CASE STUDY

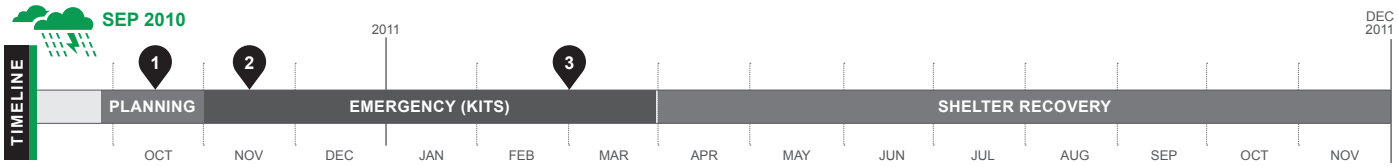
BENIN 2010-2011 / FLOODS

KEYWORDS: Emergency shelter, Host family support, Cash assistance, NFI distribution, Gender mainstreaming, GBV prevention and risk mitigation

CRISIS	**Benin Floods, September 2010.**
TOTAL HOUSES DAMAGED	**55,000**
TOTAL PEOPLE AFFECTED	**680,000** people.
PROJECT LOCATIONS	Benin, six communes: **Aguégué, Dangbo, Adjohoun, Bonou** (Ouémé department)**, Zangnanando and Ouinhi** (Zou department).
BENEFICIARIES	**5,072** households.
PROJECT OUTPUTS	**5,072 Emergency shelter kits** distributed. **31 Demonstration shelters** built.
SHELTER DENSITY	**3.5m²** per person (Average household size is 5).
MATERIALS COST	**USD 83** (Average per household + USD 30 cash distribution in parallel).
PROJECT COST	**USD 90** per household (including organizational overheads).

PROJECT SUMMARY

This project assisted over 5,000 flood-affected households in two phases, with a specific focus on reducing vulnerabilities of women and girls. In the emergency phase, shelter repair kits were distributed to support returns and host families, along with unconditional cash grants. The longer-term recovery phase involved a range of multisectoral interventions to support returnees to rebuild their villages, including cash for work, technical training on Build Back Safer, and dissemination of key messages on land tenure, WASH activities and awareness of Gender-Based Violence (GBV) issues.



1 Oct 2010: **Rapid needs assessment conducted**

2 Nov 2010: **First DRR/construction training**

3 28 Feb - 3 Mar 2011: **Assessment of GBV in target areas**

Flood waters damaged housing, land and other properties, and caused displacement of affected people to temporary sites and host families settings.

STRENGTHS

+ Assistance focused on self-recovery to avoid aid dependency.
+ Kits were designed to best suit the local context.
+ GBV assessment was undertaken.
+ Complaints mechanism was used to report cases of GBV.
+ Training on GBV awareness for community mobilizers and provision of referrals to service providers.
+ Shelter activities were complemented by WASH activities.

WEAKNESSES

- The response team did not include gender or GBV technical experts and field teams did not include gender officers.
- The beneficiary selection process delayed the operation.
- Lack of Housing, Land and Property knowledge.
- Lack of background information on cultural norms, gender relations and understanding of gender issues.
- Poor consultation and participation of village committees.

Tented camps were established for displaced people, near their villages of origin.

CONTEXT

Many villages in Benin regularly face flooding due to the rise of the Niger River, especially in areas where low-income housing structural vulnerability is very high. Homes are traditionally built with mud and wood, using designs and materials that have low resistance to water.

Nearly half of the population of Benin is under the age of 15, and major challenges are to be addressed in the improvement of the legal and political status of women in the country. Polygamy is a common practice, implicating around 35% of households in the flood-affected area.

Gender-based violence (GBV) is a widespread and deeply rooted problem in Benin[1], and can be exacerbated during times of crisis. According to a survey conducted by the Benin Ministry of Family and National Solidarity in 2009, up to 70% of women and girls in Benin have experienced some form of GBV. The most common forms of GBV in Benin include intimate-partner violence, forced and early marriage, rape and sexual harassment[2].

SITUATION AFTER THE DISASTER

Although there is regular annual flooding, the floods of September 2010 were the worst since 1963. They destroyed an estimated 55,000 houses and affected 680,000 people (8% of the population). Housing damage was largely caused by standing water, not the first impact. Most of the existing housing materials were not carried away by the flood.

Many people were forced to leave their homes to find shelter in collective centres or with host families, either outside of their villages or in non-affected areas. Three self-settled camps were also formed, where families built make-shift shelters.

GBV RISKS

As part of planning for the recovery phase, an assessment of the initial emergency distributions was carried out, to inform the long-term programming objectives. The results revealed a relationship between GBV risks and the vulnerable shelter conditions of the displaced populations.

[1] Benin GBV report July 2011, http://www.alnap.org/resource/10249.

[2] The Empower Project: Fostering Alliances For Action Against Gender Based Violence in Benin http://bit.ly/2j7poW7.

Loss of resources and livelihoods (especially women's) and the lack of safe and dignified living conditions heightened the vulnerability of affected populations and GBV risks. Other GBV risks were reported, linked to the incidences of excessive alcohol consumption, inter-family tensions, lack of safe spaces for girls and overcrowding. In addition, women in the camps reported an increase in intimate-partner violence and marital rape. Additionally, **there was a general lack of knowledge about where survivors of GBV could go** if they were abused, especially in more remote communities. Fear, shame, social stigma and distance to services also prevented survivors from seeking help and reporting cases of violence.

AREAS AND BENEFICIARY SELECTION

The project targeted flood-affected populations displaced in collective centres, host families, and self-settled or planned camps. The areas of intervention were selected because of their high level of vulnerability, existing relationships with the communities and the on-going work of local partners. The initial lists of eligible beneficiaries were submitted to the village committee (composed of the chief of village, elders and women groups) for revision, correction and validation.

Priority was given to households which had suffered the greatest housing damage and had the least access to food, with particular attention to: pregnant and lactating women; the elderly; female-headed households; children under five years old; and people living with disabilities.

Technical criteria were also used to target those people who had lost their houses and had little resources to repair or rebuild them. The families in collective centres were initially targeted with cash, due to the unsuitability of these buildings to provide safe shelter and to allow the school year to recommence. For families whose houses were located in flood risk zones, supporting reconstruction was not immediately possible, therefore there were many people in collective centres who did not want to leave.

EMERGENCY PROJECT IMPLEMENTATION

The emergency assistance phase, implemented with local partners, lasted for six months. Households were provided with unconditional cash support (through a local Micro Finance

The programme distributed kits during set dates, and people were responsible to transport the materials home.

Unconditional cash grants disbursed through this project were reported to generate tensions in polygamous households, as only one wife received the cash. Both men and women should have been better consulted during project design.

Institution) and distributions of shelter repair kits (building materials and NFIs). The kits were adapted to best suit the repair and reconstruction needs of each of the three main housing typologies (houses built on riverbanks, in valley regions and in the highlands), and responded to two central priorities:

- **To support return and to repair and rebuild** their damaged or destroyed homes;
- **To help ease the burden of hosting families** by supporting displaced families to **construct a temporary shelter** on the land of the host family.

The unconditional cash grants of USD 30 were intended to support people in leaving their emergency shelter and returning home where possible, and were subdivided in two tranches. The grant was given to the woman in the household who was seen as best placed to spend the money to meet basic needs of the family. Although not implicitly given for shelter support, the cash meant it was easier for families to restart their lives and could be spent on shelter materials, if this was a priority.

The shelter project was part of an integrated approach that included education, water, sanitation and hygiene activities. Hygiene promotion was provided though a Child-to-Child system in schools and 20,473 households (95% of the affected) received WASH kits. There were also social mobilization activities around hand washing and access to drinking water, which led to community behaviour changes in drinking and hygiene practices.

PROJECT TEAM STRUCTURE

An Emergency Response Team was set up and coordinated by a team leader, with short term support from technical specialists for WASH and Shelter in the emergency phase. A logistics and a monitoring and evaluation officer were part of the team for a period of six months. Each field team consisted of two project managers, two project assistants and six field supervisors. Each field supervisor was assigned to a commune and supported by a distribution team managed by the local partner. The country office of the organization also had an on-going commitment to work on gender and GBV in their projects.

RECOVERY SUPPORT

During the second phase of the response, support was provided to **housing and infrastructure rehabilitation,** with the construction of demonstration houses in each commune as models for replication; **livelihoods** reinforcement and regeneration (community-based microfinance and food security, cash-for-work); **hygiene promotion, gender awareness and GBV prevention,** with the support of community mobilizers based in each village. The cash-for-work activities were intended to engage the affected people in the recovery of their communities. However, they also diverted a target amount of the population from their daily income-generating activities.

The organization implemented a Build Back Safer initiative in six communes of intervention. Several model homes were built and community members were trained on improved building techniques. Additionally, selected staff and authorities were trained on Emergency Preparedness Planning and Disaster Risk Reduction. Unfortunately, families living in some of the flood risk area could not return home to rebuild, and it was unclear what rights they had to their original land and property, or what they could expect as compensation or where they would be asked to relocate to.

MATERIALS

Shelter kit materials were procured and stocked locally in a warehouse. Households were provided with a voucher to collect their kits at the warehouse within five days, and were responsible for the transport of materials to their homes. Community mobilization was particularly effective for the most vulnerable, such as pregnant women, the elderly and people with disabilities, who were not able to carry the materials themselves. Other beneficiaries and members of the same communities helped them with transport on a voluntary basis.

MAIN CHALLENGES

It was logistically challenging to reach the affected populations at the planned times. For this reason, the distribution of shelter kits was re-planned to target specific geographical areas during set dates, to ease the logistical load, as well as to make reporting more organized and comprehensible.

GBV incidents related to cash distributions. During the monitoring of the shelter project, incidents of GBV were reported through a complaints mechanism. Unconditional cash grant distributions were conceived to give maximum flexibility and choice to the households to cover their priority needs. However, many households who practised polygamy were considered as one unit, despite the fact that they were made up of an extended family, with children from multiple wives, yet the cash and NFIs were only given to one woman in the household. These distributions were reported to not sufficiently provide for the second wife and her children, raising concerns over favouritism and exclusion. Subsequent GBV incidents were related to the tensions between wives and their husband, including verbal and physical abuse. One year on, a study was made of the gender-related impacts of the project.

STRENGTHS, WEAKNESSES AND LESSONS LEARNED

STRENGTHS

+ The project **reviewed the risks of long-term dependency** caused by providing emergency support to planned and self-settled camps, and **re-oriented its assistance towards self-recovery solutions**.

+ The shelter repair **kits were designed to best suit the local context**, according to the three major traditional housing types to be reinforced or repaired with slightly different toolsets or materials[1].

+ A GBV assessment was undertaken at the end of the emergency phase, allowing the project to better address GBV risks in the rehabilitation phase and ensure better preparedness and risk mitigation.

+ The complaints mechanism in place was used to report cases of GBV (for domestic disputes related to cash distribution). The project included the training of community mobilizers to promote awareness of GBV at community level, and provided referrals to service providers.

+ Shelter activities were complemented by WASH activities at household and community level.

[1] Contents of the three repair kits can be found in the shelter strategy, available at http://bit.ly/2hA08Vb.

THREE TYPES OF SHELTER REPAIR KITS	
Types of kits	**Cost**
Emergency shelter repair kit type 1 Riverbanks house (on stilts)	USD 64
Emergency shelter repair kit type 2 Valley house (rammed earth slab)	USD 87
Emergency shelter repair kit type 3 Highlands house (monolithic adobe walls)	USD 99

Shelter repair kits and cash grants were provided to support return to areas of origin after the floods.

WEAKNESSES

- The Emergency Response Team did not include gender or GBV technical experts during the programme planning and implementation.

- Field teams did not include gender officers to ensure GBV prevention throughout all stages of the emergency shelter response.

- The beneficiary selection process took longer than expected, delaying the operation.

- Lack of Housing, Land and Property (HLP) knowledge. Field staff did not have the background knowledge, awareness or socio-cultural sensitivity to properly advocate and give programmatic support to communities and village councils on HLP issues (relating to flood risk zones and displacement).

- Lack of background information on cultural norms, gender relations and understanding of gender issues in the emergency context, and how the crisis had affected those dynamics.

- Consultation and participation of village committees could have been stronger (including the traditional and religious leaders and the women's groups).

LEARNINGS

- **Context analysis must go beyond sex and age disaggregated data and look at existing gender dynamics in a society**. For instance, polygamy in Benin communities is a common occurrence, yet it was not taken into account in relation to the quantities of NFIs and amounts of the cash grants. **Both cash and shelter kit distributions were eventually adapted,** so that the support reached all members of the family, including the second wives with their children, who were then considered as independent households with equal needs.
- **An analysis and mapping of services available to GBV survivors** in flood-prone areas (e.g., medical, psychosocial, legal, security, shelter) from the pre-planning phase would have been beneficial.
- **Increased knowledge and capacity of staff on HLP issues**. During the recovery phase, it was highlighted that the Shelter support staff should have taken into consideration the concerns of the community around the location of their homes, especially for those that needed to relocate out of the risk areas.
- **More collaboration and support to existing community-organized women's groups** would have created opportunities for women's inclusion in the shelter programme and better integration of survivor support.
- **Gender and GBV mainstreaming should have been integrated from the planning stage, and orientation sessions for staff should have been accounted for** as part of this response and delivered by GBV/gender specialists, due to the high probability for field staff to witness cases of GBV, while performing door-to-door shelter monitoring.
- **Consideration on who should receive the grant** in the household, **how decisions on expenditures are made** based on the existing gender dynamics, and **identification of issues that create or exacerbate tensions and GBV risks** should be conducted, before implementing cash-based programmes. It should not be assumed that men cannot make good decisions regarding the needs of the household, and **both men and women should be engaged equally in consultations**.