



# SUMMARY REPORT

## RAPID GENDER ANALYSIS IN HAITI

Humanitarian crisis in the northeast department of Haiti  
(Communes of Fort-Liberté, Ferrier and Capotille)

March 2023





A 10-year-old says the lack of food makes her feel weak.  
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A girl at school during recess time.  
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## ACKNOWLEDGEMENTS: PLAN INTERNATIONAL

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The opinions expressed in this Rapid Gender Analysis (RGA) are those of community and religious leaders, members of civil society organizations (CSOs), educational and health personnel, members of care institutions for SGBV survivors, and parent committees. They are all from the communal sections of Dumas, Loiseau and Bayaha in the commune of Fort-Liberté; Bas Maribarhoux in the commune of Ferrier; Welsh and Lamine in the commune of Capotille. These primary data reflect the gender reality of these communal sections before and during the food insecurity crisis.

Plan International greatly appreciates their contributions.

## EXECUTIVE SUMMARY

In response to the multi-sectoral emergency and especially to food insecurity in the North-East department, a rapid gender analysis (RGA) was conducted by Plan International Haiti (PIH) in the communes of Fort-Liberté, Ferrier and Capotille. Its main objective was to analyse and understand the impact of the food crisis on sexual and reproductive health and rights (SRHR), child protection, food security, water, hygiene and sanitation (WASH), livelihoods, nutrition and education for women, girls, men and boys of different age groups and disabilities; and to learn about their coping capacities and strategies (resilient capacities) and their current and future needs to continue to cope with the food crisis.

To achieve this, a 7-day data collection campaign (16-22 March 2023), to collect primary and secondary data by sector and age group (12-15 years, 18-24 years and +24 years), was conducted in the three targeted communes. The methodology is a combination of RGA developed by CARE International, adapted to identify the needs of adolescents and young people, and the one recently used by PIH in the RGA at the level of South-East/Haiti. Through individual interviews, focus groups and individual stories, a total of 374 people were reached across the three targeted communes (Fort-Liberté, Ferrier and Capotille), with 133 respondents in the 12-15 age group, 130 in the 18-24 age group and 111 over 24 years of age (grouped into 188 women/girls and 186 men/boys). Of the respondents, 32 have a disability (14 women & girls and 18 men & boys).

## THE ANALYSIS AND INTERPRETATION OF THE DATA COLLECTED LED TO THE FOLLOWING KEY FINDINGS/RESULTS:

1. Women, girls, boys and men of different age groups (including people with disabilities) are heavily affected by the humanitarian crisis in the 3 communes and 6 communal sections covered by this analysis. The food security situation has worsened with the current long period of drought in the North-East, which is causing total crop losses, leading to the complete decapitalisation of households. The lack of livelihoods created by the food crisis has reinforced the socio-economic insecurity of young women, men and adolescents, among others.
2. Adolescents, young women and men are strongly affected by household decapitalization. The livelihood strategies implemented by the households analysed, aimed primarily at reducing the frequency, portion and quality of meals, have the greatest impact on children under five, adolescent girls, and pregnant and lactating women. Food aid is almost nonexistent in the targeted communes. School feeding programs were mentioned as a key intervention to ensure girls and boys remain attending schools, decreasing exposure to risks of violence and abuse.
3. According to respondents, more than 68% of women and 85% of adolescent girls face protection risks, including attacks during travelling between communal sections, on journeys to school, or while fetching water.
4. According to respondents, access to education is becoming more limited than before for adolescent girls and boys, young women and men (including people with disabilities), due to a lack of financial means to pay for transport, school fees and school materials. Girls' education is deprioritised by families, which contributes to the increase of unintended adolescent pregnancy and exposure to SGBV risks. Adolescent mothers suffer stigmatization on their return to school due to the prevailing social norms, which becomes a barrier for adolescent mothers to return to school.
5. Due to the deterioration of the services and lack of financial means, the households analysed need more access to health/ SRHR information and services. Contraception services and resources are considered non-existent by adolescents, young women and women. Groups of women in the community have organised themselves to share information with adolescents and young women about contraception and sexual and reproductive health.
6. Adolescent girls and young women face many challenges to managing effectively their menstruation due to a lack of means to obtain sanitary towels. This, combined with the stigma and taboo around menstruation, affects girls' and adolescents' agency and capacity to participate in community activities. This situation is exacerbated during the school year, as schools have neither the materials nor the sanitary facilities available. Girls and adolescents with disability also face challenges in accessing resources to manage their menstruation and adapted toilets in



schools; they particularly suffer from embarrassment as they need to request support from other people to manage their menstruation.

7. The food crisis increases the risk of sexual and gender-based violence for young women and adolescent girls. They are more vulnerable to unwanted sexual advances, which can lead to non-consensual sex and heightened risk of unintended pregnancies and sexually transmitted infections (STIs)., Girls and young women are sometimes forced to engage in sexual relations as a survival strategy. The community's beliefs and prejudices tend to lead to a re-victimization of child survivors, discouraging adolescent girls and young women from reporting or reaching out for justice and health support.
8. Women and girls have less access to income but more workload. Because of the social division of labour, work done by men is better paid than that done by women. According to key informants, especially in the communes Loiseau and Dumas, young men riding motorbike taxis can earn up to 750 gourdes daily. While women moving into Thmen, 90% of the households surveyed worked more than 12 hours a day (or even late at night) and received an average of 350 gourdes daily. In 90% of the households surveyed said that their husbands decide on the distribution of household expenses.
9. Access to contraception and other sexual and reproductive health services has become more challenging. Since the food crisis, access to sexual and reproductive health services has become very limited, according to a sector respondent. About 70% of households surveyed said they had access to family planning services before the crisis, compared to 20% during the crisis.
10. Children under five years are at risk of malnutrition. At least 5 cases of malnutrition-like illnesses per week for children under five (both sexes) are received at the Ferrier Health Centre.



A 12-year-old girl and her sister cross what remains of a river to get to school.  
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## 1. RECOMMENDATIONS

During the data analysis, key sector interventions to promote gender equality in programming were identified, covering sexual and reproductive health and rights, child protection, food security, water, hygiene and sanitation (WASH), nutrition and education. The recommendations can inform different stages of the response cycle in relation to: needs assessment and analysis; strategic planning, implementation, monitoring and evaluation.

All of the recommendations made aim to provide guidelines for equitable assistance to adolescents, young women and men, female heads of household, persons with disabilities, breastfeeding women, pregnant women, and then to ensure that the approaches used in the response do not increase gender discrimination and inequality.

### | GENERAL RECOMMENDATION

1. Implement a multi-sectoral approach integrating the Water, Sanitation and Hygiene, Agriculture & Livelihood, Protection, Health and Education sectors to address the structural causes of malnutrition;




2. Provide emergency food assistance to the poorest and most affected households (IPC Phase 3 and Phase 4) to meet their immediate food needs, with priority given to those with severely and acutely malnourished children;

3. Create more financial opportunities for the most vulnerable people affected by the humanitarian crisis, including adolescents, young men and women, and involve them in program design and planning to ensure more effective and equitable livelihood interventions.




4. Given the reluctance of GBV survivors to file a complaint due to the fear of stigmatization and the fear of dishonour for their families, we should focus on raising awareness among traditional leaders by creating community discussion forums. This involves organising awareness campaigns on GBV for traditional leaders and community leaders and strengthening legal institutions in order to manage complaints and provide support to GBV survivors, particularly children and adolescents.






A 12-year-old girl and her sister hold hands on their way to school.  
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Haitian children attending to school.  
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A woman receives hygiene kit from Plan International in Haiti.  
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A 12-year-old girl with her grandmother at their home in Haiti.  
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A 12-year-old girl before eating lunch in her home.  
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5. Include people with disability in the entire project design and ensure that their needs are taken into consideration. The services offered need to be appropriately adapted to their needs, and service providers trained in the provision of care for people living with disabilities.



6. For further assessments, consider the specific needs of communities located on the border with the Dominican Republic, where girls and adolescent women face specific risks of sexual and gender-based violence due to the dynamics of the border.

7. Identify and partner with Women Led Organization, Women's Rights Organizations and Youth-Led Organizations during data collection, project design and implementation. Listen to their specific needs aiming to support the strengthening of their technical and operational capacity, to improve their local response.





# RECOMMENDATIONS BY SECTOR

## | FOOD SECURITY

### Donors and Cluster

- Prioritize market assessment to identify economic activities in which adolescent girls and young women could engage to generate income.
- Establish cash transfer programs for households (including female heads of households and single-parent families) in precarious economic situations affected by the crisis;

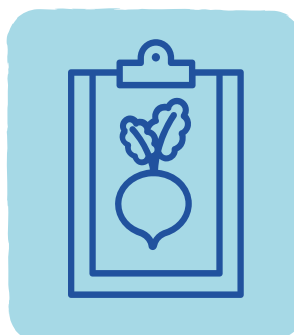


### Government

- Strengthen access to an irrigation or watering system for communities in a gender-sensitive manner to enhance local agricultural production and food availability.
- Strengthen adaptation to climate change by making available and accessible to everyone (including women and girls, and ideally including through school teaching) information on climate hazards (prediction of drought and rainy season of the year) in order to reduce farmers' losses during droughts while enabling them to use climate-resilient seeds.

### NGOs and other actors

- Establish cash-for-work or food-for-work programs to help poor households, including adolescent mothers, to recapitalise.
- Establish practical farming classes to support adolescents and young people through formal or non-formal education, and adapt the activity to ensure the participation of young women and adolescent girls to learn about agroecology – choose the crops and seeds according to the seasons and efficient farming techniques. It should also consider the hurricane seasons.



- Support agricultural campaigns, including the participation of women and adolescent girls, by distributing quality seeds (resilient and adapted to agricultural areas) to cope with drought and other necessary inputs; Prioritize the distribution of short-cycle vegetable crops with high nutritional value for children, adolescents and pregnant and lactating women (spinach, okra, zenzen sheep);
- Distribute agricultural tools (hoes, machetes, pickaxes, etc.) to the communities for the next spring farming season and goats and backyard animals (including chickens and roosters) to help women/housekeepers in particular to rebuild their savings;
- Adjust the CVA amount to that required by the NCFS based on the increase in the cost of the food basket (targeting adolescent mothers).
- Encourage resilient agriculture by selecting drought-resistant varieties (cassava, small millet, beans, Zenzen sheep, Congo peas, etc.);
- Establish an integrated capacity-building program for young women and youth-led organisations. Sessions should focus on supporting young women to engage

- in income-generating, including sustainable farming techniques, as Lakou gardens, in general, are managed by women;
- Do more to reach female heads of household, people with disabilities, widows, and adolescents, and incorporate GBV risk mitigation measures into all initiatives, especially when distributing CVA and food baskets.

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)



### General Recommendation

- Facilitate access to health centres for adolescents and young people, particularly adolescent girls and young women, survivors of SGBV and people with disabilities, adapting the structure and services to meet their needs.
- Establish partnerships with local women-led organisations in sexual and reproductive health and rights, involving them from needs assessment to project design and implementation.
- Invest in SRH service provision (in line with the MISP), increased quality of services and strategies that connect vulnerable groups, in particular adolescent girls, with services and prevent negative SRHR outcomes during the crisis.

### Government, local authorities and clusters

- Mobilize health institutions, decentralised state actors and local authorities, in partnership with adolescents and young people, to implement of communication and awareness-raising strategies on SRHR, health, and protection for youth and adolescents. This includes building support for adolescent SRHR and their access to services;
- Establish and strengthen community health centres with adequate human resources (including psychologists, nurses, midwives, etc), equipment, and material to better assist/care for girls, boys, women and men; in order to, provide free or low-cost primary health care and SRH services, including contraception and the clinical management of sexual violence;



Girls at school in Haiti.  
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A girl studying at her school in Haiti.  
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- Invest in the strengthened capacity of the health system to provide age- and gender-responsive, inclusive health services, tackle negative social and gender norms and provide quality SRHR and SGBV services to people in all their diversity.
  - Ensure cross-sectoral coordination and collaboration on SGBV - particularly between health and child protection sectors who are often the first point of contact for young survivors..
- ### NGOs and other actors
- Promote the implementation of training and awareness programs for parents on the role they have to play with their children and adolescents in the area of sexual health and sexuality education and the need to share information, experiences and build supportive values and attitudes towards sexuality and SRHR with their children;
  - Deliver activities to support men and boys to become allies of gender equality by creating spaces for reflection to sensitise them on gender issues, such as those related to nutrition, SRHR, and discriminatory social norms that become barriers for girls and adolescents. Design programs/campaigns/initiatives to increase awareness about comprehensive sexuality education for adolescents and young men, including menstruation.
  - Include the delivery of basic hygiene items to vulnerable households, including the needs of young women and adolescents: soap, toothbrush, toothpaste, clean clothes, sanitary napkins, deodorant, perfume, and hair shampoo; each adolescent and young woman must have two (2) packages of sanitary pads and at least a dozen pieces of cloth monthly.
  - Train community health workers to conduct home visits to educate households on gender equality and sexual and reproductive health, and adolescent- and gender-responsive service provision;

- Establish community-based sexual and reproductive health promotion activities (radio programs, commercials, contests and competitions, and meetings in public places);
- Set up mobile clinics to conduct awareness and prevention campaigns to combat sexually transmitted infections, such as HIV/AIDS, and encourage the use of contraceptives, especially in rural areas, and provide outpatient care and referrals.
- Train and strengthen midwife's capacity to provide quality SRH and maternal health care in communities and promote positive sexual and reproductive health practices tailored to the needs of adolescents and young women;
- Include referral mechanisms for child and adolescent survivors of SGBV. Local health professionals should be trained in clinical management of sexual violence, including first aid and referral to appropriate medical services for child and adolescent survivors, and how to avoid re-victimization by reinforcing local discourses that blame girls and adolescents.
- Organize sessions on children's rights and complaint mechanisms for parents to enable them to file complaints in cases of SGBV.
- Organize awareness sessions to increase parents' knowledge about child protection and complaint mechanisms available to report SGBV cases.
- Strengthen the technical capacity of state actors involved in child protection for them better to support the SGBV services at the community level, and promote cross-sectoral coordination and collaboration - particularly between health and child protection actors who are often the first point of contact for young survivors.

## EDUCATION



### Donors & Cluster

- Advocate for the inclusion of schools not currently included in the World Food Programme (WFP) National School Feeding Program (PNCS), and for improving the services provided by WFP PNCS to meet the requirements. This will encourage students to attend school regularly, as it guarantees them a daily meal. This is especially important for girls, who are often the first to drop out of school in these situations;
- Establish networking structures and platforms on SGBV to address gender-based violence and gender stereotypes in schools;
- Initiate advocacy with MENFP to revise gender-stereotyped textbooks and increase the number of women in teaching and leadership positions.
- Renovation of school sanitation facilities (locking doors, lighting of toilets, identification of «Girl» and «Boy» stalls) to become gender responsive and also to improve access to basic hygiene.
- Collect information from schools on the literacy rates of girls, boys, young women and men, and those in these categories living with a disability;

### NGOs & other actors

- Set up an early warning system (EWS) to monitor students (with more emphasis on adolescent girls and young women) who have dropped out of school and support parents to become aware of the importance of reintegrating them into the education system. Prioritising out of school children in the distribution of school kits can be very effective.



- Provide accelerated education programs (AEPs) to support adolescents and young people, particularly adolescent girls and mothers, to acquire basic literacy and math skills. AEPs will also support the development of comprehensive sexuality education, financial literacy and life skills. This will increase opportunities for adolescent girls and mothers, in particular, to earn a living, gain self-confidence, and engage in entrepreneurship and decision-making at home and in their communities;
- Deliver in-service teacher training programs that include child protection (including SGBV in schools), gender-responsive pedagogy, nutrition, good health and hygiene, SRHR, and sustainable agriculture practices.
- Deliver training to the educational personnel on Gender Responsive Pedagogy and Child Protection to promote a safe, inclusive, gender-equal school environment.
- Integrate comprehensive sexuality education into the school curriculum to prevent adolescent pregnancy, the curriculum should have common and separated sessions for girls and boys.
- Promote access to CVA for vulnerable families to facilitate children's return to school, which will help parents provide basic school materials, pay school fees, and transportation, and also promote access

to school for girls who often stay at home to help parents with other household tasks;

- Develop and implement child protection incident referral mechanisms that are child-friendly, gender- and disability-independent, effective, and safe. These mechanisms should be coordinated with existing community-based protection structures.

## PROTECTION



### General Recommendation

- Establish an effective system for monitoring child protection concerns in the areas of intervention.
- Conduct data collection, disaggregated by age, gender and disability status, on the different types of violence, abuse and exploitation against children in the communes affected by the humanitarian crisis to identify the extent and frequency of such violence and to provide adequate and equitable responses.
- Set up a database on people with disabilities who are victims of violence and abuse that takes into account gender, age, and type of disability (mental, sensory, motor, psychic) to address their needs and better assist them specifically.

Children take part in outdoor activities at school in Haiti.  
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A young girl doing her studies at home in Haiti.  
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## Donors

- Mobilised funds to strengthen health and legal institutions and structures for Child protection, gender, and inclusion for equitable and effective care of SGBV survivors during the humanitarian crisis.

## Government & Cluster

- Request the Child Protection Sub-Cluster to train stakeholders and participants in the food security program on child protection in emergencies, addressing negative coping strategies related to food insecurity, such as sexual abuse, exploitation and harassment, child labor, and human trafficking. Strengthen collaboration across protection and health to ensure GBV/ SRG integration in the response.
- Strengthen networking with protection actors (Brigade for the Protection of Minors, Human Rights Organizations, NGOs, police and justice) to encourage victims to file complaints and help them reach justice.

## NGOs and other actors

- Strengthen or establish community-based child protection mechanisms and establish reporting mechanisms for victims of abuse or violence that include the establishment of hotlines, childcare centres, and permanent awareness spaces (flyers, role plays, banners, radio spots) to inform local communities about child protection concerns, available services and referral pathways
- Conduct consultations or workshops at the community level (under the leadership of local authorities) to identify negative social norms, attitudes and beliefs that affect women and girls and people with disabilities;
- Work in synergy with humanitarian actors to establish a reliable and age-, gender- and disability-appropriate mechanism for handling complaints related to adolescents, young women and young men, especially those under 25 years of age (telephone line, complaint box, etc.) to make it easier for the most vulnerable people, and those who are reluctant, to report abuse;
- Organize extracurricular activities to encourage girls and boys to return to school to promote their personal, social and emotional development and gender equality for children and adolescents.

## WATER, SANITATION AND HYGIENE



### General Recommendation

- Advocate with relevant authorities (state and civil society) that WASH programming should consider the needs of people with disability and also be gender-responsive.



## NGOs & other actors

- Install and make functional gender-responsive water points (and latrines) in schools to facilitate access to safe water for students;
- Rehabilitate the drinking water supply systems and hand pumps identified in the communities participating in the project.
- Ensure the provision of sanitary and hygiene kits (including menstrual materials and supplies) to girls, adolescents and young women, including girls with disabilities, for the management of their menstruation;
- Build the capacity of young women, adolescent girls and women in WASH, so they can join the WASH management committees and be part of the decision-making space.
- Deliver training programs for adolescents, young men and women on shared WASH responsibilities and tasks;
- Repair the hand pumps at the Capotille/Welsh communal section, placing them a little lower so that they can draw water from the water table, even in times of drought (caused by climate change); allowing women and girls to have better access to these facilities.
- Set up a program to combat open defecation in the various communities (UNICEF's WAKA is suitable); Set up groups of leaders or champions to raise awareness of good hygiene and sanitation practices. (Plan and other partners with the involvement of DINEPA and the town halls.

## NUTRITION



### General recommendation

- Conduct a rapid nutritional assessment in the relevant communal sections to better appreciate the nutritional situation using the results of the gender analysis and other preparation data. ONG et autres acteurs

### NGOs and other actors

- Develop and implement an urgent response with priority given to pregnant and lactating women and children under five years of age suspected of being malnourished with a nutritional package including for each child: screening for malnutrition, deworming, vitamin supplements and advice to mothers on dietary diversification;
- Promote food diversity by encouraging local production and consumption of nutrient-rich local foods (fruits, vegetables, legumes), to ensure local accessibility, diversify diets and improve community health;
- Promote nutrition education, if possible included in school teaching, to fight against taboos and bad eating practices, especially in relation to menstruating women and girls, pregnant women, and nursing mothers, to help them better understand their body's nutritional needs and adopt healthier eating habits.
- Deliver training about health and nutrition to child protection staff who work with actors to identify parents in distress or at risk of negative coping mechanisms, as well as to provide basic psychosocial support and positive parenting support;
- Facilitate access to quality/drinking water within households as poor quality water can cause body dysfunction even with a healthy diet.



## | ABOUT PLAN INTERNATIONAL

Plan International is an independent development and humanitarian organisation that advances children's rights and equality for girls.

We believe in the power and potential of every child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected. Working together with children, young people, our supporters and partners, we strive for a just world, tackling the root causes of the challenges facing girls and all vulnerable children.

We support children's rights from birth until they reach adulthood. And we enable children to prepare for – and respond to – crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge.

We have been building powerful partnerships for children for over 85 years and are now active in more than 80 countries.

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