

GENDER MAINSTREAMING IN THE HUMANITARIAN REPOSE IN THE AFTERMATH OF THE EARTHQUAKE IN HAITI

Prepared by the Gender in Humanitarian Response Working Group
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The Gender in the Humanitarian Response Working Group in Haiti prepared the enclosed set of recommendations directed at the Coordinators of the Cluster System in Haiti. The group is comprised of staff from MINUSTAH-Human Rights, MINUSTAH-Gender Unit, UNIFEM, UNFPA, WFP, IOM, UNICEF, and several NGOs, including the International Rescue Committee (IRC), American Refugee Committee (ARC), and International Medical Corps (IMC). The GENCAP/Gender Advisor compiled these suggestions in collaboration with the members of the group. The document entitled, "Haiti Humanitarian Response - Gender and Gender-Based Violence Concerns and Recommendations" prepared by the International Rescue Committee, American Refugee Committee and International Medical Corps, was extremely helpful in preparing this document.

Summary of Suggestions – Gender Mainstreaming in the Cluster System

A. National Level Clusters:

- **Inter-Cluster Coordination:** In general, it is essential to ensure that national and local-level clusters, their members, and national government agencies¹ undertake a more holistic analysis of the risks and needs of affected populations. This analysis will facilitate a more coherent approach to the mainstreaming of gender equality (including the needs and capacities of women and girls, and men and boys) and gender-based violence in terms of physical safety and security, water and sanitation, food distributions, camp management and coordination, shelter, NFIs, access to social services (health and education) and livelihoods. Some upcoming opportunities to undertake a more holistic approach include:
 1. Strengthening gender mainstreaming in the development and implementation of the Multi-Cluster Assessment in 288 IDP sites with cluster coordinators, cluster members, the Protection Cluster, and GENCAP – currently underway);
 2. Protection Cluster Assessment (to begin during the week of 8 March 2010);
 3. Daily protection monitoring visits in priority sites, organized by the Protection Cluster with colleagues from all U.N. agencies. Consistent daily communication of results to cluster leads, Humanitarian Coordinator and Deputy Human Coordinator will highlight key issues and ensure a more holistic approach to risk and needs analysis, and gender mainstreaming (already underway).
 4. Increased sharing of key assessment and strategy documents by cluster coordinators with all other cluster coordinators – this is particularly important to ensure better targeting of assistance to the most vulnerable segments of the population, in particular to elderly women without families, who are in need of greater assistance. Inter-Cluster Contingency Planning Exercise to take place on 2 March 2010.
- **Post Disaster Needs Assessment (PDNA)** – It is essential that the PDNA has a strong gendered analysis of post-earthquake risks to ensure that women, men, girls, and boys benefit equally from the investments of

¹ Government agencies and more specifically the Ministry of Women Affairs had elaborated a tool for gender mainstreaming in humanitarian actions in 2008 with the support of UNIFEM, entitled, "Intégration des besoins différenciés des Femmes, Filles, Hommes et Garçons dans l'Action Humanitaire: Instruments de systématisation de l'Analyse Comparative selon le Sexe.", 2008,

the Haitian government and the international community. Data from the 2008 PDNA, the multi-cluster assessment, pre-existing data from before the earthquake, including demographic projections, and consultations with civil society, in particular with women and girls, will be key to ensure that gender is mainstreamed in the assessment. UNIFEM and the MINUSTAH Gender Unit are consequently supporting the Ministry of Women Affairs to facilitate its participation in the process. Moreover UNIFEM and Economic Commission for Latin America and Caribbean (ECLAC) are concomitantly conducting a gender impact assessment within the framework of the post-disaster assessment.

B. Regional Level Missions and Clusters in Leogane, Petite Goave, and Gonaives.

1. Regional missions should focus on ensuring that gender is mainstreamed in the regional inter-cluster strategies with the support of the National Level Inter-Cluster Coordinator, GENCAP, Protection Cluster, MINUSTAH-Human Rights staff on location, and the regional gender focal point if one exists.
2. Develop at least one gender focal point in each region to monitor gender mainstreaming along with cluster coordinators. For example, in Leogane, the Wat/San Cluster Co-Coordinator focuses on ensuring that gender is mainstreamed in all clusters.
3. Regional OCHA Offices are recommended to document the status of gender mainstreaming, and in particular, the equal access to, and benefits from, services and protection for women, girls, and boys and men. Status updates can be sent with updates for OCHA sitrep, from which relevant parties can derive information and take action. The GENCAP can also take information from these reports to include in her bi-weekly gender mainstreaming reports.
4. Interagency support must be provided to revitalize the women's movement in Haiti.
5. The regional gender focal point, in collaboration with the GENCAP and other colleagues from UNFPA, UNIFEM and UNICEF, to provide a refresher session on risk and needs analysis, by gender, to cluster coordinators in the regional offices, and to the local mayoral offices, who are responsible for documenting and ultimately meeting the needs of local populations.
6. UNICEF GBV Officer to continue with efforts to develop and consolidate a list of GBV services and the referral pathway in each region, in collaboration with the regional health clusters, and national GBV Sub-Cluster members.

C. National Level and Regional Clusters:

Food Distribution: In the immediate aftermath of the earthquake in Haiti, there were challenges with respect to the local population's access to information about the distributions, and the general safety of women during food distributions. This was largely a by-product of the necessity to get food out to affected populations as quickly as possible.

Currently, many of the initial challenges have been surmounted. Food distribution committees are in process of being consolidated. These committees are comprised of representatives of the mayor's offices, civil society organizations, international NGOs, and local NGOs, and the Department of Civil Protection. They are responsible for ensuring that the people most in-need are targeted for food distributions, for distributing food coupons, and for sharing information about the timing and location of food distributions.

At the present time, the 25kg standard ration bag is in place whereby women can break down larger 50kg rice bags into smaller bags. Vulnerable individuals are given priority in food distributions and are assisted with splitting up bags. Through messaging by way of radio and existing community organizations, women are encouraged to bring

along spouses to assist them with carrying food home. In some cases, women are organizing themselves into small groups and/or taking male family members with them to return in safety from the food distributions.

Suggestions for this cluster include:

1. Ensure and broaden current practices in some of sites of putting up canvas for individuals waiting in line for food distributions.
2. Ensure greater safety for women departing food distribution sites, by further encouraging escorts or collective departure from sites.
3. Continue to ensure that elderly women, the disabled and adolescent female heads of household are able to benefit from food distributions. Ensure that male only-headed households also have access to food distributions.
4. All UN agencies, including WFP, are recommended to focus on developing and disseminating to all international implementing partners, and local organizations and government agencies information about sexual exploitation and abuse. As well, they are recommended to develop protocols to address localized cases of SEA, in collaboration with food cluster coordinators in each region, and the WFP Operations Coordinator and Protection Officer in PaP. To this end, information regarding sexual exploitation and abuse and how to report cases should be disseminated to local populations (to foster increased knowledge of their rights and favor denunciation of cases). As well, information should be disseminated on the frequency and timing of food distributions through bulletin boards and local food distributions committees. Support for local food distribution committees to determine needs, by gender and other criteria, is also recommended to target better those most in need of food assistance.

Water, Sanitation, and Hygiene

More than one month after the earthquake, Sphere standards for the WASH sector are far from being met. This is creating serious security, privacy and dignity concerns. The arrival and placement of 4,000 chemical latrines is a welcomed development that will go a long way to ensure improved general sanitation conditions. The current focus on obtaining and placing portable latrines and other types of more easy-maintenance sanitation facilities will also go a long to improve sanitation. Increased lighting surrounding those latrines should also be an immediate priority to ensure the safety of women and girls using sanitation facilities at night. As well, increased attention must be paid to the provision of dedicated and private bathing facilities to reduce women's current vulnerability to sexual violence. Though many women and girls bathed outdoors prior to the earthquake, the nature of many IDP sites (crowded living conditions, living near strangers) is creating new vulnerabilities to violence and exploitation, in particular at night, that did not necessarily exist before. Even during the day, the lack of adequate and dedicated bathing facilities means that women are forced to bathe while wearing their undergarments, thus putting them at greater risk of vaginal infections.

Of equal importance is the lack of access to water that women require for their own personal hygiene needs and those of their family, and also to cook. As well, women need greater access to detergent to clean their clothing and that of their families.

UNFPA, IOM, and the IRC, are making available over 20,000 dignity kits, including solar lights, which will help women and girls to avert some of these risks. However, it is recommended that the coordination of the water and sanitation cluster and its members be more proactive in coordinating these initiatives and communicating needs to the NFIs sub-cluster, the GBV Sub-Cluster, and the agencies providing these items.

Suggestions for this cluster include:

1. Immediately increase the availability and facilitate the distribution of hygiene and dignity kits that include considerations for menstrual hygiene, in collaboration with UNFPA and IOM (who are providing and in some cases, distributing these kits).
2. Prioritize the building of latrines with lockable doors and lighting, and where this is not possible, provide private bathing areas with the use of tarps lights and organized security.
3. Spread increased information to women and girls about proper hygienic practices, and the use of toilets, through community outreach and training sessions.
4. Prepare service providers with resources for the upcoming hurricane season for better disease prevention.

Shelter (including Non-Food Items)

The shelter situation for the whole population is of serious concern, in particular given the threats that the upcoming rainy season poses. As well, many communities do not have adequate prevention and protection mechanisms in place to mitigate the vulnerability of women and girls being abused night.

Shelter and NFIs should be provided based on a more targeted basis to ensure that the needs of the vulnerable, in particular elderly women without families, and women and girls (with respect to their security) are met. Similar to food distributions, there has been a lack of information shared with the general population regarding when, how and to whom NFIs will be distributed. In addition, women have reported security concerns that have prevented them from attending these distributions and receiving assistance that is allotted to them.

Suggestions for this cluster include:

1. Take immediate actions to distribute more quickly plastic sheeting and tents to affected communities before the rainy season.
2. Take measures to mitigate the risk of attack at night for women and girls in insecure IDP sites through the encouragement of community protection groups, and increased presence of security forces.
3. More targeted distributions of NFIs to ensure the needs of the whole population, and in particular the vulnerable are met.
4. Engage more intensely women's associations or local NGOs that have very good knowledge of the area and their population; have extensive grass-roots network of women members; are trusted by the community; and have outreach capacity for shelter and NFIs distributions.

Camp Management and Coordination (CCCM):

Camp management and coordination is focusing increasingly on ensuring that camp managers allocate space for community centers with women and child-friendly spaces. As well, the CCCM Cluster has focused on ensuring that camp managers are aware of how to address gender-based violence in sites, if and when it occurs. Current efforts to decongest sites will also go a long way to improve living and security conditions in congested sites. Also extending assistance beyond formal sites to outlying areas and including the provision of more secure bathing facilities or spaces is the current strategy to mitigate cyclical congestion of sites.

Suggestions for this Cluster include:

1. Develop and implement alternate fuels or technologies to reduce the health and safety risks associated with burning wood or coal in living spaces. Some initiatives to this end are already underway through WFP.

2. Ensure that the Camp Managers training has a more holistic focus on gender mainstreaming, and also provide more detailed information about cases of gender-based violence in each site. It is worth noting that the CCCM cluster is making available specialized training per agency on site on referral systems, initial interviewing of victims, and gender mainstreaming.
3. As camp management structures are solidified for both spontaneous and organized settlements, the GBV Sub-Cluster should share information about the availability of services and referral pathways with and among management teams (through site planning guidelines and guidance to partners) to ensure prevention of, and response to, cases of gender-based violence.
4. Provide shelter, temporary housing, and safe spaces for both women and children to ultimately provide both counseling and educational support systems in communities. This can be in the form of tents in these initial phases of the emergency but prefabs in the second stage.

Health:

Large proportions of the Haitian population, even before the earthquake, lacked access to health services. The greater part of health services were provided by the semi-private or private sector, thus rendering the majority of the Haitian population without access to formal healthcare. As well, traditional health service providers also treated those with and without access to formal healthcare. Currently, immediate clinical care is being provided through mobile clinics and hospitals. In health centers (level 1), basic emergency obstetric care is virtually absent due to the severe lack of midwives. This has a significant impact on women during child delivery, who are often obligated to deliver at home, as hospitals are also difficult to access. The availability of family planning services, diagnosis and treatment of sexually transmitted diseases, post-abortion care, and post-rape care are also lacking. UNFPA is providing 200 reproductive health kits to hospitals, health centers and NGOs, as well as establishing 10 maternity wards in health centers (level 1) to provide essential obstetric care, and sexual and reproductive health services. These kits are benefitting 1,000,000 women and adolescent girls.

As with much of the health care and service delivery systems, GBV referral systems and essential services for survivors, if intact at all, have been severely damaged. The Ministry of Women's Affairs, UNIFEM, UNFPA, IRC, and the GBV Sub-Cluster members have pieced back together a list of service providers and a referral pathway for survivors of violence, which will be disseminated shortly. As well, the aforementioned organizations have also focused on strengthening psychosocial support, legal services, and medical services for survivors of violence. To this end, UNIFEM has developed psychosocial support cells through multi-actor mobile teams to address GBV in key temporary "shelters", and also consolidated the capacity of reference organizations working in the area of providing psychosocial services to women who are survivors of violence. As well, they are mobilizing communication resources from the public and private sector to support communication between mobile teams, and supporting the establishment of a referral hotline.

Suggestions for this Cluster Include:

1. In general, ensure that the health issues of particular relevance to women and girls are not relegated in the health cluster only to the Sexual and Reproductive Health sub-cluster or the Gender-Based Violence Sub-Cluster, and that all information related to the provision of primary and secondary health is disaggregated by sex and age in order to determine who is accessing the available health services and to identify gaps.
2. Health cluster leadership to share immediately updated information with health cluster members, and other health service providers, on the availability of medical care for survivors of sexual and other forms of gender-based violence to provide immediate, life-saving support to survivors, while implementing strategies for sharing this information with beneficiaries (GBV Sub-Cluster finalizing and planning to share information with Health Cluster shortly).

3. Health care service providers to inform the community on the benefits of seeking medical care after sexual assault and where and how to access services.
4. Upgrade the capacity of pre-existing hospitals or other local service providers to provide clinic management of rape through evaluation, training, and supplies and infrastructure provision to existing hospitals (currently under implementation by UNICEF GBV Officer).
5. Staff health, women, and children's centers with trained social workers or counselors that can provide basic crisis counseling and referrals, in addition to the initiatives already underway under UNIFEM support. Broaden the network of Haitian midwives to provide sexual and reproductive health care, with the support of health care providers who speak French and Creole, including medical missions by members of the Haitian Diaspora.

Education:

Suggestions for this Cluster Include:

1. Create, as possible, through distribution of NFIs (specifically educational-related kits) and materials, as well as support to pre-existing activities, the use of informal education opportunities to engage young children and adolescents in activities while awaiting formal schooling opportunities.
2. Improve schools in the peri-urban and rural areas where many IDPs have relocated, in particular through the provision of Schools-in-a-Box.

Early Recovery Cluster:

Suggestions for this Cluster Include (with a focus on Cash-for-Work):

1. Creative attempts should be made to involve women in the development of cash-for-work programs through consulting and working to come up with activities that are safe and comfortable for them.
2. Child care should be provided for women who wish to engage in cash-for-work programs but are unable to leave their children at home.
3. Cash-for-work schemes should include women on an equal basis with men and women participants should receive the same pay as men.
4. Cash distributions should include safety measures so as not to put women at heightened risk when they receive their cash payments. This may require smaller, more regular distributions; discrete, rotation of payment days; or, when possible, utilizing existing banks to distribute directly into bank accounts.

D. Cross-Cutting Themes:

Gender-Based Violence:

Prior to the earthquake in Haiti, Amnesty International had documented high levels of sexual violence against women and girls across the country. In a study carried out by the Inter-American Development Bank and UNIFEM in Haiti in 2006, one-third of women and girls reported physical or sexual violence. More than 50 percent of those who had experienced violence were under the age of 18. EMMUS (2005) also confirms this trend. In Haiti as in other countries, the number of cases of gender-based violence is under reported. As the dust settles after the earthquake, women and girls are in situations of increased vulnerability and there is an increased risk of gender based violence in the aftermath of this most recent disaster. There have been reports of sexual and domestic violence in the affected zones. Qualitative research by Human Rights Watch, reports from the Camp Management Cluster, and from inter-agency protection visits, indicate that gender-based violence and theft is taking place largely at night

in IDP sites where security forces – Haitian or otherwise – are nearly absent. Many informal settlements do not have security that is present during the evenings, thus making the community vulnerable to looting and harassment from the outside. Patrols that do exist mostly go around the perimeter of the settlements and are not aware of issues happening within the households or blocks. Many community members are fearful and have approached organizations to request increased security and presence. In some cases, community groups have set up patrols. Further research as to the support needed to foment the development of these groups should be undertaken.

Female women and adolescents are also targeted and also abused at their shelter during night, as the community does not have adequate prevention/protection mechanisms. Many camps are also still not adequately illuminated and the lack of private spaces for personal hygiene still exposes women to a higher risk of GBV. In addition to this, prostitution is gradually rising in the camps. Women have often become desperate to eat or to earn money and apparently see no other possibility than to turn to prostitution. The lack of privacy and shelter in the camps exposes people to images of open prostitution. If this situation is not dealt with, this friction and frustration could lead to violence and hostility against these women.

To prevent and respond to these cases, the agencies of the United Nations, international NGO partners, Haitian Women's Organizations, and the Haitian Government are undertaking the following initiatives:

- Updating a list of medical services, which will be ready shortly, for survivors of violence. In the meantime, the members of the GBV Sub-Cluster are referring women and girls to conformed existing services.
- UNIFEM is supporting SOFA, Kay FANM and the Ministry of Women's Affairs to train 65 resource persons (Ministry of Women, women's NGOs and other civil society organizations) to become part of multi-actor mobile teams to address GBV in key temporary "shelters". As well, they are mobilizing communication resources from the private sector to support the communication of mobile teams.
- UNIFEM and UNICEF are also providing support to relocate in safer conditions girl survivors/victims of violence who were in safe houses that were severely damaged during the earthquake.
- IRC and UNIFEM are mobilizing tents for key women's organizations addressing the needs of survivors of violence.
- UNFPA, IOM, and IRC have taken initiatives to provide dignity kits to women and girls, and UNFPA is reactivating a network of sexual and reproductive health service providers, including outreach services, and has also provided post-rape kits to health centres.

Suggestions with respect to Gender-Based Violence Include:

1. Mainstream gender-based violence prevention and response in all clusters and sectors. This implies that each cluster coordinator must put in practice measures to ensure that all assistance does not put women and girls at risk of violence, and has basic information about where to refer cases.
2. Create a sub-working group on medical care for survivors within the GBV Sub-Cluster to coordinate medical service provision.
3. Consolidate the mapping of GBV service providers and actors immediately.
4. Develop the capacity of GBV services (human resources, tools and service providers).
5. Provide training, as well as reinforcement of medical and psychosocial services, to health care service providers (including mobile clinic service providers) and all other clusters on the pre-existing national form for documenting cases of gender-based violence (UNFPA in collaboration with Kay Fanm and other local women's organizations).
6. Establish immediately a mechanism to document and track cases of gender-based violence to make possible targeted advocacy efforts for increased security in areas of risk (in process).

7. See the suggestions in the health, shelter, and other clusters with respect NFI provisions, site planning and more solid camp management and dissemination of GBV service providers list and referral pathway.
8. Provide enhanced legal support through renewed trainings for police on issues of GBV as well as make available judicial support to survivors of violence (through Kay Fanm and the Ministry of Women's Conditions).
9. Provide overall support for the revitalization of the women's movement in Haiti focusing on the provision of comprehensive GBV care that involves advocacy at all levels—the community, the judicial system and the medical system.
10. Hire mixed male and female patrols in the affected areas. Engage women's associations and NGO with responsibility of planning/managing camp to provide awareness-raising.
11. Increased engagement of men and boys in prevention efforts through information campaigns and provision of income generation opportunities.
12. An immediate and much more significant security presence, in particular foot patrols by Haitian, MINUSTAH, or foreign troops.
13. Camp Managers and site planners to ensure that there is adequate lighting and that settlements are laid out in a way that recognizes the additional risks to women and girls.
14. The GBV sub-cluster lead, in particular, should work with key distribution agencies to ensure wider coverage of women's access to lighting outside of formalized camps.
15. Form community-based protection groups, or security focal points, that include both men and women and train them on gender-sensitive approaches, as well as monitoring and referrals.

Sexual Exploitation and Abuse (SEA):

There have been reports of sexual exploitation and abuse in several regions of Haiti, including those most affected by the earthquake. There are few clear procedures or policies for reporting this type of violence beyond what exists within a single organization. Though MINUSTAH's Unit for Conduct and Discipline has mechanisms to address SEA committed by its staff, there is a need for more coordination and support around setting up complaints mechanisms and ensuring investigators are in place to deal and follow-up with cases, among humanitarian organizations and their implementing partners (i.e. non MINUSTAH staff).

Suggestions with respect to SEA include:

1. Establish a SEA Focal Points Network within the UN Agencies and partners.
2. Provide regular training for United Nations Personnel (and partners) to remind them of their duties and responsibilities, and of the standards of conduct.
3. Each agency to share the Code of Conduct on SEA with all United Nations Personnel, and their partners.
4. Put in place a Management Task Force to take key actions related to the prevention and response to SEA. SEA focal points to report key issues to the Management Task Force.
5. Put in place a joint inter-agency complaints mechanism to allow the affected populations to report abuse by the United Nations and its partners. The complaints mechanism will take into account the local context and the

affected populations will be consulted on all aspects of the mechanism, in particular on how they would like to submit complaints.

6. Develop investigative capacity to look into complaints, and forward them to the appropriate entities for quick action. It is essential that investigators are qualified, trained and available.
7. Develop a mechanism to address the issue of SEA by Governmental partners and foreign troops, where they come to the attention or take place within the context of the provision of humanitarian assistance.