



DRAFT UPDATED CAR ADVOCACY BRIEF. December 2013

The people of the Central African Republic (CAR) are living in constant fear for their lives. Severe violence erupted in the country on December 5th, displacing more than 128,000 people in the capital in less than one week. There is ongoing sporadic shooting in Bangui, door-to-door looting, and arbitrary executions. Civilians are currently gathered in more than 20 spontaneous sites, with the highest concentration in churches, religious sites and the Bangui international airport. Nationwide, there are an estimated 490,000 internally displaced people and 400 people killed. The security situation remains volatile and hostile.

Gender-based Violence (GBV) is pervasive in CAR. Women and girls are routinely targeted by armed groups and face sexual and physical violence in their homes and communities. In the face of the current increased violence in the country, 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 reluctant to do so given the stigma and culture of silence pervasive in the country. Survivors face a lack of socio-economic support, continued trauma, serious health risks, and lifelong complications.

The escalation of the violence and growing humanitarian need in CAR has recently brought increased international attention to the conflict, including the UN Security Council Resolution approved on December 5th that mandates the deployment of French and African troops to CAR and provides a 12-month mandate to the African-led international support mission (MISCA).

In light of these recent developments, the GBV AoR renews its call for urgent action to protect civilians, prevent GBV and ensure the full range of care and services for GBV survivors. Priority actions to prevent and respond to GBV in CAR are:

Donor Governments:

Urgently increase funding for humanitarian activities specifically focused on protection. In addition to increasing their own financial commitment to protection and GBV programming, donors should also advocate with others in the humanitarian system to do the same in CAR.

Support specialized GBV programs that provide lifesaving prevention and response services. Give priority attention to GBV programs that offer lifesaving, specialized medical care, psychosocial support, socio-economic opportunities, and other support services for survivors.

Encourage partners to integrate GBV in all humanitarian efforts, including international and national governmental and non-governmental actors. Ensure all humanitarian programs, across all sectors are designed and implemented according to the *Inter-Agency Standing Committee Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*.

Ensure robust coordination on GBV, by supporting the coordination capacity of the GBV Sub-Cluster with increased staff to ensure the implementation of its 2014 priority action plan.

Humanitarian Agencies and Partners

Improve overall coordination on GBV between government entities, UN organizations and international and national NGOs. Support the coordination capacity of the GBV Sub-cluster, the official coordination mechanism for humanitarian response. **Ensure that Standard Operating Procedures are in place** – starting with referral systems so that survivors who choose to seek support are given the full range of care.

Integrate GBV prevention and response programming across all aspects of the humanitarian response in accordance with the *Inter-Agency Standing Committee Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*. Ensure that all humanitarian staff are addressing this across all clusters and sectors.

Initiate and expand specialized GBV programming with skilled staff in all areas - particularly outside Bangui. Take immediate steps to ensure that GBV response is adequately addressed in all operating health facilities and that GBV-related health care is free of cost. Address ongoing issues related to the supply of essential post-rape medical care and train health staff on its use. Increase mobile health teams and include at least one staff member trained in appropriate clinical care for sexual violence survivors.

Ensure that MISCA and other international security forces work with humanitarian actors for improved access to and protection of civilians, including specific consideration for women and girls and their heightened risk to sexual violence and other forms of GBV.

Ensure that mechanisms for integrating women and girls' specific protection concerns into the Protection Monitoring Systems that are developed

Seek funding for and prioritize national capacity building on GBV to help expand and improve the delivery of care and services. This includes training on case management for government social workers and national NGOs. Also build on current efforts to develop community GBV advocates by training mixed male-female volunteer teams on referrals for survivors and community sensitization on GBV, and strengthening community-based women's groups.

Focus on both prevention and response through addressing stigma and silence around GBV reporting through radio campaigns and programs that encourage survivors to seek care through a larger awareness-raising and IEC campaign that is catered to different segments of the community. Focus on livelihoods that target vulnerable people – not just survivors – as both a prevention and response strategy. Connect these services and strategies within the relevant referral systems.