Gaps in the integrated care of GBV survivors in Haiti: Findings from the Community Led Monitoring (CLM) Program

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CONTEXT: WHY THIS MATTERS

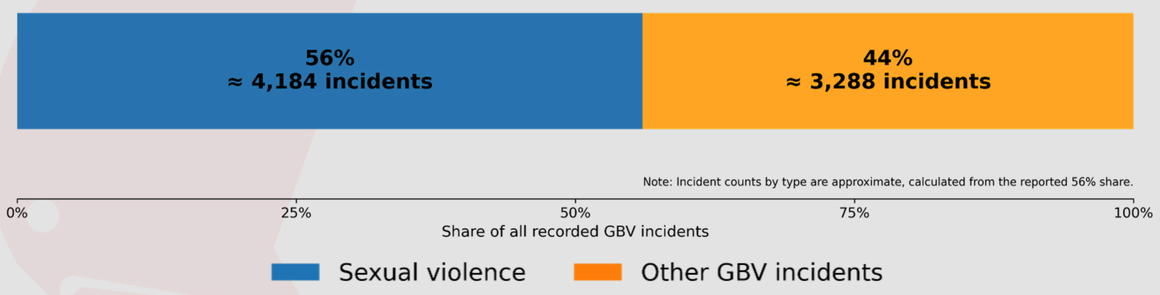
- Haiti's armed violence has intensified GBV risk
- Armed groups use rape and forced prostitution as instruments of terror.
- Women and girls in Port-au-Prince are frequently assaulted in public spaces.

GBV INCIDENTS RECORDED IN HAITI

January–September 2025

7,472 total reported incidents

27 new cases daily



THE STUDY

This study demonstrates how **Community-Led Monitoring (CLM)** functions as a critical accountability and service-navigation mechanism in a context of institutional collapse, generating real-time evidence on gaps in GBV response that are otherwise invisible to formal health and protection systems.

HOW CLM WORKS

1. Community listening & documentation
2. Referral & accompaniment to services
3. Access to care (MH/PSS, medical, psychosocial, legal)
4. Data for accountability & system improvement

METHODS: SURVIVOR-CENTERED

- Survivors voluntarily present to ODELPA and are received confidentially by trained social workers.
- Informed consent is obtained; cases are documented using standardized tools.
- Psychosocial assessment, emotional stabilization, referrals, and structured support groups are provided.
- Procedures follow survivor-centered and human rights principles: safety, confidentiality and secure data management.

CLM (GBV) PILOT RESULTS

Documented violence, secondary impacts, and barriers to timely care

DOCUMENTED INCIDENTS

Gang rapes (largest documented category)	248
Single-perpetrator rapes (includes 2 minors)	34
Sexual exploitation (documented case)	1

SECONDARY IMPACTS

- **83** Children witnessed assaults against their mothers
- **1.8%** Rape-related pregnancies reported
- **2.12%** HIV acquisition reported

CORE MESSAGE:

ODELPA's Community-Led Monitoring makes otherwise Invisible gaps in GBV response visible in real time, helping survivors navigate services while creating evidence for system accountability.

CONCLUSION

Findings reveal critical gaps in integrated GBV care in Haiti, especially delayed clinical services, HIV prevention and referrals. Insecurity, displacement and low awareness worsen outcomes.
CLM is a valuable accountability and service-improvement tool for GBV response in Haiti and comparable humanitarian settings.

SYSTEM GAPS & COMPOUNDED VULNERABILITIES

LOW PEP AWARENESS

Community-level knowledge of post-exposure prophylaxis was limited.

DISPLACEMENT

Insecurity and displacement made services harder to reach.

ECONOMIC LOSS

Loss of income and resources compounded survivors' vulnerability.

PSYCHOLOGICAL TRAUMA

Survivors experienced significant emotional and psychosocial impacts.

ACKNOWLEDGEMENT & CONTACT

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