GENDER BASED VIOLENCE
RAPID ASSESSMENT
REPORT

12-16 Octobre 2016
Departments of Nippes and Grande Anse

GBV SUB-SECTOR
HURRICANE MATTHEW HUMANITARIAN RESPONSE
I. Introduction

In preparation of the hurricane Matthew response, UNFPA organized a joint mission in collaboration with the Ministry of Women’s Affairs from 12 to 16 October 2016 to the departments of Nippes (Miragoane, Paillant, Petite Riviere de Nippes, Petit Trou de Nippes, Anse-à-Veau) and of Grande Anse (Jeremie, les Abricots, Dame Marie).

Gender Based Violence (GBV) is one of human rights violations that is exacerbated during emergencies. GBV is generally defined as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

According to a national study addressing also GBV prevalence, 27% of Haitian women reported having experienced physical violence by their husband or another person from the age of 15; 28% of women aged 15 to 49 had experienced physical violence since the age of 15; and 13% were victims of sexual violence at some point in their life. In particular, in Grande Anse before Hurricane Matthew, 28.9% of women had suffered physical violence since the age of 15 while in Nippes the rate was 27.4%. In addition, 13.8% of women in Grande Anse and 10.8% of women in Nippes said to have experienced sexual violence at some point in their lives1.

The risk of violence, exploitation and abuse increases, especially for women and girls, in emergency situations such as conflicts and natural disasters. In parallel, national and community systems as well as social support networks may be weakened and disrupted. In a climate of impunity, accountability of perpetrators of GBV will not always pursued or possible. Existing gender power inequalities before the crisis may be worsening. Women and girls are often particularly at risk of violence, exploitation and sexual abuse, forced and early marriage, denial of resources and harmful traditional practices. GBV has

1MSPP, EMMUS V, Enquête Mortalité, Morbidité et Utilisation des Services, Haiti, Rapport 2012 page 305-306
significant lasting impact on the health and psychosocial well-being and socio-economic position of survivor(s) and their families.

I. GBV Rapid Assessment Objectives

The overall objective of the rapid assessment was to obtain an overview of the specific needs of women and girls and their exposure to GBV risks. The evaluation had the following specific objectives:

- Assess the specific needs of women and girls in relation to their exposure to GBV risks in the humanitarian context;
- Identify and support GBV coordination mechanisms at the departmental level;
- Contribute to the establishment of a referral system among community groups and available partners to ensure the prevention and response to GBV cases and ensure a safer environment for women and girls.
- Map out women groups and partners able to intervene to address gender based violence in order to promote initial coordination mechanisms.

II. GBV Rapid assessment main findings

The living conditions of women and girls in the two departments are extremely precarious, and their survival is at stake

“*We don’t have food nor houses. We are sleeping under the rains and we are scared of the cholera.*"

*Woman Dame Marie Octobre 2016*

The entire population affected by the hurricane lives in devastating and appalling conditions: the great majority of houses, built with straw, clay, and corrugated iron sheets was completely destroyed; concrete buildings have lost at least their roofs, the electrical and water supply systems have been seriously damaged. According to agricultural sector estimates, 100% of crops were lost. More than 175,000 people are living in 224 temporary shelters; the houses of at least 146,735 households have been destroyed, and severely damaged or flooded; a total of 25,160 houses were severely damaged, 2,381 flooded and 500 destroyed.

In this context of crisis and natural and human insecurity, the living conditions of women and girls are even more precarious and difficult. In the temporary shelters visited during the assessment there was no space dedicated to women and girls, for example, or any confidential space to wash and change in privacy. People live in overcrowded areas and there is no separation between unknown families and individuals. The majority of houses observed in the area does not allow women and girls to carry out their intimate activities away from the eyes of other community members.

Finally, all of the women and girls encountered vehemently pledged the need to have access to basic needs such as food, Non Food Item (NFI)s to improve their living conditions and physical security in the immediate future. Violence against women has been identified as a major problem by those living in the
shelters during the focus group discussions. The majority of women engaged in the assessment expressed concerns on the difficulty of free movement in the evening and the high level of insecurity.

**Documented episodes of gender based violence**

Members of the Committees Against GBV in Petite Rivière de Nippes noticed a certain tolerance of the population vis-a-vis rapists and fear an increase in sexual violence. The majority of members of the committee felt that sexual violence against girls under 18 could increase as much at home as in public spaces. Members have reported three recent cases of sexual abuse against two girls aged 13 years and one against a 20 year-old woman. During the assessment, UNFPA’s team could already take note of 9 cases recorded by the health centres. The members interviewed in Nippes reported some increased trust in the judiciary. However, there is still a tendency to pursue community justice made by the crowd rather than conducted by the official judicial actors. On the contrary, women interviewed in Grande Anse have all noticed a lack of presence of the authorities in the area, especially security actors.

During the visit to Jeremie, the UNFPA team observed a number of women who complained to the local authorities. Unfortunately due to the lack of services or because the security and legal services were not functional for few days, many of these requests for assistance and complaints were not addressed or prioritized by the local authorities that find themselves overwhelmed by the events.

**Lack of GBV services and community-based psychosocial support to reduce vulnerability of women and girls**

Among the fourteen health centers in the Grande Anse and Nippes assessed by UNFPA team, only the hospitals of St. Antoine in Jeremie and St. Teresa in Miragoane are equipped with the post-rape treatment; only three centres had qualified and trained personnel able to provide clinical management of rape for GBV survivors in line with international protocols. Among these 14 health centers, there were only four psychologists available to cover the whole area and there was no mechanism in place to ensure qualified psycho-social outreach support to the temporary shelters.

In the two departments assessed, the Ministry of Women’s Affairs does not have any psychosocial agents or community focal points’ network to provide psychosocial support to the community, nor does it have an ongoing strategy to train and coach community focal points. On the other hand, there are many women’s groups that could be mobilized in order to set up a community-based network especially in the more remote areas of the region. It should also be noted that in the Nippes department, there is a network of six GBV community committees covering eleven municipalities that can be further trained and
mobilized to address gender-based violence and sensitize the local community about its causes and consequences.

Unfortunately during the GBV rapid assessment, no single organization was identified that could provide comprehensive care to GBV survivors; the women’s groups and committees mentioned above are rather functioning as an awareness raising community network.

The protection actors are very few except the Institute of Social Wellbeing/Ministry of Social Affairs, the Ministry of Women Affairs, the Civil Protection, UNICEF and UNFPA. The only international protection non-governmental organizations operational in the two departments are World Vision (in the Nippes department) and ActionAid. There are no national or international organizations that offer programs specifically dedicated to GBV, nor a humanitarian coordination or strategy developed and available at national or departmental level. The few protection actors do not gather regularly in the Centre d’opération d’urgence national (COUN) and Centre d’opération d’urgence departemental (Coud) meetings, governmental bodies in charge of ensuring the humanitarian response coordination. Protection concerns are still not the subject of the coordination meeting, and the protection sector’s lead has organized regular sectoral meetings at the local level in order to coordinate the response and identify sector priorities, including women and girls’ needs. For now the abovementioned agencies are working independently or through informal meetings seeking to support the state agencies/sector lead in the coordination task. Since the day of the hurricane only two meetings with protection actors were summoned by the responsible national authorities, which caused a lack of coordination and strategic preparation especially at departmental level.

The fact that there is no protection or GBV strategy for the humanitarian crisis also prevents the actors from conducting structured efforts for protection mainstreaming and the integration of protection vulnerabilities analysis into the response. To date, there is not a strategy on the evictions of displaced people in shelters or prioritization with respect to vulnerabilities in the food distribution or NFIs.

**The story of M.:** During the mission UNFPA team met a young GBV survivor that during the hurricane sought refuge in the home of her aunt. When she arrived at her aunt’s village, she could not find the house and was hosted by a man who successively beat her and raped her. The local GBV Committee accompanied the survivor to the local hospital, where she received post-rape treatment. After the treatment, she found out she was pregnant. Alone and isolated without any psychosocial and economic support, the pregnant survivor is housed temporarily by a religious leader; though no holistic care could be coordinated due to the limited services and actors present in the area.

**Limited to non-existent national and international specialized GBV actors that can provide an IMMEDIATE and COORDINATED response**

“We are not even aware about time and distribution sites. The distribution points are so far away from the majority of us”

Woman Dame Marie
Octobre 2016
VII. Recommendations
The rapid assessment findings show that there is an urgent need to increase and strengthen the protection emergency response and establish a coordination mechanism between the various actors of protection and other sectors.

Recommendations and action to be taken immediately for protection and GBV actors:

1. Ensure medical care for GBV survivors in the health centers in the affected areas: The rapid assessment has shown that women and girls who experience GBV recognize the importance of going to health centers for medical care. It is therefore a moral imperative for UNFPA to regularly equip health centers with the drugs for the medical treatment of sexual assault. Refresher training on the key principles of clinical management of rape and GBV core concepts must also follow this acute phase of the emergency. In humanitarian situations, we must ensure that health care providers are trained to show compassion / empathy, provide emotional support, and understand all consequences of GBV and to be able to refer the survivor(s) to other appropriate services.

2. Set community-based psychosocial reference systems: GBV actors are encouraged to establish community-based networks also with the support of the Haitian Red Cross volunteers, community health workers and GBV committees to ensure that there is community-driven psychosocial support platform offering emotional support to women and girls at least. The creation of "safe spaces" accessible to women, offering comprehensive services, and that can provide support or and a confidential refuge to constitutes an immediate response for promoting safety, recovery and rehabilitation of women and girls affected by the crisis; especially for those living near or in the temporary shelters.

3. To facilitate the distribution of dignity kits with appropriate items according to pre-identified vulnerability criteria
Protection / GBV actors must facilitate the distribution of immediate material assistance, such as dignity kits with appropriate items to meet the short- and long-term needs of women and girls in the affected area. After the rapid assessment it is suggested to include in the distribution the following materials in addition to hygiene materials: plastic sheeting, solar flashlights, plastic slippers, fabric material with a rope to ensure privacy for women and girls for sleeping or bathing. With the evolution of the response, the
protection/GBV actors must ensure that the content of dignity kits is regularly updated, based on the changing needs of the affected population.

4. **Establish an effective coordination system**
All protection / GBV actors must ensure the setting up of a coordination mechanism that can promote a common understanding of GBV issues among key humanitarian actors, which can enforce minimum standards for the prevention and response to GBV, which can ensure compliance and upholding of GBV guidelines and principles, which can facilitate information sharing and good practices, and finally that can promote collective actions among the organizations to prevent and respond to GBV at the national and departmental level.

5. **Security measures are instituted to prevent and mitigate GBV**
Humanitarian actors should regularly monitor potential risks of GBV and vulnerabilities of the affected populations, especially women and girls. Protection / GBV actors should advocate with the security sector actors to establish mechanisms to mitigate the risk of GBV (e.g. conducting security patrols); or involve affected communities in the establishment and development of community protection mechanisms (especially volunteers patrol alongside shelters).

**Recommendations and immediate actions for other sectors**

GBV prevention is everyone's business. Protection/ GBV mainstreaming is not an end in itself but a strategy to be conducted by all humanitarian actors, with the main aim of promoting multi-sectoral risk mitigation measures to prevent and respond to GBV. In this sense, other sectors are encouraged to do the following:

6. **Integrate GBV risk mitigation, including protection principles, into the key humanitarian response sectors**
The sector co-lead must ensure that the all organizations, including their own, make reference to and apply the new IASC “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing Risks, Promoting Resilience, and Aiding Recovery” (2015) during the coordination
meetings or intersectoral working group, as well as include GBV risk mitigation key actions in their sectoral action plans. The food security (food and NFI distribution), shelter, health and protection sectors must play a crucial role in the prevention and reduction of risks in the local humanitarian response.

7. **Affected population, including women and girls are placed at the centre of the action**
Efforts of affected population to rebuild their resilience and their own protection should be further supported, including through a meaningful and consistent engagement of with all humanitarian actors and involvement in decision making. Protection consideration, including an analysis of threats, vulnerabilities, capacities and the potential for the unintended consequences should be applied before, throughout and beyond the humanitarian efforts.

**Recommendations for the donor community**

As lifesaving measures, GBV interventions should be placed at the top of the humanitarian agenda and resource mobilization efforts. The donors’ community and OCHA should therefore:

8. **Mobilize resources to further enhance and expand GBV coordination and response:**
Representatives of donors and agencies must draw the attention of the entire donor community to the importance of providing resources for GBV lifesaving interventions throughout the humanitarian program cycle- including GBV response and coordination. Donors must also be sensitized about the extremely precarious and difficult working conditions and low technical and operational capabilities available for the few protection actors in the areas affected by the crisis.

9. **Advocate for the respect of humanitarian protection principles**
Fundamentally, protection encompasses efforts pursued by humanitarian actors in all action to ensure that the rights of the affected persons and the obligation of duty bearers under international law are understood, respected, protected, and fulfilled without discrimination. Donors should help shaping and promoting a response lead by the Haitian government that is protection-oriented and seek to prevent, mitigate, or end actual and potential risks; including GBV risks.