HUMANITARIAN CRISIS IN Central African Republic
GENDER ALERT

January 2014

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

Following weeks of tension and violence in different parts of the country, on 5 December, armed groups attacked several areas of Bangui. Heavy gunfire continued for hours and door-to-door searches, looting and arbitrary killings prompted local people to flee their homes. Sectarian violence and human rights violations continued and have also been reported in Bossangoa, Bozoum, Bohong and Paoua. Armed groups engaged in a wave of violence and retaliations against communities. In Bangui, violence mostly targeted men although reports have also emerged of women and children killed and some neighbourhoods are entirely empty due to displacement.

Conflict and human rights abuses have led to large-scale displacement. Many have fled to overcrowded sites where medical and other basic needs are still to be met. Humanitarian actors cannot access a large proportion of the affected population due to the lack of safe access to affected areas.

At the IASC Principals' *ad-hoc* meeting on 11 December, there was a call for the development of an 'Accountability to Affected Populations' Action Plan. Some of the 'must do' actions related to gender equality include:

- Ensure inter-agency assessments include questions on communications and information needs and seek to ensure a representative sampling of the population through selection of key informants, capturing sex- and age-disaggregated data.
- Common beneficiary selection criteria developed in consultation with affected communities and disseminated through multiple channels.
- Establish systems for receiving and processing feedback and complaints from affected communities, and ensure that all cluster member agencies have systems in place to receive and respond to complaints and feedback.
- Ensure that community feedback is sought and disaggregated according to sex, age, disability and diversity and that this data and information informs humanitarian planning processes.
- Communicate with affected communities on programming, from needs assessment to evaluations, with clusters modifying operational planning based on local and regional priorities, ensuring that women and vulnerable groups have equal access to information.

A	**ASSESS NEEDS** – The needs of women, girls, boys and men are different during and after an emergency. Accordingly, special efforts must be made to assess the needs of each of these groups, and involve them in programme design. Ensure that women and men participate in any needs assessment teams and that the needs of all parts of the affected population are assessed.
B	**BE ALERT -** Women, girls, boys and men face different security risks. Put in place measures to prevent and reduce risks, especially for those at greater risk, such as unaccompanied children and persons with disabilities. Ensure that women and girls living alone or without male support/companionship are provided with safe spaces separate from non-relative men and supported to access humanitarian assistance in a safe and dignified manner.
C	**COLLECT DATA BY SEX AND AGE** – All data on the affected population, including numbers of deaths, acutely malnourished children under five years of age, injured, displaced and those receiving assistance services must be disaggregated by sex and age. This evidence base is critical for informing a targeted humanitarian response.

FOOD SECURITY AND NUTRITION – According to the Emergency Food Security Assessment (Oct. 2013), 30% of people outside Bangui (approx. 1.1m.) are estimated to be moderately or severely food insecure. IDPs are the most affected; half of them suffer from moderate or severe food insecurity. The crisis has further increased the need for food assistance. The 'Gaps & Constraints' section of the OCHA SitRep (17 December 2013) noted that information management capacity needs to be strengthened, and must include a mechanism to collect, centralise and manage nutritional data, disaggregated by category of severity and gender. Malnutrition is endemic in the region. In addition to inadequate access to health services, malnutrition has increased among the most vulnerable groups, notably children under five years and pregnant and lactating women.

WATER, SANITATION AND HYGIENE AND SHELTER - Large-scale displacement to areas without sufficient access to clean water and proper sanitation has greatly increased the vulnerability of displaced people and poses public health risks. The priority is to provide safe drinking water and emergency latrines and to promote good hygiene practices. Safe sanitation and water facilities must be designed in consultation with women, girls, boys and men to ensure their specific needs are met, people's health and security is improved, and their empowerment and dignity enhanced. Poor design, such as failure to put locks on latrines, or locating water points utilised by women and girls near areas where men congregate increases the risk of GBV.

PROTECTION, CHILD PROTECTION AND GENDER-BASED VIOLENCE - Risks posed by weapons and mines, gender-based violence, child separation (it is estimated that the current number of orphan children in Bangui is approximately 5,000), children associated with armed forces and groups (it is estimated that, since the coup, approximately 6,000 children have been recruited into armed forces and groups) and the psychosocial impacts on children affected by violence must be given the highest priority.

A December 2013 report by the Global Protection Cluster (Critical Protection Concerns: Situation in Bangui, CAR), reported that, "GBV has long been pervasive in CAR. Women and girls are particularly vulnerable and are routinely targeted and face sexual violence in their homes, communities, and particularly in IDP sites… women and girls are extremely vulnerable to rape, abduction, torture, and other forms of GBV. Most GBV survivors are unable to access essential medical care, psychosocial support, and other vital services, or are reluctant to do so given the stigma and culture of silence..."

The GBV sub-cluster reported that, in 2013, a total of 1186 cases of sexual violence allegedly occurred in CAR. However, due to ongoing insecurity it is very difficult to collect consistent data.

HEALTH –The health system has deteriorated. Limited access to health services has significant impacts on the reproductive health of women, especially in a country where maternal mortality is already very high. Immunisation coverage for children cannot be guaranteed and other health problems that affect children in particular, such as diarrhoea, remain untreated. In addition, older people and people with physical disabilities need additional and adequate assistance.

The provision of reproductive health care must be prioritised and staff trained in the clinical management of rape and other forms of sexual and gender-based violence.

GENERAL – As noted above, very little gender-specific data or information is currently available, highlighting the need for greater priority to be given to collecting of sex- and age-disaggregated data.

For ADDITIONAL INFORMATION, please refer to the IASC Gender Handbook and GBV Guidelines: https://www.humanitarianresponse.info/system/files/documents/files/Gender%20Handbook.pdf and https://www.humanitarianresponse.info/system/files/documents/files/GBV%20Guidelines%202005.pdf respectively.

IASC Gender Sub-Working Group

Co-chairs of IASC Reference Group on Gender and Humanitarian Action: UNHCR, Luisa Cremonese (cremones@unhcr.org); International Federation of Red Cross and Red Crescent Societies, Siobhán Foran (siobhan.foran@ifrc.org); UN Women, Blerta Aliko (blerta.aliko@unwomen.org); Women's Refugee Commission, Elizabeth Cafferty (elizabethc@wrcommission.org).