



IOM HAITI

Gender-Based Violence



Summary

The great insecurity of camp life has brought with it some enormous challenges with regard to Gender-Based Violence (GBV). Families have been broken apart and the stress of living under shelter without a source of income has led to a surge in reported cases violence. GBV is amongst the most common form of violence in many countries and is estimated to affect the lives, health and wellbeing of millions of women, girls, boys and men worldwide.

In order to prevent, address and monitor acts of GBV in camps, the Camp Management and Camp Coordination (CCCM) Cluster has developed various activities in camps and within IOM's overall program.

CASE MANAGEMENT Through its Protection Unit, the CCCM cluster takes an **active role in case management of survivors of GBV.**

Case management involves, as necessary: case identification - through direct or indirect victim referral, interviewing, referral to the relevant/applicable body: medical assistance, police, counseling services, NGOs, supportive reporting - escorting the victim to and from the service providers - and follow-up/monitoring of victims. The Protection Unit keeps each case recorded and confidential, but provides relevant partners (Protection, Security and Health) with case numbers, types and location to better inform related planning and service provision.

The increase in the presence of camp management teams on site has naturally led to an **increase in the number of cases reported: Between March and May 2010, 12 cases of SGBV were reported to CCCM teams**; between June and September, the number has more than tripled. **98% of cases of SGBV reported to IOM in the period between March and August 2010 were done so directly to a camp manager or camp field team on site. 83% of survivors interviewed by IOM Protection teams reported that they had no idea who to report the case to other than the camp management staff, or where they should go to seek medical assistance. Of those that did know of the existence of a nearby health facility, 100% reported they did not have the means to reach these facilities or were afraid to go to them alone.**

PSYCHOSOCIAL SUPPORT Throughout 17 high-risk sites in Port-au-Prince and in both the psychiatric hospitals, 6 psychosocial support teams are deployed to provide psychosocial assistance services to GBV survivors and communities as a whole. Identified cases are referred for additional support by both CCCM teams and external partners. Managed by IOM's Health Unit, these mobile teams have, to date, reached some **80,000 beneficiaries, 32,000 of which are children.**

TRAINING As part of the weekly training for camp managers, CCCM Protection provides partners with training on Protection and GBV referral cards and mechanisms. GBV training is also provided to IOM's own CMO teams, who are additionally trained on internal referral mechanisms, basic survivor interview skills and community-based approaches to GBV prevention. To date, **1,131 individuals have received protection training by IOM. 120 camp management supervisors received in-depth training specific to GBV.**

ASSESSMENT & MONITORING The CCCM Protection Unit conducts house-to-house level assessments to identify the most vulnerable prior to relocation operations, during threats of evictions, and in anticipation of T-shelter construction to better capture any potential protection concerns for women in need of additional attention. The team is also tasked with conducting security assessments in sites, coordinating with UNPOL, IDP Police Unit and the Military component of MINUSTAH.

Reporting on security incidents comes from camp management agencies themselves, allowing the unit to monitor trends in sites managed by other partners. CCCM Protection has developed an incident reporting form to enable us to capture information on incidents directly from partners on site. This form is available electronically at

www.cccmhaiti.info



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ADVOCACY Based on monitoring efforts, camp management operations, case management and information captured through the community mobilisers, the Protection Unit is in a position to engage in targeted, informed advocacy and resource mobilization for camps. Increasing security patrols, necessary WASH interventions, and psychosocial activities are examples of the kinds of advocacy efforts undertaken by the unit on behalf on ameliorating the level of GBV in camps.

SITE PLANNING On referral from the Protection Unit, Site Planning teams work to upgrade sites to increase their security, including the rebuilding of perimeter fencing or walls to guard against potential intrusion. Throughout their work, CCCM site planners take into account the need for clustered site layouts, community spaces and paths, community meeting points which have privacy options for reporting cases, and importantly, for separate latrines and bathing areas for men and women.

CCCM Protection also works with partners in developing options for safer lighting options in sites. This may mean installing large light banks throughout the camps, or facilitating distributions of smaller hand-held lanterns in sites where building fixed infrastructure is not feasible. To date, 100 solar lights have been installed throughout 40 sites, while some 7875 households in high-risk sites have been provided with flashlights.

COMMUNITY OUTREACH Even in urban settings, displaced populations are often isolated and uninformed about the types of assistance available for them. For victims and survivors of GBV it is extremely important that they are aware of the health risks involved in sexual abuse, where to go for assistance, and who they can contact for help. In partnership with the GBV sub-cluster, CCCM community mobilisers distribute referral information, communicate health risks, and discuss with camp populations where and how to get assistance for survivors.

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