



Needs of Women and Girls in Haiti Critically Underfunded in the Hurricane Matthew Humanitarian Response

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Sexual and reproductive health (SRH) and protection is critically underfunded in the Hurricane Matthew response in Haiti. Without urgent action, maternal and newborn deaths and sexual violence will rise. We urge the donor and relief community to work closely with local partners to implement the Minimum Initial Service Package (MISP) for Reproductive Health — a set of priority interventions designed to reduce morbidity and mortality, particularly among women and girls, from the onset of a crisis; to supply reproductive health and dignity kits that support implementation of the MISP; and to ensure access to comprehensive SRH services as soon as possible.

Overview

On October 4, Hurricane Matthew made landfall on Haiti's southwest coast causing extensive flooding and mudslides, damage to road infrastructure and buildings, as well as electricity and water shortages in a country still suffering the aftermath of the 2010 earthquake. 2.1 million people have been affected by the hurricane, including 546,000 women of reproductive age.¹ Damage to the existing health infrastructure is extensive and many of the areas hardest hit by the hurricane are remote and difficult to access.

Funding

The response to Hurricane Matthew is critically underfunded. To date, only 38% of the \$119.8 million needed to provide life-saving assistance and protection, including SRH services, in the first three months of the response, has been funded.² The United Nations Population Fund (UNFPA), the UN Agency central to ensuring maternal and reproductive health services, has only received 24% of funding needed in the next six months.³ Member States and donor agencies are slowly responding to the appeal but the needs are becoming increasingly urgent.

Maternal and Newborn Health

Of the 13,650 women who will give birth in next three months in areas affected by the hurricane, more than 2,000 will have complications and require emergency obstetric care.⁴ Furthermore, 9-15% of newborns will require lifesaving emergency care and access to essential newborn care. UNFPA trained midwives have been deployed, but are reporting severe shortages of staff and medicines, with some remote areas yet to receive any assistance. Efforts to reach remote populations, such as through mobile clinics and partnerships with existing community health workforce, are critical in saving the lives of mothers and babies.

Preventing Sexual Violence and Assisting Survivors

In hurricane affected areas of Haiti, gender based violence (GBV) is on the rise.⁵ Temporary shelters are

¹ [UN OCHA Situation Report - 8 November, 2016](#)

² [UN OCHA Haiti Flash Appeal](#)

³ [UNFPA Women's Need in Haiti's Affected Areas – 25 October, 2016](#)

⁴ [UNFPA Women's Need in Haiti's Affected Areas – 25, October, 2016](#)

⁵ [UNFPA and Haitian Ministry of Health Gender-based Violence Rapid Assessment Report, October 12-16, 2016, Departments of Nippes and Grand Anse](#)

overcrowded, there are no private and secure spaces for women and girls, and there is limited freedom of movement in the evenings for fear of violence. Severe shortages of supplies, food and water also pose significant protection risks for women and girls. UNFPA is providing health facilities with PEP kits, distributing dignity kits which contain items that protect and support women's dignity, and building the capacity of health providers to manage the consequences of sexual violence through training on Clinical Management of Rape (CMR). But there remains serious concern about extremely limited numbers of protection actors and qualified medical personnel to handle consequences of rape in the area and limited funds allocated to GBV prevention and response.

Incorporating gender perspectives and sexual assault prevention into the design of all initiatives to meet basic and survival needs can help prevent violence. In addition to prevention efforts, it is essential to provide clinical care, including emergency contraception and post-exposure prophylaxis to prevent transmission of HIV, for survivors of sexual violence. Health care received within three days of sexual assault can reduce the risk of HIV infection and within five days can reduce the likelihood of pregnancy. The earlier post rape care is received the more effective it is in preventing HIV and pregnancy

Reducing the Transmission of HIV and Other Sexually Transmitted Infection (STIs)

It is essential that those affected by the disaster are not put at further risk for STIs, including HIV. Rising gender-based violence increases the risk of acquiring STIs. In addition, people currently on anti-retrovirals (ARVs) including for prevention of mother-to-child transmission (PMTCT) could develop resistance or become ill if their treatment is disrupted. UNFPA is providing health facilities with STI and condom kits. However, there is a serious concern about young people being engaged in unprotected sex that will put them at additional risk of contracting STI infection.

Ensuring Access to Contraceptives and Menstrual Hygiene Supplies

In humanitarian emergencies, women are often unable to access their usual methods of family planning or emergency contraception. Shortage of contraceptives may lead to unplanned pregnancies, which can lead to unsafe abortion, illness, disability and death. In Haiti, 31% of women between 15-49 years are using, or have sexual partners that are using, some modern method of contraception.⁶ Further, access to menstrual supplies supports women and girl's hygiene and dignity.

Recommendations

Member states and donors must fully fund the Flash Appeal to provide life-saving assistance and protection in Haiti and urgently address gaps in funding for SRH and GBV. Specifically, donors should:

- Ensure that gender perspectives and sexual violence prevention is incorporated into the design of all initiatives to meet basic and survival needs.
- Integrate services for maternal, newborn and SRH into a basic package of care provided by mobile clinics and support mobile clinics and partnerships with existing community health workforce in order to reach women and newborns in remote areas as soon as possible.
- Ensure contraceptives, including emergency contraception, are easily accessible and free.
- Further support distribution of RH kits, essential newborn supplies, and dignity kits.
- Support efforts to repair, re-equip and staff health structures and provide tents to temporarily provide health services inclusive of maternal, newborn and SRH in the meantime.
- Support capacity development of health service provider's staff and other personnel to deliver the Minimum Initial Services Package (MISP) for reproductive health in crisis and start planning for a comprehensive SRH programming.

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⁶ [FP2020 Country Data and Resources](#)