

Crisis in Haiti-GBV Situation Brief

Update 06th May 2024

This report is produced by the GBV Sub-Cluster covers the humanitarian situation in Port-au-Prince following the violence that broke out on 29 February. The report mainly covers the period from 29 February to 06 May 2024.

 **1.2 M** people in need of GBV life-saving assistance

 **600.5 K** Targeted

 **15.9 M(\$US)** Funds Required

 **7 %** funds received

Key highlights

- ❖ **Context of the crisis:** On 29 February, violence broke across numerous neighbourhoods of the capital Port-au-Prince.
- ❖ **Insecurity and violence** are driving the crisis and displacement in Haiti, in March 138 attacks were recorded against state institutions, including police stations, departmental ministries, courts, hospitals, schools and the Government Palace.
- ❖ **Escalation of Protection and GBV risks:**
 - Forced people displacement from one IDP site to another or to the others departments, 90 254 people newly displaced across 85 sites. 10,152 IDPs on site are female heads of household, 779 Of PDIs on site are breastfeeding nursing mothers and 531 are pregnant women.
 - **IDPs sites** are overcrowded, 76% of sites lack adequate lighting, 31% of sites have no latrines. For sites that do, toilets are for both sexes.
 - **Food insecurity and negative coping mechanism:** 44% of the population experience high levels of acute food insecurity (IPC phase 3 or higher). This increases negative coping mechanisms and consequently the risk of GBV/SEA as well as STI and HIV.



People in Haiti driven from their homes by violence and insecurity are being hosted in a school in the center of the capital Port-au-Prince.
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Credit Photo : JECO-LAFAMILIA- IDP Site in Carrefour



❖ Reported GBV incidents:

From January to March 2024, **1,793** incidents of GBV, including 75% sexual violence, 15% physical assault and 10% psychological/emotional violence, were reported by service providers within the GBV Sub-Cluster. There has been a significant increase in the number of cases reported. Indeed, the number of cases reported in March is 5 times higher than the number of cases reported between January and February 2024. Around 94% of cases were reported by girls and women. In terms of displacement status at the time of reporting, 78% of cases are internally displaced populations, the majority of whom are IDPs living in host communities. As for access to medical care, we observed an improvement from 3% to 25% in March of rape cases receiving medical assistance within 72 hours of the incident. The reasons given include access constraints, lack of medication, lack of transport fees for referral and case management follow up. It would be necessary to continue to disseminate the referral pathway at the community level and scale up GBV services.

Response and Impact on Access to services

■ Care and support

- Psychosocial support, both face-to-face and by telephone, for cases of GBV referred to temporary shelters still in operation, medical care. Approximately 343 calls received for information on the service or assistance.
- more than 1,500 people reached by Integrated mobile GBV and sexual and reproductive health clinics and referral of GBV cases (IOM and partners, UNFPA and FADHIS)
- GBV risk mitigation: installation of lamps by UNFPA, and partners in 10 sites and 77 lamps. More than 1,300 dignity kits distributed in sites accessible to displaced people and 170 Mama kits distributed.

■ Support service delivery

- Update the GBV Referral Pathway in Port-au-Prince Metropolitan Zone (ZMPAP) and mapping of hospitals, where post- rape kits are accessible.

■ Needs Assessments

- GBV needs rapid Assessment in IDP sites.
- Need assessment for WLOs and women's organization to improve their participation in GBV risk mitigation.



How to stay and deliver in the multifaceted crisis of Haiti and Meeting the Needs?

According to the GBV Sub-Cluster's needs analysis, the following critical actions must be implemented in the coming months in order to meet the needs of the population at immediate risk of GBV

- To mobilize adequate resources to scale up GBV response and risk mitigation programming: **15.9 million required**
- To ensure that **medical supplies are available** (post rape kits in health facilities) and service delivering is free of charge.
- Reinforce **GBV case management services** within 26 Temporary shelter across the west and Artibonite and others departments
- Reenforce Community-based protection approach as well as localization efforts by supporting women's groups/WLOs (women-led organizations) for their meaningful participation in GBV risk mitigation **At least 15 groups targeted**
- Support cash assistance in GBV case management to GBV survivors, **to cover basic needs, and/or to prevent further GBV risks to the survivors.**
- Support Risk mitigation through dignity kits distribution, at least **25 000 dignity kits**
- **Risk mitigation with others humanitarian clusters** as food security, Shelter, CCCM, Health, etc

GBV strategic objectives for 2024

- Women and girls have access to basic medical care, clinical management of rape, psychosocial support and mental health according to their specific needs at specialized service delivery points offering complementary services such as Women and Girls Temporary shelter
- Strengthen GBV prevention mechanisms, including GBV risk mitigation and prevention of sexual exploitation and abuse (PSEA)
- Strengthen localization efforts by mobilizing women's groups/WLOs (women-led organizations) for their meaningful participation in GBV risk mitigation and coordination.
- Strengthen the resilience of populations at risk of GBV through socio-economic empowerment

Gaps and Challenges

Access to services is a big concern

- Most of GBV services delivery points as temporary shelter, health facilities with post rape kits are closed or not accessible due the security,
- Risk mitigation activities as dignity kits distribution are suspended or not accessible, as well as need of sufficient dignity kits
- forced closure at certain times, inability to access premises, logistical difficulties (recurring electricity shortages, communications breakdowns, disrupted input supplies
- Limited resources for WLOs for their meaningful participation in GBV risk mitigation and response
- Sexual reproductive health drugs and kits and non-food items blocked at the port or border

Ressources and contacts

- To access briefings from the GBV Sub-Cluster in Haiti, please visit the [GBV AoR Haiti](#) , [Relief Web Response Page](#)
- For information on current activities of the GBV Sub-Cluster in Haiti , please sign up for the [GBV Sub Cluster Mailing List](#)
- To contact the GBV Sub-Cluster in Haiti, please email:

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Sources: MCFDF, UNFPA, OIM-DTM April 2024, FOOD SECURITY CLUSTER, PROTECTION CLUSTER, CONCERN WORLDWIDE, FADHRIS, JECO-LAFAMILIA, Kay Fanm, FVCB, TOYA, MSF, OIM, MDM Argentine, ISPD, SEROvie, Cessa Centre, OFAVA, FOSREF.