

## **HUMANITARIAN CRISIS IN THE CARIBBEAN GENDER ALERT Sept 14 2017**

**TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN  
MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL  
AFFECTED POPULATIONS.**

A category 5 hurricane (Irma) struck the Caribbean on 5<sup>th</sup>-7<sup>th</sup> of September 2017, causing massive destruction and widespread flooding.

Initial information indicates that large proportions of the populations of Anguilla, Barbuda, the British Virgin Islands, St. Martin/St. Maartin, the US Virgin Islands, and Turks and Caicos have been directly affected by the crisis. They will require extensive assessment and support in the coming months. Authorities have declared a state of emergency and report significant damage and even destruction of livelihoods, infrastructure, housing, communications and essential services. Water and food supplies are currently limited. Immediate needs identified include emergency relief supplies, water, food, shelter materials and other NFI, including dignity kits<sup>1</sup>.

Furthermore, a number of locations have reported a wide-scale breakdown in law and order, leading to violence and looting and giving rise to concerns over protection for women and girls at heightened risk of GBV. Curfews and limitations on movement have been put in place by military and police to keep control of the situation.

Logistical and communication access to many of the island states has been problematic, causing delays to assessment, analysis and development of response strategies. This has hampered the inclusion of gender in humanitarian action capacity into the needs identification process and in the formulation of the response. This needs to be resolved, so that the differing and specific needs and vulnerabilities of women, girls, men and boys can be identified and adequately addressed. Further, it is crucial that the voices, experience and leadership from all members of the crisis affected population – including women and girls - are consulted so that the most effective response can be formulated.

### **PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS**

The participation and leadership of women and girls in the assessment, planning and implementation of the humanitarian and early recovery response is crucial to ensuring the needs and vulnerabilities of women and girls are identified and addressed. National women's groups, women's organizations and civil society need to be consulted to ensure the voices of the crisis-affected women, of all ages, are represented in the process of needs identification and response strategy formulation.

At the coordination level, it is essential that the Humanitarian Coordination Team (or equivalent) convene an inter-agency/inter-Sector working group as soon as possible. This will help ensure effective mainstreaming of gender in the humanitarian response across the Sectors and the GBV sub-Sector, to agree on standards and monitoring impact and to share relevant information. The group should also work on ensuring funding for targeted activities for women and girls.

For more detailed guidance on gender-equality and women's empowerment in humanitarian action, please refer to the [IASC Gender Handbook for Humanitarian Action](#) and the [IASC Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action](#).

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<sup>1</sup> [OCHA Hurricane Irma Sit-Rep 10 Sept 2017](#)

### **Action Points for Participation and Leadership of Women and Girls:**

- All Sectors and coordinating bodies should gather and utilize sex and age disaggregated data.
- All assessments – including rapid assessments and any planned Post Disaster Needs Assessments - should ensure compliance with official guidance on how to conduct an assessment with adequate provision - including gender balanced assessment teams - for the gathering of appropriate and relevant gender information and sex and age disaggregated data to inform programming, endeavoring to include a section on the gender impacts of the emergency in all forms
- All humanitarian responders must consult with and involve women’s civil society groups and women of all ages, including those hard to reach or at risk - such as women with disabilities.
- Ensure women and girls with disabilities and injuries are identified in needs assessments and data collection tools are designed to capture them.
- Ensure that the humanitarian hubs also have the requisite gender-in-humanitarian-action capacity.
- As humanitarian action moves to early recovery stages, ensure women are represented in all decision making and consultation fora and women are provided with livelihoods and income generation opportunities, based on direct consultation with them to ensure activities are tailored to their needs, circumstances, and capacities. Regularly monitor how women/girls participate and ensure that it is done in a meaningful way.
- Ensure men’s and boys’ support (not just consultation) making them allies in this work.

## **PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE**

### **HEALTH CARE –**

With disruption to normal health service provision, a large proportion of pregnant women will have difficulty accessing reproductive health services and will consequently face the increased risk of life-threatening complications. Women have also lost access to family planning, exposing them to unwanted pregnancies in perilous conditions. UNICEF has produced radio spots on health, hygiene, breastfeeding and child protection in emergencies

### **Action Points for Health Care:**


- The Health Sector to roll out the priority life-saving services in the Minimum Initial Service Package (MISP) for reproductive health.
- The Health Sector to facilitate Clinical Management of Rape (CMR) in health centers and mobile teams, providing confidential care for survivors of sexual violence according to IASC GBV guidelines and post-rape treatment kits to be distributed and health actors trained in using the kit.
- The Health Sector should endeavor to provide women with access to skilled birth attendants for delivery and to basic and emergency obstetric care including a 24 hour 7 day per week emergency referral system.
- The Health Sector to distribute clean delivery kits to identified pregnant women in affected areas.
- The Health Sector to prioritize the distribution of Inter-Agency Reproductive Health Kits in affected areas to service providers.
- The Health Sector to make family planning supplies freely available, including emergency contraception, to avoid unwanted pregnancies.
- The Health Sector should ensure standard precautions are in place in health facilities, including protocols for blood safety and free condoms made widely available to prevent the transmission of HIV.

- The Health Sector should ensure that anti-retrovirals are available to whoever needs to use them especially to prevent mother to child (PMTCT) transmission.

**NFI** **NON-FOOD ITEMS** –The high number of potentially vulnerable female-headed households in the most affected districts and amongst the displaced population should be prioritized in the distribution of basic NFI materials for shelter, cooking, water-storage and lighting where needed due to lost and/or damaged property.


**Action Points for Non Food Items:**

- Implementing agencies engaged in the distribution of NFI should take care to ensure that vulnerable households, including female-headed households, are specifically sought out to assess NFI needs and to deliver if required.
- Culturally appropriate menstrual hygiene materials, including soap and underwear must be distributed regularly.
- Family entitlement cards and ration cards are issued in the name of the primary female and male household representatives.

 **SHELTER** – At this stage, limited information is available on total numbers in need of shelter, but UNICEF has reported that there are 17,000 people in immediate need of shelter across Anguilla, Barbuda, British Virgin Islands and the Turks & Caicos Islands. No current information is available on the number of vulnerable households, including female-headed households. With the hurricane season continuing, it will be essential that people are provided adequate shelter as soon as possible.

**Action Points for Shelter:**

- Shelter agencies must make special provisions to identify and prioritize vulnerable households for shelter materials distributions and/or shelter provision, including female-headed, girl and boy - headed households and households with disabled, elderly and/or pregnant/lactating members.
- Any provision of group shelters must include adequate segregation of women, girls, men and boys, including the provision of segregated WASH facilities; and ensure privacy and safety.
- Shelter agencies must make special provisions for providing assistance to vulnerable households in any self-build emergency shelter, transitional shelter and/or repair programmes – including the delivery of building materials and in any necessary construction work.

 **WATER, SANITATION AND HYGIENE** – With large numbers displaced and with large amounts of rubble and accumulating solid waste and stagnant water, conditions are increasingly unsanitary, with issues of vector control and water-borne infections. Extensive damage to the water infrastructure limits people's access to safe toilet/washing facilities. Women will also have difficulty in disposing their sanitary items in a safe and dignified manner.

**Action Points for WASH:**

- WASH must prioritize the installation of segregated, lockable and well-lit communal WASH facilities wherever they are needed. They must also be accessible by those with disabilities or with limited mobility.
- WASH Sector to create suitable waste management solutions for the safe and dignified disposal of sanitary items as well as provide appropriate washing facilities for menstruating women as determined through consultation with them.

**FOOD SECURITY AND LIVELIHOODS** – Having immediate access to the food they need to survive is a priority for the entire affected population. WFP is prioritizing the most vulnerable, including female-headed households, families living in shelters, families with malnourished children, pregnant and nursing women, and the elderly.

Means of livelihood for many people will have been, at best severely disrupted, if not entirely destroyed. Key industries such as agriculture, tourism and food processing – which have a high proportion of women as employees – will need a lot of reinvestment in terms of resources and time to rebuild and recover.

**Action Points for Food Security and Livelihoods:**

- Food Sectors must make provision for women and girls to be able to attend (and return from) food distributions and receive their rations in safety.
- Food Sectors must make special provision to deliver food to households unable to attend blanket distributions.
- Cash-for-Work implementing agencies must give women equal opportunity to participate in cash-for-work programmes. Alternative activities should be available for women who cannot engage in heavy labour.
- Cash-for-Work implementing agencies should make arrangements for child-minding services or family care provisions for women and girls who want to otherwise participate in cash-for-work activities.
- Agricultural programmes – including the provision of seeds, tools, livestock etc- must also be made available for women who want them. Special provision should be made for households that may have recently lost the agricultural expert in the family.
- Possible negative effects of changes in power relations are monitored.



**PROTECTION**

– In the current aftermath of the crisis, policing and protection services have been disrupted, leaving women and girls at heightened risk of attack, violence and exploitation and survivors with few options to access assistance. Furthermore, the justice system is largely non functional, thus reducing access to existing grievance mechanisms.

With many schools damaged or destroyed, crisis-affected children will have no access to education. Special provision should be made for the protection of adolescent girls who would normally be in school during the day. It is also essential that all girls and boys are encouraged to return once the schools reopen.

**Prevention of Sexual Exploitation and Abuse (PSEA)** – As with any humanitarian crisis, the risk of sexual abuse and exploitation by either civilian or military humanitarian personnel is high. It is important that all prevention, referral and survivor support services are put in place and are functioning at this critical time.

**Action Points for Protection:**

- The Humanitarian Country Team, including the Protection Sector and GBV sub-Sector to advocate for more support, resources and funding to address the increased risks to S/GBV caused by the ongoing crisis and to establish a referral system to support GBV survivors' access to quality care – including emergency contraception - and support.
- The Protection Sector should prioritize the installation of safe spaces for women and children.
- The Protection Sector with the GBV sub-Sector to establish and ensure that GBV survivors have access to health and psychosocial support that is culturally appropriate and that service provider especially health and community based services are trained to listen and provide emotional support, and provide information and refer as needed and agreed by survivor.
- The Protection Sector to establish a referral system to support GBV survivors' access to quality care and support.
- The Protection Sector with the GBV sub-Sector to ensure safe and ethical data collection on GBV in line with the GBV Information Management System.
- The Protection Sector to provide clear messaging to the crisis affected population on the risks of trafficking and how people can protect themselves. Protection Sector to work with national authorities to strengthen the capacity and strength of police border desks to identify potential victims of trafficking.

- The GBV sub-Sector to inform the affected populations about the types and nature of GBV and HIV prevention, treatment, care and support services that are available for survivors of sexual violence and exploitation.
- PSEA training must be provided to all personnel involved in humanitarian programming as a priority – especially amongst those who work closely with IDPs and other members of the local population and discuss PSEA policies and strategies with partners as part of the partner selection process.
- Develop early warning systems to ensure PSEA and establish feedback and complaints mechanisms with provisions made for receipt, referral and victim assistance in cases of SEA.
- Clearly mention PSEA strategies in project documentation e.g. risk matrices and logical frameworks.