WOMEN'S REFUGEE COMMISSION

Four Months After the Earthquake: A Snapshot of Priority Reproductive Health Activities in Haiti

An Inter-agency MISP Assessment Conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission

May 17-21, 2010

REPORT FOR COMMUNITY CONTRIBUTORS

WHO ARE WE?

The Women's Refugee Commission is a non-governmental organization (NGO) based in the United States. We are an advocacy organization: we work with governments, United Nations (UN) agencies and international relief organizations to make sure they consider the rights, safety and well-being of displaced communities when they develop programs. We do not implement or provide funding directly to programs that support women, children or young people. Instead, our work contributes to long-term solutions to the problems facing displaced persons.

WHY DID WE COME TO HAITI?

We came to Haiti to examine the extent to which priority reproductive health (RH) services were being provided as a response to the January 12 earthquake. There are priority RH needs that must be addressed in every emergency (the Minimum Initial Service Package–MISP [see box on p. 2]), and we wanted to meet with the providers of these services and those receiving them. We wanted to see what was available, what was missing and what people affected by the earthquake wanted in order to improve their RH.

WHAT DID WE DO DURING OUR VISIT?

Six staff members from CARE, the International Planned Parenthood Federation (IPPF), Save the Children and the Women's Refugee Commission visited Haiti in May 2010. We travelled to three areas that were severely impacted by the earthquake: Port-au-Prince, Léogâne and Jacmel. We met with 329 displaced women, men and adolescent boys and girls in 14 focus group discussions. We interviewed representatives of local and international NGOs, UN agencies and the Ministry of Public Health and Population (MSPP) to learn about what services were available.

Listening to people in Haiti was very important because we learned directly about their experiences during and after the earthquake. We are very grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

We aimed to answer six questions regarding RH services provided to women, men and adolescents affected by the earthquake:

1. Were agencies coordinating RH services to ensure these life-saving services were available?
2. What was being done to prevent sexual violence and provide care to survivors?
3. What was being done to minimize the transmission of HIV?
4. What was being done to reduce unnecessary death and disability among pregnant women and their newborn babies?
5. What was being done to plan for more comprehensive RH services and address other related needs?
6. What was being done to ensure that antiretrovirals, contraceptives and treatment for sexually transmitted infections (STIs) are available?

The **Minimum Initial Service Package (MISP) for reproductive health (RH)** is a coordinated set of priority activities to be implemented at the onset of every new emergency. The components of the MISP are:

> Coordination of the MISP
> Prevent and manage the consequences of sexual violence
> Reduce the transmission of HIV
> Prevent excess maternal and newborn morbidity and mortality
> Plan for comprehensive RH services
> Ensure contraceptives, antiretrovirals and care for STIs are available

WHAT DID WE LEARN DURING OUR VISIT?

We learned that there was an exceptional level of awareness among international organizations about the need to provide key RH services and far stronger efforts to address them than in other emergencies the Women's Refugee Commission has visited. We also observed notable improvements in coordination and in efforts to implement each of the MISP activities. However, we found there are significant gaps in preventing and responding to sexual violence; expanding the coverage of services; and informing beneficiaries of the RH-related services available to them.

This pregnant woman in the remote Mont Fluery displacement settlement in Jacmel will have to walk 45 minutes to the nearest road to access transportation to the hospital when she goes into labor.

KEY FINDINGS

1. Were Reproductive Health Services Being Coordinated?

Humanitarian responders began meeting in Port-au-Prince to coordinate RH activities less than two weeks after the earthquake. This coordination was led by the UN Population Fund (UNFPA) and the MSPP. Efforts to coordinate RH services at the regional and local levels were not as strong four months after the earthquake, although agencies were taking steps to begin coordination efforts in Léogâne and Jacmel. RH supplies provided by UNFPA that help health and other staff provide services were available in the early weeks of the emergency, but supplies quickly ran out, particularly clean delivery kits and pregnancy tests.

2. What Was Being Done to Prevent Sexual Violence and Provide Care to Survivors?

"Everything that you could possibly think of got worse, especially for us women."

Adolescent female focus group discussion participant, Mitton, Léogâne

The level of sexual violence, including sexual exploitation and abuse (SEA)—which is the act of obtaining sexual favors in return for assistance or protection—was a growing concern. SEA has been a particular concern among women and girls who noted having to trade sexual favors with international and local humanitarian agency staff for protection from rain or for money or food.

A group of humanitarian agencies has been working on ways to prevent and respond to sexual violence. However, this has been difficult due to risk factors such as controlling male community members who intimidate the community; insufficient outdoor lighting

in the camps; lack of a camp management agency to oversee security; insecurity within the camps; and an overall lack of basic necessities, including food, water and livelihoods.

People who have experienced sexual assault should seek medical care immediately to stop preventable consequences, such as unwanted pregnancy and sexually transmitted infections (STIs). Only a few facilities offered this care, although all service providers with whom the assessment team spoke knew that survivors should be referred for care.

Those who were providing services noted that ensuring privacy in health facilities was a challenge and that not enough mental health and social support were available. The community was also not aware of the availability of clinical services and the benefit of seeking clinical care after experiencing sexual assault. Many of those we spoke to, however, did not want to report incidents of sexual assault to a health facility and were more interested in securing jobs as a means to prevent having to trade sex to provide their day-to-day basic needs.

3. What Was Being Done to Minimize HIV Transmission?

"Yes, we can buy condoms but we don't have money."
Adult female focus group participant, Mitton, Léogâne

Haiti had strong HIV programs before the earthquake, and HIV prevention efforts after the earthquake were therefore well established. Condom distribution has been a priority, with UNFPA taking a lead by ordering and distributing 7 million male condoms to the earthquake-affected areas. Condoms that were distributed to camps were easily available in the initial days after the earthquake but had become much harder to access in the subsequent weeks. The communities we visited informed us that they had to pay for condoms beyond the few that were supplied for free, and accessing these was more difficult in areas outside of Port-au-Prince. Displaced women in Léogâne were also interested in female condoms.

Universal precautions to prevent the spread of infection within the health care settings were being practiced by health facilities, but we found that the disposal of medical waste was a challenge for smaller facilities. It appeared that blood for transfusion was being properly screened for HIV and other diseases.

Adolescent girls ask for improved protection in a focus group discussion in Pinchina Camp, Jacmel.

4. What Was Being Done to Reduce Unnecessary Death and Disability of Pregnant Women and Their Newborn Babies?

The MSPP has a national policy for free obstetric care in public health facilities. Care for pregnant women experiencing complications and for newborns was provided to varying extents in the three areas that we visited, although the quality and availability of care free of charge, 24 hours per day, seven days per week were not consistent. Several facilities in Port-au-Prince provided free comprehensive care for pregnant women, including cesarean sections, but this service was not available in mobile clinics that were serving many displaced settlements and camps. People living in remote settlements and camps in Léogâne and Jacmel on the other hand had difficulty accessing pregnancy-related services.

The women that we spoke to told us they had very limited access to clean delivery kits, in spite of agencies reporting they had distributed them. Access to health services for newborn illness and complications, as well as unsafe abortion, were cited as additional concerns.

5. What Was Being Done to Plan for More Comprehensive Reproductive Health Services and Address Other Related Needs?

Planning for more comprehensive care was evident during our visit. Organizations operating mobile facilities had started planning to offer services in fixed facilities.

Baby tents like this one provide space for lactation and parenting classes for new mothers as well as distribution points for baby formula.

6. Other Important Reproductive Health Services

"Everything changed for the worse after the earthquake–there is more freedom for kids who have no home and they sleep in tents."

Adult male focus group participant,
Accra Sud camp, Port-au-Prince

We also found out that family planning had been recognized as a need by the MSPP, but while several agencies were offering contraceptives, some reported they had stock-outs, particularly of injectables and pills. Sexually transmitted infections (STIs) make up a large percentage of diseases in Haiti and the MSPP recognizes the need for immediate treatment. HIV/AIDS prevention and treatment were available in Haiti prior to the earthquake through PEPFAR (U.S. President's Emergency Plan for AIDS Relief) and efforts to continue access to HIV medications have been strong in Port-au-Prince.

WHAT WILL WE DO NOW?

The Women's Refugee Commission will share these findings and recommendations with governments, donors, the UN and international and local aid agencies. Some of the recommendations are:

- UNFPA and the MSPP should address the gaps in coordinating an effective response for RH issues.
- All agencies should work to expand security in camps; involve the leadership of women and girls and communities in the prevention of sexual violence; establish ways to report sexual abuses and investigate them; and inform communities of where and how to report incidents and why it is important for survivors of sexual violence to seek medical care.
- All agencies should develop a plan for job creation and income generation for women to decrease exchange of sex for basic necessities.
- All agencies providing health services should work to ensure that care is always available for women with pregnancy complications, as well as services for newborn babies.
- All agencies should ensure that STI treatment and contraceptive supplies, including condoms, pills and emergency contraceptive pills, are free and easily accessible.

WHAT CAN YOU DO IF YOU WANT TO LEARN MORE ABOUT OUR WORK?

For a copy of the complete report, please visit womensrefugeecommission.org/reports/doc_download/635-haiti-reproductive-health-report

If you would like to learn more about the Women's Refugee Commission's advocacy on behalf of displaced women, children and youth, visit our website at womensrefugeecommission.org or contact us at info@wrcommission.org

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All photographs: WRC/Lauren Heller

Our partners in the assessment: