

## HAITI

PAHO/WHO Technical Cooperation

in the aftermath of the earthquake 2010-2011



## Addressing sexual and other forms of gender-based violence (SGBV)



The levels of gender-based violence (GBV) in Haiti were considered high even prior to the earthquake and GBV was a documented concern in Haiti following other humanitarian crises.

Anecdotal evidence suggests that SGBV is an issue of serious concern at this time and is likely to remain so, including in the context of temporary settlements and communal shelters.

Under the humanitarian reform structure, the Health Cluster, led by PAHO/WHO, has a particular obligation in emergency response and recovery to ensure availability of clinical care for survivors of sexual violence including through:

- building capacity of health staff to provide clinical care for survivors including referral;
- procuring medicines and supplies; and
- ensuring linkages between health sector and psychosocial, legal and other needs.

## **Activities being carried out:**

- At present, the response to gender-based violence in Haiti is being coordinated through two entities:
  - Under the Protection Cluster- GBV sub-cluster headed by UNFPA and UNICEF with a focus on protection issues
  - Under the Health Cluster Sexual and Reproductive Health working group headed by UNFPA focusing on clinical management of rape as part of the Minimum Initial Services Package (MISP)
- From February to April, PAHO/WHO deployed a gender expert who, in addition to other responsibilities:
  - participated in meetings of both coordination groups.
  - had separate discussions with key agencies (Ministry of Health and Population (MSPP), Ministry of Women, Concertation National, UNFPA, UNIFEM, GenCap, MSF, MDM, etc.) to identify strategies to strengthen and support the health sector's response to gender-based violence.
  - Promoted the inclusion of care and referral to GBV survivors in the minimum package for primary health care services, developed by the MSPP with the support of PAHO/WHO, which all agencies providing mobile clinic services must fulfill.
- PAHO/WHO has been in close communication with the Health Action in Crises Department (HAC/WHO) Geneva to:
  - Promote greater coordination of efforts and ensure the exchange of information and avoid duplication of efforts.

## Key challenges and next step:

- PAHO has identified a need for strengthened internal coordination of health sector activities related to prevention of and response to SGBV
  - Current weakness of coordination within health cluster results in:
    - \* Duplication of efforts
    - \* Confusion about standards/protocols
    - \* Lack of information collection and sharing
- PAHO has identified a need for strengthened external linkages between the health sector and other response sectors (notably protection)
- In order to address some of these gaps, PAHO/WHO will be carrying out a field assessment in May with the goals of:
  - supporting PAHO/WHO, Haiti Health Cluster and MSPP in their response to gender-based violence;
  - assessing the health sector's needs to ensure an appropriate response to SGBV:
  - outlining an action plan for PAHO/WHO in Haiti in the area of SGBV.
- Following this field assessment, PAHO/WHO expects to place a full-time GBV expert in Haiti for a period of at least 6 months to:
  - Strengthen the health cluster's technical work in the area of health response to gender-based violence with an immediate focus on sexual violence
    - \* Work with health cluster and other partners to train health care professionals on how to respond to SGBV.
    - \* Work within the health cluster to ensure timely and appropriate access to the medicines and supplies needed for clinical management of SGBV.
  - Improve internal and external coordination.

<sup>&</sup>lt;sup>1</sup> as part of the Minimum Initial Services Package (MISP)