



Women and Girls in Kasai Could Die Without Life-Saving GBV Services

Violence and displacement in the Kasai Region

Violence has recently erupted throughout the five provinces that make up the Greater Kasai region of the Democratic Republic of Congo (DRC). Over the past year, approximately 1.4 million people have fled their homes due to inter-communal fighting aggravated by government forces. Approximately 53% are women and girls who are exposed to multiple protection concerns on a daily basis.¹

Women have reported being raped by members of armed groups and civilians. Local health centers don't have the necessary life-saving drugs, equipment and trained medical personnel to adequately treat survivors despite national protocols being in place.²

Scope of GBV

Gender based violence (GBV) is pervasive and entrenched in Congolese society, particularly in the Kasai region. Findings from the 2013-2014 Demographic Health Survey revealed that 24% of adult women in Kasai Occidental experienced sexual violence during the previous 12 months of being surveyed and 68% of married women had experienced spousal abuse.

The statistics mentioned above provide a fragmented picture of the epidemic; most survivors will never report due to stigma and very real concerns for their safety. It is well documented that violence, particularly sexual and physical violence, is exacerbated in times of crisis especially in the context of DRC.

A recent comprehensive assessment carried out in the Kasai region on behalf of the national GBV sub-cluster revealed that community members overwhelmingly believed that there was an increase in sexual violence and early and forced child marriages since the start of the conflict.³ Participants in focus group discussions repeatedly told stories about women and girls in their communities who had been raped by armed actors.

Evidence suggest more than 1400 survivors accessed services in three provinces in the Kasai region between August 2016 and May 2017. The majority of the incidents reported (68%) were cases of sexual violence perpetrated against children. Thirty-four percent of the perpetrators were armed men.

Participants in the assessment noted that survivors were not likely to report

¹ National GBV Sub-cluster Briefing Note, August, 2017

² Findings from a rapid assessment carried out by CARE International in May/June 2017 in Miabi and Kabeya Kamanugua territories.

³ Members of the national GBV Sub-cluster carried out a comprehensive assessment of GBV trends and services in three provinces, Kananga, Mbui-Mayi a and Miabi, and Tshikapa, from May-July, 2017.

FUNDING URGENTLY NEEDED

- Lives may be lost without the provision of life-saving drugs, equipment and training to health care facilities to treat survivors
- Preventing/mitigating future acts of violence depends on building the capacity of key clusters to “mainstream” GBV prevention and response mechanisms as per the 2015 IASC GBV Guidelines
- Scaling up coordination across the affected region will ensure that civil society organizations and grass-root women’s right defenders have the necessary tools/capacity to lead the response
- Measures to prevent sexual exploitation and abuse (PSEA) need to be put in place to protect women and girls.

Please contact the Coordinator of the national GBV Sub-cluster in DRC, Noemi Dalmonte, at Dalmonte@unfpa.org for additional information.

incidences of GBV due to fear of retaliation from their own family members and/or the perpetrators. In some cases, reporting would also jeopardize their chances of finding a future husband. Key informants frequently reported that community leaders are often complicit in forcing young women into marriage; they enable men to “kidnap” girls for the purpose of marriage.

DRC now has the highest number of internally displaced persons (IDPs) in the world – 3.4 million.⁴ Government resources are overstretched and in some locations nonexistent. Humanitarian actors are expected to provide response services to survivors of GBV and put mechanisms in place that will prevent future acts from taking place. The overwhelming needs have caused various UN agencies to declare a level-three emergency in the region⁵.

Availability of services

Members of the national GBV sub-cluster recently assessed the availability of services for survivors of GBV in the Kasai region. Development actors such as CARE International, Magna, NRC and Oxfam among others have been frontline responders since the onset of the crisis. Their activities are frequently suspended due to insecurity. There are very few organizations in the region that specialize in providing GBV-specific interventions.

Approximately 170 health centers were destroyed and/or abandoned due to the fighting; others lack essential drugs, equipment and trained staff to treat survivors per the national protocols. There are very few actors providing psychosocial support services specifically for survivors of GBV, and those that do seem to limit the activity to conducting intake in order to make a referral. Overall, the few protection-focused service providers that do work in the vast region are not trained to deal with the complexity of GBV cases, which has led to a fragmented referral process.

There are limited programs focusing on *preventing/mitigating* future violence. There are no known programs that focus on women’s empowerment. These types of programs are fundamental to engaging women to lead elements of the response. Apart from three centers, there is extremely limited provision of safe spaces for women and girls at risk of violence.⁶ Therefore, it is crucial that the humanitarian community prioritizes the integration of GBV prevention and response activities throughout other key clusters as per the 2015 IASC GBV Guidelines. Appropriate levels of funding need to be made available to deliver a comprehensive, multi-sectoral response that is led by women of the community.

Coordination

The national GBV Sub-cluster is led by UNFPA. While long-standing sub-national coordination groups exist in other parts of the country, one was just recently established in the Kasai region. The national Coordinator is currently trying to identify an organization that can support UNFPA in leading the sub national response in the Kasai region. Scaling up coordination will help ensure there are service providers in place for referral and care of survivors across the region.

The GBV AoR, led by UNFPA, is the global level forum for coordination of GBV prevention and response in humanitarian settings. The GBV AoR is a functional component of the Global Protection Cluster.



⁴ <http://www.unocha.org/drc>

⁵ UNFPA, the global lead of the GBV AoR declared the Kasai region an L-3 emergency in July, 2017

⁶ UNFPA have put in place three safe spaces.