired.

The most highly stigmatized categories of disability are reportedly the hearing impaired and mentally disturbed.

### **Current Trends in Vulnerability**

Key informants noted that some expressions of Haitian popular culture denigrate women, including some instances of rap music.

An increase in the incidence of child abandonment by fathers, or refusal to pay child support.

There has been a widely publicized recent trend toward organized sexual exploitation of adolescent girls. This takes several forms according to field interviews with key informants:

- Older men seek relationships with adolescent girls called *zokiki*. IBESR and the former public prosecutor in Port-au-Prince actively pursued club owners promoting this practice, a form of trafficking in persons, also, a violation of Haitian law on corruption or abduction of minors.
- A variant on this practice targets even younger, newly pubescent girls called *plimtikit* (“chicks”), again a form of trafficking in persons.
- There is a practice in St. Marc called *gèdè* whereby a man invites a girlfriend or young woman to a gathering where a group of men have sexual access to the young woman.
- Another trend is an increase in the sexual harassment or assault of students by teachers in exchange for grades.

### **Recommendations**

Based on recent reports, IDP camps are a high priority for rights monitoring and protective services, especially for the protection of adolescent girls. This sector was not included in the baseline survey. Technically, the IDP camps are only temporary but they are still operating in sizeable numbers. The sector should be assessed with a view to filling gaps in services including both protective and health services.

An important gap in services is accompaniment and legal aid for victims of domestic violence, services that a number of women’s organizations and the Ministry of Women currently provide but their geographic coverage is inadequate. This should be assessed, preferably in tandem with the Ministry of Women, including building the local capacity of the ministry (“deconcentration” of services).

A complement to such services is in-service gender rights and psychological training of judges, especially at the level of Tribunal de Paix, and public prosecutor offices, also hospitals and other frontline medical services for victims of gender based violence including rape.

To better gain access to and serve the victims of GBV, promote close partnership and collaboration among three types of institutions or activities: medical institutions including HIV-AIDS programs, women’s organizations and legal aid.

Rural areas are devoid of protection and support services for victims of domestic violence and rape. The key point of entry in communal sections is the CASEC who should be trained in the rights of women and children and the referral and accompaniment of victims.

Donors should offer assistance to law schools and bar associations for improved curricula in human rights, and also the provision of legal aid.

Institutional strengthening of public institutions should give priority to strengthening field offices, i.e., localized services especially for the Ministry of Women, the BPM, IBESR, OPC, the Ministry of Education program for special needs education (CASAS), and hospital services.

The curricula of police academy training should include heightened emphasis on GBV, children's rights and the rights of persons living with disabilities.

Programs to protect children's rights should target all children and not just *restavék* children. This is clearly an AKSE objective; however, the issue is worth monitoring in terms of program efforts, especially in light of high profile concerns for specific categories of vulnerable children such as *restavék*.

Program interventions related to children's rights should thus retain a focus on the broader issues of child abuse and child labor exploitation rather than focusing solely on *restavék* placement

The category of unschooled children is by far the children most at risk and should be assigned high priority for program assistance to prevent child victimization and reduce risk.

Accordingly, programs to protect children's rights should emphasize prevention, especially the schooling of *restavék* children, and active census, recruitment and enrollment of all unschooled children.

Promote expanded access to civil registration and birth certificates as a means of enhancing the protection of children's rights.<sup>92</sup>

Traditional healers should be contacted and offered non-formal training in GBV, and recruited as a source of referrals to other medical services.

AKSE should plan and carry out special studies of persons living with disabilities. This sector could not adequately be addressed by baseline inquiry relying on household surveys devoted to a broad range of issues. It might best be approached by censusing local populations in target areas along with additional qualitative assessments. This issue could be addressed in part through linkage with local censuses of unschooled children.

Some baseline survey households both send and receive *restavek* children. These comings and goings of children may reflect changes in household composition, labor requirements and economic status over time; however, the issue deserves follow-up inquiry as a better understanding of such seeming anomalies can shed light on how the system works.

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<sup>92</sup> In field interviews this issue was mentioned by educators, women's organizations and interviews with *restavek* children attending school.

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## ANNEX A. Baseline Study Methodology

Baseline field studies included both qualitative and quantitative modes of inquiry, household surveys, extended interviews with key informants, and participatory methods including group interviews. The research strategy served to triangulate information from both quantitative and qualitative sources. Representative study sites were drawn from the three USG development corridors and a list of target communes supplied by AKSE as field targets for AKSE program operations (see Annex B for a listing of USG corridors and related communes with population census data).

**Indicators.** The research instruments were designed to generate data on certain performance indicators drawn from the AKSE Performance Monitoring Plan.<sup>93</sup> In keeping with PMP indicators, household survey instruments elicited household composition data, the presence of persons living with disabilities, *restavèk* children and others living away from home, incidence of gender based violence and abuse in sample households, respondent knowledge, attitudes and awareness of protection issues and services, and use of protective services and other support services including law enforcement, health and social services.

**Sampling strategy.** Household surveys were conducted in a random sample of 665 households drawn from selected target communes and the three USG corridors. See Table 1 of the main body of the report for a summary of the baseline survey sample including zones, clusters and households. See Annex F for corridor area maps showing the location of clusters and specific households sampled, based on GPS readings for each household interview. The households surveyed included three distinct subsamples, each reflecting a subregion of the three USG corridors. Therefore, the household survey is representative at the subregional level rather than at the level of individual communes or entire corridors, i.e., selected clusters of neighboring communes within USG corridors.

Sample households were based on clusters of 5 households within mapped area frames stratified by three types of settlement patterns: large urban centers, rural areas accessible to roadways, and more remote rural areas. The area sample frames or sampling universe for the three samples were derived from satellite images, the AKSE list of target communes (AKSE mapping exercise, August 30, 2012), and USG corridors [see Annex B for a listing of corridor communes drawn from the USG Haiti Strategy, January 2011, including 2009 population projections of census data (IHSI 2003)].

The quantitative studies of 665 households included 372 households within the USG corridor of Port-au-Prince. The Port-au-Prince sample included a margin of error of 5 percent. In addition, a sample size of 184 households was drawn from the Northern Corridor, and 109 households within the St. Marc Corridor. The Northern and St. Marc samples had a larger margin of error than Port-au-Prince but allow comparison with the larger and statistically more reliable Port-au-Prince sample.

The confidence level for the survey is 95% but the margin of error varies with sample size in the three areas, which constitute three separate samples. In view of budgetary constraints on sample size, the research team and AKSE had initially agreed on a sample size of 350 for households in Port-au-Prince to guarantee a 5% margin of error and smaller samples with a higher margin of error in the other two zones. The team later expanded the sample in order to

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<sup>93</sup> CARE-AKSE, July 2012, Performance Management Plan.

stay within a margin of error margin of no more than 10% in St. Marc and the North. Sampling was then redesigned as shown in Table 35 below.

Therefore, if desiring a 95% level of confidence, the margin of error for a sample of 50 is around 14%, 10% for a sample size of 100, or 3% for a sample of 1000. A 5% margin of error would require a minimum sample of 384. The differing samples retain a 95% level of confidence, but margins of error would vary depending on sample size. For example, if a survey finds that 50% of household heads are women in a sample of 384, there is a 95% chance that 45 to 55 percent of household heads are women. Accordingly, in a sample of 1000, there is a 95% chance that 47 to 53 percent of household heads are women.

**Table 35. Adjusted sample size and margin of error by zone**

Region	Planned		Adjusted		Sample increase	Error reduction
	Sample	Maximum error margin	Sample	Maximum error margin		
Port-au-Prince	350	5.2%	372	5.1%	22	0.1%
North	120	8.9%	184	7.2%	64	1.7%
St. Marc	80	11.0%	109	9.4%	29	1.6%

The procedure for sampling was based on the following:

1. In each of the three USG corridors, a cluster of neighboring communes and urban neighborhoods was selected from the two lists noted above.
2. Maps of the three study areas were prepared from satellite photos.
2. Randomly drawn points equal to the number of survey clusters were assigned to each regional map. These points were arranged in staggered rows throughout the entire area frame such that any three neighboring points would form an equilateral triangle.
3. Around each map point, a cluster of 5 households was targeted for household surveys.

**Port-au-Prince Corridor.** This USG corridor is the most diverse in terms of housing patterns. It also contains by far the largest population of the three USG corridors, the largest concentration of *restavèk* servant children and the largest concentration of *restavèk* sending households in the country. It includes the country's largest concentration of victims of GBV, the largest number of persons living with disabilities, and the widest range of advocacy organizations or service providers for the persons of interest to AKSE. Therefore, the largest of the three regional samples is the 75 clusters and 372 households surveyed in the Port-au-Prince metropolitan area.

The Port-au-Prince area sample includes rural districts of Cité Soleil, Croix des Bouquets, Carrefour, and Fond-Parisien (Ganthier), the latter a high profile border area with urban and rural settlement patterns and the border post of Malpasse. The Port-au-Prince areas sample also includes USG targeted hotspots and the sprawling commune of Croix de Bouquets which contains most of the Cul-de-Sac/Grise/Blanche watershed and the fastest growing urban district in the country (camp dwellers).

**Northern Corridor (37 clusters, 184 survey households).** This USG corridor is deeply marked by large scale investments including the industrial park in Caracol, the Université Roi Henri Christophe near the border between Limonade and Trou du Nord, USAID funded housing, growing investments in tourism and an excellent road linking Cap-Haitien with Ouanaminthe and the Dominican border (Dajabon). The cluster of neighboring communes close to the industrial park and university are likely to show very significant population growth within the life of the AKSE project and other USAID investments in the area. Mid-corridor urban growth is centered to a large extent on the commune of Trou du Nord and its neighboring communes.

The Haiti/DR border area of the Nord-Est is economically very significant and intimately tied to the economy of Cap-Haitien and the broader region. This border area also contains high volume crossing points for undocumented Haitian workers including child trafficking to the Dominican Republic, and Dominican deportation of Haitians including children separated from caretaker adults. In short, the Cap/Ouanaminthe corridor is an area of very high risk for increased GBV, child labor and cross-border trafficking in persons. Given the rapid population growth anticipated here in the next few years, it will likely include growing numbers of persons living with disabilities.

The sample of 184 survey households in this corridor reflects high priority communes for AKSE support services including the following:

- Large cities (Cap-Haïtien, Ouanaminthe)
- A cluster of smaller towns and cities of the northern plains (Limonade, Trou du Nord, Caracol)
- Rural areas linked to these towns and cities

**St. Marc (109 households).** Sampling in this USG corridor focused on St. Marc and related rural areas including 12 clusters of five households in urban areas, five clusters in accessible rural areas, and five clusters in more remote rural areas. As a large city and high volume port town, St. Marc is at high risk for recruitment of sex workers including adolescents, other forms of gender based violence, and recruitment of servant children.

**Staffing.** The quantitative household surveys were conducted by 10 female and 14 male interviewers including three supervisors with university training and significant experience in data collection. Two of the three supervisors were women – Myrtho Julien and Roseline Pierre, and the third was Mustapha Kemal Michelot. The supervisors conducted quality control crosschecks of enumerators, including a cross-check of one household per day for each enumerator.

Sociologist Yves-François Pierre coordinated enumerator training and data collection for the household survey. The Sociologist and Statistician Jean-François Tardieu used SPSS to run a statistical analysis of household survey data and present findings in the form of tables and figures. Group interviews were co-facilitated by two female interviewers, Myrtho Julien and Vernande Joseph, and a male interviewer, Mustapha Kemal Michelot, together with Anthropologist Glenn Smucker.

**Survey instrument.** The Creole survey instrument included a household composition module and other modules for child domestic workers (*restavèk*) and youth, GBV, HVC and persons living with disabilities. The data were collected using a pre-structured and pre-coded questionnaire. Interviewer feedback and discussion on draft instruments and pre-testing of the instruments were important components in four days of enumerator training. Interviewers tested

the draft instrument in the field and elicited interviewee response and understanding of the survey instrument. The team revised questions and made adjustments in keeping with lessons learned from pilot testing and analysis.

**Training of interviewers.** Four days of orientation for interviewers included training in appropriate data collection techniques, the purpose and objectives of the survey, and the survey instrument itself, including pre-testing. The sociologist ensured that interviewers were trained in confidentiality procedures and the protection of human subjects. Training included the following: the nature of information, concepts and indicators for the study, validity and fidelity of indicators, the importance of the questionnaire including open and closed questions, and coding and data entry. Workshops and interview simulations enabled enumerators to master the instrument prior to field deployment for household interviews. Enumerators also tested the instrument in their home neighborhoods, generating feedback and revisions of the questionnaire.

**Verification of field data collection.** Enumerators took GPS location readings for each questionnaire administered. These geographic points were mapped for purposes of control and supervision. See Annex F for maps of GPS location of household surveys superimposed on satellite images of completed surveys. All completed questionnaires were reviewed by supervisors to ensure that questionnaires were properly filled out. The three supervisors were responsible for the coding of questionnaires. Ten percent of completed questionnaires were selected for verification by supervisors. In some cases, respondents were re-interviewed to fill in gaps or clear up inconsistencies.

**Data security.** To ensure the security of the data, researchers followed standard operating practices such as locked files and password-secured databases. Respondents were assigned identification numbers as the sole identifier to appear on data collection tools such as surveys, written notes, and transcripts.

**Data cleaning.** Data were cleaned in the field during collection and then coded and processed. A pre-tested data entry template was prepared as a database platform. Experienced data entry operators entered the data twice to identify errors or inaccuracies in data entry. Discrepancies were checked against original questionnaires. Data cleaning procedures included corridor identification controls, zero treatment procedure and missing values identification.

**Controls regarding corridor identification.** Comparison of geographic coordinates served to verify corridor location of survey households. When corridor identification was unclear or inconsistent with the GPS coordinates, other questions were consulted such as locality and local address.

**Procedure for zero treatment.** To avoid confusion between zero and no entry for scale variables, the entry number "0" was in most cases replaced by "99". In other cases, values for one variable served as a basis for computing the value of another. For example, when TMDOM1 equals 2, G1 should be equal to zero.

**Missing values identification.** No response or out of range values were identified as missing values.

**Code book.** Variable and value labels, zero treatment procedure and identification of missing values are shown in the "codebook" file including:

- new variables computed for analysis,

- variables and labels for the list of household members.

**Survey analysis.** Data were processed using SPSS. Data analysis survey followed established norms and procedures for survey analysis (see Babbie 1989).<sup>94</sup> The analysis generated frequency distributions for all variables and bivariate analysis for selected variables. Univariate frequency distribution for all variables served to derive overall trends (means, median, mode), range and standard deviation (dispersion measures), and descriptive inferences at the regional level, including identification by *département*.

Two sets of variables were included in the survey: independent variables (such as gender, age, education, religion, socio-economic status) and dependent variables (such as perceptions and attitudes towards gender equality, *restavèk* versus other children, access to services for women/youth victims). Analysis enabled subgroup description for purposes of comparison, e.g., men versus women regarding gender equality.

Second, the team undertook bi-variate and multi-variate analysis of variables, ranking and correlations. This generated meaningful inter-linkages among variables, i.e., cross-tabulations and partial correlations that show patterns between dependent and independent variables. For instance, do perceptions of rights violations and gender equality vary by gender?

Third, the analysis created indexes and scores to synthesize responses to indicators that are conceptually inter-related. For example, access or the use of services by respondents may vary by gender or economic status, a linkage inferred by devising an index of economic status. Indexes were created to allow for the scaling of rights violations, stigmatization, access to treatment and the grouping of various disabilities to derive cumulative scores.

**Economic scale.** In earlier surveys, researchers observed that respondents were often unaware of their overall revenues or were reluctant to reveal income information. Survey questions often had 30 to 40 percent of non-responses to income questions. Since the 1970s researchers have also used other strategies for classifying respondents in terms economic differentials, i.e., the use of possessions rather than production or revenue data. This approach also offered the advantage of being less obtrusive. It was based more on life style and could include number of rooms in the dwelling, rental or ownership status, and whether or not the structure was located in urban flood plains, a common pattern of low income urban housing.

Therefore, the questionnaire includes indicators of economic status (page 11, R1-R16, PYES, INOND, RENT). These indicators were used to develop an economic index to compare households in terms of their economic status in relation to other variables such as the presence of child domestic workers. The economic status is the sum of all economic variables indicating housing items in addition to the number of rooms in which occupants of the household lived and whether the household head owned the house or not. Household items range from 0 to 16, the number of rooms from 1 to more than 5, split into three categories; 1-2; 3-4; 5 and more. Scores 0, 1, or 2 were attributed to these categories. House ownership was dichotomized into 0 and 1. Compounding the variables generated an Index from 0 to 12. Low economic status is a synthesis of scores 0, 1, and 2, middle economic status 3 to 6, and high economic status 7 to 12. This scale can be validated by correlation with other variables, for example, it is not surprising to find that relatively more affluent households might receive more *restavèk* children than others, with poorer households receiving fewer such children.

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<sup>94</sup> See Earl Babbie. 1989. *The Practice of Social Research*. Belmont, California: Wadsworth, Inc. (especially Chapters 14-16).



**Index of attitudes towards gender equality.** Table 24 in the chapter on gender based violence is based on responses to survey questions Equal-Pol, Equal-E and Equal S reported as an index of gender equality (0 to 3) in which affirmative answers score 1 and other answers 0. The 3 indicators are coded as *true=1* and *false=0*. For the first two questions (recommending a man or woman for a political post or another position, “either one” is a “true” response, and for the third question, the answer “no, a woman can do any work” is the “true” response.

**Qualitative studies.** In addition to household surveys, key informant, group and institutional interviews collected data in all three USG corridors as a complement to quantitative survey data (see Annex C for a list of contacts and individual and group interviews). Qualitative data included observations of informant interactions and behavior. These interviews elicited information on access, use and evaluation of protective and treatment services; stigmatism, abuse and prejudice; and mechanisms for re-integrating victims and persons with disabilities. Interviews with *restavèk* children included elicitation of brief life histories.

Interviews were undertaken with institutional spokespersons to (1) collect information regarding protective and victim services, and also (2) to facilitate the organization of individual and collective interviews with victims and beneficiaries of services. Institutions contacted included the court system, a prosecutor’s office, a field office of the BPM, the Ministry of Women, Ministry of Education, IBESR (MAST, Ministry of Social Affairs and Labor), the ombudsman office (OPC), UNICEF and public and private hospitals and clinics.

Six group interviews included street youths and *restavèk* domestic workers in Cap-Haïtien, woman victims of conjugal violence in St. Marc, and two groups of caretakers together with persons living with disabilities in Martissant and Carrefour-Feuilles (Port-au-Prince). The selection of participants for group interviews with caretakers and persons living with disabilities was drawn from households identified by the household survey as having disabled persons resident in the household.

**Approach and guidelines for qualitative interviews.** The content and strategy for conducting qualitative interviews with individuals and groups were tailored to context, the individual and the profile of the group. See Annex C for a listing of contacts and interviews including group interviews.

*Issues guiding qualitative interviews with institutional and organizational spokespersons:*

- Institutional goals, mission, origins, funding sources
- Services provided and geographic spread
- Protective or other services to AKSE victim categories including GBV, OVC, child labor including *restavèk* children, and persons living with disabilities
- Methods and strategy for providing services
- Identifying needs and gaps in services
- Categories of data collected regarding victims and services; rapid assessment of data collection and archives if possible
- Prospects for individual or groups interviews with victims/clientele served by the institution
- Reports or studies available from the institution
- Referral functions, identification of other similar service providers or victim advocates

- Current trends in victimization and services, e.g., zokiki, bar workers, sex trade, trafficking
- Legal framework, justice and law enforcement related to victims and perpetrators of crimes against victims
- Public service messages and community outreach related to victim categories of interest

*Tick list for group interviews with persons living with disabilities.* The household survey identified households including persons living with disabilities. A number of them including their primary caretakers were invited for follow-up group interviews in Martissant and Carrefour-Feuilles. They were asked to respond to the following questions:

- what is their name and neighborhood,
- what is the nature and origin of their disabilities,
- how do they manage daily life,
- how are they are treated by others, including family members,
- are they subject to stigmatization, including specific examples,
- are they aware of protective and other support services,
- do they use such services, and if so which ones

*Tick list for group interviews with restavèk children and youth, and youth living in the street.* Elicitation of brief life histories served as the primary method of inquiry for these interviews.

- What is their name and where are they from originally
- How did they come to live where they presently live, how old were they then
- How do they manage daily life
- How are they treated by others
- Are they subject to stigmatization, including specific examples
- How did they come to be enrolled in school, at what age, how long have they been in school
- Are they aware of protective and other support services such as shelters
- Have they made use of such services, and if so, which ones
- Do they have plans for the future

## ANNEX B. Communes & Population of US Government Corridors

Commune	Population	% total	Commune	Population	% total
<b>Northern Corridor - 14 Communes</b>			<b>Saint-Marc Corridor - 4 Communes</b>		
Bas-Limbe	77,574		St. Marc	242,485	
Limbe	19,006		Grande Saline	21,131	
Acul du Nord	50,844		Arcahaie	118,501	
Trou du Nord	44,498		Cabaret	62,063	
Plaine du Nord	37,518		<b>Corridor total</b>	<b>444,180</b>	<b>4.5</b>
Limonade	50,150		<b>Port-au-Prince Corridor – 10 Communes</b>		
Fort Libertè	35,315		Cx des Bouquets	227,012	
Ouanaminthe	96,515		Tabarre	118,477	
Quartier Morin	24,881		Delmas	359,451	
Ferrier	6,836		Petion-Ville	342,694	
Terrier rouge	25,577		Port au Prince	897,859	
Caracol	7,015		Kenscoff	53,232	
Milot	29,094		Ganthier	56,869	
Cap Haitien	249,541		Thomazeau	48,163	
<b>Corridor total</b>	<b>754,364</b>	<b>7.6</b>	Carrefour	465,019	
			Cite Soleil	241,055	
			<b>Corridor total</b>	<b>2,809,831</b>	<b>28.3</b>
<b>3 corridors = 28 communes</b>			<b>Population 4,008,375 40.4% of total population of Haiti</b>		

**SOURCES:** Census projections (2009) of IHSI national census (2003). Corridors defined by Post-Earthquake USG Haiti Strategy: Toward Renewal and Economic Opportunity (January 3, 2011): “*The Port-au-Prince Corridor is located in and just to the north of Port-au-Prince, extending east to the Dominican Republic border and encompassing the entirety of the Cul-de-Sac watershed; the Saint Marc Corridor will be anchored by the municipality of Saint Marc in the Department of Artibonite and will continue down the west coast of Haiti encompassing the Cabaret/Saint-Marc watersheds; the Cap Haitien Corridor includes the areas around Cap Haitien, and continues to the Haiti-DR border in the east and encompasses the entirety of the Limbe and Cap Haitien watershed on the western end.*”

## **ANNEX C. Contacts and Interviews**

### Port-au-Prince 12 male, 11 female

Kettly Alysee, Directrice-Executive, ANAPFEH

Sylvie Bajoux, CEDH

Jean-Marie Bonaventure, human rights worker, Léogane

Hans Beauvoir, Child Protection Specialist, UNICEF

Jonas Cadet, Teacher of the hearing impaired, L'École St. Vincent

Florence Elie, Directrice Nationale, OPC

Elise Brisson Gelin, Cheffe de Cabinet, MCFDF

Hérard Jadotte, Directeur, Éditions de l'Université d'État d'Haïti

Mona Jean, Avocate, Travailleuse Sociale, Spécialiste en Genre, MCFDF

Miguel Jean-Baptiste, Directeur, Foyers Maurice Sixto

Charles-Levelt Joseph, Directeur-Général, MENJS

Josué Joseph, Responsable de Formation et de Sensibilisation, BSEIPH

Oreste Renel Joseph, Coordonnateur Programme Formation, Healing Hands for Haiti

Marie-Nicka Petit-Frère, Psychologue, Hôpital Espoir, FEF

Myrtho Julien, human rights interviewer

Dieme Pierre, Membre de Cabinet, Directrice IBESR

Pierre Rodrigue, BPM, Quartier-Général

Patricia Rosier, Secrétaire à la Direction, MCFDF

Carolyn Rose-Avila, Haiti Advocacy Director, World Vision

Michel Simon, Ingenieur

Christina Torsen, Child Protection Specialist, UNICEF

Arielle Jeanty Villedrouin, Directeur Général, IBESR

Hervé Volcy, Directeur-Adjoint, Defense Sociale

### Saint-Marc 3 male 3 female

Gerda Bienaimée, Avocate, Directrice, FEFBA

Jean Dayiti, Greffier (court clerk), Parquet (Office of the Public Prosecutor)

Linda Jean-Baptiste, Directrice, RFADA, St. Marc

Dalméus Maxi, Juge (local level court judge), Tribunal de Paix

Ifto Mayette, MD, Directeur Médical, Hôpital St. Nicolas, also operator of a private clinic

Patricia Pierre-Xavier, President, APDDL (Asosyasyon pou developman Delije Lanzak, Montrouis-St. Marc)

### Cap-Haïtien 6 male, 3 female

Carlito Alcide, BPM, Cap-Haïtien

Abdonel Doudou, Directeur, Jurimedia, Haut du Cap

Maitre Abel Nemours, Directeur, L'École Coeur des Jeunes

Louis Marie Petitfrere, BPM, Nord/Nord-Est

Jacqueline Renard, Directeur Adjoint, BPM Ouanaminthe

Pierre Louis Reynold, teacher, L'École Coeur des Jeunes

Edy Roméus, IBESR, Cap-Haïtien

Woman teacher, L'École Coeur des Jeunes

Fabienne Jean Valdemar, Agent Civile, BPM Ouanaminthe

Group Interviews (38 persons, 19 male, 19 female)

1. Persons living with disabilities and caretakers (Martissant) – 5 men, 2 women, 3 children
2. Persons living with disabilities and caretakers (Carrefour-Feuilles) - 3 men, 2 women,
3. Victims of conjugal violence and a friend (St. Marc) – 3 women
4. Patients, Healing Hands of Haiti (Port-au-Prince) - 4 children, 4 caretakers, 4 adult patients
5. Students at L'École Coeur des Jeunes (Cap-Haïtien), 4 male, 4 female:
  - 2 male youths living in the street (age 18)
  - 2 restavek youths, 1 boy (age 18), 1 girl (age 22)
  - 4 restavek children, 1 boy (age 16), 3 girls (age 15-17)

Total Contacts and Interviews

76 field contacts (40 male, 36 female), individual and group interviews.

## **ANNEX D. Baseline Household Survey Instrument (Haitian Créole)**

- **ANKETÈ:** Chwazi kay ki gen timoun (anba 18 tan)
- **Pale avèk chèf kay la osinon ak lòt gran moun ki ka reponn. Di li, si l vou plè:**  
*Mwen ta renmen koze avè w sou .... Avan mwen gen kèk kesyon map poze w sou tèt ou ak sou kay la. . Nap mande ou, pou w pa repete anyen, nan sa nap pale la a.*  
*pwoblèm moun ka genyen nan kò yo, nan tèt yo, ki ka bayo difikilte pou okipe zafè yo nòmalman*

<b>SIT :</b> Sipèvisè, ekri sit ankèt la : _____	<b>ID</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Dat ankèt la :</b> Jou: _____ mwa: _____ lane <b>2012</b>	<b>SIT</b> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
<b>OR.</b> Ki kote ou moun ? Depatman _____ Komin _____	<b>DAT</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
<b>RES:</b> Konbyen tan ou gen bò isit la ( _____ lane)	<b>← OR</b>
<b>SEX.</b> Sèks (Ekri, pa mande keksyon an): <input type="checkbox"/> 1.Gason <input type="checkbox"/> 2.Fanm	<b>RES</b> <input type="text"/> <input type="text"/>
<b>Q1.</b> Ki moun ki alatèt kay sa a? <input type="checkbox"/> 1.Mwen menm <input type="checkbox"/> 2.yon lòt moun	<b>SEX</b> <input type="text"/>
<b>Q1a.</b> Konbyen moun ki dòmi leve epi manje nan kay la (konte tèt pa w)? _____	<b>Q1</b> <input type="text"/>
<b>Q1b.</b> Konbyen moun ki dòmi leve san yo pa manje nan kay la ? _____ (0=99)	<b>Q1a</b> <input type="text"/>
<b>Q1c.</b> Konbyen moun ki manje sèlman san yo pa dòmi leve nan kay la ? _____ (0=99)	<b>Q1b</b> <input type="text"/>
<b>Q1d.</b> Konbyen Ti moun nan kay la (ki dòmi leve manje) ki pako gen 18 tan ? _____	<b>Q1c</b> <input type="text"/>
<b>Q1 e.</b> Konbyen ladan yo ki pako gen 5 an?	<b>Q1d</b> <input type="text"/>
	<b>Q1e</b> <input type="text"/>

<b>Q2.</b> Ki laj ou te genyen jou ki te dènye dat fèt ou? _____ lane	<b>Q2</b> <input type="text"/>
<b>Q3.</b> Nan Ki kondisyon wap viv kounyè-a? <b>Eske ou :</b> <input type="checkbox"/> 1.Selibatè <input type="checkbox"/> 2.Marye <input type="checkbox"/> 3.Plase <input type="checkbox"/> 4.Divòse <input type="checkbox"/> 5.Kite apre maryaj/plasaj <input type="checkbox"/> 6.Mari/madanm mouri <input type="checkbox"/> 8.PR	<b>Q3</b> <input type="text"/>
<b>Q4.</b> Konbyen pitit ou genyen ki sou kont ou toujou? _____ (99= Okenn) .(ale nan ED)	<b>Q4</b> <input type="text"/>
<b>Q5.</b> Konbyen pitit ou ki pa lan men w ke lòt moun ape ede w avè yo (san se pa timoun ou mete nan pansyon oubyen ki fè ladesant kay moun)? _____ (99= Okenn)	<b>Q5</b> <input type="text"/>
<b>Q5a.</b> Ki kote yo ye ? 1 <sup>ER</sup> Dept _____ Vil _____ Seksyon _____	<b>← Q5a1</b>
2iem : ? Dept _____ Vil _____ Seksyon _____	<b>← Q5a1</b>

<b>ED.</b> Ki dènye klas ou te gen chans fè lekòl? (Primè, segondè inivèsite) = _____ total lane (pat ale=99) <b>Sèvi ak tablo a pou ekri kò ant 01 epi 19</b>			<b>ED</b> <input type="text"/>
<b>Primè</b> 01 Preskolè 02 Preparatwa 1 / 1 A.F. 03 Preparatwa 2 / 2 A.F. 04 Elemantè 1 / 3 A.F. 05 Elemantè 2 / 4 A.F. 06 Mwayen 1 / 5 A.F. 07 Mwayen 2 / 6 A.F.	<b>Segondè</b> 08 Sizyèm / 7 A.F. 09 Sinkyèm / 8 A.F. 10 Katriyèm / 9 A.F. 11 Twazyèm 12 Segond 13 Reto 14 Filo	<b>Inivèsite</b> 15 Inivèsite 1 16 Inivèsite 2 17 Inivèsite 3 18 Inivèsite 4 19 Depase inivèsite 4	
<b>88- Pa repons</b>			
<b>Q5B.</b> Konbyen pitit ou ki pa lan men w ke ou mete nan pansyon oubyen ki fè ladesant kay moun)? _____ (99= Okenn)			<b>Q5 B</b> <input type="text"/>

M ta renmen pale avè w sou ti moun ki manje dòmi leve nan kay la <b>ki deja gen 5 an men ki pako gen 18 an.</b> Sil vou plè, edem fè lis ti moun sayo. Mwen gen kèk ti kesyon pou m poze ou sou ti moun yo (lan)	Sèks	Ki laj li gen déjà	Èske l al lekòl kou n ye a?	Ki dènye klas li (te) fè ? (Itilize ED pou kode repons yo)	Eske se la desant li fè nan kay la ?	Ki sa l ye pou mèt kay la 1. pitit 2. neve/niès 3. fiyèl 4. lòt paran 5. anyen	Eske se yon timoun wap ede, epi ki rann kay la ti sèvis ?			
1. _____ T1 K1(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. Fi	S1. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	LK1. <input type="checkbox"/>	ET1 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D1. <input type="checkbox"/>	M1. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R1. <input type="checkbox"/>
2. _____ T2 K2(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S2. <input type="checkbox"/>	L2. <input type="checkbox"/> <input type="checkbox"/> non	LK2. <input type="checkbox"/>	ET2 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D2. <input type="checkbox"/>	M2. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R2. <input type="checkbox"/>
3. _____ T3 K3(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S3. <input type="checkbox"/>	L3. <input type="checkbox"/> <input type="checkbox"/> non	LK3. <input type="checkbox"/>	ET3 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D3. <input type="checkbox"/>	M3. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R3. <input type="checkbox"/>
4. _____ T4 K4(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S4. <input type="checkbox"/>	L4. <input type="checkbox"/> <input type="checkbox"/> non	LK4. <input type="checkbox"/>	ET4 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D4. <input type="checkbox"/>	M4. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R4. <input type="checkbox"/>



5. _____ T5 K5(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S5. <input type="checkbox"/>	L5. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	LK5. <input type="checkbox"/>	ET5 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D5. <input type="checkbox"/>	M5. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R5. <input type="checkbox"/>
6. _____ T6 K6(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S6. <input type="checkbox"/>	L6. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	LK6. <input type="checkbox"/>	ET6 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D6. <input type="checkbox"/>	M6. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R6. <input type="checkbox"/>
7. _____ T7 K7(1wi, 2non) <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1.gason <input type="checkbox"/> 2. fi	S7. <input type="checkbox"/>	L7. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	LK7. <input type="checkbox"/>	ET7 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	D7. <input type="checkbox"/>	M7. <input type="checkbox"/>	<input type="checkbox"/> 1. wi <input type="checkbox"/> 2. non	R7. <input type="checkbox"/>

OVC Nan ti moun kay la ki ran ou ti sèvis (KI pa fè la desant), eske genyen ki jwenn PÈDI papa, manman ou tou lè de ?  <input type="checkbox"/> 1. papa <input type="checkbox"/> 2. manman <input type="checkbox"/> 3. tou lè de <input type="checkbox"/> 4. okenn	OVC <input type="checkbox"/>
TMDOM.-1 Eske gen ti moun nan kay la ki te al rete Dominikani pou yo ka travay? <input type="checkbox"/> 1. wi    *Si wi konbyen Gason.....konbyen Fi..... <input type="checkbox"/> 2. Non	TMDOM1 <input type="checkbox"/> G1 <input type="checkbox"/> F1 <input type="checkbox"/>
TMDOM-1. Eske gen ti moun nan kay la ki Ale vini sou frontyè Dominikani pou yo ka travay san ke yo pa rete? <input type="checkbox"/> 1. wi <input type="checkbox"/> 2. Non *Si wi konbyen Gason.....konbyen Fi.....	TMDOM-1 <input type="checkbox"/> G2 <input type="checkbox"/> F2 <input type="checkbox"/>
TMDOM-2. Eske gen ti moun nan kay la ki te al rete Dominikani kay moun pou yo ka rann ti sèvis? <input type="checkbox"/> 1. wi    *Si wi konbyen Gason.....konbyen Fi..... <input type="checkbox"/> 2. Non	TMDOM-2 <input type="checkbox"/> G3 <input type="checkbox"/> F3 <input type="checkbox"/>
*Si pa genyen =9	

(MANDE KEKSYON SOU 2 TI MOUN, pitit mèt kay ak youn ki rann ti sèvis. Eseye chwazi sa ki gen **MENM LAJ LA, MENM SÈKS ak Pitit Mèt kay la**). Si gen 2 ti moun menm kondisyon, chwazi sa ki gen mwa anivèsè ki pi pre a. Si pa gen 'resta...', chwazi yon ti moun fèt li pral rive avan.

### PITIT MÈT KAY LA

<b>K. Kote ti moun lan sòti?</b> (Komin ; Seksyon ; Bitasyon)		<b>PA. Kisa timoun lan ye pou mèt kay la?</b>		<b>TRAV. Ki travay timoun nan fè nan kay la? (LI CHAK REPONS epi make Ki sa l fè)</b>	
Non <b>timoun kay la</b> _____  Depatman li fèt _____	<b>Non1</b> ← <b>Num1</b> <input type="checkbox"/> <b>Dep1</b> ←	<input type="checkbox"/> 1. <b>Pitit vant/ren</b> <input type="checkbox"/> 2. neve/niès <input type="checkbox"/> 3. fiyèl(e) <input type="checkbox"/> 4. lòt paran <input type="checkbox"/> 5. <b>adopsyon</b>	<b>PA1</b> <input type="checkbox"/>	1.wi 2.non <input type="checkbox"/> <input type="checkbox"/> 1.Chèche dlo <input type="checkbox"/> <input type="checkbox"/> 2.Al nan mache <input type="checkbox"/> <input type="checkbox"/> 3.Lave asyèt <input type="checkbox"/> <input type="checkbox"/> 4.Al lave rad <input type="checkbox"/> <input type="checkbox"/> 5.Netwaye kay <input type="checkbox"/> <input type="checkbox"/> 6.Bote chay <input type="checkbox"/> <input type="checkbox"/> 7.Okiye lòt timoun <input type="checkbox"/> <input type="checkbox"/> 8.Lòt travay kay la <input type="checkbox"/> <input type="checkbox"/> 9.Lòt travay ki pa travay kay la. Bay detay _____	<b>TRAV1</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> ← <b>9a</b>
Komin li fèt: _____	<b>Kom1</b> ←	<b>L. Ki klas ti moun lan ap fè (osinon li fè deja) ?</b> _____			
Seksyon: _____	<b>Sek1</b> ←	<b>L1</b> <input type="checkbox"/> <input type="checkbox"/>			
Bitasyon / lokalite: _____	<b>Bit1</b> ←	<b>TMAG1. Ki laj li gen deja?</b> _____			
Referans an deyò: _____	<b>Ref1</b> ←	_____an <b>TMAG1</b> <input type="checkbox"/> <input type="checkbox"/>			

### TIMOUN KI LA wap ede epi ki RANN ou SÈVIS

<b>K. Kote ti moun lan sòti?</b> (Komin ; Seksyon ; Bitasyon)		<b>PA. Kisa timoun ye pou mèt kay la?</b>		<b>TRAV. Ki travay timoun nan fè nan kay la? (LI CHAK REPONS epi make Ki sa l fè)</b>	
Non <b>timoun nan</b> _____  Depatman li fèt _____	<b>Non2</b> ← <b>Num2</b> <input type="checkbox"/> <b>Dep2</b> ←	<input type="checkbox"/> 1. pitit <input type="checkbox"/> 2. neve/niès <input type="checkbox"/> 3. fiyèl(e) <input type="checkbox"/> 4. lòt paran <input type="checkbox"/> 5. anyen	<b>PA2</b> <input type="checkbox"/>	1.wi 2.non <input type="checkbox"/> <input type="checkbox"/> 1.Chèche dlo <input type="checkbox"/> <input type="checkbox"/> 2.Al nan mache <input type="checkbox"/> <input type="checkbox"/> 3.Lave asyèt <input type="checkbox"/> <input type="checkbox"/> 4.Al lave rad <input type="checkbox"/> <input type="checkbox"/> 5.Netwaye kay <input type="checkbox"/> <input type="checkbox"/> 6.Bote chay <input type="checkbox"/> <input type="checkbox"/> 7.Okiye lòt timoun <input type="checkbox"/> <input type="checkbox"/> 8.Lòt travay kay la <input type="checkbox"/> <input type="checkbox"/> 9. Lòt travay ki pa travay kay la. Bay detay _____	<b>TRAV2</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/> ← <b>9a</b>
Komin li fèt: _____	<b>Kom2</b> ←	<b>L. Ki klas ti moun lan ap fè (osinon li te fè deja)</b> _____			
Seksyon: _____	<b>Sek2</b> ←	<b>L2</b> <input type="checkbox"/> <input type="checkbox"/>			
Bitasyon / lokalite: _____	<b>Bit2</b> ←	<b>TMAG1. Ki laj li gen deja?</b> _____			
Referans an deyò: _____	<b>Ref2</b> ←	_____an <b>TMAG2</b> <input type="checkbox"/> <input type="checkbox"/>			

**PUNI.** Ki jan bò isit la, gran moun pini ti moun kap fè dezòd ?

1. Bat	<input type="checkbox"/> 1. wi	<input type="checkbox"/> 2. non	BAT <input type="checkbox"/>
2. mete a jenou sou graj	<input type="checkbox"/> 1. wi	<input type="checkbox"/> 2. non	GRA <input type="checkbox"/>
3. mete a jenou dèyè chèz	<input type="checkbox"/> 1. wi	<input type="checkbox"/> 2. non	CHEZ <input type="checkbox"/>
4. fè yo wont lòt jan	<input type="checkbox"/> 1. wi	<input type="checkbox"/> 2. non	WONT <input type="checkbox"/>
8. Lòt repons			LPUN <input type="checkbox"/>

**Lis LÒT moun ki leve, dòmi, manje nan kay la ki gen 18 an e plis AK mwens ke 5 an**

Non moun ki gen plis ke 18 lane. <b>TK</b> :Eske li gen pwoblèm nan Tèt( <b>mantal</b> ) ou nan Kò li* (1=wi, 2=non)?		SK :Seks 1-Gason 2- Fi	LK-Laj li	EDK, Ki dènye KLAS li te gen chans fè lekòl ? (itilize Kòd ED)
Non li.....	T1 K1 <input type="checkbox"/> <input type="checkbox"/>	SK1 <input type="checkbox"/>	LK1 <input type="checkbox"/> <input type="checkbox"/>	EDK1 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T2 K2 <input type="checkbox"/> <input type="checkbox"/>	SK2 <input type="checkbox"/>	LK2 <input type="checkbox"/> <input type="checkbox"/>	EDK2 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T3 K3 <input type="checkbox"/> <input type="checkbox"/>	SK3 <input type="checkbox"/>	LK3 <input type="checkbox"/> <input type="checkbox"/>	EDK3 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T4 K4 <input type="checkbox"/> <input type="checkbox"/>	SK4 <input type="checkbox"/>	LK4 <input type="checkbox"/> <input type="checkbox"/>	EDK4 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T5 K5 <input type="checkbox"/> <input type="checkbox"/>	SK5 <input type="checkbox"/>	LK5 <input type="checkbox"/> <input type="checkbox"/>	EDK5 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T6 K6 <input type="checkbox"/> <input type="checkbox"/>	SK6 <input type="checkbox"/>	LK6 <input type="checkbox"/> <input type="checkbox"/>	EDK6 <input type="checkbox"/> <input type="checkbox"/>
Non li.....	T7 K7 <input type="checkbox"/> <input type="checkbox"/>	SK7 <input type="checkbox"/>	LK7 <input type="checkbox"/> <input type="checkbox"/>	EDK7 <input type="checkbox"/> <input type="checkbox"/>
<b>TI MOUN KI GEN MWENS KE 5 an</b>		<b>SEKS LI</b>	<b>LAJ LI</b>	<b>KI KLAS LAP FÈ</b>
1).Non li.....	T8 K8 <input type="checkbox"/> <input type="checkbox"/>	SK8 <input type="checkbox"/>	LK8 <input type="checkbox"/> <input type="checkbox"/>	EDK8 <input type="checkbox"/> <input type="checkbox"/>
2).Non li.....	T9 K9 <input type="checkbox"/> <input type="checkbox"/>	SK9 <input type="checkbox"/>	LK9 <input type="checkbox"/> <input type="checkbox"/>	EDK9 <input type="checkbox"/> <input type="checkbox"/>
3).Non li.....	T10 <input type="checkbox"/> K10 <input type="checkbox"/>	SK10 <input type="checkbox"/>	LK10 <input type="checkbox"/> <input type="checkbox"/>	EDK10 <input type="checkbox"/> <input type="checkbox"/>

- *Pwoblèm moun ka genyen nan kò yo, nan tèt yo, ki anpèche yo okipe zafè yo nòmalman tankou moun ki gen pwoblèm nan zye, pye, bra, ki retade...Si ti moun lan pako gen 1 an, mete kantite MWA li genyen anba tablo sa a.*
- 1).....mwa; 2).....mwa; 3).....mwa

**Anketè di I : Nou konnen gen abi ke fanm kon sibi nan sosyete a, malgre ti jefò ki fèt pou sa sispann :**

<p><b>GBV-K.</b> Men kèk bagay gason konn fè fanm: li ka anmède l, pa vle okipe pitit li, ba l kou, vyole l, pran zafè l. Nan tout bagay sayo kisa ki rive <b>plis</b> bò isit la (chwazi YOUN)?</p> <p><input type="checkbox"/>1 anmède l   <input type="checkbox"/>2 pa vle okipe pitit   <input type="checkbox"/>3 bay kou   <input type="checkbox"/>4 vyole fanm</p> <p><input type="checkbox"/>5. pran zafèl   <input type="checkbox"/>6 joure l   <input type="checkbox"/>7 pèsekite l devan moun   <input type="checkbox"/>8. pèsekite l nan magi</p> <p>9 Menase l   <input type="checkbox"/>10 lot repons.....</p>	<b>GBV-K</b> <input type="checkbox"/>
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**FANM nan kay la ki te sibi ZAK Gason te fè depi GoudouGoudou (GG)**

GBV-M. Depi GG, Eske gen fanm nan kay la ke gason? (LI CHAK REPONS epi make Ki sa l fè)	Depi GG, ZAK ke gason fè sou fanm nan kay la depi GG	Konbyen fanm nan kay la ki te subi sa gason te fè yo (mande l pou chak zak yo)
<p><b>1.wi li te fè sa   2 non, li pat fè sa</b></p> <p><input type="checkbox"/> <input type="checkbox"/>1.te anmède l</p> <p><input type="checkbox"/> <input type="checkbox"/>2.Pat vle okipe pitit li genyen avè l</p> <p><input type="checkbox"/> <input type="checkbox"/>3.te ba l kou</p> <p><input type="checkbox"/> <input type="checkbox"/>4.te vyole l</p> <p><input type="checkbox"/> <input type="checkbox"/>5.te pran zafè l</p> <p><input type="checkbox"/> <input type="checkbox"/>6.te joure l</p> <p><input type="checkbox"/> <input type="checkbox"/>7.pesekite l devan moun</p> <p><input type="checkbox"/> <input type="checkbox"/>8 te pèsekite nan maji</p> <p><input type="checkbox"/> <input type="checkbox"/>9.menase l</p> <p><input type="checkbox"/> <input type="checkbox"/>9.a lot repons</p>	<p><b>GBV-(M1-M9), 1 ou 2 nan bwat la</b></p> <p><b>M1.</b> <input type="checkbox"/> <b>mete 1 osinon 2</b></p> <p><b>M2.</b> <input type="checkbox"/></p> <p><b>M3.</b> <input type="checkbox"/></p> <p><b>M4.</b> <input type="checkbox"/></p> <p><b>M5.</b> <input type="checkbox"/></p> <p><b>M6.</b> <input type="checkbox"/></p> <p><b>M7.</b> <input type="checkbox"/></p> <p><b>M8.</b> <input type="checkbox"/></p> <p><b>M9.</b> <input type="checkbox"/></p> <p><b>M9a.</b> <input type="checkbox"/></p> <p>← <b>9b</b></p>	<p><b>GBV-K (K1-K9)</b></p> <p><b>1.</b> <input type="checkbox"/> <b>mete konbyen fam</b></p> <p><b>2.</b> <input type="checkbox"/></p> <p><b>3.</b> <input type="checkbox"/></p> <p><b>4.</b> <input type="checkbox"/></p> <p><b>5.</b> <input type="checkbox"/></p> <p><b>6.</b> <input type="checkbox"/></p> <p><b>7.</b> <input type="checkbox"/></p> <p><b>8.</b> <input type="checkbox"/></p> <p><b>9.</b> <input type="checkbox"/></p> <p><b>K9a.</b> <input type="checkbox"/></p> <p>← <b>9b</b></p>

<p><b>GBV Mu : Depi GGoudou a, eske gen moun nan kay la ke yo tiye ?</b></p> <p><input type="checkbox"/>1. wi   <input type="checkbox"/>2. No (ale nan GBV-H)</p> <p><b>KGBVMu:</b> Si wi, konbyen?.....</p>	<b>GBV-Mu</b> <input type="checkbox"/> <b>KGBV-Mu</b> <input type="checkbox"/>
<p><b>GBV-H</b> Bò isit la, kibò nou jwen Plis enfòmasyon sou vyolans gason ka fè sou fanm ?</p> <p><input type="checkbox"/>1. Radio, TV   <input type="checkbox"/>2. Oganizasyon lokal   <input type="checkbox"/>3. Oganizasyon entènasyonal</p> <p><input type="checkbox"/>4 teledyòl   <input type="checkbox"/>5 Enstitisyon Leta   <input type="checkbox"/>8. lòt repons</p>	<b>GBV-H</b> <input type="checkbox"/>
<p><b>GBV-A0.</b> Gen moun ki dakò ke yon fi byen vini gen dwa nan gason menm si li pa gen 18 lane, ou menm sa ou di ?</p> <p><input type="checkbox"/>1. pa dakò ditou   <input type="checkbox"/>2. pa dakò   <input type="checkbox"/>3. dakò   <input type="checkbox"/>4. Dakò nèt</p>	<b>GBV-A0</b> <input type="checkbox"/>
<p><b>GBV-A.</b> Gen moun ki dakò pou yon fi byen vini gen dwa fè pitit menm si li pa gen 18 lane, ou menm sa ou di ?</p> <p><b>A-1.</b> Si li <b>marye</b> :</p> <p><input type="checkbox"/>1. pa dakò ditou   <input type="checkbox"/>2. pa dakò   <input type="checkbox"/>3. dakò   <input type="checkbox"/>4. Dakò nèt</p>	<b>GBV-A1</b> <input type="checkbox"/>

<p><b>A-2. Si li pa marye :</b>  <input type="checkbox"/>1. pa dakò ditou    <input type="checkbox"/>2. pa dakò    <input type="checkbox"/>3. dakò    <input type="checkbox"/>4. Dakò nèt</p>	<p><b>GBV-A2</b> <input type="checkbox"/></p>
<p><b>GBV-R. Dim kisa yon fanm dwe fè, si yon gason ta (fè l Chwazi Yon repons)</b></p>	
<p><b>GBV-R1. Ta anmède l</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon  <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R1</b> <input type="checkbox"/></p>
<p><b>GBV-R2. Ta ba l kou ?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon  <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/>6 remèt kou a    <input type="checkbox"/> 7maji  <input type="checkbox"/> 8 lòt rep .....</p>	<p><b>GBV-R2.</b> <input type="checkbox"/></p>
<p><b>GBV-R3. Ta pran bagay li genyen ?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon  <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè .. <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep .....</p>	<p><b>GBV-R3</b> <input type="checkbox"/></p>
<p><b>GBV-R4. Ta vyole l ?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon  <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R4</b> <input type="checkbox"/></p>
<p><b>GBV-R5. Ta joure l ?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon    <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R5</b> <input type="checkbox"/></p>
<p><b>GBV-R6. Ta pèsekite l devan moun?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon    <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R6</b> <input type="checkbox"/></p>
<p><b>GBV-R7. Ta pèsekite l nan maji?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon    <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R7</b> <input type="checkbox"/></p>
<p><b>GBV-R8. Ta menase l ?</b>  <input type="checkbox"/>1. Anyen    <input type="checkbox"/>2. pote plent nan fanmi l    <input type="checkbox"/>3. pote plent nan òganyzasyon    <input type="checkbox"/>4. pote plent bay otorite    <input type="checkbox"/>5 priyè    <input type="checkbox"/> 7maji    <input type="checkbox"/> 8 lòt rep</p>	<p><b>GBV-R8</b> <input type="checkbox"/></p>
<p><b>GBV-R9 Si se yon repondan fanm mandel :</b>  <b>Eske ou menm ou te deja viktim nan yon nan bagay sayo ?</b>  <input type="checkbox"/>1. anmède    <input type="checkbox"/>2. pran kou    <input type="checkbox"/>3. pèdi zafè w    <input type="checkbox"/>4. vyòl.    <input type="checkbox"/> 5 joure l    <input type="checkbox"/> 6 pèsekite l devan moun    <input type="checkbox"/> 7 maji    <input type="checkbox"/>.8.menase l    <input type="checkbox"/>9. anyen /NON</p>	<p><b>GBV-R9</b> <input type="checkbox"/></p>

GBV-RP : Si l te viktim, mande l kisa l te fè ?.....		
<b>KABI.</b> Bò isit la , ki bò nou konn ale <b>Pi Plis</b> pou pwoteje tèt nou lè nou sibi yon abi ? ___ 1.Polis ___ 2 Tribinal ___ 3 Pakè ___ 4 Kazèk/ Meri ___ 5 Òg Fanm (Kilès.....) ___ 6. Lòt Òganizasyon ___ 7. Notab, Lidè lokal ___ 8 Lidè Legliz ___ 9 Paran yo ___ 10 nan Maji ___ 11 Okenn kote ___ 12 Lòt repons (.....)		<b>KABI</b> <input type="checkbox"/> <input type="checkbox"/>
<b>USEPWO:</b> Eske ou menm pèsònèl, ou te janm oblije al dèyè pwoteksyon pou tèt ou ? ___ 1. Wi ___ 2. Non (Ale nan MOUNPWO) <b>USEPWO-1:</b> Si wi, ki bò ou te ale? (Anketè Chwazi kòd nan KABI)..... <b>MOUNPWO:</b> Eske gen lòt moun nan kay la ki tal dèyè pwoteksyon? ___ 1. Wi ___ 2. Non (Ale nan Bwat anba a)		<b>USEPWO</b> <input type="checkbox"/> <b>USEPWO-1</b> <input type="checkbox"/> <input type="checkbox"/> <b>MOUNPWO</b> <input type="checkbox"/>
<b>KMOUNPWO : Si wi, konbyen moun ?</b> <b>BMOUNPWO : Ki bò yo te ale ? (Anketè Chwazi yon kòd nan KABI ki lan tèt fèy la)...</b>		<b>KMOUPWO</b> <input type="checkbox"/> <b>BMOUPWO</b> <input type="checkbox"/> <input type="checkbox"/>

Lis Moun ki pa ka okipe zafè yo NÒMALMAN (Anketè mande l pou chak kategori moun sayo kesyon yo youn apre lòt).	Bò isit la, nan moun sayo, kilès <b>ki pi fasil</b> jwen <b>PWOTEKSYON, nan ka abi (vyolans), dapre w?</b> (METE 4 pou <b>pi fasil</b> nèt ; 3 pou <b>fasil</b> ; 2 pou <b>difisil</b> ; 1 pou <b>pi difisil</b> (nan bwat yo)	Bò isit la, nan moun sayo, kilès <b>ki pi fasil</b> jwen <b>TRETMAN dapre w?</b> (METE 4 pou <b>pi fasil</b> nèt ; 3 pou <b>fasil</b> ; 2 pou <b>difisil</b> ; 1 pou <b>pi difisil</b> (nan bwat yo)	
Fanm viktim abi (vyolans)	<input type="checkbox"/> <b>FPWO</b>	<input type="checkbox"/> <b>FTRET</b>	
Ti moun viktim abi (vyolans)	<input type="checkbox"/> <b>TMPWO</b>	<input type="checkbox"/> <b>TMTRET</b>	
pwoblèm nan JE viktim abi (vyolans)	<input type="checkbox"/> <b>JEPWO</b>	<input type="checkbox"/> <b>JETRET</b>	
pwoblèm nan BRA	<input type="checkbox"/> <b>BRAPWO</b>	<input type="checkbox"/> <b>BRATRET</b>	
pwoblèm nan Zòrèy	<input type="checkbox"/> <b>ZOPWO</b>	<input type="checkbox"/> <b>ZOTRET</b>	
pwoblèm nan LANGAJ	<input type="checkbox"/> <b>LANGPWO</b>	<input type="checkbox"/> <b>LANGTRET</b>	
Moun ki fou	<input type="checkbox"/> <b>FOUPWO</b>	<input type="checkbox"/> <b>FOUTRET</b>	
Moun ki konn fè dezagremman	<input type="checkbox"/> <b>DEZAPWO</b>	<input type="checkbox"/> <b>DEZATRET</b>	

Moun ki kagou tout tan	<input type="checkbox"/> <b>KAGPWO</b>	<input type="checkbox"/> <b>KAGTRET</b>	
Retade mantal	<input type="checkbox"/> <b>RMPWO</b>	<input type="checkbox"/> <b>RMTRET</b>	

Lè yon moun viktim de vyolans (abi), osinon malad, li ka jwenn pwoteksyon, li ka jwen swen tou. M pra l mande w, nan men kilès moun sayo jwen Tretman.

<b>ANKETÈ:</b> Mete kòd yo nan bwat yo	Anketè, Lis moun ki viktim yo ak moun ki gen pwoblèm yo anba a. Sil vou plè, Poze kesyon sou tretman pou chak.kategori.	Ki bò ya l chèche Tretman?  1. Lopital, sant, klinik 2. Doktè Fèy 3. Gangan 4.Nan Jèn, la pryè 5. Lòt repons .....)
<b>TRET-F</b>	Fanm viktim Vyolans	<input type="checkbox"/>
<b>TIMTRET</b>	Ti moun viktim vyolans	<input type="checkbox"/>
<b>JE</b>	pwoblèm nan JE	
<b>BRA</b>	pwoblèm nan BRA	<input type="checkbox"/>
<b>PYE</b>	pwoblèm nan Pye	<input type="checkbox"/>
<b>ZOR</b>	pwoblèm nan Zòrèy	<input type="checkbox"/>
<b>PALE</b>	pwoblèm nan LANGAJ	<input type="checkbox"/>
<b>FOU</b>	Moun ki Fou	<input type="checkbox"/>
<b>DEZAG</b>	Moun ki konn fè Dezagreman	<input type="checkbox"/>
<b>KAGU</b>	Moun ki Kagou tout tan	<input type="checkbox"/>
<b>MANT</b>	Yon Retade mantal	<input type="checkbox"/>

**PER-GBV:** Dim sa yon gason ki rele gason tout bon dwe fè si:

**PERGBV 1 :**Madanm **li manke l dega** ? ☐1. fè bò pa l ☐2. Kale l ☐3. demach pou rekonsilye avè l ☐4. itilize pryè pou fè l dou ☐5.itilize maji pouf è l dou ☐8. lot repons

**PERGBV 1**

☐

**PERGBV 2 :**Madanm **li twonpe l** ak yon lòt nèg ? ☐1. fè bò pa l ☐2. Kale l ☐3. demach pou rekonsilye avè l ☐4. itilize pryè pou fè l dou ☐5.itilize maji pouf è l dou ☐8. lot repons.....

**PERGBV 2**

☐

**A-VUL : Bò isit la,**  
**Ki vyolans ki gen Pi plis ?.....**

**A-VUL1 : Bò isit la, ant kategori moun sayo kiles ki viktim de vyolans Pi plis?**

**A-VUL** ☐

☐1. Fanm ☐2. Timoun ☐3. Ankikape ☐4 Enfim ☐5 Avèg, soud, bèbè  
☐6. pèson ☐8 lot repons.....

**A-VUL1** ☐

<b>EQUAL S-1 : Nan kesyon de travay, gen moun ki di fanm ka komande gason, gen lot ki di fanm pa dwe kòmande gason, ou menm sa w di, fanm ka kòmande? (Li repons yo)</b> 1. pa dakò ditou    2. pa dakò    3. dakò    4. Dakò nèt	<b>EQUAL S-1</b> <input type="checkbox"/>
<b>EQUAL-POL:</b> Si ou tap rekòmande yon moun bò isit la pou yon pòs politik, ou ta pito pran yon gason osinon yon fanm ? 1. Gason    2. Fanm    3. Nenpòt    4. tou depan	<b>EQUAL-POL</b> <input type="checkbox"/>
<b>EQUAL-E:</b> Si ou tap rekòmande yon moun bò isit la pou yon lòt dyòb kelkonk, ou ta pito pran yon gason osinon yon fanm ? 1. Gason    2. Fanm    3. Nenpòt    4. tou depan	<b>EQUAL-E</b> <input type="checkbox"/>
<b>EQUAL-S:</b> Gen moun ki di gen kèk travay fanm pa sipoze fè (pa egzanp bayakou), gen lòt moun ki di fanm ka fè tout travay, ou menm sa w ta di? 1. Wi, Gen kèk travay fanm paka fè 2. Non, Fanm ka fè tout travay 3. Lòt repons (.....)	<b>EQUAL-S</b> <input type="checkbox"/>

**Anketè fè yon ti tranzisyon di l : Bon ann kite koze, pran pryè :**

**REL : Nan ki relijyon ou mache?**

**REL** ☐

Katolik fran ☐ 1  
 Katolik ki sèvi lwa ☐ 2  
 Sevitè lwa ki mache legliz ☐ 3  
 Sevitè lwa ki Pa mache legliz ☐ 4  
 Temwen Jeova ☐ 5  
 Lòt Pwotestan ☐ 6 (presize.....)  
 Lòt relijion(ki pa pwotestan ni vodouizan) ☐ 7  
 OKENN relijyon ☐ 8

### PATISIPASYON

*Kounye a, mwen pral site yon lis gwoup ak òganizasyon. Tanpri, eske ou ka di mwen si ou te patisipe nan reyinyon yo, yon fwa pa semen, yon ou de fwa pa mwa, yon ou de fwa pa lane ou byen ou pa janm fè sa. [Repete “yon fwa pa semen”...]*

	Yon fwa pa semen	Yon ou de fwa pa mwa	Yon ou de fwa pa lane	Pa janm fè sa	
<b>CP6.</b> Reyinyon gwoup legliz ou byen òganizasyon relijye? Eske ou te patisip..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>CP6</b> <input type="checkbox"/>
<b>CP7.</b> Reyinyon asosyasyon paran nan lekòl ou byen kolèj? Eske ou te patisip..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>CP7</b> <input type="checkbox"/>
<b>CP8.</b> Reyinyon gwoup osinon Asosyasyon pou amelyore kominote-a ou katye-a? Eske ou te patisipe....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>CP8</b> <input type="checkbox"/>



**Ou konnen byen tout dwèt pa menm longè, gen moun ki ganyen pase lòt, si l vou plè Eske ou ka dim nan bagay sayo kilès kay la genyen : Eske kay la gen:**

<b>R1.</b> Televizyon	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R1</b> <input type="checkbox"/>
<b>R3.</b> Frijidè (Refrijeratè)	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R3</b> <input type="checkbox"/>
<b>R4.</b> Telefòn òdinè (fiks)	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R4</b> <input type="checkbox"/>
<b>R4A.</b> Telefòn potab, selilè	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R4A</b> <input type="checkbox"/>
<b>R5.</b> Machin oswa kamyon	<input type="checkbox"/> 9. Non <input type="checkbox"/> 1. Yon <input type="checkbox"/> 2. De	<input type="checkbox"/> 3. Twa oswa plis pase twa	<b>R5</b> <input type="checkbox"/>
<b>R6.</b> Machin pou lave rad	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R6</b> <input type="checkbox"/>
<b>R7.</b> Fou	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R7</b> <input type="checkbox"/>
<b>R8.</b> Motosiklèt	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R8</b> <input type="checkbox"/>
<b>R12.</b> Tiyo osinon pi	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R12</b> <input type="checkbox"/>
<b>R14.</b> Douch	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R14</b> <input type="checkbox"/>
<b>R15.</b> Odinatè/konpyètè	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R15</b> <input type="checkbox"/>
<b>R16.</b> Twalèt igyenik	<input type="checkbox"/> 9. Non	<input type="checkbox"/> 1. Wi	<b>R16</b> <input type="checkbox"/>
<b>PYES.</b> Nan konbyen pyès kay ou rete ? <input type="checkbox"/> <input type="checkbox"/>			<b>PYES</b> <input type="checkbox"/>
<b>INOND.</b> Eske dlo konn anvayi yo ? <input type="checkbox"/> 1 wi <input type="checkbox"/> 2 non			<b>INONK</b> <input type="checkbox"/>
<b>RENT</b> Eske se lwe, fèm osinon pwopyetè ? <input type="checkbox"/> 1 lwe <input type="checkbox"/> 2 fèm <input type="checkbox"/> 3. pwopyetè <input type="checkbox"/> 4. Lòt			<b>RENT</b> <input type="checkbox"/>

**TRIGGER:** Eske kay sa a, gen moun ki soufri yon andikap, enfimite osinon lòt Limitasyon ki anpeche moun pran swen tèt yo, okipe afè yo nòmalman (retade mantal, soud, avèg, bèbè, Ankètè gade lis an ba a)

☐ 1. Wi ☐ 2. Non (ale nan KLEM) **TRIGGER** ☐

**Si wi, (kode kisa nan H nan lis anba a ; epi Konbyen nan K)?**

**Ankètè men kèk limitasyon ki ka anpeche moun nan kay la pran swen tèt yo, okipe zafè yo nòmalman**

**LIMITASYON moun Kay la (mete 1 osinon 2 nan H yo ; mete Konbyen nan K yo)**

1 Paka wè byen, pwoblèm nan zye ☐ 1 wi ☐ 2. non **H-1** ☐ **K1** ☐  
 2 Paka sèvi ak bra li, men l ☐ 1. wi ☐ 2. Non **H-2** ☐ **K2** ☐  
 3 Paka mache sou janm li, pye li ☐ 1 wi ☐ 2. non **H-3** ☐ **K3** ☐

4 Paka tande, pwoblèm nan zòrèy li ☐ 1 wi ☐ 2. non **H-4** ☐ **K4** ☐  
 5 Pwoblèm pou l pale ☐ 1 wi ☐ 2. non **H-5** ☐ **K5** ☐  
 6 Pwoblèm nan tèt (foli, dejwe, distrè ☐ 1 wi ☐ 2. non **H-6** ☐ **K6** ☐  
 7 Pete kabouya, dezagreman ☐ 1. wi ☐ 2. non **H-7** ☐ **K7** ☐  
 8 Moun lan toujou kagou ☐ 1. wi ☐ 2. non **H-8** ☐ **K8** ☐  
 9 Retade Mantal ☐ 1. wi ☐ 2. Non **H-9** ☐ **K9** ☐  
 10 lòt limitasyon (.....)

**KLEM:** Konbyen moun nan kay la ki gen o mwen youn nan pwoblèm sayo?..... **KLEM** ☐

(PA GENYEN=0)

**HVIK:** Si GENYEN, eske yo te viktim de vyolans?

☐ 1. wi ☐ 2. Non

**HVIK** ☐

**TIP-MEDIA :** Bò isit la, eske gen moun ki kon bay ti moun pou rete ak moun pou yon ti kòb?

☐ 1. Wi ☐ 2. Non

**TIP-MEDIA**

☐

*Maladi pou tout moun. Nou konnen gen moun ki malerezman viktim maladi Sida. Mwen menm te gen fanmi m ki te viktim. Nou ta renmen konnen si gen ti moun ki te viktim Sida nan kay la*

**PSID** ☐ Eske gen ti moun nan kay la ki pèdi paran yo (manman/papa) nan maladi sida?

☐ 1. wi ☐ 2. Non

**PSID** ☐

**TSID:** Nan ti moun kay la, eske genyen ki te pran lan maladi a?

☐ 1. wi ☐ 2. Non

**TSID** ☐

**GSID** Si wi: Konbyen ki gen jèm maladi sou yo?.. pa genyen(=9) **GSID** ☐

Non Enfòmètè: \_\_\_\_\_ Ti non jwèt li \_\_\_\_\_ Téléphone :

← Enfòmètè

Adrès Enfòmètè \_\_\_\_\_ GPS :Latit..... Longit.....

← Enfòmètè J

← Adres

Non Anketè

Ankete ☐

Non Sipèvizè

Sipevize ☐

**ANKETÈ:** SI KAY la gen moun ak youn nan pwoblèm sa yo

Make sou Kesyonè a:

- yon gwo L (pou Limitasyon) osinon//
- yon gwo V (pou vyolans)// osinon
- yon gwo LV (si Limitasyon ak Vyolans)

Answit, di SIPEVIZE W sa, sil vou plè.

**ANNEX E. Baseline Household Survey Instrument**  
**(English translation)**

- **Interviewer: Select household with children below 18 years of age**
- **Talk with the household head or other available adult able to respond**  
*I would like to ask you a few questions about yourself and other members of the household. Feel free to answer questions openly and honestly. Please do not communicate your answers to anyone else.*

		ID <input type="text"/>
SIT : Supervisor: write the name of the research site :		SIT <input type="text"/> - <input type="text"/>
Date of interview : day: _____ month: _____ 2012		DAT <input type="text"/> / <input type="text"/>
OR. Where are you from ? Department _____ Commune _____		← OR
RES: How long you have been living here ( _____ Year)		RES <input type="text"/>
SEX. Interviewer: mark gender, don't ask: <input type="checkbox"/> 1.Men <input type="checkbox"/> 2.Women		SEX <input type="checkbox"/>
Q1. Who is the household head (HH)? <input type="checkbox"/> 1.Myself <input type="checkbox"/> 2.other member		Q1 <input type="checkbox"/>
Q1a. How many people sleep and eat in this household (including yourself)? _____		Q1a <input type="text"/>
Q1b. How many persons just sleep but do not eat here ? _____ (0=99)		Q1b <input type="text"/>
Q1c. How many persons just eat but do not sleep here ? _____ (0=99)		Q1c <input type="text"/>
Q1d. How many HH children sleep and eat here (under age 18)? _____		Q1d <input type="text"/>
Q1 e. Among these children, how many are below 5 years of age?		Q1e <input type="text"/>
Q2. Age _____ years		Q2 <input type="text"/>
Q3. Marital status? <b>Are you :</b> <input type="checkbox"/> 1.Single <input type="checkbox"/> 2.Married <input type="checkbox"/> 3.living w someone <input type="checkbox"/> 4.Divorced <input type="checkbox"/> 5.Single after being married/living with someone, <input type="checkbox"/> 6.Widowed <input type="checkbox"/> 8.No response		Q3 <input type="checkbox"/>
Q4. How many dependent children do you still have? _____ (99= None) ( Go to ED)		Q4 <input type="text"/>
Q5. How many of your children are living with others to help you out? (not including children who are temporarily lodged with others just to go to school)? _____ (99= None)		Q5 <input type="text"/>
Q5a. Where are they ? 1 <sup>st</sup> child: Departement _____ Commune _____ Communal section _____		← Q5a1
2 <sup>nd</sup> child? Departement _____ Commune _____ Communal section _____		← Q5a1

**ED.** What was the highest grade you attended at school?  
 (Primary, secondary, university) = \_\_\_\_ total years attended (did not go=99)  
**Interviewer, please, Indicate code in the following table**

Primary school	Secondary school	University
01 Preskolè	08 Sizyèm / 7 A.F.	15 Inivèsite 1
02 Preparatwa 1 / 1 A.F.	09 Sinkyèm / 8 A.F.	16 Inivèsite 2
03 Preparatwa 2 / 2 A.F.	10 Katriyèm / 9 A.F.	17 Inivèsite 3
04 Elemantè 1 / 3 A.F.	11 Twazyèm	18 Inivèsite 4
05 Elemantè 2 / 4 A.F.	12 Segond	19 Depase inivèsite 4
06 Mwayen 1 / 5 A.F.	13 Reto	
07 Mwayen 2 / 6 A.F.	14 Filo	<b>88- Pa repons</b>

**Q5B.** How many of your own children live away from home in order to attend school but are still dependent on you? \_\_\_\_ (99= None)

ED ☐ ☐Q5 B ☐ ☐

1

TABLE: Elicit information about each child living/eating/sleeping in residence. For each child in residence, the table elicits the following information: sex, age, if the child is a temporary “paying” lodger (attending school), what the child’s relation is to the household head, if a child is classified as a *restavèk* servant child (*timoun wap ede, ki rann kay la ti sevis*), and whether the child is presently attending school.

After the table:

**OVC** Among the children classified as *restavèk* servant children (and who are not temporary residents/lodgers for the school year), have any of these children lost one or both parents?

☐ 1. father    ☐ 2. mother    ☐ 3. both    ☐ 4. None

OVC ☐

(Interviewer: For purposes of comparison, select two children in the household, one a child of the HH head, and the other a restavèk child. Choose children of similar sex and age. If more than one HH child fits selection criteria for these questions, pick the one whose birthday is next.

Child of HH head			
<b>K. Origin? (Commune, Section, locality)</b> Name of child _____ # <input type="checkbox"/> <input type="checkbox"/> Department (born) _____	<b>Non1</b> ← <b>Num1</b> <input type="checkbox"/> <b>Dep1</b> ←	<b>PA. Relation to HH head?</b> <input type="checkbox"/> 1. Child <input type="checkbox"/> 2. Neph/niece <input type="checkbox"/> 3. In law <input type="checkbox"/> 4. Other kin <input type="checkbox"/> 5. Unrelated <div style="text-align: right;"><b>PA1</b> <input type="checkbox"/></div>	<b>TRAV. Chores child does around the house</b> 1.yes 2.no <input type="checkbox"/> <input type="checkbox"/> 1.fetch water <input type="checkbox"/> <input type="checkbox"/> 2.go to market <input type="checkbox"/> <input type="checkbox"/> 3.wash dishes <input type="checkbox"/> <input type="checkbox"/> 4.laundry <input type="checkbox"/> <input type="checkbox"/> 5.Clean <input type="checkbox"/> <input type="checkbox"/> 6.Carry loads <input type="checkbox"/> <input type="checkbox"/> 7.Babysit <input type="checkbox"/> <input type="checkbox"/> 8.Other HH wk <input type="checkbox"/> <input type="checkbox"/> 9. Other work away from HH (specify) _____ _____ ← <b>9a</b>
Commune (born): _____	<b>Kom1</b> ←	<b>L. Highest grade attended</b> <div style="text-align: right;"><b>L1</b> <input type="checkbox"/> <input type="checkbox"/></div>	<div style="text-align: right;"><b>TRAV1</b></div> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/>
Communal Section (born): _____	<b>Sek1</b> ←		
Locality (born): _____	<b>Bit1</b> ←	<b>TMAG1. Age</b> _____yrs <div style="text-align: right;"><b>TMAG1</b> <input type="checkbox"/> <input type="checkbox"/></div>	<div style="text-align: right;"><b>9a</b></div>
Other reference (rural): _____	<b>Ref1</b> ←		

Children in the household you are helping and who assist with chores			
<b>K. Origin? (Commune, Section, locality)</b> Name of child _____ # <input type="checkbox"/> <input type="checkbox"/> Department (born) _____	<b>Non1</b> ← <b>Num1</b> <input type="checkbox"/> <b>Dep1</b> ←	<b>PA. Relation to HH head?</b> <input type="checkbox"/> 1. Child <input type="checkbox"/> 2. Neph/niece <input type="checkbox"/> 3. In law <input type="checkbox"/> 4. Other kin <input type="checkbox"/> 5. Unrelated <div style="text-align: right;"><b>PA1</b> <input type="checkbox"/></div>	<b>TRAV. Chores child does around the house</b> 1.yes 2.no <input type="checkbox"/> <input type="checkbox"/> 1.fetch water <input type="checkbox"/> <input type="checkbox"/> 2.go to market <input type="checkbox"/> <input type="checkbox"/> 3.wash dishes <input type="checkbox"/> <input type="checkbox"/> 4.laundry <input type="checkbox"/> <input type="checkbox"/> 5.Clean <input type="checkbox"/> <input type="checkbox"/> 6.Carry loads <input type="checkbox"/> <input type="checkbox"/> 7.Babysit <input type="checkbox"/> <input type="checkbox"/> 8.Other HH wk <input type="checkbox"/> <input type="checkbox"/> 9. Other work away from HH (specify) _____ _____ ← <b>9a</b>
Commune (born): _____	<b>Kom1</b> ←	<b>L. Highest grade attended</b> <div style="text-align: right;"><b>L1</b> <input type="checkbox"/> <input type="checkbox"/></div>	<div style="text-align: right;"><b>TRAV1</b></div> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. <input type="checkbox"/>
Communal Section (born): _____	<b>Sek1</b> ←		
Locality (born): _____	<b>Bit1</b> ←	<b>TMAG1. Age</b> _____yrs <div style="text-align: right;"><b>TMAG1</b> <input type="checkbox"/> <input type="checkbox"/></div>	<div style="text-align: right;"><b>9a</b></div>
Other reference (rural): _____	<b>Ref1</b> ←		

**PUNI.** How do people here discipline children for bad behavior?

- |                             |  |                                |                               |
|-----------------------------|--|--------------------------------|-------------------------------|
| 1. Beating                  | <input type="checkbox"/> 1. yes                            | <input type="checkbox"/> 2. no | BAT <input type="checkbox"/>  |
| 2. Kneel on a grater        | <input type="checkbox"/> 1. yes                            | <input type="checkbox"/> 2. no | GRA <input type="checkbox"/>  |
| 3. Kneel on rear chair rung | <input type="checkbox"/> 1. <input type="checkbox"/> 2. No |                                | CHEZ <input type="checkbox"/> |
| 4. Shaming without above    | <input type="checkbox"/> 1 wi <input type="checkbox"/> 2no |                                | WONT <input type="checkbox"/> |
| 8. Other response           |  |                                | LPUN <input type="checkbox"/> |

**GBV-K.** Here are some ways men may treat women: he can harass her, refuse to take care of the children, hit her, rape her, take her things, etc. Of all of these, which are more common around here? (Ask each and mark accordingly)

- ☐ 1 harassment ☐ 2 don't care of children ☐ 3 hit her ☐ 4 rape  
☐ 5. Take belonging ☐ 6 swear at her ☐ 7 use magic against her  
☐ 8. Threaten her ☐ 9 Other responses.

GBV-K ☐

**GBV-M:** [Revised] Are there any victims of such misbehaviors in this household?

☐ Yes ☐ Non If yes: what? \_\_\_\_\_  
 How many victims in HH? \_\_\_\_\_

G BV-M ☐

**GBV Mu :** During the last 12 months, was anyone from the HH murdered ?

☐ 1. Yes ☐ 2. No

GBV-Mu ☐

**GBV-H** Around here where do people find/hear information about violence against women?

- ☐ 1. Radio, TV ☐ 2. Local Org ☐ 3. International NGOs ☐ 4 rumors  
☐ 5 Public institutions ☐ 8. Other reponse .....

GBV-H ☐

**GBV-A0.** Some people agree that it is alright for a physically well developed adolescent girl to be sexually active before age 18 if she does not have enough to eat, what do you think ?

☐ 1. Completely disagree ☐ 2. disagree ☐ 3. agree ☐ 4. completely agree

GBV-A0 ☐

**GBV-A.** Some people agree that it is alright for a physically well developed adolescent girl to decide to have children before age 18, what do you think ?

GBV-A1 ☐

**A-1.** If she is married ? : ☐ 1. Completely disagree ☐ 2. disagree  
☐ 3. agree ☐ 4. completely agree

GBV-A2 ☐

**A-2.** If she is not married :

☐1. Completely disagree      ☐2. disagree    ☐3. agree    ☐4. completely agree

**GBV-R. What should a woman do if a man ...**

**GBV-R1. Harasses her sexually ?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other

**GBV-R1** ☐

**GBV-R2. Beats her?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other  
.....

**GBV-R2.** ☐

**GBV-R3. Takes away her belongings?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other  
.....

**GBV-R3** ☐

**GBV-R4. Rapes her ?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other

**GBV-R4** ☐

**GBV-R5. Swears at her ?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other

**GBV-R5** ☐

**GBV-R6. Works magic against her ?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other

**GBVR6** ☐

**GBV-R7. Threatens her ?**

☐1. Nothing    ☐2. Complain to his relatives    ☐3. Complain to an organization    ☐4. Complain to an authority    ☐5 pray to God    ☐8 other

**GBVR7** ☐

**GBV-R8** If the respondent is a woman, ask her:

Have you personally been a victim of any of the above treatments by a man?  
(If yes, ask about each category)

☐1 harassment    ☐2 withhold children care    ☐3 beat    ☐4 rape    ☐5. Take things  
☐6 Swear at her    ☐7 use magic    ☐8. Threaten her    ☐9  
Other responses.

**GBVR8** ☐



<p><b>KABI.</b> Around here where do people go for protection if they are victims of abuse?</p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2 Local org (.....)<input type="checkbox"/>3. Relatives  <input type="checkbox"/>4. Notab    <input type="checkbox"/>5 Name of institution _____<input type="checkbox"/>6 Nowhere</p> <p><b>KABI_F :</b> if she is a women, can she still go ? <input type="checkbox"/>1. yes    <input type="checkbox"/>2. No</p> <p><b>KABI_TIM :</b> If s/he is a minor ?    <input type="checkbox"/>1. yes    <input type="checkbox"/>2. No</p> <p><b>KABI_H :</b> If the person has physical limitations?    <input type="checkbox"/>1.yes    <input type="checkbox"/>2. No</p> <p><b>KABI_I :</b> If the person cannot walk?</p> <p><b>KABI-L:</b> If the person is visually or hearing impaired?    <input type="checkbox"/>1. yes  <input type="checkbox"/>2. No</p>	<p><b>KABI</b> <input type="checkbox"/></p> <p><b>KABI-F</b> <input type="checkbox"/></p> <p><b>KABI_TIM</b> <input type="checkbox"/></p> <p><b>KABI_H</b> <input type="checkbox"/></p> <p><b>KABI_I</b> <input type="checkbox"/></p>
<p><b>TYPWO:</b> Where would you prefer victims go to seek protection from abuse?</p> <p><b>TYPWO-F : If the victim is a woman?</b></p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2. Intl NGO    <input type="checkbox"/>3. Local org    <input type="checkbox"/>4. Relatives  <input type="checkbox"/>5. Other response (.....)</p> <p><b>TYPWO-TIM : if the victim is a child?</b></p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2. Intl NGO    <input type="checkbox"/>3. Local org    <input type="checkbox"/>4. Relatives  <input type="checkbox"/>5. Other response (.....)</p> <p><b>TYPWO-H : If the person has physical limitations ?</b></p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2. Intl NGO    <input type="checkbox"/>3. Local org    <input type="checkbox"/>4. Relatives  <input type="checkbox"/>5. Other response (.....)</p> <p><b>TYPWO-I : If the person cannot walk ?</b></p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2. Intl NGO    <input type="checkbox"/>3. Local org    <input type="checkbox"/>4. Relatives  <input type="checkbox"/>5. Other response (.....)</p> <p><b>TYPWO-L: If the person is visually or hearing impaired?</b></p> <p><input type="checkbox"/>1. Public institution    <input type="checkbox"/>2. Intl NGO    <input type="checkbox"/>3. Local org    <input type="checkbox"/>4. Relatives  <input type="checkbox"/>5. Other response (.....)</p>	<p><b>TYPWO-F</b> <input type="checkbox"/></p> <p><b>TYPWO-TIM</b> <input type="checkbox"/></p> <p><b>TYPWO-H</b> <input type="checkbox"/></p> <p><b>TYPWO-I</b> <input type="checkbox"/></p> <p><b>TYPWO-L</b> <input type="checkbox"/></p>
<p><b>JWENPWO</b> Among these kinds of victims, who do you know that has sought protection?</p> <p><input type="checkbox"/>1.Woman    <input type="checkbox"/>2. Child    <input type="checkbox"/>3. Physical limitations<input type="checkbox"/>4 Can't walk  <input type="checkbox"/>5 Visual/hearing impaired    <input type="checkbox"/>6. None of those</p>	<p><b>JWENPWO</b> <input type="checkbox"/></p>

<p><b>JWENPWO-1:</b> Who among those victims sought treatment in a hospital or a medical center?</p> <p><input type="checkbox"/>1. Woman      <input type="checkbox"/>2. Child      <input type="checkbox"/>3. Physical limitations <input type="checkbox"/>4 Can't walk <input type="checkbox"/>5 Visual/hearing impaired      <input type="checkbox"/>6. None of those</p>	<p><b>JWENPWO-1</b> <input type="checkbox"/></p>
<p><b>ACESPWO</b> If you personally were a victim of an abuse, do you know where to go for protection ? <input type="checkbox"/>1. yes      <input type="checkbox"/>2. No      ____ (if there is no source, response=9)</p> <p><b>USEPWO:</b> Were you ever forced to seek protection for yourself ?  <input type="checkbox"/>1. Yes      <input type="checkbox"/>2. No</p> <p><b>USEPWO-1:</b> Where did you go?  <input type="checkbox"/>1. State      <input type="checkbox"/>2. International NGO      <input type="checkbox"/>3. Local org      <input type="checkbox"/>4. Relatives <input type="checkbox"/>5. Other response (.....)</p> <p><b>MOUNPWO:</b> [revised] Is there anyone else in the household who has sought protection? <input type="checkbox"/>1. Yes      <input type="checkbox"/>2. No  If yes, how many other people? _____</p>	<p><b>ACESPWO</b> <input type="checkbox"/></p> <p><b>USEPWO</b> <input type="checkbox"/></p> <p><b>USEPWO-1</b> <input type="checkbox"/></p> <p><b>MOUNPWO</b> <input type="checkbox"/></p>
<p><b>PERCEP-GBV:</b> Tell me a what a real man should do if</p> <p><b>PERCGBV 1 :</b> His wife shows him disrespect ? <input type="checkbox"/>1. Leaves her <input type="checkbox"/>2. Beats her <input type="checkbox"/>3. Seek reconciliation via third party      <input type="checkbox"/>4. Other response</p> <p><b>PERCGBV 2 :</b> His wife cheats on him? <input type="checkbox"/>1. Leaves her      <input type="checkbox"/>2. Beats her <input type="checkbox"/>3. Seek reconciliation via third party      <input type="checkbox"/>4. Other response</p> <p><b>A-VUL :</b> Around here, who is more likely to be a victim of violence ?  <input type="checkbox"/>1. Women      <input type="checkbox"/>2. Children      <input type="checkbox"/>3. Physical limitations <input type="checkbox"/>4 can't walk <input type="checkbox"/>5 Visual/hearing impaired <input type="checkbox"/>6. No one <input type="checkbox"/>8 Other response (.....)</p> <p><b>A-VUL-1 :</b> What type of violence is the most common? _____</p> <p><b>TIP-MEDIA :</b> Around here, is there anyone who has given children away to others for money?  <input type="checkbox"/>1. Yes      <input type="checkbox"/>2. No</p>	<p><b>PERCGBV 1</b> <input type="checkbox"/></p> <p><b>PERCGBV 2</b> <input type="checkbox"/></p> <p><b>A-VUL</b> <input type="checkbox"/></p> <p><b>A-VUL1</b> <input type="checkbox"/></p> <p><b>TIP-MEDIA</b> <input type="checkbox"/></p>
<p><b>TIP-MEDIA-1 :</b> Around here, is there anyone who has received children in exchange for money?  <input type="checkbox"/>1. yes      <input type="checkbox"/>2. No</p>	<p><b>TIP-MEDIA-1</b> <input type="checkbox"/></p>
	<p><b>EQUAL S-1</b> <input type="checkbox"/></p>

<b>EQUAL S-1 :</b> As far as work is concerned, some say it's okay for a woman to be in charge of men, others disagree, what would you say? ___ 1. Completely disagree    ___ 2. disagree    ___ 3. agree    ___ 4. completely agree	
<b>EQUAL-POL:</b> If you were to recommend someone around here for a political post, would you choose a woman or a man?  ___ 1. Man    ___ 2. Woman    ___ 3. Either one    ___ 4. It all depends	<b>EQUAL-POL</b> <input type="checkbox"/>
<b>EQUAL-E:</b> If you were to recommend someone from around here for a job, would you pick a woman or a man?  ___ 1. Man    ___ 2. Woman    ___ 3. Either one    ___ 4. It all depends	<b>EQUAL-E</b> <input type="checkbox"/>
<b>EQUAL-S:</b> Is there a type of work that a woman should not do ? yes/no. If so, what type of work? _____	<b>EQUAL-S</b> <input type="checkbox"/>

### PARTICIPATION

*Now, I would like to talk with you about your participation in various activities and meetings. Please, would you let me know if you have participated in the meetings once a week, once or twice monthly, once or twice a year, or you never participated.. [Repeat "once a week"...]*

	Once a week	Once or twice per month	Once or twice per year	Never participated	
<b>CP6.</b> Church meeting or religious organization. Did you participate....	___ 1	___ 2	___ 3	___ 4	<b>CP6</b> <input type="checkbox"/>
<b>CP7.</b> Parent/teachers or other school meetings. Did you participate ...	___ 1	___ 2	___ 3	___ 4	<b>CP7</b> <input type="checkbox"/>
<b>CP8.</b> Meetings to improve the area where you live or the community in general.	___ 1	___ 2	___ 3	___ 4	<b>CP8</b> <input type="checkbox"/>

**HOUSEHOLD ITEMS:** Please tell me if you have any of the following household items:

<b>R1.</b> TV	___ 9. No	___ 1. Yes	<b>R1</b> <input type="checkbox"/>
<b>R3.</b> FRIG	___ 9. No	___ 1. Yes	<b>R3</b> <input type="checkbox"/>
<b>R4.</b> Fixed phone	___ 9. No	___ 1. Yes	<b>R4</b> <input type="checkbox"/>
<b>R4A.</b> Cell phone	___ 9. No	___ 1. Yes	<b>R4A</b> <input type="checkbox"/>
<b>R5.</b> Car or Truck	___ 9. No    ___ 1. One    ___ 2. Two	___ 3 At least	<b>R5</b> <input type="checkbox"/>
<b>R6.</b> Laundry Machine	___ 9. No	___ 1. Yes	<b>R6</b> <input type="checkbox"/>

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<b>R7. Oven</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R7</b> <input type="checkbox"/>
<b>R8. Motorcycle</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R8</b> <input type="checkbox"/>
<b>R12. Tub water or a well</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R12</b> <input type="checkbox"/>
<b>R14. Shower</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R14</b> <input type="checkbox"/>
<b>R15. Computer</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R15</b> <input type="checkbox"/>
<b>R16. Modern toilet</b>	<input type="checkbox"/> 9. No	<input type="checkbox"/> 1. Yes	<b>R16</b> <input type="checkbox"/>
<b>PYES. How many rooms does the house have ?</b> <input type="text"/>			<b>PYES</b> <input type="checkbox"/>
<b>INOND. Does the rooms ever get flooded?</b> <input type="checkbox"/> 1 yes <input type="checkbox"/> 2 no			<b>INONK</b> <input type="checkbox"/>
<b>RENT Do rent or own the house or apartment?</b> <input type="checkbox"/> 1 pay (each month) <input type="checkbox"/> 2 renter <input type="checkbox"/> 3. owner <input type="checkbox"/> 4. Other			<b>RENT</b> <input type="checkbox"/>

**PREL : What is your religion?**

**REL**

**Straight Catholic**

☐ 1

**Catholic + vodoun practitioner**

☐ 3

**Protestant**

☐ 2

**Other**

☐ 8

Informant's name: _____	← Enfomate
Nickname _____	← EnfomateJ
Address _____	← Adres

**Informant's telephone :.....**

**TRIGGER 1: In this household, are there people who suffer from physical limitations which prevent them from taking care of themselves for the normal tasks of everyday living?**

☐ Yes 1

☐ No 2

**TRIGGER** ☐

**TRIGGER 1:** If yes, tell this to your supervisor and mark the questionnaire with an L (Limitation) on the first page

**TRIGGER 2:** If HH has victims of violence against women, tell this to your supervisor and mark the questionnaire with GBV.

Interviewer's name _____	<b>Ankete</b> <input type="checkbox"/>
Supervisor's name _____	<b>Sipevize</b> <input type="checkbox"/>

## **ANNEX F. Maps of Baseline Survey Zones and Households**

### **Northern Corridor**

### **Saint-Marc/Cabaret Corridor**

### **Port-au-Prince Corridor**

See Table 1 in the main body of the report for a summary presentation of sample clusters and households by zone for the AKSE Baseline Household Survey. GPS readings were taken by enumerators at each household surveyed. The following maps show the location of each household surveyed.

The image part with relationship ID rId11 was not found in the file.

Baseline Survey sites in the Northern Corridor



Baseline Survey sites in the St. Marc/Cabaret Corridor

 The image part with relationship ID rId11 was not found in the file.

Baseline Survey sites in the Port-au-Prince Corridor



## ANNEX G. Comments on household awareness of vulnerability

The survey instrument did not directly pose questions about household vulnerability for Indicator 5.4.1, "Percentage of at-risk families in targeted communes aware of their vulnerability."<sup>95</sup> The household survey and qualitative interviews did address people's perceptions of vulnerability in other ways. The survey also elicited the incidence – thereby inferring respondent awareness – of particular *categories* of vulnerability among household residents. These questions thus identified households with persons at risk including children in *restavék* placement, the presence of orphans, woman victims of abuse or domestic violence, and persons living with disabilities. Nevertheless, the research team has found that this indicator was not very useful as a baseline question for monitoring program impact, as is discussed in more detail below.

**Respondent perceptions of vulnerability.** The following tables and survey questions are based on respondent awareness of vulnerability:

- Table 21, 25, 26, opinion of local propensity for abuse of women, also, presence in the household of women who have been abused:
- GBV-K: "We know women are subject to different forms of abuse ... Here are some ways men mistreat women... which of these are more common...?"
- GBV-M: "Have any of these things happened to women in the household in the period from the earthquake to the present?" - "Harassment, withholding childcare support, beatings, rape, stealing her things, cursing her, shaming her in front of others, using magic against her, threatening her...."
- FBV-R9: "Have you personally been victimized in one of these ways?"
- Tables 22, 23, 27 opinions on partner response to perceived abuse
- PERGBV2: "How should a "real man" respond if his partner has an affair with another man?"
- GBV-R2: "What should a woman do if a man beats her?"
- Tables 32-34, eliciting presence of persons living with disabilities ("limitations preventing persons from taking care of themselves in the normal tasks of everyday life")

Also, qualitative interviews with *restavék* youth and children, street children, woman victims of abuse, and persons and caretakers of persons with disabilities revealed a vivid awareness of vulnerability and stigmatization.

**The indicator.** The performance indicator 5.4.1 ("number of at risk families in targeted communes aware of their vulnerability") refers to vulnerable women, children and youth according to Result 5 in the October revision of the PMP (p. 16-17). The 5.4.1 indicator is linked to the IR 5.4 goal of reducing family separation and increasing opportunities for family reintegration; however, the indicator as stated is very general. The wording of the indicator does not restate the words "family separation" as the specific vulnerability

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<sup>95</sup> This indicator is a subcomponent of "Result 5, Access to Specialized Services for Vulnerable Women, Children and Youth through innovative Interventions Expanded," and "IR5.4 Family separation reduced and opportunities for family reintegration increased." (See PMP, p. 16-17.)

to be measured, though the presumed intent of indicator 5.4.1 can be inferred from IR 5.4 (“family separation reduced”).

**Draft indicators and AKSE review.** Note that PMP indicators have tended to shift over time. The PMP had not yet identified this indicator for baseline study when the research team first prepared its proposal and a draft instrument. The COP also informed us that the PMP was a draft with changes pending “until the Baseline survey was completed.”<sup>96</sup>

**What does the indicator measure?** From a social science perspective, several questions can be raised about the indicator as stated. First, it asks for numbers of at risk families aware of their vulnerability, which would suggest a census of all communes targeted by the project rather than a household survey sample. Second, it asks for vulnerability awareness at the family level; however, queried households are not synonymous with families. Third, individuals within the household are not equally vulnerable, nor are they equally aware of their vulnerability, e.g., men versus women, adults versus children, *restavèk* versus non-*restavèk* children, disabled versus non-disabled persons. Fourth, as noted earlier, the stated indicator is very general. It does not clearly specify the vulnerability in question, although IR 5.4 mentions the risk of family separation. Fifth, the question specifies at-risk families, although the risk is not clearly defined; however, it presumably refers to all households with women, children, youth and persons with disabilities.

**Posing the question.** The survey instrument could have asked the very general question (addressed to the household head or another adult), do you feel your family is vulnerable? As social scientists, we deemed this to be far too general. Arguably most households in Haiti could be deemed vulnerable due to the inadequacy of the justice system, and also to conditions of poverty for the majority of Haitian households.

Alternately, the instrument could have asked, do you feel your family is vulnerable to family separation, in keeping with the language of IR 5.4? Both formulations are awkward and socially inappropriate for such a survey. We felt that awareness of vulnerability to family separation is best queried through qualitative interviews rather than a household survey. Also, vulnerability might best be assessed by social analysis, e.g., verifying the presence of *restavèk* children, rather than relying solely on a respondent’s stated awareness.

Furthermore, issues of family separation and reintegration, as noted in IR 5.4, would apply primarily to the comings and goings of children, and also to woman victims of domestic violence or abuse. For persons living with disabilities, we found that family separation was less of an issue. In this case, the challenge we encountered was not one of reintegrating disabled persons with their families, but rather the challenge of their integration into the broader society outside the family, including access to schooling, treatment for the disability and employment.

**Family versus individual awareness of vulnerability.** As for family level awareness of vulnerability, as stated in the indicator, this awareness varies significantly from one person to another, depending on their treatment and social position in the household. A

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<sup>96</sup> Communication from Meredith Richards (7/20/12): “Attached find the draft indicators that were submitted to USAID with the PMP this week. Please note that as previously established with USAID the entire submission is a draft with changes pending until the Baseline Survey is completed.”

household head is unlikely to report the vulnerability awareness of *restavèk* children in the household; however, in private qualitative interviews, *restavèk* youth and children were able to express strong feelings of vulnerability. A household head who has abused his or her resident spouse is also unlikely to report the family's vulnerability to separation, at least not to a survey interviewer.

**Reintegration.** As for the opportunity for reintegration, as specified in IR 5.4, family reintegration is not necessarily the issue. For example, interviews with persons living with disabilities elicited evidence of stigmatization and exclusion from services, but family separation/reintegration was not the issue. In other cases, reintegration may not be the most desirable solution to rights violations. For example, reinsertion of *restavèk* children to their families of origin does not necessarily reduce their vulnerability to renewed separation from family. Or, in cases of ongoing violence by recidivist spouses, separation rather than reintegration may be the preferred solution.

**Research team finding regarding the 5.4.1 indicator.** This indicator as stated is not very useful as a baseline question for measuring, monitoring and evaluating program impact. If indicators are subject to revision following baseline study as we were told, then this indicator surely merits revision. It is too general and therefore confusing to respondents as well as researchers. It should be tailored to specific categories of vulnerable persons. It should not assume separation or reintegration as the defining elements of family vulnerability and opportunity. Rather than querying respondents about their awareness of family vulnerability, it is surely more useful to identify households with individuals at risk of victimization such as *restavèk* or orphaned children, abused women and persons with disabilities.