



RAPID GENDER ANALYSIS:

HAITI 14 AUGUST 2021 EARTHQUAKE

IN COOPERATION WITH



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Executive Summary

Haiti is prone to natural disasters of many kinds: cyclones, tropical storms, landslides, floods and earthquakes. In less than twelve years, two earthquakes have shaken the country, bringing enormous damage in human life and losses of all kinds. The country had yet to recover from the aftermath of the first 7.0-magnitude earthquake in 2010 when, on 14 August 2021 a second of magnitude 7.2 struck the south of the country where the majority of the affected municipal districts are remote and difficult to access. According to the Haiti Government, so far 2,248 deaths have been recorded with 12,763 people injured and 329 missing.

This disaster has added to the range of concerns faced by Haitian society at the height of a political crisis, following the death of the President of the Republic in July 2021 and in the midst of insecurity of all kinds including kidnapping. The country continues to be faced with COVID-19 which has led to 588 deaths out of a total of 21,124 cases, with the ongoing fear of the potential consequences of variants. This disaster, which has severely hit all sectors of activity in national life, also came at the height of the hurricane season and on the eve of the return to school. It has created a humanitarian situation that lessons drawn from previous crises may help to manage better.

It is against this particularly complex background that UN Women and CARE, in collaboration with the Ministry for the Status of Women and Women's Rights (MCFDF) and the General Directorate of Civil Protection (DGPC) launched a Rapid Gender Analysis, designed to evaluate the impact of the earthquake of August 2021 on women, men, girls and boys, including persons in a situation of vulnerability, in order to guide the current humanitarian response in Haiti in the short term, as well as recovery efforts in the medium and long term. This study has been produced in partnership with the Special Gender Taskforce of the humanitarian team in Haiti, and obtained financial, technical and logistical support from the following partners: Toya Foundation, IDEJEN, UNFPA, OCHA, PAHO/WHO, UNAIDS, WFP, UNDP and UNICEF.

This study makes it possible allows to take into account the views of women, men and young people in the three affected departments in devising adapted responses in line with gender-specific needs, considering situations of vulnerability related to gender, disability, age, and other socioeconomic conditions. This study also echoes the appeals launched by women's organizations for a more gender-sensitive response, and one which takes their leadership into account.

Key messages on the impact of the earthquake

Since the earthquake, the affected population finds itself in urgent need of shelter, drinking water, food, basic social services and protection, which is experienced in different ways by men and women of different ages and with diverse vulnerabilities.

Roles and responsibilities

- In a humanitarian situation, the excess workload falls squarely on women, shared between searching for assistance, water, childcare. For men, a notable change has been the reorganization of authority in cases where their capacity to meet the needs of their family is disrupted.
- The majority of community members interviewed (47%) report that decisions in the household are currently taken jointly by the man and the woman, 36% say that the man alone decides and only 12.5% say that the woman alone decides.
- Some young people become heads of household following the death or incapacity of their parents and have been forced to engage in small jobs which makes them vulnerable to abuse and exploitation.

Livelihoods

- The earthquake is the source of loss of resources, jobs and capitalization of people in the informal sector, women in particular. 30% of women and 34% of men interviewed said that they had lost productive capital; 36% of members of the community in all estimates that they have lost assets.
- Women have become more and more dependent on their spouses who themselves have lost their productive resources, jobs and assets. The decline in unpaid activities is 26% among the women interviewed and 27% among the men, and almost half the members of the community (48%) said that a lack of economic activities (48%) is the biggest change in their daily lives.
- Men and women small property holders deprived of their businesses and economic enterprises find themselves in debt without knowing how to pay the debts contracted with banks and micro-credit institutions.

Health

- Members of communities underlined the lack of health workers and health facilities (34%), psychological trauma (32%), and diseases (16%) among the most significant changes experienced since the earthquake with regard to health.
- 68% of social service providers interviewed observed that women had limited to no access to healthcare; 88% observed that access was even more limited for vulnerable groups.
- It is important to remember that despite the humanitarian emergency, primary healthcare, including reproductive health, family planning needs and postnatal care, remain equally crucial.
- Outside the family unit, young girls can become vulnerable or sexual prey and thus exposed to unwanted pregnancies.

Water, sanitation and hygiene

- The lack of access to water affects women and girls more, because of the burden generally shouldered by them, and also their specific needs for water for menstrual hygiene. Furthermore, 83% of service providers interviewed found that girls did not have access to hygiene and dignity kits.
- In terms of the principal obstacles to access to water and sanitary facilities, men and women observed a disruption of infrastructure such as mains/pipes (19%) and risk of diseases (12%); more women noted the lack of tap water (27% against 21% for men).
- The lack of access to drinking water increases the risk of the resurgence of waterborne diseases and the poor quality of the water affects the two sexes disproportionately, exposing women and girls to risks of vaginal infections.

Protection

- The earthquake and the ensuing situation overwhelmed the already precarious protection system, which led to an increase of risks of violence. The protection and supervision of children, especially girls, is now a priority to prevent exploitation and rape.
- Men and women can all be victims of violence and insecurity, and women and girls are likely to suffer more, according to half the organizations consulted. Promiscuity in overcrowded camps, lack of separation of toilets between women and men, the lack of privacy and lack of lighting of sites increase the risk of violence for them.

Food and nutrition

- The problem of access to food is mentioned by 60% of respondents, which makes pregnant women and young children more vulnerable to insufficient intake of micronutrients because of their increased overall need for nutrients, the small amounts of food that they consume, and the fact that deficiencies at this stage of life can cause limitations in development and lifelong disabilities, and make them more vulnerable to diseases and infections.
- For girls (33%) and boys (28%), the lack of food is one of the greatest concerns. According to the organizations, one of the deficits faced by the population is food (43%).
- Persons in a situation of vulnerability, such as children, older people, pregnant women and nursing mothers, persons living with chronic diseases and those with disabilities and certain marginalized groups (LGBTQI), are doubly affected because of their need for specific nutritional support and the socio-cultural barriers that they face, according to the interviews with men and women community members.

Shelter

- In relation to displacement, 18% of women and 12% of the men interviewed are without shelter, while 53% of women and 56% of men sleep outside a damaged house.

- The problem of access to shelter is a major challenge according to more than 63% of the organizations interviewed and the majority of young people surveyed.
- Lack of shelter is generally indicated as a high risk associated with violence, including the need to live in the street, according to interviewed service providers. Security was also underlined by 28% of the people interviewed as a major and constant concern of their constituencies.
- The lack of shelter increases the sense of insecurity among both women and men (65% of women's organizations in Sud and 76% in Grand'Anse mentioned this problem of security among women).
- Both girls and boys said that accommodation was a crucial issue. The majority said that shelter was their main concern (55% of boys and 45% of girls).

Key recommendations

The following key recommendations are offered to key actors for the short, medium and long term. Other action points specific to the sector are included in the recommendations section.

In the short term

- Generate **data disaggregated by sex and by age** concerning the precise impact on women and girls and gender relations to measure better the differentiated conditions and target the priority needs of groups in the most vulnerable situations.
- Adopt a gender tool available in the public sector to **measure the effects of a disaster and facilitate gender-sensitive response modalities**, notably to ensure collection and analysis of information at local level.
- Ensure the **inclusion of the gender marker** in all humanitarian response projects to facilitate taking responsibility for and programming targeted on groups in a situation of vulnerability.
- Consolidate the mechanisms for consulting **civil society and significant channels of community engagement**, including permanent dialogue with the affected communities (women, groups led by young people, religious leaders, community activists and local administrators) to integrate priority needs and provide information on available resources.
- Create, in the framework of rapid response, the **security conditions to prevent risks of violence** and sexual abuse of women, girls, boys and the LGTBIQ+ community.
- Strengthen women's capacity in terms of **responsible participation and leadership in an emergency situation** and **decision-making concerning the response**.
- Provide **feedback and community responsibility mechanisms** to create spaces for collaboration around the design of programmes, transparency of operations and mechanisms for gender-sensitive complaints.

- **Update and deepen this analysis of changing gender dynamics within the affected communities** to ensure humanitarian assistance adapted to the specific and different needs of women, men, boys and girls.
- Ensure that **information gathering and distribution operations are planned and conducted in a participatory manner** in collaboration with men and women community leaders.

In the medium and long term

- Develop **socioeconomic recovery programmes** which consider the specific needs of women and vulnerable groups, considering the humanitarian, development and peace nexus.
- Establish integrated **women's economic empowerment programmes** through women and youth entrepreneurship, and equitable access to capital and agricultural credit at preferential interest rates.
- **Reduce current and future vulnerabilities** by giving women and girls the means of action, and supporting efforts and networks headed by women and strengthening disaster resilience and humanitarian action.
- **Train women** to prepare for and address disaster situations considering the recurrent crises in the country.
- Address the principal **structural problems related to insecurity and responsibility**, including by reinforcing legal protection against violence and sexual harassment through more robust structures which combat violence against women and girls.
- Work for **positive change in gender norms** and promote equality of women and men in decision-making spaces for response and recovery.
- Strengthen the **capacity and leadership of women's organizations** and the capacity of other actors to **respond to women's and girls' needs for protection**; develop programmes and laws to promote women's leadership.

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1. Introduction

1.1. Background information

Demographic profile

The estimated total population of the most-affected area of the three departments of Grand Sud is over 1,585,802, which represents some 14% of the total population of the country. The department of Sud has the largest population of the three, followed by Grand'Anse and Nippes. In the three departments, some 80% of the population live in rural areas.¹

Table 1. Population disaggregated by department and sex

	Grand'Anse	Nippes	Sud	Total
Total population	468,301	342,525	774,976	1,585,802
Women	233,813	162,868	374,304	770,985
Men	244,488	179,657	400,672	828,817

Source: Department of Demographic and Social Statistics, Survey of Mortality, Morbidity and Utilization of Services, 2016-17

Updated disaggregated data are not widely available. The estimated figures suggest, however, that children under the age of 4 years and pregnant women represent about 14.5% of the total population of the Grand Sud region.²

The earthquake of 14 August 2021

According to the latest information from the Government, the United Nations and partner organizations, about half (800,000 people) the population of the Grand Sud region was indirectly and directly affected by the earthquake of 14 August 2021, and about one-third (650,000 people) need emergency humanitarian aid.³ There were 2,248 deaths, 12,763 injured and 329 people missing.⁴ The impact assessments of the earthquake by the Government of Haiti and its partners are in progress, including a post-disaster needs assessment (PDNA) planned from September to October 2021.

The most-affected department was Sud, where more than two-thirds of the deaths and the majority of the injuries occurred, and which had to deal with severely-reduced healthcare availability as a result of

¹ Haitian Institute of Statistics and Information and UNFPA, 2021

² Haitian Institute of Statistics and Information and UNFPA, 2021

³ OCHA et al, 'Situation Report No. 3', 31 aout 2021

⁴ Gouvernement d'Haiti, Rapport d'étape du Centre d'opérations d'urgence national, 03 sept 2021

the disaster. Infrastructure was severely affected, with some 53,000 houses destroyed and 77,000 others damaged. A satellite assessment by UNITAR-UNOSAT showed the extent of the “devastating damage to houses, roads, and bridges disrupting aid movement into the affected areas”.⁵ Apart from the persistent difficulties of bringing the necessary humanitarian aid to the affected populations because of the lack of security, access to rural areas made it difficult to reach certain areas close to the epicentre of the earthquake.

Socioeconomic context and risks

The earthquake, with its devastating effect, struck an already vulnerable population which is struggling to escape the multiple crises and interlinked risks which are undermining its capacity for resilience and its recovery in the short and long terms. Current estimates suggest a poverty rate of close to 60% in 2020, concentrated in rural areas.⁶ Haiti remains one of the most unequal countries in the region, and political instability remains an overarching challenge since the assassination of the President in July 2021. Prior to the earthquake, some 4.4 million people in Haiti were in a situation of food insecurity;⁷ 217,000 children and adolescents were suffering from acute malnutrition and 2.95 million people, including 1.2 million children and adolescents and 400,000 pregnant women and adolescents, were in need of emergency healthcare.⁸

The country is prone to natural disasters of many kinds: cyclones, tropical storms, landslides, floods and earthquakes. Among these natural disasters, earthquakes have up to now been the most disastrous as, according to experts, Haiti is one of the countries at high risk of earthquakes. In addition, the hurricane season in the region generally lasts until November and, after tropical storm Grace which arrived after the earthquake and exacerbated the humanitarian situation, other extreme weather events represent a serious risk. The country is also faced with COVID-19, which has led to a striking 588 deaths out of a total of 21,124 cases in the country.

According to the International Organization for Migrations (IOM), it is estimated that 24,425 people and 6,800 households have been displaced across the subregion in 58 places. The great majority are in the urban and periurban zones near Cayes in Sud (16,927), Jérémie in Grand’Anse (1,512) and in the municipality of Plaisance-du-Sud in Nippes (2,810). Preliminary rapid damage and needs assessments (EDABs) indicate a higher number of displaced women than men. In Grand’Anse, there are 21% more displaced women than men and the corresponding figure for Nippes is 76%, none of these having anywhere to live after the earthquake.⁹

This context of complex humanitarian crisis increases the vulnerability of groups already faced with discrimination and stigmatization and accentuates existing gender inequalities, with a disproportionate

5 UNOSAT-UNITAR, ‘14 August 2021 M7.2 Haiti Earthquake. Preliminary Satellite-Based Comprehensive Damage Assessment Report’, 27 Aug 2021

6 World Bank, April 2021

7 UNICEF, ‘Earthquake Haiti Humanitarian Situation Report No. 3’, 24 Aug 2021

8 <https://reliefweb.int/report/haiti/2021-haiti-earthquake-situation-report-1-september-1-2021>

9 OCHA et al, Situation Report No. 3, 31 August 2021

impact on women and girls.¹⁰ Women are more likely to be victims during disasters, not only because of their condition of vulnerability, but also because of socio-cultural barriers and their disadvantaged socioeconomic status. Those who have lost their livelihoods are at greater risk of sexual exploitation. Displacement can cause family separation, breakdown of community cohesion and the breakdown of social and sexual norms.

Gender dimension of the response

Currently, there is an extremely limited quantity of sex- and age-disaggregated data to understand the gender dimension of the impact of the earthquake. At the time of writing of this report, disaggregated data on the number of women and girls who died during the disaster are still not available.

The priorities defined for the humanitarian community were to collect disaggregated data, in order to allow a more appropriate reaction through the humanitarian response sectors such as nutrition, food security, education, camp coordination and management, protection, shelter and WASH. Other needs and areas of a gender-sensitive response include:¹¹

- Improving communication with women's and youth organizations and creating spaces for significant and effective participation by them in intervention efforts.
- Improving the availability and coordination of provision of services for the prevention and management of gender-based violence (GBV) including psychosocial support and creating safe spaces for children and adolescents, women and other vulnerable groups, including disabled persons.
- Providing specific assistance to women and girls, including pregnant minors exposed to growing risks of GBV in the affected areas, notably in the face of limited access to emergency refuges.

The fact is that women are among the groups most affected by disaster situations. In the context of the COVID-19 pandemic, women (92%) are more likely to use negative adaptation mechanisms than men (86%), including greater dependence on seeking food and aid (35% against 28%), reduction in the number of meals taken (78% against 71%) and reduction in the portion size (76% against 70%).¹² In crisis situations, women, the victims of unequal distribution of wealth and resources, find themselves without resources and often with children to care for. They resort to negative survival strategies which increase their exposure to violence. As a strategy to address the risk of violence resulting from the earthquake, women limit their movements and live with the idea that they are potential victims of violence at any time or place.

Crises increase the risks for women and girls and, at the same time, exacerbate their vulnerability. After the 2010 earthquake, we continue to receive information about rape and sexual violence against the

¹⁰ In the case of persons living with HIV/AIDS, there is a feminization of the epidemic with a prevalence among women of 2.3% against 1.6% in men. In the three departments affected by the earthquake, it is 21,005, with Nippes having the highest number (11,341), National AIDS Prevention Strategy 2018-2013, MSPP).

¹¹ OCHA et al, Situation Report No. 3, 31 August 2021

¹² CARE and UN Women, Rapid Gender Analysis, COVID-19, September 2020

women and girls who continue to live in makeshift camps.¹³ The report also indicates that in the first 150 days after the January earthquake, more than 250 cases of rape were reported in several camps. The report also provides evidence that sexual violence was widespread in Haiti before January 2010, but was exacerbated after the earthquake, although this was not the opinion of the feminist organizations working on the ground. The feeling of insecurity is still present among women and girls who point to violence and sexual violence as one of their greatest fears. In this regard, 7 out of 9 identify domestic violence and sexual violence in the community as the principal problems faced by women and girls in the community. Moreover, they say that institutions working to ensure their safety are little known and insufficient to cover the municipalities and certain underprivileged districts.¹⁴

Rapid Gender Analysis

It is against this particularly complex background that UN Women and CARE, under the leadership of the Ministry for the Status of Women and Women's Rights (MCFDF) and in partnership with the Department of Civil Protection (DGPC) launched the Rapid Gender Analysis, designed to evaluate the impact of the earthquake of August 2021 on women, men, girls and boys, including persons in a situation of vulnerability, in order to guide the ongoing humanitarian response in Haiti in the short term, as well as recovery efforts in the medium and long terms. This study has been produced in partnership with the Special Gender Taskforce of the humanitarian team in Haiti, and obtained financial, technical and logistical support from the following partners: Toya Foundation, IDEJEN, UNFPA, OCHA, PAHO/WHO, UNAIDS, WFP, UNDP and UNICEF. A partnership was also developed with the women's organization, Women in Democracy (Femmes en Démocratie (FED)) to support the holding of women's discussion groups in the three departments affected by the earthquake.

This analysis contributes to the realization of the objectives set out in the National Disaster Risk Management Plan (2019-2030) and the Policy on Equality of Women and Men (2014-2034) of the Republic of Haiti. This study is also in line with the Gender in Humanitarian Action Roadmap (2021-2023) adopted by the country humanitarian team. The study also supports the operationalization of the guiding principles of the Protection Strategy and emphasises the guiding principle of sex, age and diversity which requires "recognition of the differentiated needs and specific constraints of different groups, taking account of sex and sexual orientation, age and variables related to diversity".¹⁵ The National Women's Peace and Political Participation Forum (April 2019) and the Haitian Women for Peace Forum (December 2020) also recommended a response to disasters and crises which is more inclusive of women and sensitive to their needs. This study also echoes the appeals launched by women's organizations for better consideration of the needs of women and vulnerable persons in the response.

¹³ Amnesty International, "Women report sexual violence in the camps"

¹⁴ UNFPA, GBV rapid evaluation report, Cayes, Sud, Mission of 15-20 August 2021

¹⁵ Office of Protection of the Citizen, Protection Strategy, Haïti, 2018-2021

1.2. Objectives and scope

The Rapid Gender Analysis (RGA) sought to measure the impact of the earthquake on women, men, girls and boys to inform the humanitarian response currently under way in Haiti in the short term, as well as the medium- and long-term recovery efforts. More specifically, the exercise sought to:

- Help to identify and address the different needs, capacities and adaptation strategies of women, men, girls and boys following the earthquake from a perspective of gender equality and women's rights and empowerment, in alignment with the "do no harm" principle.
- Provide specific recommendations on the response to the differentiated needs of women, girls and adolescent girls to address the impacts of the earthquake in a threefold humanitarian, peace and development perspective, and according to the "leave no one behind" principle.
- Encourage the mainstreaming of the gender perspective in the humanitarian response to the crisis and establish a database of evidence sufficient to carry out a more in-depth analysis suited to the recovery efforts in progress, taking into account the intersectional factors that can lead to exclusion and additional inequalities.

The geographical scope included the three most-severely affected departments (Sud, Grand'Anse and Nippes). In order to support an effective programmatic response, the RGA collected data in sectoral and intersectoral domains so as to align with the areas of future programming to support response and recovery through the multi-partner humanitarian and development response. The RGA also forms part of the Roadmap for Gender Equality in Humanitarian Action (July 2021 – July 2023) adopted by the Haiti Humanitarian Country Team.¹⁶

2. Methodology

The RGA provides information on the different adaptation needs, capacities and strategies of women, men, boys and girls in a crisis. The analysis is based on primary and secondary information in order to understand the roles and relations between the genders and how they can change during a crisis. It offers practical and effective programmes and recommendations to respond to the different needs of women, men, boys and girls and serves to ensure that we "do them no harm".

The RGA consists of a complete, intersectoral and impartial analysis of gender-specific needs following the earthquake. The approach was participative and allowed the generation of qualitative and quantitative data for the analysis. The exercise comprises three pillars: an iterative examination of the existing documentation and secondary data; the collection of primary data through interviews, discussion groups

¹⁶ Office of the Resident Coordinator in Haiti, Roadmap for Gender Equality in Humanitarian Action: July 2021 – July 2023

and questionnaires; and the analysis of action-oriented recommendations to support the ongoing response and recovery efforts. Given the urgency of completing the analysis, the methodology sought a balance to both obtain sufficiently precise results and to complete the analysis rapidly to achieve the RGA objectives.

The information collection methods covered the following areas, with data collection in the field:

- **Documentary review** of secondary data, including all sex- and age- disaggregated data (SADD) produced before and after the earthquake.
- **Semi-structured interviews** with individuals in communities and social services providers.
- **Questionnaires** for civil society organizations – including women’s and human rights organizations – completed on-line and in person.
- **Surveys** of young people through the U-Report¹⁷ platform – a system using SMS and social networks – in partnership with UNICEF.
- **Discussion groups** with women, men, girls and boys in the affected communities, identifying the impacts on vulnerable groups.

The exercise sought to provide a sufficiently precise view of the impact on all the survey areas based on a sampling methodology that allowed for an understanding of the trends in the wider population in the three most-affected departments. Bearing in mind the time and access constraints, that methodology may, however, have had a variable level of generalization to the department and municipal levels. The following table presents a summary of the principal characteristics of the sampling strategy used in the exercise.

Table 2. Sampling methodology

Target groups	Individuals, communities and groups affected by the earthquake
Geographical areas	Departments of Grand’Anse, Nippes and Sud
Sample frame	Total affected population of the three departments: 1,585,802 ¹⁸
Sample structure	Sampling based on key selection criteria at municipal level
Sample size	Planned sample size: 385 persons ¹⁹
Instruments	Interviews, questionnaires, surveys and discussion groups
Languages	Creole and French

¹⁷ <https://haiti.ureport.in/>

¹⁸ Government of Haiti, Department of Demographic and Social Statistics, Survey of Mortality, Morbidity and Utilization of Services, 2016-17

¹⁹ Calculated with a confidence level of 95% and a margin of error of 5%






The selection of sites for the collection of primary data on the ground was guided by the sampling criteria, notably: proximity to the epicentre and intensity of damage; reported cases of GBV after the earthquake to estimate the population risk;²⁰ and population density to capture a balance between rural and urban areas.

Table 3. Departments and communes visited for in person data collection

Department	Commune
Grand'Anse	Beaumont — Corail — Jérémie — Pestel — Roseaux
Nippes	Asile — Baradères — Miragoane — Petit Trou de Nippes — Petite Rivière de Nippes
Sud	Camp-Perrin — Cavaillon — Les Cayes — Maniche — Torbeck










The analysis took place between 25 August and 8 September 2021. In the three departments of the Grand Sud, teams collected primary data on the ground between 2 and 7 September using a participatory approach comprising discussion groups, interviews and questionnaires. The data were collected with the aid of the KoBoToolbox²¹ platform and complemented with notes, then analysed qualitatively and quantitatively to identify trends related to the key questions of the exercise. In total, the exercise consulted 1,062 people through in-person data collection, and 4,587 persons through mobile and on-line methods (in total, 52% women and 48% men).

Table 4. Primary data collection strategy

Method	Target group	Sample size	Sex	Number of persons
Semi-structured interviews	Individuals in affected communities: men, women, and girls and boys aged over 18 years	385 persons	Women	 185
			Men	 191
	Women		 67	
	Men		 30	
	Prefer not to say		 5	

²⁰ UNFPA and IHSI, database of GBV cases in Grand Sud January to July 2021

²¹ <https://www.kobotoolbox.org/>

Questionnaires	Women's and human rights organizations	30 organizations	Women	 25
			Men	 3
			Not identified	 60
Surveys ²²	Young people in the three affected departments	Not defined	Girls	 2376
			Boys	 2182
Discussion groups	Groups embodying a cross section of individuals in terms of sex, age and vulnerability in the three target departments	60 discussion groups	Girls	 133
			Boys	 129
			Women	 144
			Men	 119

The research faced several limitations, notably:

- Difficult conditions of access to reach certain distant populations because of geographical obstacles and security issues.
- The short period to mobilize the research team on the ground and to allow a more in-depth analysis of the qualitative information.
- The lack of comparative data to provide a more detailed understanding of trends before and after the earthquake.

Some sources contained a bias based on the demographic profile of the respondents, notably due to: a higher response rate in the departments of Grand'Anse and Sud compared with Nippes for the U-report surveys; a higher response rate of women compared with men for the interviews with service providers and questionnaires for completion by organizations.

²² The exact number of individuals in the four U-Report surveys cannot yet be determined due to the non-availability of disaggregated identification data.

3. Results of the analysis

The earthquake of 14 August had a severe direct or indirect impact on the lives of some 800,000 people in the three most affected departments (Sud, Nippes and Grand'Anse) with loss of life, injury, destruction of homes, infrastructure and assets, as well as disruption of services. This has led to the displacement of populations, family separations, the interruption of economic activities and the destruction of livelihoods.

Since the earthquake, the affected population has been in urgent need of shelter, drinking water, food, basic social services and protection. This situation is experienced in different ways by men and women, depending on different ages and diverse vulnerabilities. The following sections describe how the situation affects different groups, with a particular focus on roles and power relations between men and women and how this affects their access to basic social and protection services.

3.1 Gender roles and responsibilities

Haitian society has traditionally been governed by a patriarchal regime dominated by social and cultural norms that dictate a gender-based division of labour and relegate women to unpaid social and reproductive functions, in charge of care of the family, while men are rather allocated productive roles as the heads and economic providers of the family. This leads to a devaluation of women's work in favour of that of men, thereby relegating women to marginal and precarious economic roles.

The roles and responsibilities of men and women change in crisis situations. For example, with Hurricane Matthew, women and girls continued to be responsible for domestic tasks and some women contributed to community solidarity activities. The COVID-19 pandemic, for its part, has led to an increase in household tasks and although men are playing a bigger part in these, women continue to take the lead.²³

Women are providers of resources as much as men are, but their contribution is either unvalued, glossed over or even hidden in the society of today. Crises and disasters have not significantly changed this power relationship: women take decisions on non-productive assets, and men take decisions on productive assets.²⁴ On the other hand, since the 2010 earthquake in Haiti, women have been increasingly assuming the role of heads of household with 43% of households headed by women in 2015,²⁵ a figure which rose to 45% in 2020.²⁶ In those households that they head, women are in charge of income management and related decisions, while in two-parent households, it is mainly the men who manage income and access to income is not equitable.²⁷

23 UN Women and CARE, COVID gender analysis – Haiti, Sept 2020

24 UN Women and CARE, COVID gender analysis – Haiti, Sept 2020

25 Haiti, Gender profile, AFD, 2015

26 UN Women and CARE, COVID gender analysis – Haiti, Sept 2020

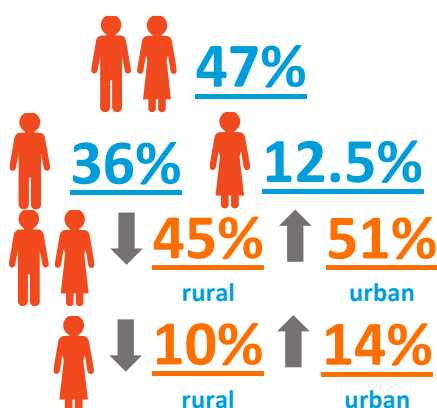
27 Action Aid, Summary of Focus groups held in Grande Anse, Hurricane Matthew, 2016

ROLES AND RESPONSIBILITIES

"It's finance that rules; as long as you have money, you men, you are the ones who fix your house". "Now, I can't play the same role as I can't send any money".

2 men from the community of Les Cayes

The review of the interviews and discussion groups shows:



The majority of community members (47%) say that decisions in the household are currently taken jointly by the man and the woman, 36% say that the man alone decides and only 12.5% say that the woman decides alone.

Women's decision-making power is higher in urban areas than rural (with, respectively, for joint decision-making, 45% in rural areas against 51% in urban areas and, for decision-making by women alone, 10% in rural areas against 14% in urban areas).

One notable change brought by the 2021 earthquake was that of reorganizing men's authority within the household through their capacity to meet their families' needs. Even if men are still generally considered by society to be the heads of two-parent households, they themselves recognize that they have lost a degree of authority over their families as they can no longer take charge because of the loss of their livelihoods, as is reported from discussions with the men's group:

"At household level, men have become much less authoritarian in the family in relation to their women and children because they no longer have the means to provide for their family's primary needs the members of which are prepared to do what it takes to earn a living and who are in vulnerable situations."

Girls and boys are normally under the responsibility of their parents, but with the earthquake, many have had to leave their parents' home to take refuge in the plains or in the street (especially the boys). Far away from the family unit, they are more active in search of the means of subsistence. The boys run the risk of crime, robbery and theft, begging, exploitation as child labour and even sexual abuse. As for the girls, they run a high risk of being raped, of falling victim to early or unwanted pregnancy, and of contracting infectious diseases such as HIV, in a zone of high prevalence.

The earthquake occurred during the school holidays, which are likely to be extended and thus increase girls' and boys' vulnerability. The delay in the start of the new school year because of the earthquake risks aggravating and prolonging these effects. Some girls and boys have become heads of household following the death or incapacity of their parents. They are forced to engage in informal work or go on their own in

search of aid distributions, which makes them vulnerable to abuse and exploitation. It is important to note that without special protection, these children risk being overlooked and forgotten by the assistance provision which, according to those interviewed, already struggles to optimally target the most vulnerable. These children and those who are separated from their families are a special protection case that this study has not directly and specifically researched, given its rapid nature, the need to ensure respect for the “do no harm” principle, the capacity available and the fact that the particular provisions for meeting this principle and the paramount interest of the child were not satisfied.

3.2 Access to resources and services

Access to resources and services following the earthquake has been limited by a confluence of geographical, institutional and structural factors. These problems are superimposed on existing inequalities and expose specific groups to a higher risk.

3.2.1 Livelihoods

The earthquake and the destruction of infrastructure have led to paralysis of economic activities, loss of resources and jobs. Men and women who have lost their property and incomes find themselves bereft of resources and incapable of meeting their families’ needs.

Indeed, the losses of assets and productive capital are reported by the majority of individuals in communities, equally by men and women, as the greatest impact of the earthquake on their economic lives; this is followed by the interruption to economic activities, reported by more women (16%) than men (13%). Women who were accustomed to going to work or to market for their business reported that they had lost a great deal (products, savings, livestock and stored products, gardens, animals, housing). They become more and more dependent on their spouses who themselves have lost their productive resources, jobs and property. Rural areas, agricultural and livestock farms have also been put in jeopardy, with the destruction of fields, gardens and livestock.

Table 5. The most significant changes experienced since the earthquake in relation to livelihoods

	Women		Men		Total	Total
	No.	%	No.	%	No.	%
Loss of productive capital	46	30%	50	34%	96	32%
Loss of assets	54	36%	55	37%	109	36%
Loss of employment	4	3%	3	2%	7	2%
Interruption of economic activities	24	16%	19	13%	43	14%
Disruption of markets	5	3%	4	3%	9	3%
Activities continue	19	13%	18	12%	37	12%
Total	152	100%	149	100%	301	100%

Source: 301 interviews with individuals

Table 6. The most significant changes experienced since the earthquake in relation to day-to-day activities

	Women		Men		Total	Total
	No.	%	No.	%	No.	%
Increase in unpaid work	2	1%	0	0%	2	1%
Other	26	15%	25	13%	51	14%
Reduction in unpaid work	46	26%	50	27%	96	26%
Unemployment /no productive activity	87	49%	89	48%	176	48%
No change	18	10%	23	12%	41	11%
Total	179	100%	187	100%	366	100%

Source: 366 interviews with individuals

The functioning of markets has been disrupted by the combination of destruction of property and resources, bankruptcy of businesses and rampant inflation. Some markets have even been used to temporarily receive displaced persons. A current study on market conditions in the region has found that consumers and customers think that some groups do not feel safe in the market, notably older women (23% of respondents) and disabled persons (17% of respondents).²⁸

In addition, 10% of those in the study observed that the groups feared violence because of their sex and 31% felt themselves in danger or more vulnerable because of their health situation or their age, which indicates that the wider security conditions in the region exacerbate access to markets for both men and women.²⁹ According to the traders interviewed, women are considered as coming to market more frequently than any other group (50%) and would therefore be the group most exposed to the deterioration in the security situation which prevents access to markets.³⁰ The replies from the discussion groups with the young people in Miragoane underline that the very high inflation is also affected by the general security situation in the country which caused the blocking of the Martissant road and which affects supplies to local markets.

The men and women who formerly ran and have now lost small businesses and enterprises find themselves in debt with no knowledge of how to pay what they owe to banks and micro-credit institutions. Furthermore, women's organizations in Grand'Anse indicate that "The livelihoods of many depend on the commercial sector, which has been hard hit by the various impacts of the earthquake, leaving women without a source of income at a time when they need to replace lost household items and make payments toward loans received from solidarity lenders and banks...".³¹

²⁸ IMPACT Initiatives, Preliminary information, 8 Sept. 2021

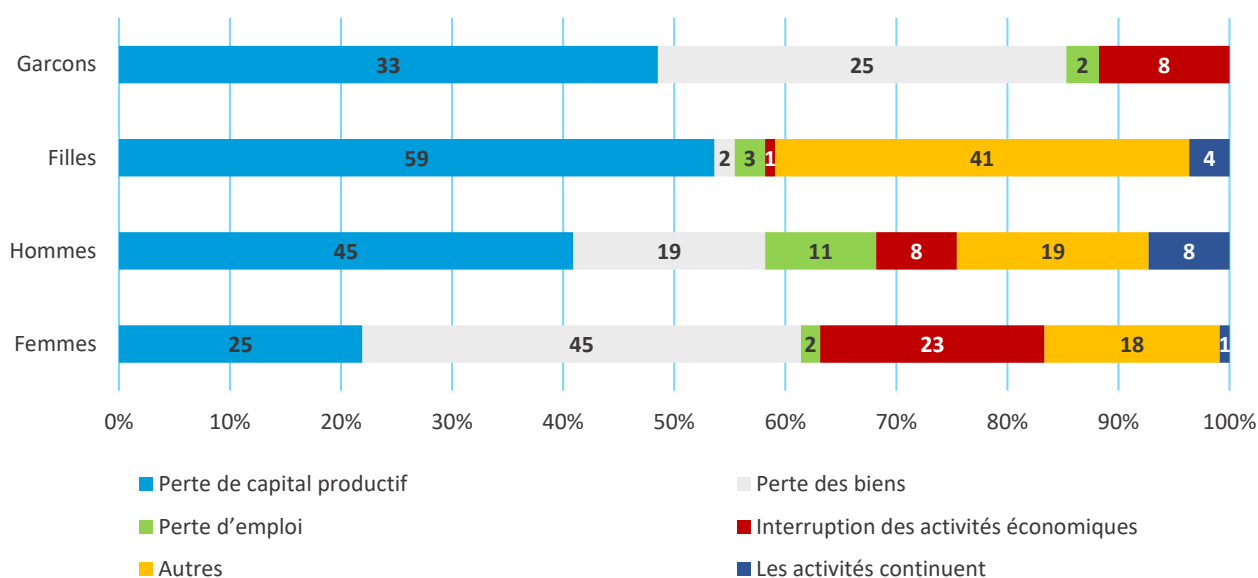
²⁹ Percentages calculated on 229 consumers/customers interviewed; the proportions are not mutually exclusive due to the multiple responses.

³⁰ Calculated on the basis of 247 traders interviewed

³¹ OCHA et al, Situation Report No. 3, 31 August 2021

Social services providers have described a situation of economic destitution, noting that households “Have lost all their resources ... they have lost everything” because of the earthquake. The majority of social services providers interviewed underlined that the production capacity of women, men, girls and boys had been devastated, notably because of the loss of physical capital and property. This has led to the reduction of many people who were already living in poverty to a worse state of privation, highlighting the multi-dimensional impact of the crisis on wellbeing, given the lack of access to food, water, money and work of a nature to meet basic needs.

Figure 1. The most significant changes experienced by women, men, boys and girls in terms of livelihoods since the earthquake



Source: 102 interviews with social service providers; replies have been coded for multiple categories

Glossary: Garçons = boys, Filles = girls, Hommes = men, Femmes = women

Perte de capital productif = loss of productive capital; Perte des biens = loss of assets

Perte d'emploi = loss of job; Interruption des activités économiques = interruption of economic activities

Autres = others; Les activités continuent = activities continue

3.2.2 Health

In a humanitarian situation, access to basic health services tends to be reduced to make way for emergencies. In Haiti, sexual and reproductive health (SRH) remains a concern, although certain indicators have improved over recent years.³² While the SRH sector was, like other health sectors, already suffering from the dysfunction of the health system, the earthquake of 14 August 2021 aggravated the situation

³² <https://www.prb.org/wp-content/uploads/2020/06/Haiti-Plan-Strategique-National-de-Sant%C3%A9-Sexuelle-et-Reproductive-2019-2023.pdf>

with 62 health facilities seriously or partially damaged³³ in the three affected departments, giving rise to certain impacts at local and national level.

According to data issued by the Health Evaluation Unit (UEP) of the Ministry of Public Health and Population (MSPP) in April 2015,³⁴ the country had a total of 1,048 health facilities (of which 8% were dysfunctional). In the departments, there are 155 health facilities (73 in Sud, 29 in Nippes and 53 in Grand'Anse). Of this total, the 62 health facilities confirmed by the DGPC as being affected by the earthquake represent a percentage of 40%, which has a huge impact on the health situation in the Grand Sud, including on sexual and reproductive healthcare. The findings from the interviews confirm that the earthquake has led to the interruption of the provision of health services with the total destruction of 6 health centres and the partial destruction of others in the three most-affected departments (Sud, Nippes and Grand'Anse). At the same time, the operational health centres in the departments, swamped by the high number of injured, have had to set priorities.

Regarding maternal and neonatal health, the MSPP reports that the hospital maternal mortality ratio is estimated at 529 deaths per 100,000 live births,³⁵ a ratio that is much too high if one considers the other countries in the Americas region. During the last fifteen years, the proportion of women whose childbirth was attended by a qualified health worker has slowly increased in Haiti, from 24.2% in 2000 to 26.1% in 2006, 37.3% in 2012 and finally to 41.7% in 2017. However, with the earthquake of 14 August, this trend is likely to reverse because of the new health situation prevailing in Grand Sud. Neonatal mortality, which was 32 per 1,000 in 2017, is at risk of worsening if compensatory provisions are not rapidly implemented to restore the situation and, better, improve on the service provision offered during the pre-earthquake period. The same applies to the proportion of new-borns who have received postnatal care during the two days after birth, which was 38% in 2017 but which could fall in the coming days.

According to the secondary data, *“the interruption of access to essential health services could potentially lead to an increase in maternal and child deaths, vaccine-preventable diseases and chronic disease-related deaths”*.³⁶ There is also an increased risk of “maternal and new-born deaths, as maternity and surgical wards are not functional for safe deliveries and caesarean sections, requiring temporary measures to be established in order to reduce the risks faced by pregnant women”.³⁷ According to the service providers interviewed, almost half of respondents (42 out of 91) underlined the great vulnerability of pregnant women, followed by disabled persons and people suffering from chronic and other diseases in respect of access to the services they needed. Many underlined the difficult situation for families which have been direct victims of the disaster, through the loss of human life and property.

³³DGPC, Progress Report, September 2021

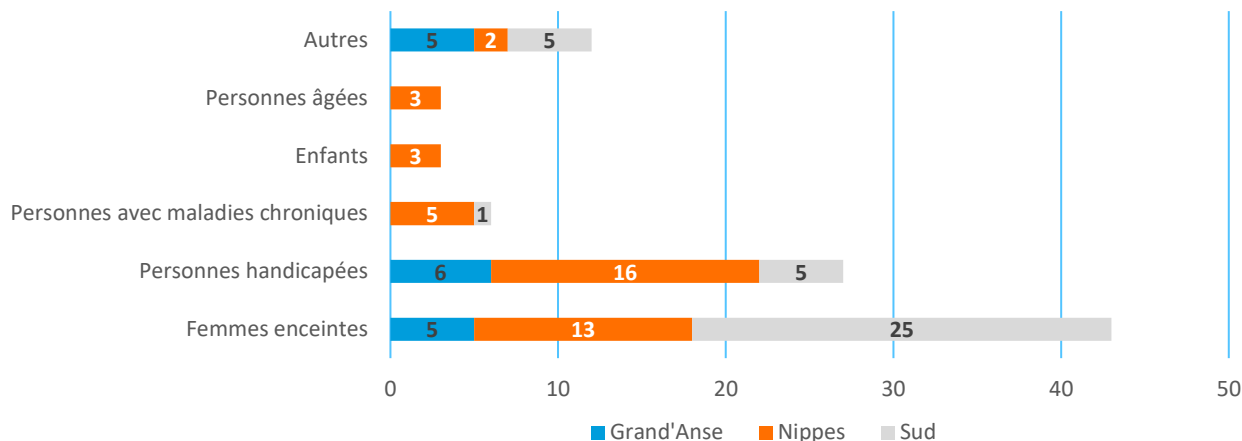
³⁴ MSPP April 2015, List of health institutions

³⁵ <https://haiti.unfpa.org/fr/news/%C2%AB-une-femme-doit-%C3%AAtre-prise-en-charge-dans-sa-totalit%C3%A9-%C2%BB-dixit-la-directrice-ex%C3%A9cutive-de>

³⁶ OCHA et al, Situation Report No. 3, 31 August 2021

³⁷ OCHA et al, Situation Report No. 3, 31 August 2021

Figure 2. The most vulnerable persons after the earthquake, by group and department



Source: 91 interviews with social service providers; replies have been coded for multiple categories

Glossary: Autres = other; Personnes âgées = older persons; Enfants = children; Personnes avec maladies chroniques = persons with chronic diseases; Personnes handicapées = disabled persons; Femmes enceintes = pregnant women

Regarding family planning and unwanted pregnancies, the experience of the 2010 earthquake left lessons which all those involved in sexual and reproductive health should recall. In February 2010, Vicky Claeys reported that some 63,000 women in Port-au-Prince were pregnant, of whom 7,000 had become pregnant in the month of January 2010.³⁸ Whence the importance of a proactive approach to avoid any disastrous recurrence of this phenomenon, especially for young girls. The destruction and/or dysfunction of health centres inevitably results in a slowing of family planning services. The interviews confirm that access to the service is limited, with priority given to injured persons, which makes access to primary healthcare, including reproductive health, inaccessible. It should also be underlined that during natural disasters, women have little control over reproduction and the use of contraceptives.³⁹

Following the earthquake in Haiti, promised offers of houses to victims further exposed certain Haitian women to GBV. Motivated by the dream of having their own homes, the members of one single family separate in order to achieve this goal. Each occupies a tent to mislead decision-makers into thinking that she has a house that has been destroyed. Without the support of the family unit, many become vulnerable to sexual abuse and violence. Five months after the 2010 earthquake, “12% of women living in camps were pregnant. Unfortunately, two-thirds of these pregnancies were unwanted”.⁴⁰ More than 7% of the reported pregnancies were of girls aged 15 to 17 years,⁴¹ which confirms the prevalence of pregnancy among the very young. Whence the importance of a response focused on youth and taking particular account of the situations and needs of young girls.

As regards seeking sexual and reproductive health services, cultural beliefs and practices generally delay the decision to obtain treatment. Haitian women are more inclined to go to the health centre for vaginal

38 <https://www.alterpresse.org/spip.php?article25237#nb2>

39 <https://reliefweb.int/report/haiti/catastrophe-sanitaire-et-grossesses-non-d-sir-es-suite-au-s-isme-de-2010-en-ha-ti>

40 <https://www.alterpresse.org/spip.php?article25237#nb3>

41 This data is corroborated by EMMUS VI, which, in 2016-2017, reaffirms that 10% of girls aged 15 y to 19 years have already begun their procreative life and among them, 8.2% have already had a live birth and 2% are pregnant with a first child.

infections, but only after trying plant-based treatments. Men, conversely, thinking themselves to be strong, only go to health centres when the doctor treating their spouse demands their presence in the case of sexually transmissible diseases or when the illness gets worse. In a humanitarian situation where formerly existing access and accessibility are decreased, men and women find it increasingly hard to obtain treatment as those affected by the crisis situation become the top priority.

According to interviews with community members in these three departments, the principal problems comprise, respectively, lack of health workers and supplies (34%), psychological trauma (32%) and disease (16%). In addition, particularly vulnerable populations, such as LGBTI persons in Haiti, are often stigmatized to the point of encountering difficulties in accessing basic services such as healthcare.

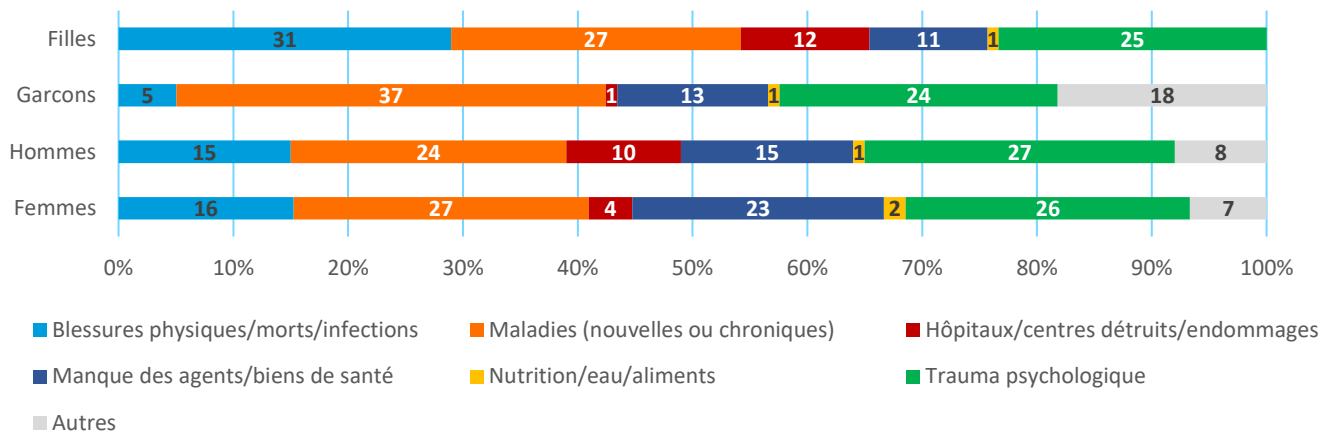
Table 7. The most significant health-related changes experienced since the earthquake

	Women		Men		Total No.	Total %
	No.	%	No.	%		
Physical injuries/deaths/infections	13	7%	8	5%	21	6%
Diseases (new or chronic)	28	16%	27	16%	55	16%
Hospitals/centres destroyed/damaged	7	4%	7	4%	14	4%
Lack of health workers/supplies	57	32%	64	37%	121	34%
Nutrition/water/food	3	2%	5	3%	8	2%
Psychological trauma	61	34%	51	29%	112	32%
Other	10	6%	11	6%	21	6%
Total	179	100%	173	100%	352	100%

Source: 326 individual interviews; certain replies have been coded in several categories

The earthquake occurred in a context where service providers, most of whom are health workers, have observed that access remained extremely limited for all population groups. The service providers also underlined, in all the groups, that trauma and physical effects such as stress and shock were one of the most important impacts of the earthquake on the population. This trauma was also linked to the increase in or exacerbation of chronic diseases, in light of the damaged hospital infrastructure. Women's health was a major concern of the service providers, many of whom indicated the presence of infection, chronic and acute diseases exacerbated by the shock and stress caused by the earthquake.

Figure 3. The most significant health-related changes experienced by women, men, boys and girls since the earthquake, by group

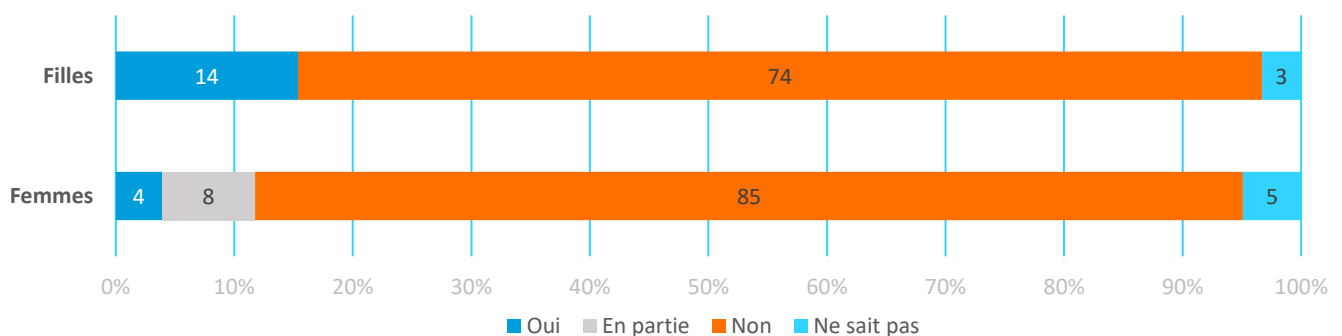


Source: 91 interviews with social service providers; replies have been coded for multiple categories

Glossary: Garçons = boys, Filles = girls, Hommes = men, Femmes = women; Blessures physiques/morts/infections = Physical injuries, deaths/infections; Maladies (nouvelles ou chroniques) = diseases (new or chronic); Hôpitaux/centres détruits/endommagés = hospitals/centres destroyed/damaged; Manque des agents/biens de santé = Lack of health workers/assets; Nutrition/eau/aliments = nutrition/water/food; Autres = other

Insufficient access to medicines for the entire population of Grand Sud has been corroborated by other studies. In an EDAB assessment, all those interviewed in Nippes said that medicines were not available, and only 24% of the people interviewed in Grand'Anse said that medicines were available and sufficient.⁴² According to a UNICEF survey, 10% (143 men, 141 women) said that the lack of healthcare was the way that their community had been most affected by the earthquake, coming just after those (29%) saying that the destruction of homes was the greatest specific impact on them.⁴³ Despite that, service providers noted that access to spaces suitable for women was extremely limited (83% and 81% respectively).

Figure 4. Availability of spaces suitable for women in the zone affected by the earthquake



Source: 102 interviews with social service providers

Glossary: Filles = girls; Femmes = women; Oui = yes; En partie = in part; Non = no; ne sait pas = don't know

⁴² Government of Haiti, Preliminary rapid assessments of damage and needs, September 2021

⁴³ <https://haiti.ureport.in/opinion/5273/>

3.2.3 Water, sanitation and hygiene

Water is the means of implementing hygiene measures and, in certain cases, reducing risks of contamination. That is why, in all circumstances, it is vital for households to have access to water. However, only 14% of households (16% in urban and 12% in rural areas) have on-site access to water.⁴⁴ Just over one household in two (56%) spends less than 30 minutes fetching water, while 30% of households spend 30 minutes or more. In rural areas, 42% of households spend at least 30 minutes to fetch water. These inaccessibility problems are exacerbated by one of the major environmental impacts caused by the earthquake on the water supply in communities (Barraderes, L'Asile): it dried-up river beds and springs. This makes the need for provision of drinking water a priority, to repair the damage to infrastructure caused by the earthquake, forcing some people to go farther to fetch water and increasing their risk of exposure to GBV.

Initial rescue operations highlight the need for drinking water. The drinking water supply networks suffered significant damage in several communities, making access difficult.⁴⁵ On the day after the earthquake, some 60% of the inhabitants of the three most-affected departments did not have access to drinking water, according to UNICEF, which fears the resurgence of waterborne diseases.⁴⁶ A partial report by the Sud departmental coordination unit of the Office of the Secretary of State for the Integration of Disabled Persons reported 1,475 disabled persons who needed urgent humanitarian aid in the form of food, water, sanitation and hygiene kits.

Interviews with community members also evidenced the problems of access to water and sanitary facilities, with considerable gaps between the sexes in the perception of risks and obstacles. While men and women observed a disruption of infrastructure such as mains/pipes (19%) and the risk of diseases (12%) as the principal obstacles to access to water and sanitary facilities, more women noted the lack of tap water (27% against 21% for men). Moreover, according to the young people interviewed, 31% (of a total of 2,769) found that food and water were their main concerns, girls being more concerned, by a difference of 32%, than boys.⁴⁷

44 Government of Haiti, Dept. of Demographic and Social Statistics, Survey of Mortality, Morbidity and Utilization des Services, 2016-17

45 DGPC, September 2021, Progress Report

46 <https://www.unicef.org/haiti/communiqu%C3%A9s-de-presse/s%C3%A9isme-en-ha%C3%Afti-plus-dun-demi-million-denfants-expos%C3%A9s-aux-maladies-dorigine>

47 <http://haiti.ureport.in/opinion/5273/>

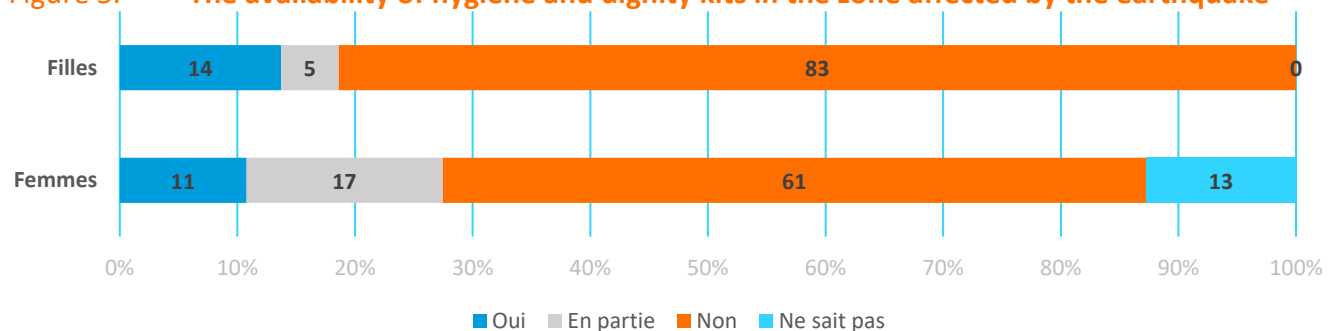
Table 8. The principal obstacles to access to water and sanitary facilities for the different groups

	Women		Men		Total	
	No.	%	No.	%	No.	%
Broken mains/pipes	29	19%	28	19%	57	19%
Risk of diseases (contamination, water quality problems, etc.)	18	12%	19	13%	37	12%
Lack of tap water	42	27%	31	21%	73	24%
Lack of money	2	1%	6	4%	8	3%
No obstacles or discrimination	23	15%	22	15%	45	15%
Other	39	25%	43	29%	82	27%
Total	153	100%	149	100%	302	100%

Source: 302 interviews with individuals

Women and girls are the most affected by this situation, not only because of the chore of fetching water for which they are generally responsible, but also their specific needs for water for their menstrual hygiene. Furthermore, there is a lack of access to household and menstrual hygiene kits and sanitary facilities, reported both by people living in family homes and those living in temporary group shelters. More than 80% of the service providers interviewed found that members of vulnerable groups had no access to care, and between 60% and 81% noted that women and girls respectively did not have access to hygiene and dignity kits.

Figure 5. The availability of hygiene and dignity kits in the zone affected by the earthquake



Source: 102 interviews with service providers

Glossary: Filles = girls; Femmes = women; Oui = yes; En partie = in part; Non = no; ne sait pas = don't know

The National Department of Drinking Water and Sanitation (DINEPA) and civil society partners UNICEF are already working to improve access to water, sanitation and hygiene for the affected families. Access to drinking water is one of the most commonly reported problems in all the interviews; the earthquake has caused damage to facilities and drinking water supply networks. Drinking water has become a much sought-after commodity, either because it is not available in sufficient quantity or because it has to be paid for, which drastically reduces access for vulnerable displaced persons. The data also indicate worrying

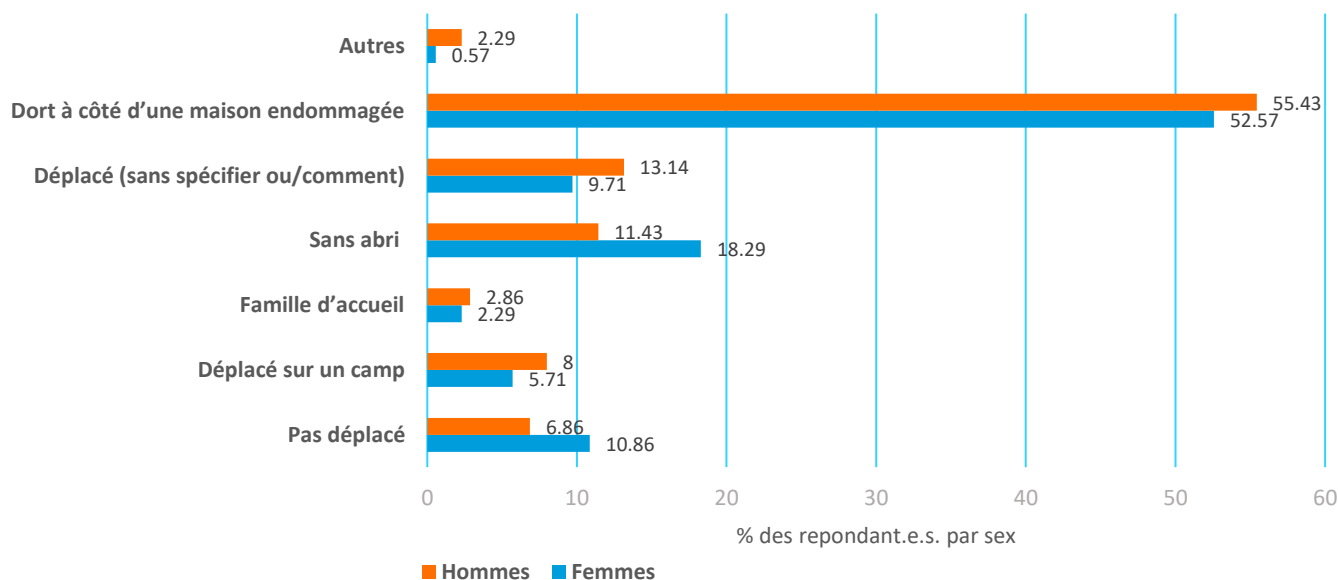
problems of security and safety related to access to sanitation. A survey showed that between 50% and 60% of women do not feel safe when they use latrines.⁴⁸

3.2.4 Shelter

Since the 2010 earthquake, some 33,000 people are still living in camps for displaced persons and at least 300,000 people are living in informal establishments without government supervision. The authorities had difficulty in providing assistance to have them return or resettle them. According to Haitian Civil Protection, over 53,815 houses were destroyed and 83,770 were damaged, leaving thousands of people homeless and creating urgent needs for shelter and water, sanitation and hygiene. In the departments of Grand'Anse and Nippes, respectively, 20.9% and 76% more women than men found themselves homeless after the earthquake.⁴⁹

According to the interviews with individuals in communities, the majority of men and women affected are living in the undamaged parts of their houses (54% of the total); 15% are living in the street without shelter and 7% in the camps. Some 9% are not displaced, and probably live in areas situated far from the epicentre that suffered less physical damage. The analysis by sex shows that there are more women who are homeless or living in camps for displaced persons (respectively 18% and 11%) than men (respectively 11% and 7%).

Figure 6. The most significant changes since the earthquake in relation to displacement



Source: 351 interviews with individuals in communities

Glossary: Autres = other; Dort à côté d'une maison endommagée = sleeps beside a damaged house; Déplacé (sans spécifier ou/comment) = Displaced (without specifying where/how; Sans abri = completely homeless; Famille d'accueil = host family; Déplacé dans un camp = displaced in a camp; Pas déplacé = not displaced

48 Tearfund and RIPHEd, Rapid assessment of multi-sectoral needs, conducted between 19 and 24 August, Sept 2021

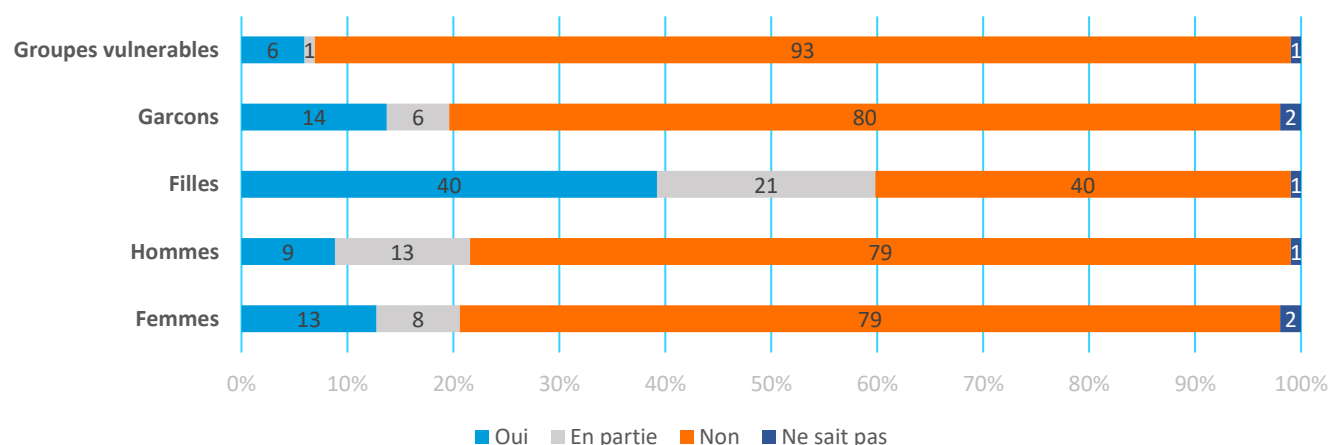
49 OCHA et al, Situation Report No. 3, 31 August 2021

The majority who refuse to leave their houses live either in the undamaged part or in the open for fear of aftershocks and collapse of cracked buildings, theft and looting. Whether in camps for displaced persons, collapsed houses or in the street, those affected, especially children and older persons, live in very precarious conditions, without hygiene facilities, exposed to the weather and disease; they live in fear of any possible recurrence of “Goudougoudou” the disaster of 2010, and women say that the situation has important implications for their exposure to GBV.

According to 80% of the service providers interviewed, the current situation represents an increased danger for displaced women; the lack of shelter is commonly associated with a higher level of violence. This relationship with danger in general and the increased risk of sexual aggression and rape was expressed much more by young women in the different communes covered by the analysis. From this fear stems the refusal to go to possible accommodation camps, knowing that they will have to live alongside people unknown to their family, friendship and neighbour networks.

Adult women also emphasize the dangers linked to sexual assaults, but to a lesser extent. What concerns them most is the fact that they are not protected from bad weather and that they or members of their family may ultimately fall ill. This concern to stay in their backyard, in their small kitchens or close to their houses is at the same time linked to the care system which was already precarious in their communities. What they want, above all, is to occupy shelters that are safer than those that exist at the moment.

Figure 7. Availability of completely safe shelter in the zone affected by the earthquake



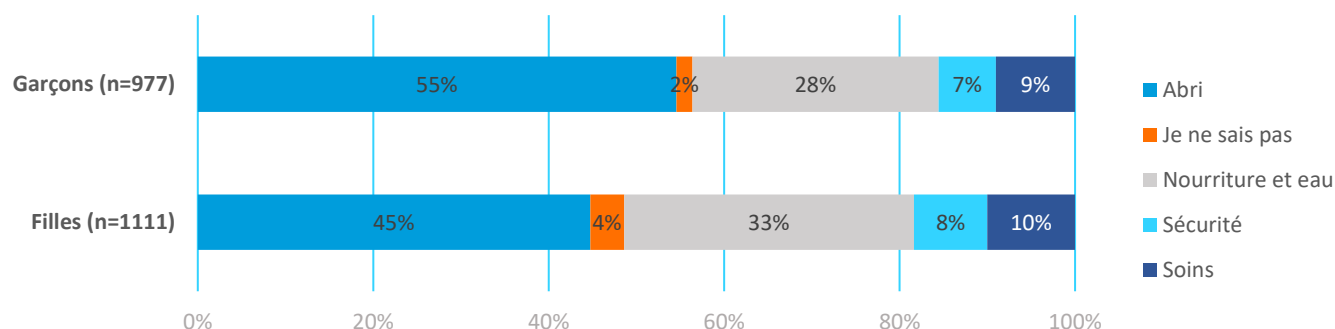
Source: 102 interviews with social service providers

Glossary : Groupes vulnérables = vulnerable groups; Garçons = boys, Filles = girls, Hommes = men, Femmes = women; Oui = yes; En partie = in part; Non = no; ne sait pas = don't know

Both girls and boys indicated that shelter was a crucial question. According to the young people interviewed, the majority say that shelter is their principal concern (55% of boys and 45% of girls), followed by food and water. Young men emphasize safer shelter to provide a better chance of protection, especially for the girls. For young men already in couple relationships and adult men, the destruction of houses or the fact of no longer being able to provide a home for their families has a negative impact on their position as head of the family. The house, in their eyes, symbolized the place of power and of management of their

family, while shelters represent to some extent a challenge to their capacity not only to protect their family, but above all, to continue to provide them with a minimum wellbeing. They thus make it a point of honour to build shelters rapidly for their families and seek to restore their image as head of the family.

Figure 8. The greatest concern at this moment



Source: U-Report (2,088 surveyed)

Glossary: Garçons = boys; Filles = girls; Abri = shelter; Je ne sais pas = Don't know; Nourriture et eau = food and water; Sécurité = security; Soins = care

3.2.5 Food and nutrition

Before the earthquake, Haiti faced one of the highest levels of chronic food insecurity in the world, with over half of its total population in a situation of chronic food insecurity.⁵⁰ The underlying conditions which have perpetuated this grave food and nutritional crisis are extreme poverty, the political and socioeconomic crisis, internal displacements and frequent natural disasters. These structural and environmental instabilities have a deeper impact on the most vulnerable.

According to the 2021 overview of humanitarian need published before the earthquake, it was estimated that some 4.4 million people in Haiti (46% of the population) were in a situation of food insecurity and 2.95 million people, including 1.2 million children and 400,000 pregnant women and adolescents, were in need of emergency healthcare.⁵¹ Some 22% of children under the age of 5 years suffer from retarded growth, 11% are underweight, 5% are emaciated and 23.4% suffer from chronic malnutrition.⁵² According to the last analysis of the integrated food security phase classification (IPC) in 2020, Haiti was in crisis phase 3 or worse.

The earthquake exacerbated this already-acute crisis and left the already-weak health system unable to provide vital assistance or continue other essential health services, notably in the area of maternal and infant health. Anaemia and micronutrient deficiencies affect a large part of the population in Haiti.

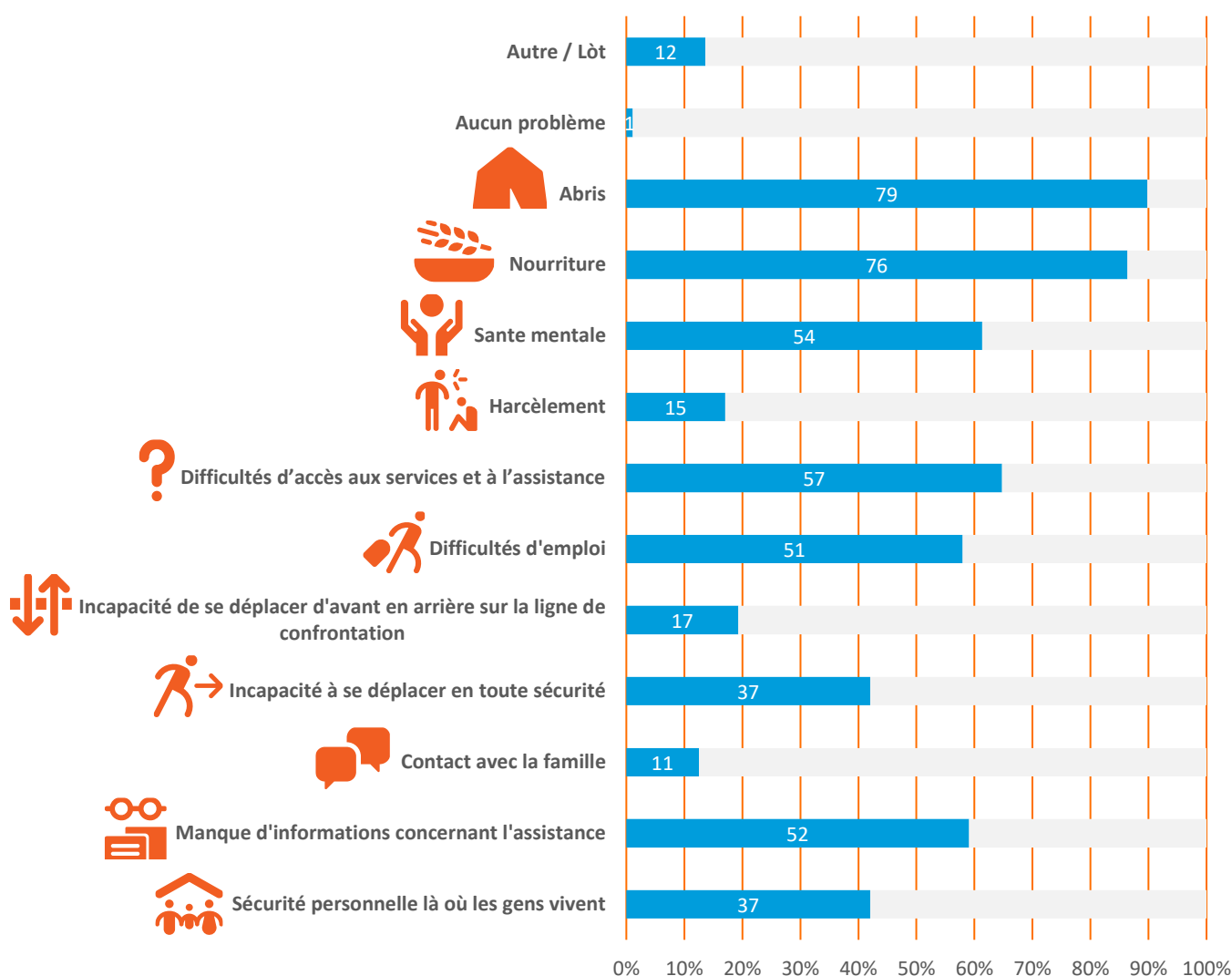
⁵⁰ https://docs.wfp.org/api/documents/WFP-0000130459/download/?_ga=2.143050993.592846311.1630606371-739098879.1630606371

⁵¹ <https://www.unicef.org/media/106241/file/2021-HAC-Haiti-August-Revision.pdf>

⁵² Republic of Haiti, Ministry of Public Health and Population (MSPP). Survey of Mortality and Utilization des Services EMMUS-V Haiti. 2012. L'EMMUS VI (2016-2017) reaffirms that the situation is unchanged.

Pregnant women and young children are the most vulnerable to micronutrient malnutrition because of their increased need for nutrients, the small amounts of food that they consume, and the fact that deficiencies at this stage of life can cause limitations on development and lifelong disabilities and make them more vulnerable to diseases and infections. The organizations interviewed agree on the challenges faced by the population, especially difficulty of access to services (44%) and to food (43%), among other priorities.

Figure 9. Challenges faced by the population since the earthquake



Source: Questionnaire to 88 organizations; replies have been coded for multiple categories

Glossary: Autre/Lôt = Other; Aucun problème = no problem; Abris = shelter; Nourriture = food; Santé mentale = mental health; Harcèlement = harassment; Difficultés d'accès aux services et à l'assistance = difficulties in access to services and assistance; Difficultés d'emploi = employment difficulties; Incapacité de se déplacer d'avant en arrière sur la ligne de confrontation = Incapacity to move forward or back on the confrontation line; Incapacité de se déplacer en toute sécurité = Inability to travel safely; Contact avec la famille = contact with the family; Manque d'informations concernant l'assistance = lack of information about assistance; Sécurité personnelle là où les gens vivent = personal security where people live

According to the climate risk index 2020, Haiti is ranked third of the countries most affected by violent meteorological phenomena. The economic impacts of these phenomena, combined with the political crisis and prolonged civil disturbances, have sometimes led to stopping the majority of the country's economic activities, more severely since March 2020. The economic and labour market crisis which broke out also accentuated the pre-existing vulnerabilities of households in terms of obtaining supplies and basic food sources; over threequarters of households reported a reduction in their incomes between October and December 2020 because of loss of employment and the low profitability of informal commercial activities.⁵³ Levels of food production and availability on the market vary considerably from one region to another, which creates a very fragile food system, dependent on foreign inputs to offset the shortage of food supplies.

Agriculture remains the greatest job generating sector in Haiti, but it is still insufficient to meet local needs. Before the earthquake, agriculture represented 25% of national GDP, and 40 to 67% of Haitians were employed in this sector. However, most of this agricultural production is concentrated in subsistence farming and does not generate sufficient income to meet household needs.⁵⁴ Women, who worked mainly in staple crops, earned 30% less than men⁵⁵ and encounter increased barriers to participating in the labour market which, combined with less access to productive land or control of its resources, affects their diets and consumer habits. Textiles and export markets represented a large part of the country's economy, but many people were in low-paid factory jobs in poor and unpredictable working conditions, with no welfare benefits.

The earthquake and its destructive effect led the affected men and women to a situation of general food vulnerability. Persons in a situation of vulnerability, such as children, older people, pregnant women and nursing mothers, persons living with chronic diseases and those with disabilities and certain marginalized groups (LGBTQI), are doubly affected because of their need for specific nutritional support and the socio-cultural barriers that they face. According to the interviews with men and women community members, current food assistance is insufficient and does not reach these vulnerable groups. In some places, no food aid is available when the teams go through (La Merci, 9th Section).

In addition, key informants have criticized the process of targeting beneficiaries, the amounts distributed and conduct of distributions, which are poorly organized, and accessible only to the physically strong. Indeed, according to the focus groups and the community members, only the physically strong can access distributions, so boys and girls who go from one distribution point to the next have more chance of obtaining distributions than some than women who generally stay in one place with their children. The inadequacies reported above in the distributions and targeting of beneficiaries could be one of the

"In our society, we do not look kindly on the LGBT community, although we more or less understand the disabled and people with chronic diseases."

La Merci women's group, 9th Section

⁵³ <http://www.fao.org/americas/noticias/ver/en/c/1397847/>

⁵⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/37A5134A38ACF0608525781F0079CEC1-Full_Report.pdf

⁵⁵ <https://banyanglobal.com/wp-content/uploads/2017/07/USAID-Haiti-Gender-Assessment.pdf>

explanations for this situation. “I rate them at zero, they’ve not done a thing” says one respondent from Arnaud about the distributions. As well as the quality of distributions, there is a socio-cultural barrier that prevents access to assistance by certain groups such as LGBTQI people, who are discriminated against by society.

According to the discussion groups, men reduce their spending, consume less food per day and try to share what they have with others, to adjust to the difficulties of the earthquake. For them, the most important thing is to survive, as many of them have lost their jobs. Some of them try to share what little they have with others in greater need. And they are also willing to work in activities judged to be for the collective wellbeing of the zone after the earthquake: reduce food purchases and the number of meals; try to set up a small business; wait for the authorities. Boys, to survive and to respond to the difficulties caused by the earthquake, wander the streets in the hope of coming across a distribution of humanitarian aid.

“At household level, the men have become much less authoritarian in the family in relation to their wives and children because they do not have the means to meet their primary needs.”

Men’s group, Les Cayes

3.2.6 Information

The first information on the damage from the earthquake and the related aid services travelled by telephone and social media when connections were possible. The number of mobile connections in Haiti (in January 2021) corresponded to 64.3% of the total population, with 37.3% having Internet access and 20% using social media.⁵⁶ Those with Internet access said that they preferred to limit its use, because it is very expensive (a subscription to the 1 Go mobile network can cost up to 4% of an individual’s income,⁵⁷ which is clearly higher than in other countries in the region).⁵⁸ Connectivity is also extremely unequal between rural and urban areas and between the sexes, since only 7% of women and girls have Internet access, the lowest rate in the region.

Literacy rates in Haiti are also among the lowest in the Western hemisphere. Some 60% of all children who enrol at a school leave education after the sixth year and 35% of girls aged over 6 years never go to school.⁵⁹ The literacy rate for men (aged from 15 to 24 years) is 83% and for women (aged 15 to 24 years) 82%; for men aged 25 years and over, it is 65% and for women 58%, while for those aged 65 years and over, it is 21% for men and 10% for women. Women’s organizations say that “women are exposed with their children and live in the street without a tent or even a tarpaulin” with communication difficulties hampering their capacity to locate members of their families or access aid or other emergency services.”⁶⁰

⁵⁶ <https://datareportal.com/reports/digital-2021-haiti>

⁵⁷ <https://www.worldbank.org/en/news/opinion/2020/12/14/more-than-just-internet-harnessing-the-digital-economy-to-rethink-the-future-in-haiti>

⁵⁸ <https://reliefweb.int/report/haiti/disaster-new-digital-economy-haiti>

⁵⁹ <https://haiti-literacy.org/literacy-in-haiti/>

⁶⁰ OCHA et al, Situation Report No. 3, 31 August 2021

3.3 Participation

3.3.1 Participation and decision-making in the domestic sphere

Haitian society is a largely patriarchal society with little representation of women in decision-making roles. Even if women heads of family have relative independence, they are generally considered as socially inferior.⁶¹ This, combined with low rates of education, access to information and access to economic activities together with an excess of domestic tasks reduces women's capacity for responsible participation and leadership.

"We are strength, we can really help to give positive responses to this earthquake if and only if we agree to unite and demonstrate our know-how and energy together."

La Merci women's group, 9th Section

Since the earthquake, some members of the community have indicated that household roles have changed for part of the population. In the area of access to and decision-making concerning the use of money, while over half of the respondents (52% of women and 50% of men) had not observed any change in roles within the household, 13% saw these roles changing.

Table 9. Who has access to money and who decides on the use of money in the household, by sex

	Women		Men		Total	
	No.	%	No.	%	No.	%
The man alone, head of household	27	24%	62	45%	89	36%
The woman alone, head of household	25	23%	6	4%	31	13%
The man and woman together	53	48%	64	47%	117	47%
Other members of the household	3	3%	0	0%	3	1%
No member of the household	2	2%	0	0%	2	1%
Don't know	1	1%	5	4%	6	2%
Total	111	100%	137	100%	248	100%

Source: 248 interviews with individuals

⁶¹ CARE Haiti, Haiti Gender in Brief, 2016

Table 10. Change in access to and decisions on the use of money in the household since the earthquake, by sex

Category	Women		Men		Total	
	No.	%	No.	%	No.	%
Don't know	13	11%	8	6%	21	8%
No	62	52%	73	50%	135	51%
Yes	18	15%	16	11%	34	13%
No response	26	29%	48	33%	74	28%
Total	119	100%	145	100%	264	100%

Source: 264 interviews with individuals

3.3.2. Participation in public decision-making spheres

Article 17-1 of the 1987 Haitian Constitution as amended provides for a quota of 30% women in all public positions, but its application remains extremely limited due to the lack of a legal framework which clarifies the modalities of application and sanctions. The participation of Haitian women in politics has always been complicated by the perception that this sphere is reserved to men.⁶² Haiti is ranked 131 out of 190 countries for women's participation at parliamentary level,⁶³ and the country occupies last place in the rankings for the Caribbean region.⁶⁴

Women represented 8.9% of candidates in the 2015 election; 4.2% of parliamentarians are women and 20% of ministerial portfolios are held by women (IFES 2015). In light of the very low presence of women in decision-making institutions, a national "gender and elections" strategy was adopted by the Provisional Electoral Council in 2015, the objective of which was to encourage women's political participation at all stages of the electoral process, as voters, candidates and members of civil society. The electoral decree of 2015, making the quota of at least 30% mandatory in election lists at local community level, led to the election for the first time in Haiti of 34.05% women mayors, 34.10% women members of Local Section Administration Boards (CASECs), 41.30% women members of Communal Section Administrations (ASECs) and 40.89% women municipal delegates.⁶⁵

62 International Foundation for Electoral Systems (IFES). 2015. « A Gender Analysis of Haiti's Legal Framework for Elections », 18 mars, www.ifes.org/Content/Publications/Articles/2015/A-Gender-Analysis-of-Haitis-Legal-Framework-for-Elections.aspx.

63 Inter-Parliamentary Union. 2015. "Women in National Parliaments, 1 February, www.ipu.org/wmn-f/classif.htm

64 Haitian women reflect on political participation. Thematic extract from the White Book on the feminine condition, USAID

65 <https://drive.google.com/file/d/0B56RZ3-JtuHxMWNnT2N1RVIYS28/view>

3.3.3. Decision-making on humanitarian services

“The women participated in all the activities; the ladies raised awareness to save the children of the house.”

Member of the community, Maniche

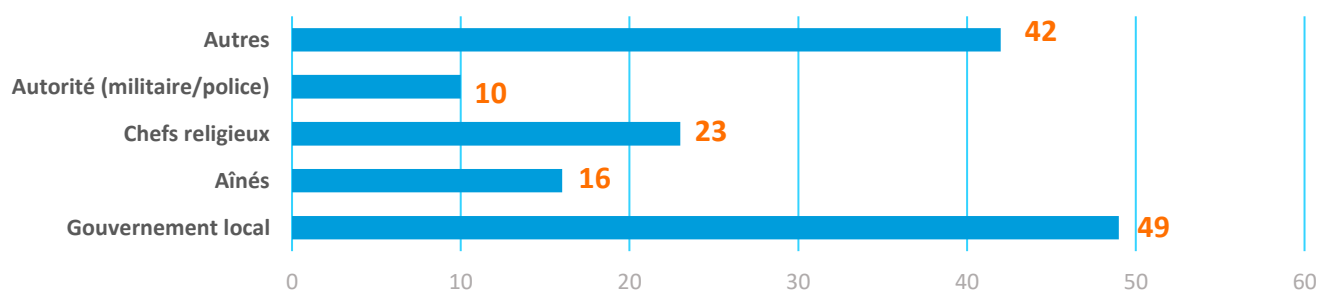
Women have been in the front line of the humanitarian responses in Haiti from the 2010 earthquake and on to Hurricane Matthew and COVID-19, and the efforts in response to the earthquake of 14 August. On the formal level, women participated in the rescue operations, as 27 of the 154 rescuers who were mobilized for rescue operations were women.⁶⁶ On the informal level, women contributed to the initial response by providing water and food and participating in raising awareness. Despite the lack of financial means, women were a psychological support for the affected populations and several key informants mentioned the support visits and the role that women’s leaders played in the rescue operations. The women *“were always with these people, guiding them, detecting the most dangerous places to get them out...They made us realize that we had to get out of the area”* said a woman in Petit Trou de Nippes.

“They went and visited people to ask how they were. They do not have the means to provide a response.”

Member of the community, Petit Trou de Nippes

However, despite their contribution to assistance efforts, women do not participate fully in decisions concerning the responses. Eighteen months after the 2010 earthquake, the women directly affected by it had been excluded from the reconstruction process. The situation is no different for the response to COVID-19, where men (68%) are better informed than the women (57%) about decision-making concerning the health crisis. Concerning the current response, the organizations confirm that decisions are essentially taken by the local government and religious leaders with the participation of the elders.

Figure 10. Who takes decisions in the community since the earthquake?



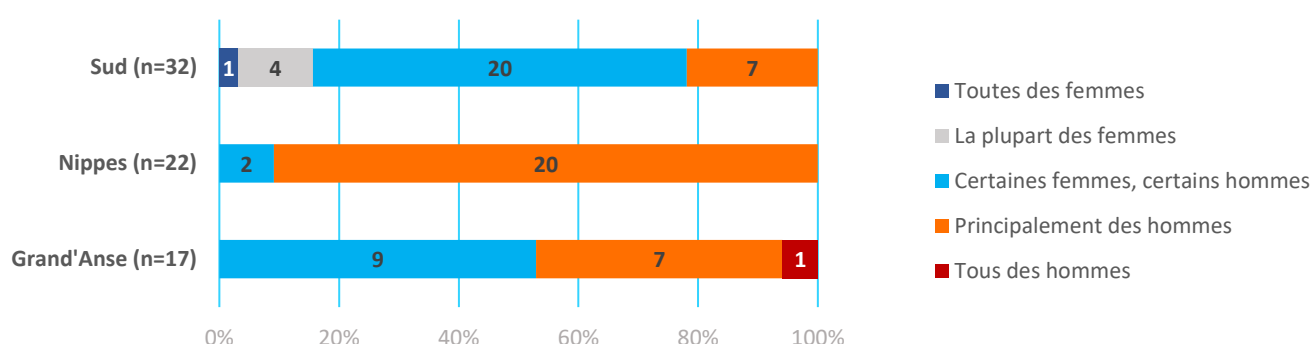
Source: Questionnaires to 88 organizations; responses have been coded for multiple categories

Glossary: Autres = other; Autorité (militaire/police) = authority (military/police); Chefs religieux = religious leaders; Aînés = elders; Gouvernement local = local government.

⁶⁶ According to the update published by the DGPC on 2 September 2021

It also emerges from the discussion with members of communities that women do not participate much in the major decisions of the community. It is the CASEC and zone leaders (religious leaders, eminent persons) who take the decisions, sometimes in collaboration with associations for certain activities but other decisions which concern primarily State activities are taken only by CASECs or representatives of the State. These management bodies are mainly composed of men, as indicated by the organization's surveys, which, de facto, limits women's participation in decisions.

Figure 11. Sex of executive members of the community by department



Source: Questionnaires to 87 organizations

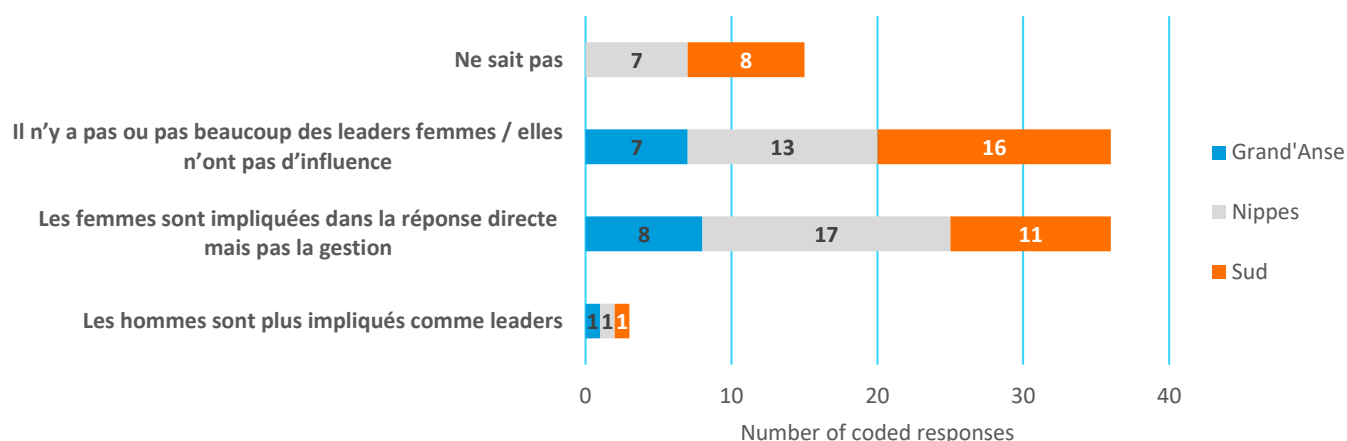
Glossary: Toutes des femmes = All women; La plupart des femmes = most women; Certaines femmes, certains hommes = some women, some men; Principalement des hommes = mainly men; Tous les hommes = all men

In addition, according to the young people interviewed, 79% of respondents think that women participate in decision-making at all stages of the response (assessment, management and coordination) but women's influence on decisions remains weak (22%) compared with men's (52%).⁶⁷ The COVID-19 crisis had already seen 20% of men, against 14% of women, being involved in taking decisions at community level.⁶⁸ In the current context, the majority of service providers have confirmed these responses and observed that while women had played an informal role in the response to the earthquake (raising awareness, medical response, support for distribution), they had only played a limited, or no, role in the management of the response, with a general lack of representation of women leaders in formal mechanisms.

⁶⁷ U-Report Haiti (ureport.in)

⁶⁸ CARE Un Women, Rapid Gender Analysis, COVID-19, September 2020

Figure 12. Influence of women community leaders in emergency management, by department



Source: 91 interviews with social service providers; responses have been coded for multiple categories

Glossary: Ne sait pas = don't know; Il n'y a pas ou pas beaucoup de leaders femmes/ elles n'ont pas d'influence = there are no or few women leaders / they have no influence; Les femmes sont impliquées dans la réponse directe mais pas la gestion = Women are involved in the direct response but not in the management; Les hommes sont plus impliqués comme leaders = the men are more involved as leaders

According to the community members, there were several constraints on the participation of women in leadership roles, which can be summarized as follows:

- Problem of self-confidence, “women do not believe in themselves, they always think that the men can do everything”, reports a woman respondent from Petit Trou de Nippes.
- Their social status, which puts them behind men, means that men under-estimate their contribution, and place no value on their views or opinions, thus leaving them no opportunities.⁶⁹ “Great negotiators, women have things to say but they are not listened to”, says a woman respondent from Petit Trou de Nippes. Sometimes they are discriminated against; this is the case before and after the earthquake with the example of women CASEC members who complain that they are too often discriminated against, or even oppressed, by the majority of men CASEC members.
- Lack of financial capacity, lack of information and education because, in these areas, they do not encourage girls' education.

69 Haïti - Policy: CASEC women stigmatized and discriminated - HaitiLibre.com : Toutes les nouvelles d'Haïti 7/7

3.3.4. Aptitudes and opportunities for women to contribute positively to the response

“We are strength, we can really help to give positive responses to this earthquake if and only if we agree to unite and demonstrate our know-how and energy together.”

La Merci women’s group, 9th Section

Although women’s participation remains restricted, the majority of leaders of the organizations interviewed recognize that women have the potential and aptitudes to contribute positively to the current response: their capacity for communication and negotiation, their contribution to response activities; and their spirit of compassion and humanity, which are the qualities required of good humanitarian actors. This also emerged from community-level group discussions with women, men, girls and young men. Indeed, the group of young men in Les Cayes said, *“women are better organized than men, they can provide good distribution of aid with the support of the men. They can participate in awareness-raising activities”* and a male respondent from Petit Trou de Nippes added, *“Women were involved, they have a way of approaching people and people listen to them.”*

3.4 Protection

3.4.1. Gender-based violence

Disasters create conditions which intensify pre-existing risk factors for gender-based violence (such as power imbalances, stress and trauma). In addition, there is more and more evidence to show that when people affected by a crisis live for long periods in communal or evacuation centres, they are more exposed to gender-based violence because of the collapse of community safety spaces, the lack of complaint mechanisms and cultural factors which discourage complaints (notably shame, stigmatization and the culture of silence). The results obtained from people who had not been displaced show that residents of low-income areas in Haiti were 27 times more likely to be sexually assaulted than residents of the wealthiest and less densely populated areas.⁷⁰ In the context of a humanitarian emergency, global experience shows that governmental and health services are less effective because of the overload of work on staff and limited resources, as well as the damage caused to essential infrastructure, which means that the survivors often have nowhere to go to seek help. This is particularly true in Haiti, where the health system was already much weakened before the earthquake.

Following the 2010 earthquake, it was reported that 14% of displaced households in Haiti had at least one member who was a victim of sexual violence.⁷¹ In addition, over 25% of girls and young women (aged 13

⁷⁰ <https://cgrs.uchastings.edu/our-work/haiti-gender-based-violence-and-rule-law>

⁷¹ <https://cgrs.uchastings.edu/our-work/haiti-gender-based-violence-and-rule-law>

to 24 years) and over 20% of boys and young men (aged 13 to 24 years) had been sexually abused before the age of 18 years.⁷² Among those who had suffered at least one incident of sexual abuse before the age of 18 years, 69.5% of women and 85.4% of men had experienced multiple incidents (i.e. two incidents or more) of sexual abuse.⁷³ Girls and women aged 13 to 24 years displaced into camps or tents are more likely to have experienced sexual violence than those who have not been displaced in this way. However, men aged 13 to 24 years benefited from increased protection against sexual abuse in camps and tents and were not faced with the same threats as their female counterparts.⁷⁴ Overall, 70% of the women and men interviewed said that their fear of sexual violence had increased since the earthquake. Furthermore, violence against the LGBTQI+ community increased after the 2010 earthquake; people were frequently harassed, physically and sexually assaulted, and even murdered.

Legal remedies for GBV have been considerably limited, which has an impact on the likelihood that cases will be reported. Despite Haiti's National Plan of Action on Violence Against Women and Girls (VAWG) (covering the period from 2017 to 2027), 42% of married women aged 15 to 19 years said that they had experienced violence from their last husband or partner.⁷⁵ Of the women survivors, 66% never reported acts of sexual violence for fear of reprisals and social prejudice, thus the perpetrator does not have to suffer the legal or financial consequences. Indeed, according to the 2020 report of the United Nations Special Rapporteur on Violence against Women, committing violence against women is not linked to level of education, religious beliefs or economic or matrimonial status, but is spread across all strata of Haitian society as a social norm in marriage. Eighty per cent of men consider that violence against women is a strictly family affair and justify this violence when women "lack respect" or "disobey".⁷⁶

The earthquake and the ensuing chaos overwhelmed the already precarious protection system, which led to an increase in risks of violence. Displacement, lack of privacy and lighting, the overcrowding in densely-populated camps and the lack of gender-separated toilets increase women's and girls' risk of violence. According to OCHA, "Assembly points do not have adequate safety and protection measures that meet established standards (electricity and proper lighting, sex-segregated toilets and showers, etc.)".⁷⁷

According to the individuals interviewed in communities, the principal protection risks following the earthquake are the lack of decent shelter (49% of the total), the lack of protection in general (22%, the risk of collapse of the house (14%), psychological trauma (10%) and sexual violence (4%). All the community discussions, individual or group, highlighted the increased risk and even the existence of

72 <https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/full%20text/americas/haiti%20violence%20against%20children%20survey%202012.pdf?vs=1726>
73 <https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/full%20text/americas/haiti%20violence%20against%20children%20survey%202012.pdf?vs=1726>
74 <https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/full%20text/americas/haiti%20violence%20against%20children%20survey%202012.pdf?vs=1726>
75 <https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/country%20report/america/haiti/haiti%20srvaw.pdf?vs=631>
76 <https://evaw-global-database.unwomen.org/-/media/files/un%20women/vaw/country%20report/america/haiti/haiti%20srvaw.pdf?vs=631>
77 OCHA et al, Situation Report No. 3, 31 August 2021

domestic violence, notably men who beat their wives, sexual aggression including rape, and theft and looting.

Table 11. The most significant changes experienced since the earthquake in relation to protection risks

	Women		Men		Total	
	No.	%	No.	%	No.	%
Security problems	2	1%	3	2%	5	2%
Lack of decent shelter	68	43%	87	55%	155	49%
Sexual violence/GBV	8	5%	5	3%	13	4%
Risk of collapse of houses	25	16%	19	12%	44	14%
Psychological trauma	17	11%	13	8%	30	10%
Lack of protection (not specified/no comment)	37	24%	31	20%	68	22%
Total	157	100%	158	100%	315	100%

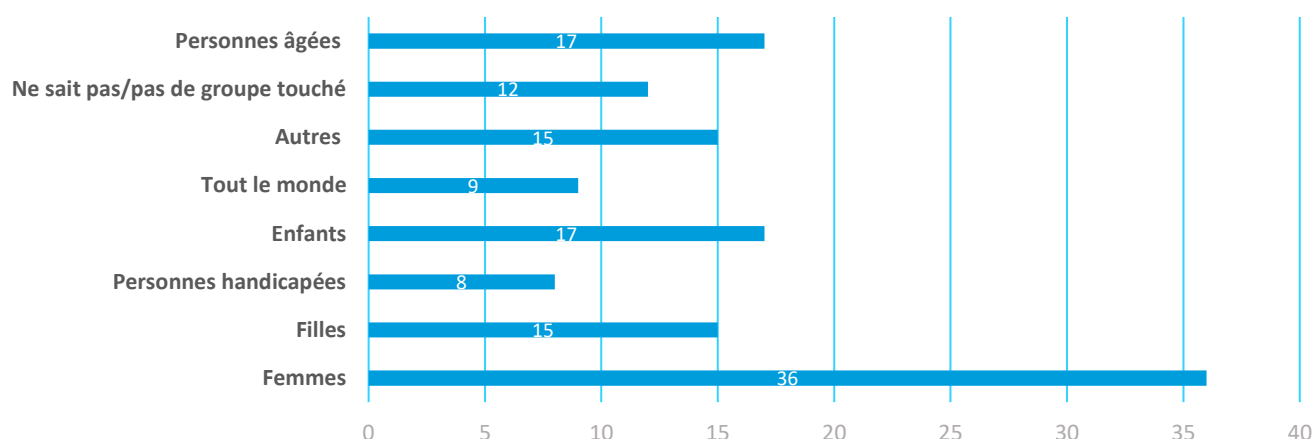
Source: 315 meetings with individuals

Wider problems of insecurity related to theft, disruption of aid distributions and disorder were also raised by 28% of respondents in the organizations interviewed (19 organizations out of 68). According to the organizations interviewed, women have been among those most affected by safety and security incidents since the earthquake, followed by a number of other groups in situations of insecurity.

Moreover, with difficult living conditions, deprivation and lack of alternatives, and an increase in the risk of abuse and exploitation of vulnerable persons – notably women, girls and boys – the organizations interviewed mentioned prostitution as a survival strategy, in which the risk of child exploitation and abuse can be anticipated. Women discussion-group members highlighted the problem of sorcery at night among those most affected by safety and security incidents since the earthquake, followed by a number of other groups at risk in terms of protection in an insecure situation.

While men and women can all be victims of violence and insecurity, women and girls are likely to suffer from it more. Half of the respondents of the organizations interviewed indicated that women were affected by these security issues (see figure below). The other groups concerned, almost equally, are children, older people and disabled persons. Children are more vulnerable to domestic and sexual exploitation while women and girls are at an increased risk of adopting negative survival strategies to meet their needs. This is reported by the group of boys in Cayes, saying that *“They (the women) are sometimes forced to sell their bodies or their possessions to meet their basic needs, as their responsibilities have increased”*. As for boys and girls experiencing an earthquake for the first time, living in the street and being left to their own devices exposes them to various risks of abuse.

Figure 13. Specific groups which are affected by problems or incidents of safety and security since the earthquake in your community

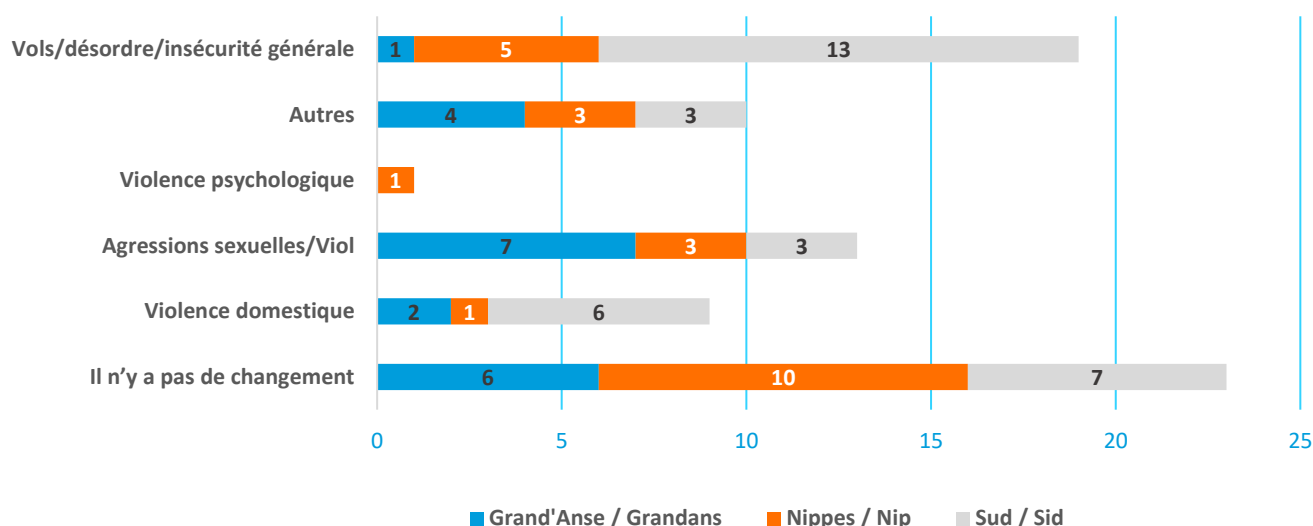


Source: Questionnaire to 81 organizations; responses have been coded for multiple categories

Glossary: Personnes âgées = older persons; Ne sait pas/pas de groupe touché = don't know/no group affected; Autres = other; Tout le monde = everyone; Enfants = children; Personnes handicapées = disabled persons; Filles = girls; Femmes = women

According to the women of La Mercie 9th Section, cases of rape, theft, sorcery, etc. are on the rise. Some women have had to leave the area to find a minimum of protection while others have no choice but to stay there despite the imminent risks of rape and theft, to which is added the Haitian mystical aspect which sometime causes many wrongs to people already in difficulty. However, the majority of community leaders interviewed (57%) about the change in the numbers of cases of GBV between the pre- and post-earthquake period, said that they had not observed any change, against only one third (34%) of the respondents in organizations who said that they had.

Figure 14. **Changes in safety and security problems or incidents since the earthquake in your community**



Source: Questionnaires to 69 organizations; responses have been coded for multiple categories

Glossary: Vols/désordre/insécurité générale = Thefts/disorder/general insecurity; Autres = other; Violence psychologique = psychological violence; Agressions sexuelles/Viol = sexual assault/rape; Violence domestique = domestic violence; Il n'y a pas de changement = There is no change

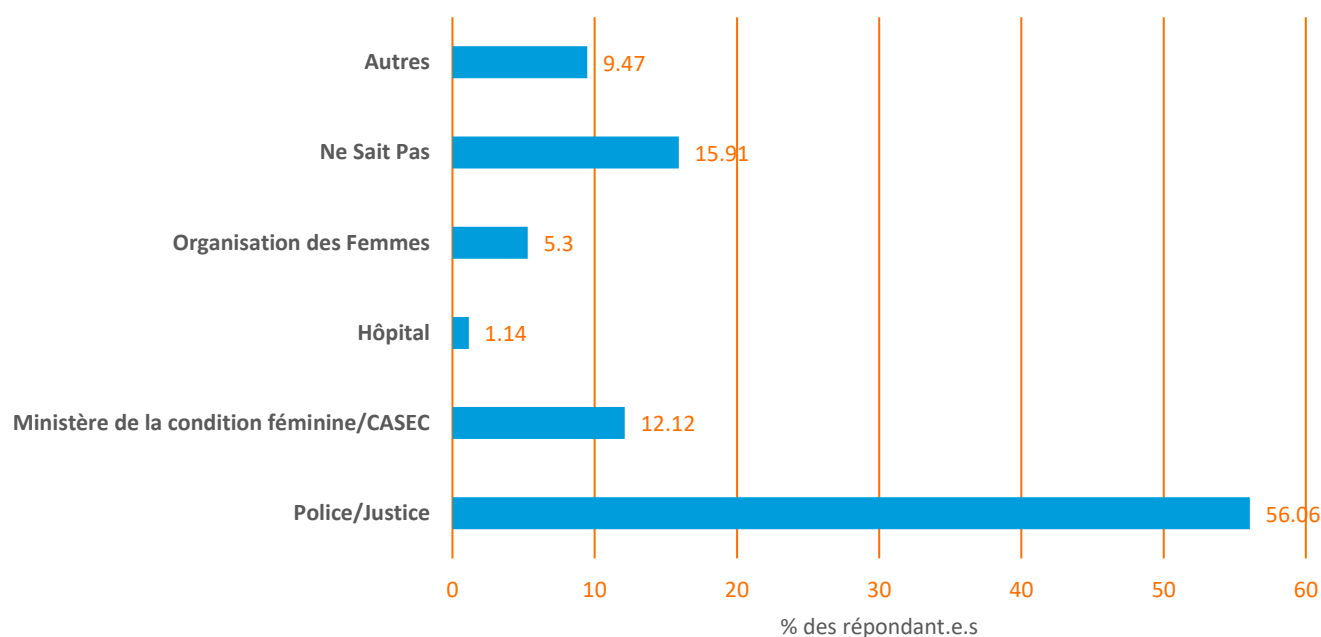
Conversely, some two thirds (66%) of women's and human rights organizations and only 25% of individuals interviewed noted that general insecurity has increased in different ways, notably as shown by cases of gender-based violence which they know of in their communities. The perception gap between organizations could be explained either by a lack of evidence in the community, or the difference in level of understanding and knowledge of violence, and, above all, the weight of socio-cultural perceptions of certain types of violence by the community.

The earthquake and its destructive effect has traumatized the population, as reflected by anxiety and the permanent fear of a recurrence. Men and women are in shock and the slightest noise makes them think that there is an alert; "even when a car passes by, people start to run". The organizations highlight the fact that the entire population is affected by stress, tension and anxiety; however, pregnant women, people with chronic diseases, children and people with reduced mobility such as older and disabled people are the most affected. The same goes for those who lost loved ones in the earthquake.

The men are also psychologically distressed by the loss of their livelihoods and the destitution of their assets. They are overcome by a feeling of powerlessness and frustration which makes them bitter, permanently on edge, and they often become violent in the home. The risks of insecurity caused by the lack of adequate shelter were clearly underlined by the members of the community interviewed; 83% of individuals noted that people living in the street, damaged buildings, and makeshift shelters are the most exposed to violence.

Secure spaces for women are rare, non-existent or destroyed by sexism; some were mentioned provided by Groupe d'Appui au Développement du Sud (GADES, Sud Development Support Group), L'Office de la Protection du Citoyen (OPC, Citizen-Protection Office) and human rights in Cayes. The services where survivors of violence can find help are, in order of priority, the police and justice system, and the MCFDF services and organizations for the protection of women's rights. Organizations reported that survivors of violence turn to community leaders, parents and friends for support. However, it is surprising to see that only 1% of community leaders mentioned the hospital as a provider of GBV services and up to 16% of them say that they were completely unaware of the services for responding to sexual violence. This may well be an indicator of a lack of knowledge of key services to respond to sexual violence, the non-availability of services, and/or the lack of relevant information.

Figure 15. Where to find help in the case of a security problem, including sexual violence



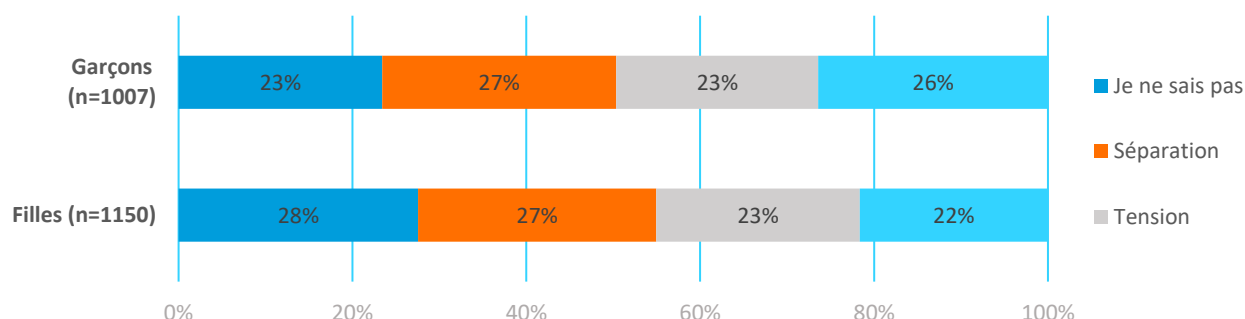
Source: 264 interviews with individuals

Glossary: Autres = other; Ne sait pas = don't know; Organisation des Femmes = Women's organization; Hôpital = hospital; Ministère de la condition féminine/CASEC = Ministry of the Status of Women/CASEC; Police/Justice = Police/Justice

A majority (75%) of the young people interviewed in the region mentioned violence – including its verbal, physical and sexual manifestations. On average, boys more often mentioned the different forms of violence than girls (26% against 22%). Notably, separation and tension were a form of violence frequently mentioned by both. These impacts were more deeply felt, according to 55% of the people interviewed, by the rural population.⁷⁸

⁷⁸ <https://haiti.ureport.in/opinion/5273/>

Figure 16. Impact of the crisis on interpersonal relations



Source: U-Report (2,157 surveyed)

Glossary: Garçons = boys, Filles = girls; Je ne sais pas = Don't know; Séparation = separation; Tension = tension, stress

3.4.2 Gang violence

The aggravated conditions of poverty, unemployment, political corruption, chronic insecurity and lack of leadership at the heart of government have led to a longstanding problem of young men joining gangs and increased tensions around the rule of law. The domination of gang violence has penetrated all aspects of the political, social and cultural systems of Haiti.⁷⁹

After the earthquake of 12 January 2010, the resurgence of the violent activities of the gangs was also linked to the recruitment of boys to carry arms, the increase in drug-trafficking, violence against women and their abduction as sex slaves, as well as the death of innocent civilians caught in the crossfire of the gang wars and battles for territory.⁸⁰ The legacy of gang violence is still strong in the experience of the communities; thus the current resurgence of gang violence in total impunity and their stranglehold over critical areas have increased fears throughout the country, especially for women and children.

In the framework of the current response to the earthquake, humanitarian actors have faced significant security risks while communities seeking to access basic services and programmes have been blocked, in particular in the disadvantaged districts where the armed groups were based. Currently, according to initial estimates, goods and equipment worth millions of dollars have been plundered from food depots and industrial centres.⁸¹ Since the beginning of June, conflicts between rival armed bands in certain urban areas of Port-au-Prince have forced 2,045 women and 2,146 children to flee to other districts of the capital such as Carrefour and Bas Delmas. In addition, 5,110 other displaced persons, including some 2,095 women and 2,199 children, were accommodated by host families in Carrefour or in other neighbouring areas or have left for other regions of the country.^{82 83} The instability and constant displacements create

79 <https://www.usip.org/sites/default/files/sr208.pdf>

80 <https://www.usip.org/sites/default/files/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf>

81 <https://reliefweb.int/sites/reliefweb.int/files/resources/Haiti%20-%20Situation%20Report%20Nr.%203%20-%20Displacements%20Port-au-Prince%20-%20final%20-%20ENG.pdf>

82 <https://www.unicef.org/press-releases/haiti-violence-and-pandemic-leave-one-three-children-need-humanitarian-assistance>

83 <https://www.unicef.org/press-releases/haiti-about-8500-women-and-children-displaced-urban-guerrilla-two-weeks>

an increased risk environment for those who are already the most vulnerable following the earthquake, in particular, women, children, older people and disabled persons.

While the humanitarian crisis continues, access to the affected communities remains a challenge, as the domination of certain transport routes by the gangs threatens supply chains, and this has already led to critical shortages of petrol and diesel, and an increase in the price of staple food.⁸⁴ Furthermore, essential supplies to health centres have been intercepted, INGO programmes cancelled and front-line community health workers, especially women, are afraid to travel to the areas affected by the conflict. Thus, medical units are barely functional, which leaves a critical void in the capacity to receive and treat survivors of violence, including GBV and COVID-19 patients in the context of a recent increase in cases and deaths.⁸⁵

3.4.3 Adaptation strategies

To adapt to the difficulties caused by the earthquake, a majority of the men reduce their spending, refusing to buy non-essentials. They consume less food per day and try to share what they have with others. For them, the most important thing is to survive, as many of them have lost their jobs. Some try to share what little they have with others in greater need. And they are also willing to work in activities judged to be for the collective wellbeing of the zone after the earthquake: eat less; try to set up a small business; wait for the authorities.

The transformation of town or village markets into temporary shelters brings much change to the way that households operate day to day. They complain that they cannot go to the market at normal times. They have bills to pay. Even the small traders are suffering, as school-related business was their main source of sales (women in La Mercie, 9th Section). Boys survive and cope with the difficulties caused by the earthquake by wandering the streets in the hope of coming across a humanitarian aid distribution. In the home, men have become less authoritarian towards their wives and children because they do not have the means to meet their primary needs (Men's group, Les Cayes).

84 <https://reliefweb.int/sites/reliefweb.int/files/resources/Haiti%20-%20Situation%20Report%20Nr.%203%20-%20Displacements%20Port-au-Prince%20-%20final%20-%20ENG.pdf>

85 <https://reliefweb.int/sites/reliefweb.int/files/resources/Haiti%20-%20Situation%20Report%20Nr.%203%20-%20Displacements%20Port-au-Prince%20-%20final%20-%20ENG.pdf>

4. Needs and aspirations

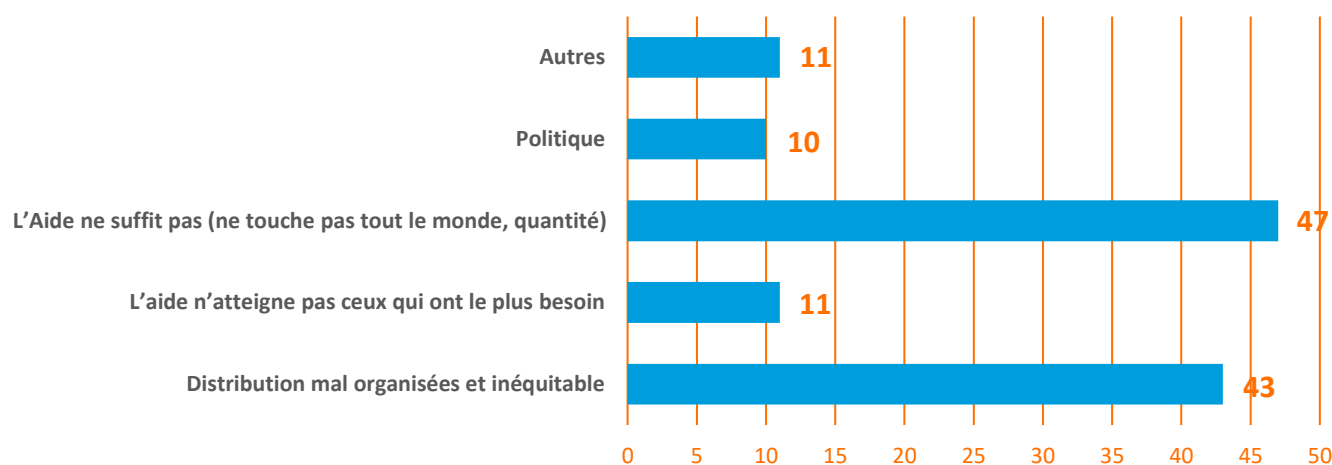
“Our concerns regarding the response by the authorities are various, as they have not really been able to support the people who are in need, who are living in the streets. There is a lack of order in the distribution of aid provided by foreign organizations, which distribute the kits poorly. The aid does not reach its real destination.”

Men's groups, Les Cayes

The interviews with the different groups and individuals of all sexes and ages highlighted considerable shortcomings in the current response. These are in respect of both the quantity and coverage of the aid and the quality of the process (e.g., targeting of beneficiaries, conduct of distributions, and consideration for the opinions and participation of the affected populations). For the respondents from the organizations, the insufficiency of the aid and the poor organization and unfair character of the distributions are the main concerns, followed by the ineffectiveness of the aid, policy and the targeting problem.

Other concerns raised by the women's groups concern the lack of information: *“We get no feedback from the authorities; we only received aid from an international mission which provides us with access to drinking water”,* and, they go on, *“the humanitarian aid agencies have worked hard to provide care but many women and girls have not benefited, because of the lack of information, poor transport infrastructure and the excessive costs of certain services not included in the list of free services”.*

Figure 17. **Concerns regarding the response by local or national authorities or local or international organizations**



Source: Questionnaires to 86 organizations; responses have been coded for multiple categories

Glossary: Autres = other; Politique = policy; L'Aide ne suffit pas (ne touche pas tout le monde, quantité) = the aid is not enough (does not reach everyone, quantity); L'aide n'atteint pas ceux qui ont le plus besoin = the aid does not reach those who need it most; Distribution mal organisée et inéquitable = distribution poorly organized and inequitable

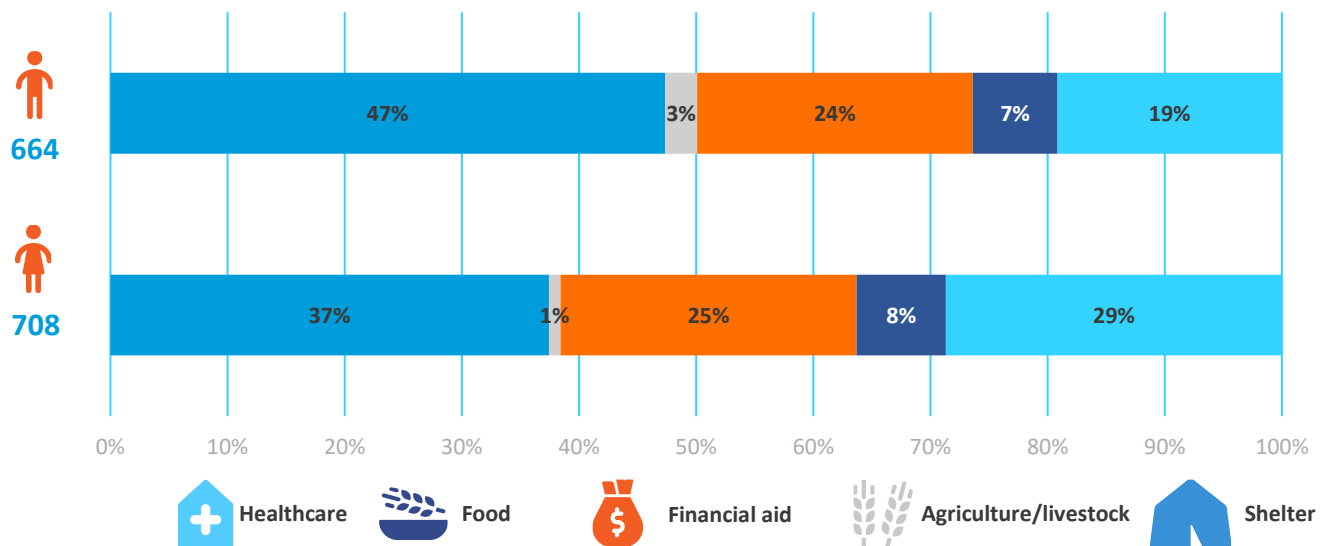
Individual community members, leaders of organizations and participants in discussion groups give their priorities for immediate assistance and recovery as follows:

- Inclusive access to shelter and building materials (tents or other) as “up to now, non-food items are not available in the camps, there is a lack of presence of local and international organizations,” report the men in the focus groups. “There are not really any special camps designed for disabled persons. They live in the same shelters as the others”.
- Food assistance (food and cash)
- Access to drinking water and services and hygiene and sanitation facilities (household hygiene kits, dignity kits, improved latrines, etc.)
- Access to healthcare with mobile clinics and creation of a community health centre where there is none
- Support for the resumption of economic activities, notably for women (credit)
- Support for a return to school (school equipment, refurbishment of damaged schools, creation of new schools)
- Creation of leisure activities for young people in the zone (youth spaces)
- Help for people in rebuilding or repairing their homes
- Psychosocial support

Through U-Report surveys, young people have suggested helping people affected by providing them with shelter, financial aid and healthcare. The girls chose healthcare more often than the boys, which reflects their gender-specific needs (29% against 19%). For future recovery, these needs also included emphasis on education (13% for the boys and girls). There is a strong determination in the community to engage and participate in reconstruction and salvage.

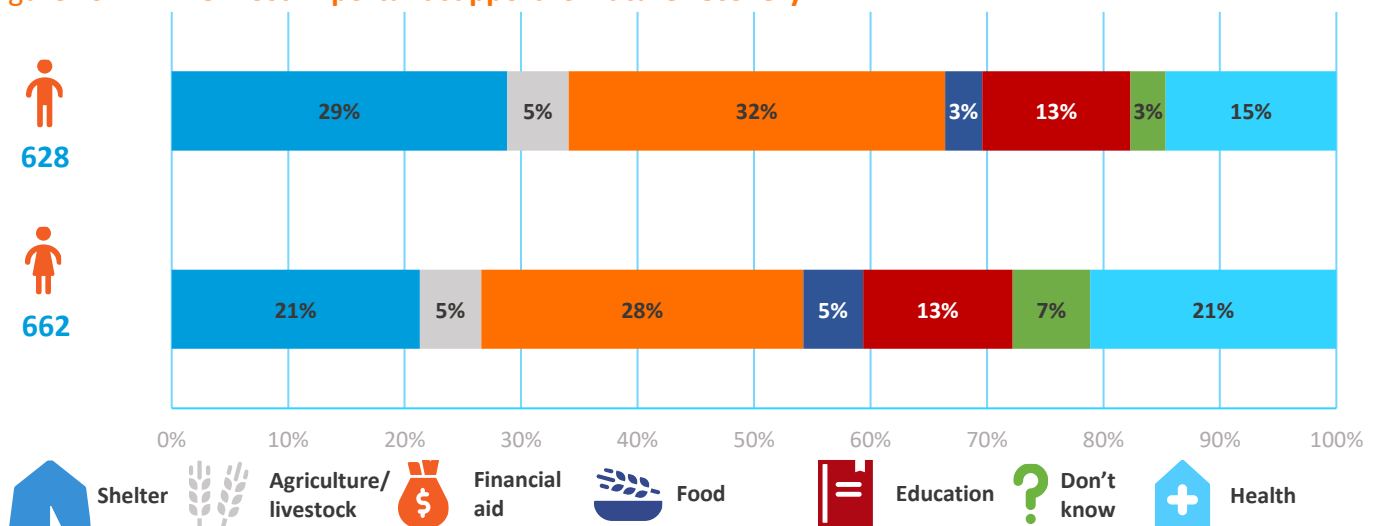
Young people's perspectives

Figure 18. The most important support for those affected



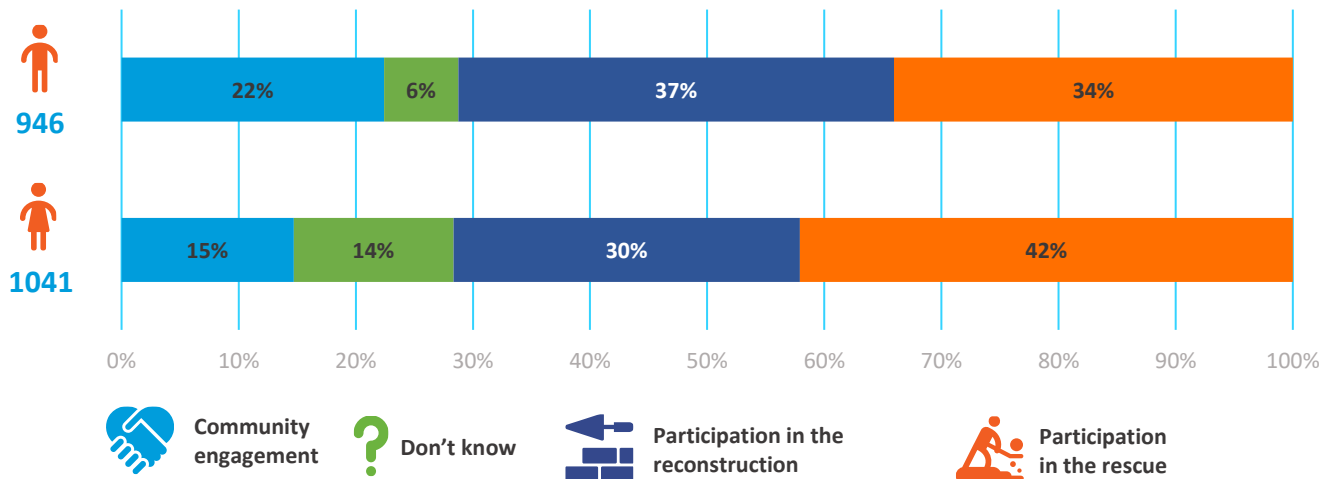
Source: U-Report (1,372 surveyed)

Figure 19. The most important support for future recovery



Source: U-Report (1,290 surveyed)

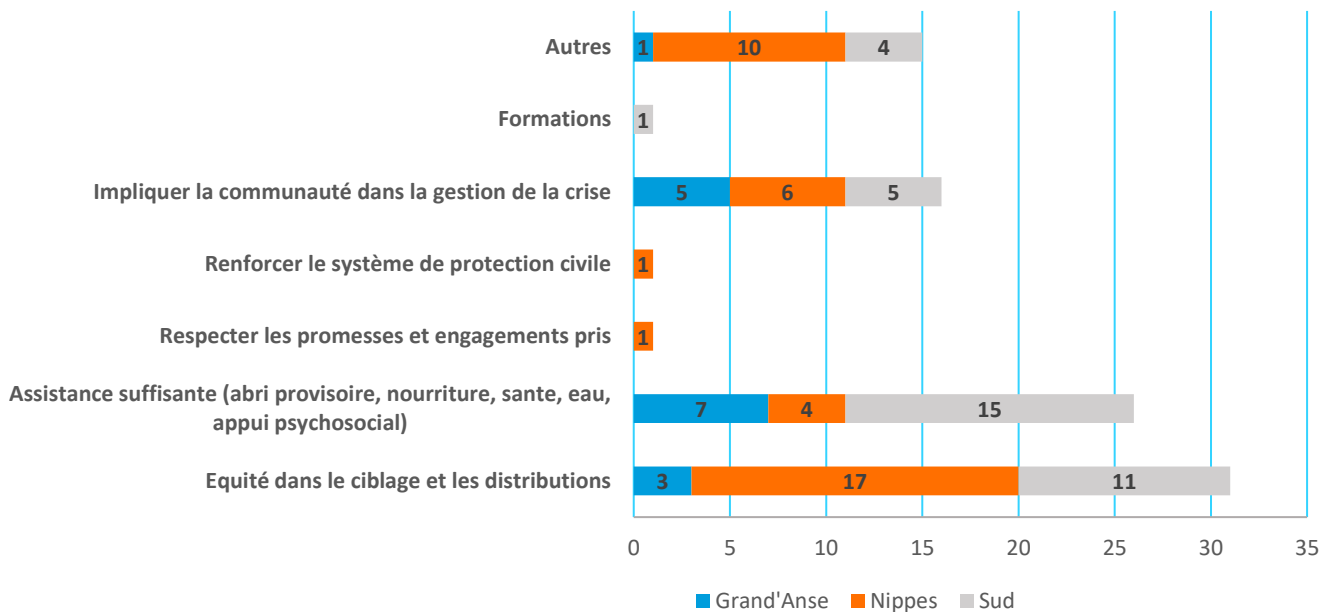
Figure 20. **How to respond to the crisis**



Source: U-Report (1,987 surveyed)

According to the organizations interviewed, the priorities of the affected populations are access to housing (45%), access to services (44%) and meeting basic needs such as food (43%). Information was also underlined as a significant gap (41%), as were employment problems (39%). Furthermore, the response of the service providers indicates a strong concern for better targeting of the most vulnerable populations, notably to reach the zones and those who have need of food (targeted distribution), healthcare (latrines, medicines and hospital facilities) and shelter. Such targeting by communal sections (the smallest administrative division in Haiti) which have the most need could be achieved by greater participative action, including the utilization of local mechanisms (such as ASEC, CASEC and victims' networks).

Figure 21. Concerns and recommendations to improve the response by local or national authorities and local or international organizations



Source: Interviews with 91 social service providers; replies have been coded for multiple categories

Glossary: Autres = other; Formations= training; Impliquer la communauté dans la gestion de la crise = involve the community in management of the crisis; Renforcer le système de protection civile = reinforce the civil protection system; Respecter les promesses et engagements pris = respect the promises and commitments made; Assistance suffisante (abri provisoire, nourriture, santé, eau, appui psychosocial) = Sufficient assistance (temporary shelter, food, health, water, psychosocial support; Equité dans le ciblage and distributions = fair targeting and distribution

5. Conclusions

This rapid gender analysis conducted following the earthquake of 14 August 2021 in Haiti was designed to take account of the impact of the earthquake on people's lives according to their sex, age and other conditions of vulnerability. The field work gathered the voices of the community, social organizations and institutions which collaborate on the ground, to provide information on immediate needs, evaluation of the support received, the role of the community in solutions and proposed solutions in the short, medium and long terms. This primary information was combined with secondary research to understand the human impact and the exacerbation of pre-existing vulnerabilities around livelihoods, protection, participation and aspirations, based on a gender and intersectionality analysis of this question.

The devastating effects of the earthquake worsened the extremely difficult living conditions of women in the impact zone. In this regard, the women's organizations of Grand Sud underlined the fact that the economic situation faced by women was already precarious, and that the earthquake aggravated that situation. For its part, UNFPA, through its report on GBV in Les Cayes, warns that the conditions in which women are living, without shelter, increase the risk of violence and sexual abuse, problems which, before the earthquake, had already been identified as the principal problems faced by women and girls in the community, as well as the lack of knowledge and insufficient presence of the institutions that work to ensure the security of these areas. This problem is also noted by 28% of the organizations interviewed, which commented that women have been among the most-affected by safety and security incidents since the earthquake.

As regards healthcare, 53.6% of women and 46% of men already had difficulties in accessing health services because of the pandemic.⁸⁶ After the earthquake, the position relating to access to health services was even more critical, as, in the affected departments, out of a total of 155 health facilities, 62 suffered 40% damage on average. This means that priority is given to emergencies to the detriment of non-urgent patients and other types of services such as sexual and reproductive health. The interruption of essential services involves risks to life, such as increased maternal and infant deaths due to lack of childbirth care, and increase in chronic disease, and an increase in risks for pregnant women. In addition, the work on the ground aroused fears concerning the lack of care for LGBTI people, who are already stigmatized. Lastly, psychological traumas affected everyone, particularly vulnerable groups.

Concerning access to water after the earthquake, 60% of the communities in the three departments found themselves without access to this service, according to data provided by UNICEF. The lack of water, for reasons linked to gender roles, affects women more, as they are the ones who look after the family. In addition, the percentage of women, estimated at over 40%, who are heads of household and cannot share these tasks, aggravates this situation for women. Also, the destruction of houses and life in shelters or in the street have a direct impact on women's hygiene needs in relation to infections and diseases (24% of women, against 5% of men).

Food insecurity is also an underlying problem in Haiti. After the earthquake, 46% of the population had unsatisfied food needs, and the nutritional situation of children, adolescents and pregnant women was worrying. The rare opportunities for employment, which are mainly (40-60%) in agriculture, are permanently affected by natural disasters that prevent the population from accessing stable and well-paid jobs, which has an impact on the malnutrition of the population. Following the earthquake, the interruption to economic activities was reported by more women (16%) than men (13%) as one of the impacts of the earthquake on their economic lives. This loss also had an impact on food shortages. The earthquake had led to this being an issue for girls (33%) and boys (28%). People say that they have not received sufficient support and that there are problems around the organization and prioritization of distribution, often leaving the most vulnerable, children, pregnant women, older persons, the sick and

⁸⁶ CARE and UN Women, Rapid Gender Analysis, COVID-19, September 2020

disabled without aid. LGBTI persons have also been affected by the discrimination of which they are victims.

The earthquake has also exposed and deepened the inequalities between the sexes in terms of communications, rural life and education. Only 7% of women and girls living in rural areas have Internet access. This cuts them off from their families, especially if they are living in the street, and it prevents them not only from communicating but also from generating income and other means of subsistence.

Concerning women's participation and their role in the humanitarian response, the persons interviewed agree that women play a fundamental role, by supporting the organization of the response, providing psychological support for the most-affected persons and highlighting the concerns and needs of women in the population at large. However, their presence is not reflected in the same proportion in the decision-making process of the early response, nor in the long-term definition of the recovery. As in national life, women's participation at the highest level, in parliament, is just 4.6%. According to this study's survey responses, 79% of the population think that women are participating in much of the response process, but 22% note that their presence in decision-making is lower.

In terms of protection, one of the greatest concerns is that related to violence and sexual abuse, in particular for women, girls and the LGBTQI+ community. After the 2010 earthquake, 14% of displaced households in Haiti acknowledged that at least one member of their family had been sexually assaulted and sexually diverse people suffer the most assaults and even murders. The lack of shelter is perceived by 83% of the people interviewed as a factor in insecurity and increased risk of violence. This situation is rendered more complex by the lack of knowledge of victim help services; 16% of community administrators interviewed said that they were not aware of this information. The needs expressed by the persons consulted for this analysis were multi-dimensional and reflected the gravity of the present crisis.

6. Recommendations

These recommendations are addressed to all public institutions, local authorities, civil society, the regional and international organizations sector and donors involved in humanitarian action, recovery and reconstruction. General recommendations are provided, followed by recommendations for the humanitarian sector, and finally on the long-term areas for recovery.

6.1 General recommendations

- Strengthen **the mainstreaming of the gender dimension in the management of this humanitarian crisis** in all the sectors and areas of intervention, taking account of vulnerable groups. For humanitarian actors, ensure the inclusion of the gender marker for all humanitarian response projects to facilitate community responsibility and programmed actions targeted at girls and women most in need.
- Ensure that **information gathering and distribution operations are planned and conducted in a participatory manner** in collaboration with men and women community leaders, and strengthen inclusive participation of women in decision-making bodies concerning the response.
- **Involve women's organizations** in all phases of planning and response and use women's organizations to facilitate access to women and the vulnerable at the local level.
- Generate **sex- and age-disaggregated data on the precise impact of the earthquake on women and girls** and gender relations to better measure their differing situations and target the priority needs of groups in the most vulnerable situations.
- Adopt a gender tool available in the public sector to **measure the effects of a disaster and facilitate gender-sensitive response procedures**, including to ensure the collection and analysis of information at local level.
- **Update and deepen this analysis of the changing gender dynamic within the affected communities** to ensure humanitarian assistance adapted to the specific and different needs of women, men, boys and girls.
- Create, as part of the rapid response, the **security conditions to prevent risks of violence** and sexual abuse of women, girls, boys and the LGTBIQ+ community.
- Strengthen the **capacity of women's organizations and women leaders in responsible participation and leadership**:
 - Open response coordination meetings to women community leaders (COUC) and leaders of women's organizations for the protection of women's rights (COUD, Clusters, HCT).
 - Systematically consult with women to obtain their active participation in community assemblies, targeting and distribution committees, etc.

- Establish mechanisms to manage feedback and complaints with the participation of women.
- Consider the central position of affected persons and respect for their dignity in the organization of distributions: spacious distribution areas, waiting areas sheltered from the weather and equipped for pregnant women, nursing mothers and women accompanied by children.
- Ensure that the assistance is inclusive and reaches the most vulnerable and most marginalized, such as older people, disabled persons and LGBTQI.

6.2 Specific recommendations by sector



Food and nutrition security

- Given the considerable **food insecurity and the nutritional deficit** already facing all Haitians, even before the earthquake, in particular anaemic women of child-bearing age and pregnant women and nursing mothers, it is imperative to **adopt a multi-level approach to evaluate the nutritional needs of the affected populations** and give priority to raising awareness of the most vulnerable.
- Women **play an essential role in the food production continuum** and response and recovery strategies need a consultative process with women and young people to ensure an effective and sustainable response – recognizing women’s resources and capacities.
- Establish more participative/appropriate approaches to the **distribution of food aid, prioritizing groups in a situation of vulnerability**; arrangements to prioritize women and provide the means to avoid people being dispossessed of aid, to ensure a fairer distribution.
- Target **persons and households with the most difficulties** in accessing food and give priority to direct aid: older people, children who are on their own, women heads of families, the sick, the LGBTIQ+ community, those living in rural areas, and others.
- Propose a “**family food basket**” adapted to the needs and conditions of people’s vulnerability.



Shelter

- Respond to the gaps in access to shelter by emphasizing **priority groups of people in a state of vulnerability**, as a means also of reducing security risks, and also considering a perspective that ensures the sustainability of solutions:
 - The need to rebuild to **anti-seismic standards**, taking into account the high risks facing women, depending on their work and the risk of natural hazards.
 - The lessons of the 2010 disaster to **apply the gender dimension in the reconstruction** and ensure that materials are relevant/useful, considering property ownership as a key factor to ensure women’s security.
- Prioritize a **cohesive and comprehensive development of the work done by the working group** on shelter and the development of housing and recovery strategies.



Health, including sexual and reproductive care

- Develop **full referral networks for the health services available**, including psychosocial support and essential sexual and reproductive health services, at commune and departmental level.
- Access to **mobile clinics to provide critical care** to hard-to-reach communities, with appropriate follow-up to reach out and reinforce support and resources to front-line community health works and also with primary healthcare.
- Ensure investment to **provide hygiene kits in temporary shelters** at sites for displaced persons for pregnant women and girls, nursing mothers or during menstruation.



Protection

- Collaborate with local organizations to create safe spaces with qualified counsellors in high-risk zones in the short and medium term. Ensure, in a period of crisis and reconstruction, **safe, well-lit environments with separation by gender and sex**, to prevent violence and sexual abuse.
- Provide **women's protection kits** for those in risky situations, composed of an appropriate light source and information on women's rights, and facilitate women's and girls' access to **essential multi-sectoral services**, by creating a "one-stop-shop" system to provide information and guidance.
- Conduct **campaigns to prevent gender-based violence** and sexual abuse, by promoting respectful relations between women and men and a culture of non-violence.
- Strengthen the **capacities of public and civil-society institutions** responsible for prevention of violence and protection of victims, to improve their services in times of crisis and of peace. Provide information to public officials and police forces so that they can **appropriately document and pursue reports of violence**, including sexual and interpersonal violence.
- Disseminate, with the support of institutions, community organizations and partner international agencies, **information on institutions** which support women and girl victims of gender-based violence.
- Support **rescue, recovery and protection services** for victims of sexual and gender-based violence to respond to their short-term survival needs without the risk of suffering further harm.



Livelihoods

- Offer **immediate protection and economic activities to women affected by the earthquake**, including displaced women and those living in temporary camps, shelters and host communities.
- Facilitate **access to employment and economic activities** for women and groups in situations of vulnerability; support income-generating micro-activities in the **informal sector**.
- Consider the implementation of **"cash for work" programmes with strong women's participation**.

- Strengthen the **economic empowerment of Haitian women** through education, vocational training, vocational guidance and legal advice, placements, income-generating activities and the prevention of women's vulnerability to sexual exploitation and trafficking.
- Provide **technical support to low-income women entrepreneurs' organizations** and economic initiatives.
- Promote **women's access to financial initiatives** linked to the sustainability of local markets.
- Update **economic information for each department** based on a gender analysis of markets and labour.



Water, sanitation and hygiene

- Activate and engage local women's and men's groups in the **construction and maintenance/repair of water points** and piped water distribution systems.
- Target women and men to **effectively respond to sanitation needs adapted** to women, men, girls and boys, and also disabled persons, including hygiene products.
- Take into account the disproportionate vulnerability of women in **campaigns on prevention of and response to COVID-19**, as women are clearly more represented among health personnel in Nippes and Grand'Anse.
- Train women and men in systems for supervision, operation and maintenance, and **programmes for reconstruction of government and private infrastructure**.
- Support the repair **or reconstruction of offices of social organizations**, in particular, women's organizations. Provide operational services and financial support for the implementation of gender-sensitive projects linked to the rapid response and recovery.

6.3 Medium and long-term recommendations

- Develop **medium and long-term socioeconomic recovery programmes** which take account of the specific needs of women and vulnerable groups, considering the humanitarian, development and peace nexus.
- Consolidate the **mechanisms for consulting civil society and significant channels of community engagement**, including permanent dialogue with the affected communities (women, groups led by young people, religious leaders, community activists and local administrators) to integrate priority needs and provide information on available resources.
- Establish **comprehensive economic empowerment programmes** for women through women's and young people's entrepreneurship, and equitable access to capital and agricultural credit at preferential interest rates.

- **Reduce current and future vulnerabilities** by giving women and girls the means of action, and supporting efforts and networks headed by women and strengthening disaster resilience and humanitarian action.
- Address the principal **structural problems related to insecurity and responsibility**, including by reinforcing legal protection against sexual violence and harassment through more robust structures which combat violence against women and girls.
- Work for the **positive transformation of gender norms** and promote equality of women and men in spaces that make decisions on response and recovery.
- Strengthen the **capacity and leadership of women's organizations** and the capacity of other actors to **respond to women's and girls' needs for protection**; develop programmes and laws to encourage women's leadership.



IN COOPERATION WITH

