UNWomen and CARE joint Rapid Gender Analysis in Haiti

Impact of COVID-19

1 December 2020
Overview

Purpose of the study

✓ Understand and gather data on the differentiated socio-economic impact of covid-19 on women, girls, men, and other vulnerable and marginalized groups (people living with disability and LGBTIQ)

✓ Draw practical recommendations for direct response and recovery from COVID-19 crisis within the HRP framework.

- Population – 11,430,000 habitants of whom 50.8% are women; 30% are below 15 years; and 5.2% are 65+ years
- Average household size – 5.
- Households headed by women – 45%
- 1 out 5 people below 15 years old has a physical disability – of whom 27.7% are girls
- 1 out 5 women has experience a form of sexual violence
- Non-existence of reliable data for minority groups – including LGBTIQ
- Medical personnel – 11,775 of whom 3354 trained medical doctors; 8202 nurses; and 219 traditional birth attendants.
- Less than 3,000 bed for covid-19 patients.

Source: 2017-2018 ESPSS-II; PSDH; EMMUS-IV; MSSP
Particularities of the study

- Use of mixed methods – a lit review; a household survey; KII interviews and FGDs
- National wide coverage
- Combination of two different approaches for RGA – unwomen and CARE
- Zoom on differentiated impact of covid-19 on vulnerable and discriminated groups within the main traditional gender grouping – people with disability and LGBTIQ across gender and ages

A national wide study – dividing the country into 5 survey groupings.
24% more women and 15% more men have lost their paid employment due to COVID-19. 50% of men and 31% of women have seen their working hours reduced.

The population of women without a paid employment increased from 16% (before C-19) to 39%.

½ of the surveyed women population have on average 2 working hours of paid labor while men have 6 working hours.

Teleworking is accessible to most women due to poor and expensive internet; electricity and household chores.

Women living with disability and LGBTIQ are amongst the most vulnerable people to lose a job as a result of COVID-19.
Main findings – access to health care

Access to health care during COVID remained a major challenge for 45% of men and 54% of women, for whom access to critical needs such as maternal health, family planning, and sexual and reproductive health are unavailable during the pandemic.

82.1% of surveyed population had no access health services at the pic of the pandemic.

30.2% of survey women declared that they hygiene needs in relation to menstruation are not met.

47.8% of women don’t have access to any form of maternal and SRH/FP.

Healthcare (42.5% of women and 32% of men) remain a top priority

GVB cases have increased between 5% à 40% during the covid-19 pic period
Main findings – access to other essential services

Only 6% of children have access to education – with only 70 out 195 days of days partaking in a school activity for the current school year

86.7% of households with children at schooling age don’t have access to a form of distance learning

only 14% of the population in Haiti have access to water – 56% of those have to walk for 30 mins to access water.

Food (12% of women and 31.6% of men) remain a top priority.

Women have more access to information than men (98.9% vs 96.2%).

Men rely on traditional and social media (86.6% vs 79.5%) whilst women use telephone (49.0% vs 42.0) and community meetings (30.6% vs 27.2%) to access information
Main findings – loss of productive resources

The primarily resource losses for women are 42% agriculture/fishing, 35% overseas transfers, and 34% food from livestock/fishing. For men, top resource losses are 54% labor, 52% paid work, 39% ag./fishing.

½ of women have an income less than 3,000 Haitian gourdes whilst men have 5,000 gourdes.

Men make are involved or make decision on the type of paid employment should take in times of covid-19 compared to women (93.4% vs 70.4%).
Top recommendations

- Ensure employment and income by supporting women to undertake income-generating activities related to COVID-19 to improve resilience, women’s economic empowerment, and job growth

- Increase access to basic services which includes safe water access; strengthening health facilities and capacities to prevent and control infection

- Protect girls and women from gender-based violence, which entails awareness campaigns on GBV and promoting positive social norms to prevent violence (i.e. peaceful conflict resolution, positive masculinity, etc.); advocating for national classification of GBV services as essential services during crisis; strengthening public institutions to address the rise in gender based violence and support victims
Applying learning and recommendation from the RGA

Use of RGA findings in conjunction with findings from other studies to refine and retrofit covid-19 response and humanitarian emergency programming – SBC; needs assessment and beneficiary targeting

Enhancing focus on gbv psychosocial services in emergencies – currently piloting a remote GBV PSS service delivery system

Stepping up CO leadership role in advocating for enhanced leadership of women led organisations in humanitarian response planning, coordination and response management.

RGA report and brief are accessible on: https://www.careevaluations.org/evaluation/haiti-covid-19-rapid-gender-analysis/
Thank you – MERCI -