

## HUMANITARIAN CRISIS IN CENTRAL AFRICAN REPUBLIC (CAR) GENDER ALERT: JUNE 2014

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

As inter-communal violence continues to disrupt service provision, mobility and security in the Central African Republic (CAR), an estimated 2.7 million people out of a total population of 4.6 million are in need of humanitarian assistance. This includes 557,000 displaced individuals, including 143,000 in 43 sites in Bangui, and approximately 239,000 refugees, third country nationals (TCNs) and returning migrants (since December 2013)<sup>1</sup>. Although there is an understanding in principle among humanitarians of the distinct needs of women, girls, boys and men of the affected population, many challenges to effective programming informed by gender and vulnerability analyses persist. ***As of yet, there is no reliable disaggregation of gender specific data related to the emergency.***

Information from various national documents, Inter-Agency Standing Committee (IASC) cluster resources and GenCap field missions indicate that pre-existing gender inequalities in CAR are being aggravated by the continuing conflict. The crisis has further increased the exposure of women and girls to protection and health risks, especially those related to gender-based violence (GBV). There is currently a significant lack of timely and accessible GBV services including health and psychosocial support. The breakdown of already limited services further hinders women and girls' access to reproductive health care, education and livelihood opportunities, leading to associated problems such as unwanted pregnancies, forced and/or early marriage, widespread food insecurity and resorting to survival sex and other negative coping mechanisms. Additionally, the crisis is also impacting the livelihoods of men and boys alike which has increased the likelihood of their engagement in negative coping mechanisms such as joining armed groups, resorting to drugs and participating in other criminal activities.

Increasing internal displacement, overcrowding, deplorable living conditions and limited capacity, means that the provision of safe, suitable shelter is a key priority. Other priorities include food, supplementary nutrition supplies, clothing, cooking materials, blankets, and sanitary materials for women and girls. Women and girls in particular face risks when attempting to access services outside of the displacement sites, or while collecting food, firewood, and water, when using WASH facilities at the displacement sites or in general when they leave their home.

IASC Reference Group for Gender in Humanitarian Action (GRG) encourages all humanitarian actors to ensure accountability for the collection of sex and age disaggregated data and a gender analysis of protection concerns in the humanitarian response in CAR. IASC GRG further calls upon all humanitarian actors to then utilize this information to ensure that the needs and capacities of women, men, girls, and boys- and particularly the most vulnerable among them- are being met. Practically speaking this will call for not just programs that address women, men, girls, and boys capacities- but also programs specifically designed to decrease gender inequalities by empowering women and girls. In order to effectively pursue such work, donors must champion a gender lens and gender equality measures in all programs that they fund

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<sup>1</sup> The figures in this paragraph are taken from the *Central African Republic Crisis and its Regional Humanitarian Impact: An Overview of Needs and Requirements* report dated 13 June 2014.


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

Women and girls continue to struggle to be heard and are increasingly marginalized by the humanitarian response. This is despite the fact that the majority of displaced people are women and children, and in some displacement sites, female-headed households far outnumber male-headed households. Leadership structures remain male dominated so that any of the community consultations on needs' identification and programme planning that do take place often neglect the specific concerns, priorities and solutions for women and girls. While some focus group discussions (FGDs) with women and girls have taken place on an ad hoc basis, the extent to which they have informed programming has been limited, as has the extent of feedback to the concerned communities. As a result, the vast majority of women and girls are unable to engage actively and meaningfully in the identification of needs and the provision of humanitarian services. Humanitarian action should facilitate and support the participation and inclusion of women as leaders and decision makers. This could be rectified, in part, by humanitarian engagement with the local groups in CAR to help inform social cohesion programming. Women's associations in particular would be a suitable resource for social cohesion programmes and for assistance in addressing the needs of beneficiaries with specific needs – including GBV survivors and unaccompanied minors (UAMs).

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

- All clusters and coordinating bodies to collect and utilize sex- and age-disaggregated data.
- All clusters to strive to routinely hold FGDs with women and girls as part of assessment exercises.
- Camp Management Cluster to take immediate steps to facilitate the establishment of formal women's committees to be included in all beneficiary consultation processes in all displacement sites. Such women's committees must be supported to ensure that women are able to engage meaningfully in decision making.
- A regularly updated and comprehensive multi-agency gender assessment focusing on food, shelter, livelihoods and protection for affected zones needs to be conducted as soon as possible.
- Identify and facilitate women's associations for mobilization, training and support to act as service providers and implementing partners.

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

 **HEALTH CARE** – Access to basic health care is needed nationwide as violence continues to spread throughout CAR. Health care facilities and providers have been the targets of ongoing violence making service provision challenging, dangerous and significantly reducing access. The lack of adequate health care facilities coupled with high levels of internal displacement have increased the safety and security concerns pertaining to men, women, boy and girls throughout the country. Displaced persons are at risk of contracting communicable diseases, specifically cholera, leaving young children, pregnant women and the elderly particularly vulnerable. Although levels of GBV are reportedly rising, access to post-rape care and reproductive health services including trauma care and psychosocial support for survivors remain insufficient. HIV prevalence is six times higher among young females than males (in the 12-24 years age bracket, the prevalence rate is 4.2% for females and 0.7% for males).

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

- The Health Cluster to prioritize a multi-sectoral response to GBV including access to emergency clinical management of rape and psychosocial support to survivors of GBV.
- The Health Cluster to provide more trained service providers to strengthen the capacity of health care services.
- The Protection and Health Clusters to prioritize targeted response to the protection and health needs of adolescent girls in relation to their vulnerabilities to survival sex, early, forced and child marriage (ECFM), sexual exploitation and abuse and unplanned pregnancies in displacement sites.
- The Health Cluster to prioritize the provision of reproductive health services, including basic and emergency obstetric care for pregnant women, and family planning services in IDP and displacement sites.
- The Health Cluster to 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.

**NFI** **NON-FOOD ITEMS (NFI) AND SHELTER** - The regular distribution of dignity kits including sanitary materials for women and girls is critical so that women and girls are not exposed to the risk of infection and indignity or exclusion from social, economic and public activities at the time of menstruation. While acknowledging the multiple demands on humanitarian actors at this time, regard for the dignity of women and girls should be prioritized. There is still a significant shortage in the supply of blankets, personal clothing, sleeping mats, cooking equipment among other NFIs, exposing communities at risk, in various sites, to harsh weather, disease and indignity.

Shelter provision has been identified as one of the most urgent needs to date, especially during the ongoing rainy season. There are insufficient physical structures causing displaced populations to rely on host villages or hide in forests for shelter. By exposing displaced individuals to physical and climate risks, heads of households and children above the age of fourteen engage in negative coping mechanisms. When displaced individuals, mostly women and children, arrive at IDP sites, they have little to no personal property, which limits their capacities to meet the basic needs of themselves and their families.

**Action Points for Non-Food Items and Shelter:**

- The NFI and Shelter Cluster to provide assistance to female and male heads of households equitably, and facilitate full and meaningful participation of women alongside men in Shelter Committees.
- The NFI and Shelter Cluster to continue to provide dignity kits and sanitary materials to displaced individuals in IDP sites.



**CAMP MANAGEMENT** – As noted above, the majority of the displaced people are women and children, and in some displacement sites, female-headed households far outnumber male-headed households. Female-headed households are often less able than male heads of households to reconstruct family shelters. Thus, it is important that support is given to female-headed households in the provision and (re)construction of family shelters. It is also important to ensure a gender equality perspective in the decision making processes associated with food distribution in IDP sites. To date, women have not been equally represented in these processes. Lack of adequate food assistance increases the vulnerabilities of female headed households, pregnant and breast feeding women and elderly men and women.

**Action Points for Camp Management:**

- Camp Management Cluster to provide, wherever feasible, household tents in all IDP sites and settlements in order to restore some form of family cohesion, dignity and security.
- Where necessary, Camp Management Cluster to construct gender-segregated communal shelters in affected areas and continuously monitor the protection of women, men, girls and boys accommodated there.
- Camp Management Cluster to make necessary provisions for female heads of households to ensure they are not excluded and that their needs are met on an equitable basis in displacement sites.
- Camp Management Cluster to ensure men and women have equitable access to food distribution in IDP sites.



**WATER, SANITATION AND HYGIENE** – Due to the overcrowding of displacement sites, providing adequate WASH facilities remains a challenge. At displacement sites, there are limited sex-segregated toilets and bathing facilities leading to limited privacy and dignity for men and women alike. Even when toilets are available, they often overflow, and have limited lighting at night, which heightens the risk to women and girls of harassment, rape and other forms of GBV. Additionally, in displacement sites with limited water supplies, women of all ages are forced to travel long distances to collect water, increasing their risk of violence.

**Action Points for Water, Sanitation and Hygiene:**

- The WASH Cluster to prioritize access to potable water outlets in displacement sites where women and girls are currently having to leave the site to collect water.
- The WASH Cluster to ensure that toilets and bathing areas are appropriately sex-segregated and have adequate lighting and internally lockable doors at displacement sites.

**PROTECTION**

- Gender-based violence has been identified by GenCap advisers in CAR as one of the most pressing humanitarian concerns to date. There have been increasing reports of rape and other forms of GBV throughout CAR. However, constrained by inadequate number and quality of services, insecure routes and unsupportive environments, timely and accessible GBV services remain extremely limited. Ongoing, chronic under financing of GBV programs limits capacity to services outside of main towns in most provinces: two provinces and 36 counties remain without any kind of response services, while other provinces remain poorly with service providers unable to intervene in remote locations. National NGOs struggle to access funds to carry out sensitization work. Many women's associations are a resource for social cohesion programmes and particularly but not exclusively for taking care of persons with specific needs, GBV survivors and unaccompanied children if these associations are restarted, rebuilt, mobilized and trained. Pervasive insecurity limits access to many areas in CAR and logistical constraints represent significant challenges for the gathering and sharing of information. Insecurity, stigmatization and a culture of silence represent massive obstacles for reporting GBV. The total breakdown in state structures providing security, justice and social services mean that impunity prevails, and few safe places are available for survivors who wish to report. Additionally, there is little knowledge of or capacity to address the specific needs of child survivors. Interventions lack sustainability as they rely entirely on external expertise and national capacity must be urgently developed and deployed, particularly outside of Bangui. High turnover of State medical personnel as a result of conflict and displacement means that former GBV focal points are no longer present and new personnel require training in Clinical Care for Survivors of Sexual Assault (CCSSA) and Clinical Care for Child Survivors (CCS).

**Action Points for Protection and Prevention of Sexual Exploitation and Abuse:**

- The GBV sub-cluster, under the Protection Cluster, to provide adequate and culturally sensitive services and support including health care and psychosocial support to survivors of GBV.
- The Humanitarian Country Team (the HCT), including the Protection Cluster and GBV sub-cluster to advocate for more support, resources and funding to address the increased risks to S/GBV caused by the conflict.
- Clusters – especially Protection, GBV sub-cluster, Shelter and Camp Coordination and Camp Management - to work together to establish an adequate number of community safe spaces for adolescent girls, boys and women.
- Wherever feasible, the Protection Cluster to ensure the regular presence of protection staff, including female monitors, in affected communities in locations affected by recent violence.
- The GBV sub-cluster to keep the community informed about the types and nature of GBV and HIV prevention, treatment, care and support services available for survivors of sexual violence and exploitation.
- The Protection Cluster and GBV sub-cluster to ensure the provision of private and safe places for survivors to go for interviews or for shelter and that trained staff are available to provide the gender sensitive support.

**LIVELIHOODS AND COMMUNITY STABILISATION** -The conflict continues to rob women of their already meagre sources of income, and expose those who are extremely poor to negative coping mechanisms including survival sex and ECFM. Cases of drug, alcohol abuse, joining armed groups and engagement in criminal activities, including GBV, are on the rise, particularly among men. For women especially, the conflict has constricted economic opportunities. Insecure routes makes it difficult for women who depend on petty trade to resume their economic activities. For traders outside of Bangui, mobility is further constrained by poor infrastructure and lack of transportation. As the rainy season sets in, low ability of female farmers compared with farmers to

buy seeds, fertilisers, farming tools after losing their tools as a result of the crisis will have a negative impact on their abilities to feed and meet basic needs of their families. In addition to limited economic opportunities for women, women's involvement in social cohesion and resilience activities in Bangui and rural areas remains low, and in some communities such Mb'aiki, Carnot, Boda and Kaga Bandoro, it is invisible.

**Action Points for Livelihoods and Community Stabilisation:**

- The Livelihoods and Community Stabilisation Clusters to conduct gender-sensitive livelihood assessments of affected communities and populations to identify the specific needs and capacities of women and men.
- Shelter, Food Security and Livelihoods and Community Stabilisation Clusters to provide 'Cash for Work' programs targeting both women, as well as men, to provide employment opportunities.
- Food Security, and Livelihoods and Community Stabilisation Clusters to safely support women only and mixed farmer/producer groups with farming inputs to jump-start livelihoods activities in the current rainy season.
- Protection, Food Security, and Livelihoods and Community Stabilisation Clusters to support multi-sectoral response to urgent needs of GBV survivors in and out of Bangui.

**ASSESSMENT AND PLANNING** – Negligible gender-specific data is currently available, highlighting the need for greater priority to be given to collecting of sex- and age-disaggregated data. Needs assessments and project development must prioritise the collection and analysis of sex-and age-disaggregated data and gender-responsive consultations with women, girls, boys and men. For more details, please refer to the ADAPT an ACT-C Framework for gender programming found in the IASC *Gender Handbook for Humanitarian Action* –

**English Version -**

[http://www.humanitarianinfo.org/iasc/documents/subsidi/tf\\_gender/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf](http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf).

**French version:**

<http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=4974&type=pdf>



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