

# CARE FOR GENDER BASED VIOLENCE SURVIVORS - CENTRAL AFRICAN REPUBLIC

**EVALUATION – March 2018** 

# 1 IN 5 REFUGEE OR DISPLACED WOMEN HAVE EXPERIENCED SEXUAL VIOLENCE



## THE MINIMUM INITIAL SERVICE PACKAGE



#### **Additional Priorities**

- Continue family planning
- Manage symptoms of sexually transmitted infections
- Continue HIV care and treatment
- Distribute hygiene kits and menstrual protection materials

#### **Objective 1**

Ensure health cluster/sector identifies agency to LEAD implementation of MISP

RH Officer in place

RH Kit

- · Meetings to discuss RH implementation held
- · RH Officer reports back to health cluster/sector

**GOAL** 

Decrease mortality.

morbidity & disability in

crisis-affected populations (refugees/IDPs or popula-

tions hosting them)

· RH kits and supplies available & used



#### **Objective 2**

#### Prevent SEXUAL VIOLENCE & assist survivors

- Protection system in place especially for women
- Medical services & psychosocial support available for survivors
- Community aware of services

RH Kit

RH Kit

### **Objective 3**

#### Reduce transmission of HIV

- · Safe and rational blood transfusion in place
- Standard precautions practiced
- · Free condoms available

Standard precautions through kits 1-12

RH Kit

#### **Objective 5**

Plan for COMPREHENSIVE RH services, integrated into primary health care

- · Background data collected
- Sites identified for future delivery of comprehensive
- Staff capacity assessed and trainings planned
- · RH equipment and supplies ordered

RH Kit RH Kit RH Kit

#### **Objective 4**

#### Prevent excess MATERNAL & NEONATAL mortality & morbidity

- · EmONC services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
- · Community aware of services

RH Kit RH Kit RH Kit

### **Clinical Management of Rape**

- Avoid HIV transmission
- Prevent pregnancy
- & Psychosocial Support

Global Evaluation 2012-2014: "Limited efforts to prevent sexual violence and avail comprehensive clinical care for rape survivors"

MDM HUMANITARIAN RESPONSE



Mobile clinics



Support to health facilities



Primary Health Care



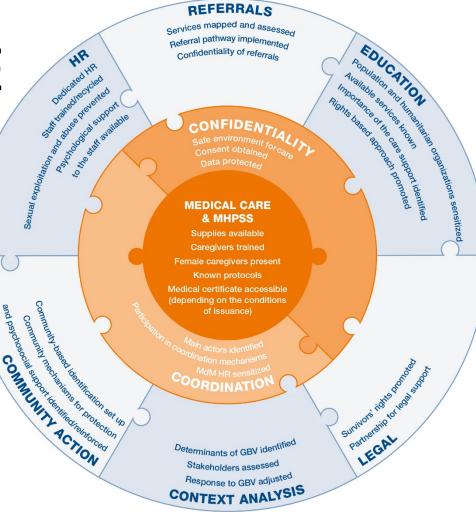
Mental Health & Psycho Social Support



Sexual & Reproductive Health



Gender Based Violence



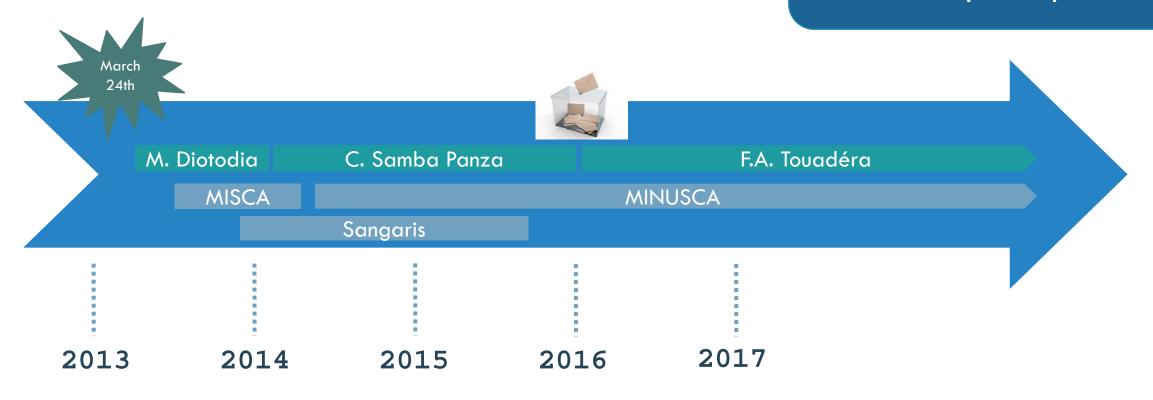




# THE CRISIS IN CENTRAL AFRICAN REPUBLIC

### To date:

- 70% of the territory in the hands of armed groups
- 500,000 refugees & 600,000 internal displaced persons



# OUR RESPONSE : LIFE-SAVING SERVICES FOR GBV SURVIVORS

- 6 public health centers
- 2 local NGOs
- 3 services in a unique place
- Free access



# CAPITALIZATION: LESSONS LEARNT & RECOMMENDATIONS





## DELAY IN INTEGRATING THE RESPONSE TO GBV

Within MdM team:

- Lack of time
- Lack of expertise
- Lack of awareness

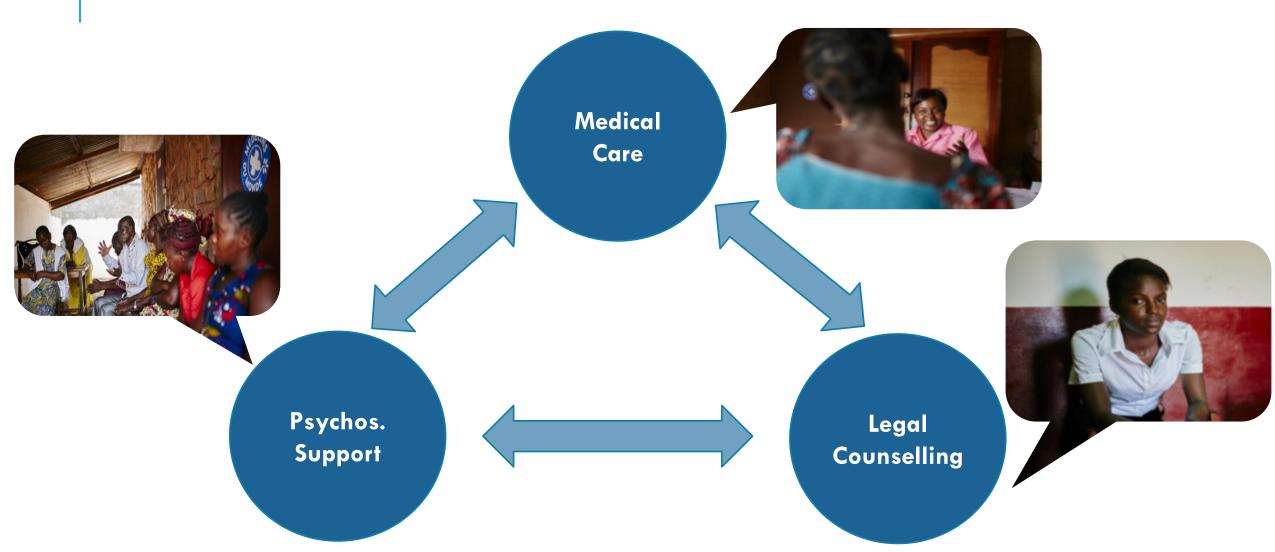
GBV services are not included in the healthcare package

Survivors did not have access to life-saving services when they needed it most.

Caregivers have been reluctant to endorse GBV activities, considering them as an extra workload.



# MULTIDISCIPLINARITY IMPROVES QUALITY



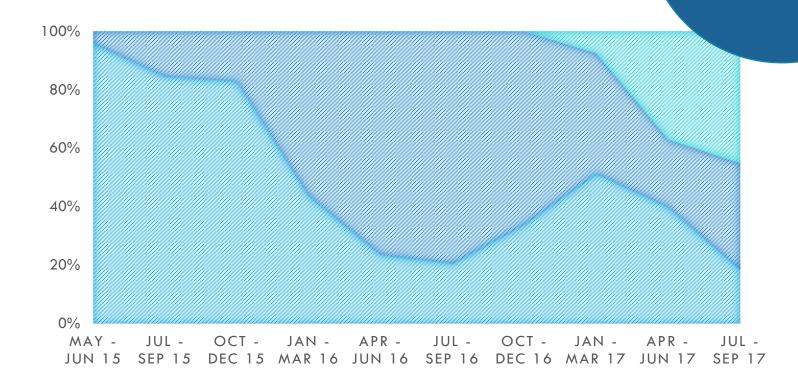
## MORE GBV SURVIVORS ACCESS ALL SERVICES

- Improvement of the referral system
- Better
  understanding by
  survivors and
  caregivers on the
  importance to
  access all services



■ One service ■ Two services ■ Three services

85% of survivors access at least 2 services



## NEED TO FOCUS COMMUNITY AWARENESS



### Community Health Workers:

- Outreach activities
- Culturally adapted messages

## Focus on few clear messages:

- What are GBV & their consequences
- Services available free & confidential
- 72 hours time window

## THE 72 HOURS TIME WINDOW

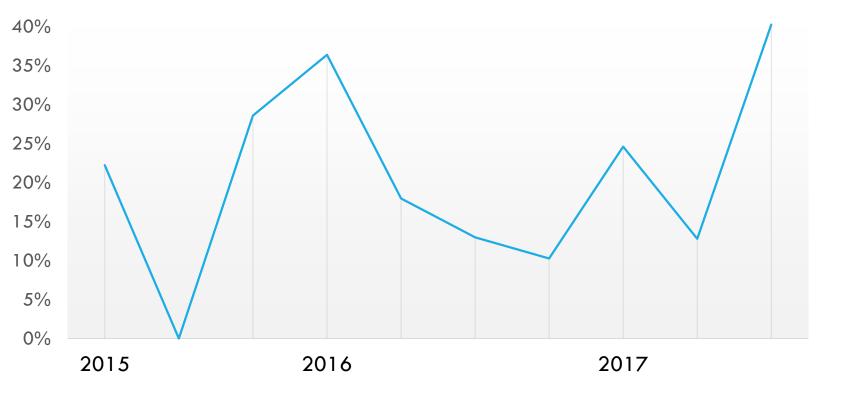
45%

40% of rape survivors are coming within 72 hours

Awareness on what to do after a sexual assault needed

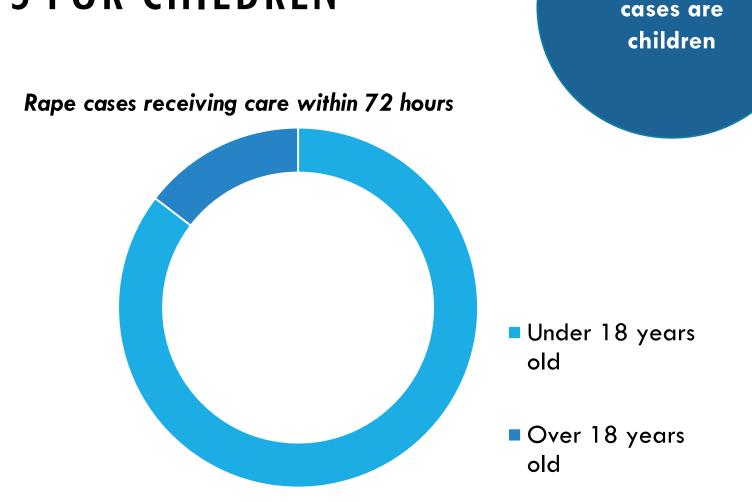


Rape cases receiving medical care within 72 hours



## SHORTER DELAYS FOR CHILDREN

Less taboo around sexual violence against minors?



63% of rape

## **GBV & ACCESS TO ABORTION**

In CAR, abortion is legal after a rape, within 8 weeks, after authorization of 3 medical doctors.

No induced abortion were performed in the health facilities. Medical staff actually dissuade women to terminate their pregnancy.

Very few survivors have been referred to other organizations providing safe abortion.



## ANY QUESTIONS

### Credits

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