



CARE Rapid Gender Analysis
Latin America and the Caribbean – The
Bahamas / Hurricane Dorian
September 2019



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Acknowledgements

This RGA has benefitted from valuable contributions from CARE International and CARE US colleagues, especially Susannah Friedman, Anuskha Kalyanpur, Holly Solberg, Catalina Vargas, Holly Radice, and Isadora Quay.

Cover page photo: Hurricane Dorian, Treasure Cay Airport

Image: Brett Davis



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Objectives of the rapid gender analysis

CARE is not operational in The Bahamas so is contributing this remotely conducted Rapid Gender Analysis (RGA) based on secondary data relevant to the crisis and its experience in gender analysis and gender in emergencies globally.

The objectives of this initial RGA are to present some early findings and recommendations related to the impact of the crisis on women, men, boys and girls. The intention is to not only inform CARE's own understanding, but also to provide useful information and recommendations to actors responding to the current crisis to support them deliver gender-appropriate interventions, including UN agencies, Bahamian disaster response authorities, local and international NGOs, and other service providers such as churches and volunteer groups. The aim is to help responders better understand:

- How women, girls, boys and men of all ages and abilities are affected by the crisis.
- How to design sectoral and multi-sectoral programming that addresses the distinct assistance and protection needs of women, girls, boys and men of all ages and abilities without doing harm.
- How to identify and realise emerging opportunities to facilitate and promote the participation and leadership of all segments of affected communities with a particular focus on women and adolescent girls, as well as people from marginalised groups, such as the elderly and people with disabilities.

Humanitarian crises are not gender-neutral: sex, gender and age matter

Hurricane Dorian, which battered The Bahamas from 1-3 September 2019, directly impacted an estimated 78,285¹ people among the population of almost 400,000² who live on the Bahama islands. Thousands have lost their homes and, having been evacuated, are sleeping in communal accommodation centres unsure about the future. As centres overflow, families and individuals have not been able to access them, creating additional protection risks for people turned away. Infrastructure has been destroyed or damaged including, but not limited to: medical services, sanitation facilities, transport routes, electricity infrastructure and educational sites. The final number of casualties is not yet known as search, rescue and recovery efforts continue. A wide number of safety, security and protection risks exist which require close analysis, particularly in the way they will affect women, men, boys, girls and specific vulnerable groups in different ways.

Disasters affect everyone differently - CARE recognises that women, girls, boys and men have varied capacities, strengths, needs and vulnerabilities; each of which can influence how an individual and the wider community are impacted, as well as how they will react, respond and recover to the disaster.

Pre-existing social and cultural norms and expectations placed on women and girls, including their roles and responsibilities in the home and in the community; their decision-making power in relation to men and boys; their engagement in paid work; level of education and other issues, can lead to women and girls being disproportionately impacted by disasters.

Humanitarian response and recovery efforts must ensure that the specific needs of different groups are analysed and mainstreamed through all response and rebuilding activities to ensure that support is appropriate, effective, inclusive, and does not cause harm. Fundamental to this is ensuring women,

¹ [Bahamas: Hurricane Dorian Situation Report No.02 As of 10 September 2019, OCHA](#)

² UNFPA Response in the Bahamas, Situation Report #2, 7 September 2019

adolescent girls and other marginalised groups are empowered to help shape the humanitarian and recovery response through consultation and participation. Standalone protection responses will also be required to tackle issues like gender-based violence (GBV).

Rape, trafficking, exploitation and other forms of violence against women tend to increase in times of natural disasters meaning that responders need to be aware of risks, avoid doing harm, and put in protective measures within their interventions.³

CARE is not operational in The Bahamas so is contributing this remotely conducted Rapid Gender Analysis based on secondary data relevant to the crisis and its experience in gender analysis and gender in emergencies globally.

Rapid gender analysis: methodology

Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. A full Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'.

As CARE International is not operational in the Bahamas, it has developed a top-line RGA, based almost exclusively on secondary data between 11 – 13 September 2019. Limitations include a short timeframe, precluding deeper analysis, and that this paper was written remotely outside The Bahamas. As such, deeper analysis using primary data including interviews, and sex and age disaggregated group discussions with representatives from different social groups are needed to inform the humanitarian and recovery response.

Nature and scope of the disaster

Hurricane Dorian, a category 5 storm, passed over the Bahamas from 1-3 September 2019, most severely affecting Abaco Islands and Grand Bahama. The total population of the Bahamas is 385,640 of which 78,285 are estimated to be directly affected.⁴ The official death toll stood at 45⁵ at the time of report-writing but many people remain missing as search and rescue operations continue. The number of casualties is expected to rise. Abaco Islands are most severely affected with thousands of houses destroyed and telecommunications, water wells and roads damaged. Limited infrastructure has hampered operations and access to date. In the most damaged areas there is little or no safe water, electricity or sanitation posing a danger to safety and health.⁶ A lack of lighting will impact people's safe movement and access to resources.

At the moment, sex and age disaggregated data on the affected population is not available. Based on the current demographic profile of The Bahamas, CARE estimates that the following overall sex and age

³ Guidance on mitigating and responding to GBV and other matters related to Sexual and Reproductive Health in Emergencies can be found in the [Inter-Agency Working Group's 2018 Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#)

⁴ UNFPA Response in the Bahamas, Situation Report #2, 7 September 2019

⁵ [ECHO Daily Flash at 11 September, 2019](#)

⁶ [Bahamas: Hurricane Dorian Situation Report No.02 As of 10 September 2019, OCHA](#)

disaggregated figures based on the projections from the World Population Prospects ⁷ can be used for the directly affected population:

- 40,238 women and girls (51.4%) and 38,047 men and boys (48.6%)
- WASH-21,407 women and girls require support with menstruation (number of women and girls of Reproductive Age)
- SRHR-3,131 women and adolescent girls will be pregnant (4%) while 470 will face life-threatening complications in pregnancy
- GBV-40,238 women and girls are at risk of gender-based violence

Nationally, according to UNFPA, there are an estimated 19,071 women of reproductive age in the Bahamas and an estimated 807 currently pregnant women with around 90 live births expected in the next month. There are approximately 5,339 adolescent girls.⁸ It is important to note that individual islands and locations within the affected areas of The Bahamas may have a different demographic profile from the national average. Moreover, specific populations like migrants and undocumented groups are likely to be significantly different in terms of age and gender.

The government-led response, supported by UN agencies, humanitarian organisations and military assets, are reaching affected people in Grand Bahama and multiple locations in Abaco Islands which are the most severely affected. Response efforts are focused on central and north Abaco. In Grand Bahama, reported activities are mainly in Freeport. Around 4800 people were evacuated from Abaco, mostly from the Marsh Harbour area which housed a significant migrant population, mainly from the Haitian community, who were living with significant levels of poverty.⁹ According to the Ministry of Finance, 12.3% of the population in the Bahamas are non-Bahamian, with the majority of those Haitian (7.5%).

Evacuees are being registered on the island of New Providence (Nassau) where some 1,650 people are being housed in Government-run shelters¹⁰ such as churches and community centres.¹¹ These are at full capacity and as more evacuees arrive, families have reportedly been turned away due to lack of space.¹² Further analysis is required to understand where people who cannot access shelter are sleeping as this poses a serious protection risk, particularly to vulnerable groups.

As was seen in Hurricane Katrina in the south-eastern U.S. in 2005, sexual assault and other forms of GBV can occur in overcrowded community shelters.¹³ Further analysis should be conducted and disseminated regarding the conditions in these facilities including on levels of overcrowding, privacy, sufficient bedding to avoid forced sharing, and whether toilets and washrooms are sex-segregated toilets.

Gender roles, access and equality

Community-based organisations working on equality who are based in The Bahamas report sex stereotyping and norms in which women are expected to be submissive. Described examples of this include

⁷ World Population Prospect: demographic projections for 2020 for The Bahamas.

⁸ UNFPA Response in the Bahamas, Situation Report #2, 7 September 2019

⁹ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.27

¹⁰ [Bahamas: Hurricane Dorian Situation Report No.02 As of 10 September 2019, OCHA](#)

¹¹ [PDC Hurricane Dorian Shelter Status, Nassau, 8 September 2019](#)

¹² [Desperation mounts \[sic\] Bahamas as shelters turn survivors away](#), Al Jazeera, 10 September 2019

¹³ [Hurricanes like Irma increase risk for sexual assault](#), Newsweek, 09/10/2017

<https://www.newsweek.com/hurricane-irma-shelters-sexual-assault-violence-shelters-662558>

an expectation that women should submit to husbands and that men should control resources and decision-making, creating an environment where women will find it difficult to report abuse.¹⁴

According to the UN's Special Rapporteur on Violence Against Women, persisting gender stereotypes, patriarchy and sex-based discrimination exist to a worrying extent in The Bahamas. This lies at the root of violence against women, an effect of power dynamics and discrimination leading to a situation in which, "violence against women is hidden, denied and, even more worryingly, accepted as normal."¹⁵

Despite socio-economic indicators such as high employment and school attendance figures for women and girls, other indicators suggest it remains a patriarchal society with some detrimental impact on gender and women's rights including access to life-saving sexual and reproductive (SRH) health services. Furthermore, gender-based violence is recognised by Bahamian authorities as a serious problem.¹⁶ The rights of marginalised groups including immigrants and members of the LGBTQIA communities can also be compromised due to discrimination (discussed below).

Poverty and female-headed households: Levels of poverty are higher among female-headed households (9.7%) than among male-headed ones (7.9%) although there are more male-headed poor households overall as there are more households headed by men. Poverty rates are higher among women (9.7% vs 7.9% of population respectively).¹⁷

Education: Men are more likely to finish high school than women (57% of men vs 51% of women), but men are less likely than women to finish college (9.8% of men vs 14.4% of women). Women are more likely than men to have participated in higher education (17.6% of men compared to 25.9% of women).¹⁸ Exact literacy rates seem hard to pin down but are estimated nationally to be high and up to 95% of the population is estimated by the Bahamian Investment Authority to be literate.¹⁹

¹⁴ [Equality Bahamas, CEDAW Shadow Report, October 2018, Section on 'Article 5,6 – Sex roles and stereotyping, trafficking and prostitution'](#)

¹⁵ [The Bahamas: UN Special Rapporteur calls for fresh steps to tackle violence against women, Office of the High Commissioner for Human Rights, 20 December 2018](#)

¹⁶ [Strategic Plan to Address Gender-Based Violence](#), Ministry of Social Services and Community Development, 2015

¹⁷ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.17

¹⁸ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.6

¹⁹

https://www.bahamas.gov.bs/wps/portal/public/about%20us/about%20the%20bahamas/demographic%20and%20education!/ut/p/b1/vZTJjptAEEC_xR_goWn2I9tg2nRjFrNdEHhsbLNjZGy-PkwSKaeZySGZ6lNJR-qpSqqmEiqikia7X4psvLRNVr3nCZ8yho0dIRWxyLMSMGmfJq-Y4yNsADxOwAMLMsLYEP_HVBpfrvwnNaj_64efBAy-Ko-pCISA0Fr8aTr3p1tc-9WILqPqquj2CO9Hnel3Myqm9KgR3tR4jA0O9945Ec762kgNDyScjWwrn5_DNwevRjgVw4DmPltQrn1yKO1d7SR-tCfRO5doTbkNItFxXUaVWHMSO3dPjw3jsnZ1Y41vKwJBSLy4DSVRTZw4WWqYJzlkXsTUVsNWWiOpgPzSTnwYGXp9VqmSH5NeZHW2S-AujfwCd7JJu2PILxggkf9nF4yqciwKbe9dmZczm7V8GbfH3cYIDhpQ_tXy2H5K8mGT0aa_gBSvDw58TC4EzIcADkzd-9Be5ekZXcR0L1udDjhO8Vbp3vFvLwvwu3kFmEFmMRUaU9i_9ulffPhYhKLnn9Mh3qF_BCQw5wvCgyEAAG8oxABdeYFbSb-fPiyzqxRJIASZkKsNVoBU6dVA0QFTzzYHvTNCOWu9FYILx2qNhyOTwlhPdNa-_cg-weWM7pY5W7yR5AT-8mOJigSEE0hHJAHGScxim1odaGiTV0MIZ2TdORKI2yhKtqe7TZERbPwC53VRmtg7JdQ613cGnPN95AG8VL5xJ28A6HxkezHrT8tRm2yRmfQxSMYL5oT10KTSg899wJ1YMY--ZYpTiPzmMuFcvv0NX7_b3TT1o0_3nyavUDw22HhQ!!/dl4/d5/L2dBISEvZ0FBIS9nQSEh/

Women in politics: Women are under-represented in the directly-elected House of Assembly where they comprise just 12.8% of the 41 Representatives²⁰. However, there are significantly more women appointed to the Senate where 43.8% of the 16 Senators are women²¹. Two women have been appointed as Governor General of the Bahamas, Dame Ivy Dumont and Dame Marguerite Pindling, both of whom were named in the last 20 years. Lower levels of female representation continue in local government: in 2017 26% of Counsellors are women and three of the 32 Chief Counsellors are women²².

Civil society: There are a number of organisations working on equality issues or GBV response such as Equality Bahamas and the Bahamas Crisis Centre.²³ Humanitarian and recovery responders should map other community organisations and coordinate with them to be informed about the needs and capacities of different groups, particularly those who can be marginalised including women and girls, members of the LGBTQIA communities, people with disabilities, older people, religious minorities and migrant communities.

Equality rights: Discrimination on the basis of sex, gender, or sexual orientation is not recognised under the constitution, thus allowing for the enactment of legislation that discriminates on the basis of sex, gender, or sexual orientation, according to Equality Bahamas. A Gender Equality Referendum was held in June 2016 to address several related issues. The referendum highlighted opposition to LGBTQIA rights and political resistance to any equality laws which might “open the door” to same-sex marriage.²⁴

The referendum did not result in a change to the law which would grant mothers the right to confer nationality to their children and spouses on an equal basis with men. Children born abroad to Bahamian women and non-Bahamian fathers, and those born to unmarried Bahamian men, are therefore at risk of being stateless. Only a Bahamian man can confer nationality to a spouse.²⁵

Agencies responding to Dorian should be conscious of issues related to the specific needs and capacities of different groups and put in measures to overcome obstacles and discrimination they may face.

Access to communications: Access to the internet and mobile phones is roughly equal between women and men.²⁶

Health and sexual and reproductive health

Of 18 health clinics in Grand Bahama and Abaco, three are fully operational. Five are unoperational, three have limited capacity and the status is unknown of seven. One hospital in Grand Bahama and one in Abaco are functional with limited capacity.²⁷ As health professionals local to the Bahamas have also been affected, medical staff capacity is also reduced.

A lack of safe water for drinking for domestic use combined with a general deterioration in sanitary conditions from floodwater and potential sewage contamination pose a risk of waterborne and vector-borne

²⁰ http://www.clgf.org.uk/default/assets/File/Country_profiles/The_Bahamas.pdf, Commonwealth Local Government Forum

²¹ Ibid

²² http://www.clgf.org.uk/default/assets/File/Country_profiles/The_Bahamas.pdf, Commonwealth Local Government Forum

²³ [Activists Lay Bare Our Women’s Rights Failure](#), The Tribune, Oct 23 2018

²⁴ [Equality Bahamas, CEDAW Shadow Report, October 2018](#)

²⁵ [A Loss for Gender Equality and Equal Nationality Rights in The Bahamas, Global Campaign for Equal Nationality Rights](#)

²⁶ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.6

²⁷ [Hurricane Dorian – Health Facility Status](#), PDC Global, 09/09/2019

disease transmission. Groups such as pregnant and lactating women, children and the elderly are particularly vulnerable to these diseases.

Disasters and traumatic events often have an impact on the emotional well-being of the affected population. Psychosocial support is therefore urgently needed to support people suffering from trauma and depression in the aftermath of Dorian.

Sexual and reproductive health (SRH) / HIV

Shelters are providing basic healthcare but are not able to provide life-saving sexual and reproductive health services in line with the Minimum Initial Service Package (MISP) including clinical management of rape, access to contraceptive options for prevention of unwanted pregnancies and safe abortion care to the full extent of the law, treatment and referrals for STIs including HIV and emergency obstetric and newborn care for complications in pregnancy. This situation disproportionately affects women, adolescent girls and other vulnerable groups including LGBTQIA communities, HIV positive individuals, undocumented immigrants and those with intersectional vulnerabilities.

Evidence from a range of crises demonstrates that SRH needs increase but barriers to accessing services are further exacerbated. As noted, GBV often increases in the aftermath of a crisis, increasing the need for access to clinical management of rape for survivors. A lack of privacy to ensure patient confidentiality is a barrier for patients to access SRH information and services in general and particularly compromises survivor-centred approaches for GBV and other stigmatized SRH services such as family planning.²⁸

Unwanted pregnancies are also known to rise in the aftermath of emergencies, as gender and social norms that limit women and girls' access to services are further restricted, while operational barriers are exacerbated. As hospitals and health facilities in hurricane affected areas are operating at limited capacity, with increased patient-load, it is critical to ensure a gender-appropriate health workforce trained on the clinical components of the MISP and equipped with adequate medical supplies.

Of the approximately 6,000 people over 15 living with HIV (2,600 women; 3300 men), UNAIDS estimates 3,107 were affected by Dorian as the storm has limited access to regular treatment and access to antiretroviral therapy (ART) and other complementary services.²⁹

In emergencies, adolescents (10-19) transitioning from childhood to adulthood who are already experiencing unique needs and barriers to care, are often a population that is neglected in the response. In the Bahamas, laws forbidding young women under 18 accessing SRH services without parental consent may increase risk of STI transmission and unwanted pregnancies.³⁰

Menstrual hygiene management (MHM)

Loss of shelter and privacy, possessions and limited access to safe water will compromise women and girls' ability to manage menstruation hygienically and with dignity. Dignity kits should be provided to women and girls in shelters, ensuring they are consulted on their preferred MHM materials. Consideration should be given to the safe disposal of MHM materials given the compromised sewerage system.

²⁸ [Bahamas: Hurricane Dorian Situation Report No.02 As of 10 September 2019, OCHA](#)

²⁹ [UNAIDS Bahamas Fact Sheet 2018](#)

³⁰ [The Bahamas: UN Special Rapporteur calls for fresh steps to tackle violence against women, Office of the High Commissioner for Human Rights, 20 December 2018](#)

Protection, safety and shelter

Community shelters for evacuees

Emergency shelters have been set up in gyms, churches and community shelters and were at full capacity as of 8 September.³¹ Media outlets have reported that there are insufficient shelters to accommodate all affected people. Families, including those with young children are being turned away, raising protection concerns. Officials are reportedly considering the establishment of “tent or container cities”.³² The location and construction of these should be carried out in consultation with communities and constructed according to minimum Shelter and WASH standards to ensure they are appropriate and safe for different sexes, ages and levels of mobility.

GBV risk mitigation strategies should be strengthened in the Nassau shelters, including the establishment and communication to all humanitarian actors of the referral pathway and shared standard operating procedures (SOPs). Humanitarian actors should host awareness raising sessions and provide information to the affected population, particularly women and girls and other at risks groups.

Preventing sexual exploitation and abuse (PSEA)

A large number of actors are arriving or are already operational in the Bahamas. Measures should be put in place immediately to protect against sexual exploitation and abuse, including clear and harmonized reporting protocols and communication pathways disseminated among the population in need and registration with the Government and Cluster System of all operational organisations and groups.

Gender-based violence

Natural disasters increase risk of gender-based violence and humanitarians must work to mitigate and prevent it. Recovery programming offers the opportunity to tackle the root causes of GBV which include discrimination and unequal power dynamics. Gender-based violence (GBV) happens in all communities and contexts globally and is one of the most pervasive and yet least-recognised human rights abuses in the world; even in stable contexts, the most common form of violence that women face is domestic violence or violence from intimate partners.³³

According to the UN’s Special Rapporteur on violence against women, gender-based violence is “hidden, denied and... accepted as normal” in the Bahamas. Marital rape is noted as particularly pressing as it is not outlawed within the Bahamian legal framework other than in narrowly defined circumstances.³⁴

Young women between 16 and 18 were deemed the most vulnerable group and a recommendation made that access to contraception without parental consent should be allowed at 16, the age of sexual consent, rather than 18, with the potential to reduce HIV cases in addition to unwanted pregnancies. This is problematic for agencies wishing to provide confidential, post-exposure care for survivors of sexual violence who are under 18.

³¹ [Map, Hurricane Dorian – Shelter Status: The Bahamas, Nassau, 08 September 2019, Pacific Disaster Centre](#)

³² [Desperation Mounts in Bahamas as Overflowing Shelters Are Turning Hurricane Dorian Evacuees Away, Time Magazine \(AP Press\), 11 September, 2019](#)

³³ [Ending Gender-Based Violence, CARE International](#)

³⁴ [The Bahamas: UN Special Rapporteur calls for fresh steps to tackle violence against women, Office of the High Commissioner for Human Rights, 20 December 2018](#)

Women, men, boys and girls can experience GBV, however women and girls, as well as men and boys who do not conform to societies expectations, are disproportionately affected.³⁵

According to the Ministry of Social Services and Community Development, “GBV is endemic in our communities and constitutes a major public health issue in our country”. Although most incidents of rape and child sexual abuse go unreported, three of the top ten recorded rape rates in the world occur in the Caribbean, led by The Bahamas. It is important to note that most incidents of rape and child sexual abuse are not reported to state authorities.³⁶

A study by the College of the Bahamas found that 58% of high school boys believed that men should discipline their female partners suggesting that discriminatory social norms and attitudes are being passed from adults to younger people. Among the boys surveyed, the study also found 49% believed women should ask permission from their male partners if they want to go out while 46% of boys believed wives must have sex when her husband wants.³⁷

Given that shifting social, gender norms and power relations is one of the most effective ways of tackling violence against women and girls (VAWG), recovery from the hurricane provides an opportunity through: equal participation in decision-making about assistance and recovery models.³⁸

To this end, humanitarian responders should collect sex and age disaggregated data about the affected population, particularly pertaining to GBV risk, and asking different groups what measures would be most appropriate to mitigate it for them.

People with disabilities

The National Commission for Persons with Disabilities estimates between 35,000 and 45,000 people in the Bahamas live with a disability (9% - 12% of the population).³⁹ Humanitarian responders must ensure groups with limited mobility who are often less visible are actively sought out, consulted, and supported to access assistance.

Protection risks for immigrants

Undocumented migrant populations may be among the most vulnerable affected people. Satellite data suggests that in Central Abaco, destruction is centred in the area surrounding Marsh Harbour, particularly

³⁵ [Regional Rapid Gender Analysis, Cyclone Idai, 29 March, 2019. CARE International](#)

³⁶ [Strategic Plan to Address Gender-Based Violence](#), Ministry of Social Services and Community Development, 2015, p.xiii

³⁷ ['Culture Condones Men Being In Charge'](#), The Tribune, October 23, 2014

³⁸ Through the Strategic Plan, the Ministry has recommended a number of actions across multi-sectoral coordination; institutional strengthening of judiciary and police; improvements to the health and psychosocial sectors; more robust research and monitoring, and advocacy and educational efforts aimed at attitudinal and behaviour change. ([Strategic Plan to Address Gender-Based Violence](#), Ministry of Social Services and Community Development, 2015, p.xvii) Bahamian officials were developing protocols around the establishment of a Sex Offenders Registry prior to the hurricane. ([Sex Offender Register Moves a Step Closer, The Tribune](#), July 24, 2019). The strategy also calls for greater coordination with civil society “to ensure that approaches to gender-based violence prevention and interventions are culturally relevant and effective for: persons with disabilities; lesbian and gay communities; Family Islands; migrants; children and the elderly.” ([Strategic Plan to Address Gender-Based Violence](#), Ministry of Social Services and Community Development, 2015, p.xvii)

³⁹ [The National Commission for Persons with Disabilities](#)

The Pea and The Mudd, which are mostly inhabited by undocumented migrant populations living in poor accommodation (“shanty towns”).

Media reports indicate a level of xenophobia may exist towards this population and unfounded rumours of looting by members of this population on Abaco had been spread via social media sites with discriminatory comments. Journalists and activists have reported fear among Haitians living in the Bahamas, some of whom have arrived illegally, that they will be deported. Others who have Bahamian nationality, but who have lost official documents in the storm, also fear deportation. Concerns have been raised by expatriate communities related to requests to present documentation as part of the intake process in shelters.⁴⁰

Humanitarian actors should analyse the potential protection risks that exist among such a vulnerable community which could include risk of exploitation and reluctance to seek humanitarian assistance.

There are reports of historical discrimination against Haitians, many of whom suffer from poverty, limited education and who may be subject to abuse including related to religious practices. Haitian people living on Family Islands are more likely to be living in poverty than those with Bahamian nationality. The incidence of poverty is three times higher than the national rate for households headed by a Haitian migrant (27.9%)⁴¹. Among Haitians, 38.6% were classified as ‘poor’ in contrast to 10.7% of Bahamians.⁴²

The majority of immigrants are women (59.9% on the family islands) which should be considered to ensure appropriate assistance.⁴³

Human trafficking

According to the Bahamian Crisis Centre, human trafficking in the Bahamas applies mainly, but not exclusively, to persons brought or coming in from Jamaica and Haiti. People who have received promises of work to support families at home are forced into prostitution or hard labour in order to survive.⁴⁴ Women and adolescent girls who are alone or with their children are at greatest risk.

The government should be supported to ensure registration of all arrivals into and departures from shelters to avoid the risk of trafficking of vulnerable individuals. Protection actors should identify GBV risks within shelters and work with the Government and humanitarian actors to mitigate risk.

Child protection

All schools in Abaco were closed as of 8 September as most school-aged children have been evacuated. There are no official reports as yet of separated or unaccompanied children.⁴⁵ The Ministry of Education is offering registration to all displaced Abaco and Grand Bahama students to attend schools on Nassau or unaffected family islands with access to referrals for counselling.⁴⁶

Livelihoods

⁴⁰ [Long scorned in the Bahamas, Haitians living there fear what comes next after Dorian](#), Miami Herald, September 8 2019

⁴¹ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.17

⁴² [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.27

⁴³ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.7

⁴⁴ <http://bahamascrisiscentre.org/index.php/get-informed/human-trafficking/> The Bahamas Crisis Centre offers free counseling and services for men, women and children who are experiencing any form of abuse.

⁴⁵ [Bahamas: Hurricane Dorian Situation Report No.02 As of 10 September 2019, OCHA](#)

⁴⁶ [Public Announcement, Ministry of Education, Bahamas](#)

In the Bahamas, participation rates in the labour market for females aged 25-44 years and 45-64 years were 89.2% and 77.3% respectively. Only one in four women with less than high school education participated in paid work. This rises to almost 81.0% of women with at least some high school education.⁴⁷ While emphasis is on immediate relief and humanitarian assistance to the affected populations, the use of market-based responses in the recovery phase will be important and should be done with an intention of women's empowerment. Bahamians have experience with cash and voucher assistance through social safety net schemes and in disaster relief.⁴⁸

Economic differences between islands

People living outside the main Bahamian island of New Providence are poorer and can access fewer employment opportunities. Almost 73% of the population resided in New Providence, 14.4% in Grand Bahama and 13.0% in the Family Islands which include the Abaco Islands. Economic differences between islands exist with those in the Family Island region more likely to be poor (17.2%) than people living in New Providence (12.4%) or Grand Bahama (9.4%). The Family Islands have higher percentages of non-nationals, fewer young people, and fewer with college educations.⁴⁹

Overarching recommendations

The following overarching and targeted sectoral recommendations are aimed at supporting organizations responding to the current crisis, including agencies of the UN, Bahamian disaster authorities, national and international NGOs, and other service providers such as churches and volunteer groups.

- This Rapid Gender Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely, and that programming will be adapted to the changing needs.
- **Sex- and age-disaggregated data (SADD):** All humanitarian programming activities, including assessments, implementation and monitoring and evaluations, must collect SADD at a minimum and, additionally, disability-disaggregated data insofar as is possible. Once collected, it is critical to ensure that someone is tasked with analysing the data and making recommendations to the respective teams on how to adjust their programming to be more accurate and inclusive.
- **Gender-sensitive teams:** Balance assessment and response teams by gender and ensure women responders are available to speak to affected women in particular.
- **PSEA:** All organisations involved in the response should have a Code of Conduct and policy to prevent sexual exploitation and abuse (PSEA). Staff and volunteers should understand and sign up to these commitments and know how to follow clear and safe reporting practices if they become aware of any incidents or risks. The reporting protocols need to be disseminated among the population to avoid the unreported cases.

⁴⁷ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.6

⁴⁸ The Bahamas Red Cross Society provided [cash transfers](#) after Tropical Storm Noel; The government provided fisherfolk [Vouchers for livelihood assets](#) after Hurricane Matthew

⁴⁹ [Bahamas Household Expenditure Report, 2013](#). Ministry of Finance, Bahamas, p.6

- **PSEA:** Throughout the emergency phase, bi-weekly trainings should be provided through the Cluster on PSEA and GBViE for all responders, continuing into recovery.
- **Complaints and feedback mechanisms:** Organizations responding to Hurricane Dorian should ensure that girls, boys, women, and men, including older people and those with disabilities have access to complaint and feedback mechanisms not only within collective shelters, but throughout the humanitarian response, so that corrective actions can address their specific protection and assistance needs.
- **Participation/consultation:** Partner with groups focusing on the rights of marginalised groups including, but not limited to: women and adolescent girls, people living with disabilities, LGBTQIA communities, older people, in order to understand their needs and priorities, including discriminatory norms which need to be overcome for a safe and equitable disaster response and recovery. Mainstream meaningful participation through assessment, design, proposals, implementation and feedback mechanisms.

Targeted sectoral recommendations

- **GBV prevention and mitigation:** Protection actors should liaise with GBV service providers and actors in affected areas to map available response services and share these through the Protection Cluster being led by UNHCR for The Bahamas. Leadership within agencies working on the response should ensure staff and partners are briefed and aware of the protocols for referring survivors who may disclose to them. For this, a contextually adapted version of the [Global Shelter Cluster's Constant Companion](#) is useful. All responders should respect a sexual violence survivor's rights to determine life, self-determination (what happens next), high quality healthcare, non-discrimination, privacy, confidentiality, information and respect.
- **GBV prevention and response:** Humanitarian actors should support the Bahamian authorities to strengthen both GBV prevention and response activities as well as referral systems. Ensuring safe spaces are available to women and girls both to reduce the risks and prevent further harm for survivors of GBV is critical.
- **GBV prevention and mitigation:** Given that GBV is exacerbated by social norms in the Bahamas, agencies working on protection and the rights of women and marginalised groups may find it useful to review guidance around successful social norm change strategies, including visualising positive images, rather than the problem, to reinforce what is 'normal'.⁵⁰
- **Shelter:** In collective shelters without space to separate households, overcrowding, a lack of privacy, and women and girls sleeping in the same space as extended family or strangers can put them at risk from different types of GBV. Responders should discuss with women and girls their specific shelter needs to prevent GBV both in temporary accommodation, and any future shelter solutions. Relocation to individual shelters should be prioritised. If this is not immediately possible, consider actions to increase dignity and privacy such as providing adequate partitions, and sufficient bedding and blankets so people are not obliged to share. Ensuring safe spaces are available to women and girls both to reduce the risks and prevent further harm for victims of GBV is critical.

⁵⁰ [Shifting Social Norms to Tackle Violence Against Women and Girls \(VAWG\), DfID Guidance Notes, January 2016](#)

- **Shelter:** Responders should ensure the building-back-safer is applied to the repair of damaged buildings. Guidance for ensuring gender is mainstreamed through shelter can be found at '[Gender & Shelter: Good Programming Guidelines](#)'.
- **WASH/Protection/GBV:** In collective shelters, ensure that there are sex segregated washing and sanitary facilities with adequate privacy, lighting and locks. For future shelter solutions, consult with women, girls and people with mobility issues on the location of communal water and sanitation facilities to ensure appropriate construction and that their location, including access routes, are safe. Consult the [WASH Minimum Commitments for the Safety and Dignity of Affected People](#).
- **WASH:** In designing WASH facilities, consider the specific needs of marginalised groups, including people with mobility issues and those from the LGBTQI+ community.
- **Health:** Vulnerable groups including pregnant and lactating women, children and the elderly should be identified and prioritised for protective measures such as mosquito nets. Participatory approaches for community-based surveillance and risk communication for prevention and response that disproportionately affects these groups should be adopted.
- **Sexual and reproductive health:**
 - Collaborate with other actors on women and girls' health and protection programming in humanitarian settings to ensure the **full package of life-saving SRH services in line with the Minimum Initial Service Package for SRHR in Crisis-Settings** (including but not limited to full range of reversible contraceptive options, syndromic management of STIs, support for continued anti-retroviral treatment (ART) for those previously on ART, strengthening the referral system to ensure 24/7 access to Emergency Obstetric and Newborn care for complications in pregnancy the is available to the affected population. SRH needs should be assessed in affected areas.
 - An SRH awareness information in line with the MISP and that provides information about availability of services should be provided urgently to the affected population with targeted approaches for reaching population at increased risk. This should be undertaken in collaboration with youth groups, women's, LGBTQI+ and immigrant groups to ensure humanitarian efforts are reaching those in greatest need.
 - Collaboration with UNFPA and other actors to ensure health facilities and shelters receive timely delivery of emergency supplies of life-saving commodities such as post-exposure prophylaxis, contraceptive supplies, and other items required to implement the MISP is needed.
- **Adolescent SRH:** Given that adolescents are a neglected group with unique needs and barriers, it is critical to ensure adolescent-responsive health/SRH services are available.
 - Humanitarian actors should work with youth groups to ensure their meaningful participation across the humanitarian program cycle
 - They should also work with the coordination mechanism including the MOH to advocate for a waiver on parental consent in the aftermath of the hurricane to ensure crisis-affected adolescents have access to MISP services (including but not limited to clinical management of rape and voluntary contraception)

- During community outreach, engage parents to facilitate their support for adolescent access to SRH services. Work towards orienting providers to values clarification and attitudes transformation and rights-based approaches to SRH including that a lack of ability to obtain parental consent should not serve as a denial of MISIP services to adolescents who need life-saving care. Ensure adolescent-friendly SRH services, including targeted support and referrals, are available at health facilities and community distribution or accommodation points
- **Market-based approaches and cash and voucher assistance:** When designing market-based approaches and using cash and voucher assistance (CVA), market assessment gender considerations must be considered including: who in the household should receive the transfer; specific household and community risks that women, men, boys and girls, and members of the LGBTQI+ community face in receiving and spending the money or using vouchers; household decision-making dynamics; and mobility analysis, including access to markets (e.g. goods, services, labour).
- **Conditional transfers:** Consider the potential gendered implications of conditional transfers to avoid putting undue burden on, or excluding segments of the population, especially women and marginalized groups. Ensure that the distinct needs for women, men, girls and boys are considered in cash transfer values or items for voucher contents. Mainstreaming of GBV prevention in cash and voucher assistance is critical to mitigate risks.

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