

Chair: Jessica Gorham (REGA/ AOR - Nairobi)

Participants: Cato (UNFPA), Christine Heckman (UNICEF), Enzo Tabet Cruz (Graduate Institute Geneva), Hannah (Red Cross, Sweden), Ida, Jessica, Julie Lafreniere (Oxfam), Melanie Kesmaecker (Oxfam, DRC), Mira Cuturilo (UNFPA/Surge manager), Misha/ World Child, Seona, Silje Holand Wilhelmsen (NRC), Sophie Goultier, Tania Nino, Tim Carpentier (Save the Children), Carina Hickling (consultant), UNHCR SGBV team, Alejandro Sanchez (UN Women), Bridget, Mathew Rothero (ActionAid), Maria Oniva, Liz Pender (US), Saani Yakubu (ActionAid), CP Coordinator in Kasai, and Astrid Haaland and Pranidhi Sawhney (GBV AoR Coordination Team).

DRC GBV sub-cluster participants (in Kinshasa): Moise Kuenge (OCHA), Musafidi Ecuamiste, Lorence Kabasele (DRC's Youth Panel), Rachel Ndaya (Racoj), Priscille Baningo (Racoj), Clever Kumenda (RJAMGP), Clementine Cremer (UNHCR), Antoine Banza (UNFPA), Joseph Kayembe (UNFPA), Sabrina Cajoly (CP Coordinator/UNICEF), Jean Paul Beya (COBRA asbl), Rouchi Stepha (CARE International) Asekotowoho (Proccude International), Nadege Vaskenie (WCUK), Dr. Evariste Kayembe (MAGNA), Dr. Rose Mukunu (Caritas Congo), Rachel Neema (Caritas Congo), Dr Ntumba (Lizadeel), Gilbert Bicoulu (SAP-AU), Bruno Bahati (SAP-AU), Susanne Ailden (Ambassade de Suède), Dr. Hilde Vochten (MSF Belgique), Dr. Erasme Paluku (Action Damien), Innocent Mbumba (Lizadeel), Theodore Ngongo (Medeci asbl), Denis Chisughi (UNFPA), Maky Makita (UNFPA), Joesph Kayembe (Lizadeel), Laurence Bushige (UK Embassy), Diendome Kalala (CBS), Samira Keina (Protection Cluster/UNHCR), Priscille Ngoie (AFA), Castro Musafiri (Aile du Coeur)

GBV sub-cluster participants in Kananga (Central Kasai): Noemi Dalmonte (GBV Sub-cluster Coordinator//DRC), Aliou Ethienne (OHCHR), Pascal Banza (UNFPA).

Agenda:

- 1) DRC: GBV Situation and Overall Needs
Update from the Kasai Region: GBV Response, Needs and Gaps
- 2) Q & A

Minutes of Meeting:

1. GBV situation in DRC and Update from the Kasai region

A new GBV sub-cluster has been established in the Kasai region following UNFPA's recent L3 declaration. Noemi Dalmonte (GBV sub-cluster coordinator in DRC/Kinshasa, UNFPA) on mission in Kananga (Central Kasai), highlighted that:

- Communities have identified an increase in sexual violence, child and forced marriage as a direct consequence of the crisis
- 1.429 incidents of GBV assisted in service provisions points in Kasai (162), Central Kasai (656) and Eastern Kasai (611): 1% of survivors are men and boys, 68% of survivors are minors, mostly adolescent girls aged 12 to 17, Type: 79% rape, 11% sexual aggression, 4% physical aggression 4 % forced

marriages, 2% Denial of resources, opportunities and services and the psycho-emotional violence represent the remaining.¹

- 34% of alleged perpetrators are armed men, including national security entities and non-state armed actors.
- Interventions to mitigate GBV are very limited, and are not linked to overall service provision : alert systems are not sufficiently GBV-friendly and women's economic empowerment activities focus mostly on advocacy.

DRC GBV Sub-cluster key advocacy messages on priorities for Kasai response:

Need to scale up/increase presence of GBViE specialized actors for GBV response in the Kasai region

Mainstreaming of GBV interventions throughout humanitarian actions (as per the 2015 IASC GBV Guidelines) represents a major priority to mitigating GBV risks

Priority to introduce strong SEA prevention mechanisms inside the humanitarian community in the Kasai region, in particular in Central Kasai, which is the poorest province of the country and the greatest humanitarian hub, where the deterioration of living conditions is an evident consequence of the crisis.

GBV Needs Assessment, by CARE International (Eastern Kasai : axis Kabeya-Kamounaga + Miabi)

Stepha Rouchi, CARE International (DRC, Advocacy Manager) underlined the following:

- Many cases of rape have been reported and there is a lack of medical personnel duly trained
- WASH: When women go to collect water they are faced with sexual harassment, also there is a lot of stigma around menstruation.
- It is highly recommended to consider a multi-sectoral response with WASH as well as Cash Transfer for survivors
- CARE has trained some service providers and community workers on clinical management of rape and referral
- The key challenges we face are: Insufficient presence of GBViE (GBV in Emergencies) actors, absence of mitigation activities, and time consuming operational procedures that tend to delay service delivery
- In terms of advocacy, CARE International calls for
 - o A reinforced presence of GBViE actors to scale up GBV response in particular in Eastern Kasai
 - o Focus on resilience as well as sexual violence which is a lifesaving issue in response
 - o Ensure availability of post-rape kits in Kasai response in a timely manner
 - o GBV mainstreaming and risk mitigation with a larger protection approach is a key priority

Needs Assessment, by MAGNA (Kananga town, Central Kasai)

Caterina Michelini (Magna Country Representative in DRC) explained that:

- Notice that, in major service provision points in Kananga, 80 percent of reported GBV survivors are women and girls, 90 percent of reported cases are rape and other 10 percent are collective rape.
- Police also confirmed the presence of GBV cases; they gathered and gave the data for 2016.

¹ GBV Sub-cluster DRC – “Rapport Préliminaire : Evaluation de la situation et de la réponse aux violences basées sur le genre dans la crise du Kasai (Kasai Central, Kasai Oriental et Kasai). Mai-juillet 2017”

- Health service capacity: We note that health providers are not trained, did not receive specific training on case management especially for minors, they don't know the National Protocol for clinical management of rape, and no equipment or drugs were available
- Psychological care: Lack of trained staff and psychological support services
- There are activities undertaken at the local level, but not a comprehensive response
- During the assessment, Magna introduced a light intervention in which three health facilities were provided for maternal health and GBV response

2. Discussion:

Mira Cuturilo (UNFPA): We are planning to mobilize a GBV surge Sub-cluster Coordinator for the Kasai region in the next 10 days². Initially, this is a three-month surge deployment, after which UNFPA/HQ will discuss the need for extension with the UNFPA country office.

Noemi Dalmonte (GBV SC DRC): The new coordinator will be based in Kananga in Central Kasai but she will also cover the whole region, at least two other provinces (Kasai and Eastern Kasai). The plan is to seek NGO engagement to share coordination responsibility there.

Jessica Gorham (GBV AoR): Noemi, since you mentioned that clinical management of rape (CMR) is a challenge, what is the sub cluster plan of action to address this intervention?

Noemi Dalmonte: We have started a mapping of existing trained health personnel. In the whole Kasai region we have never had a training on CMR, so we are now working with the Department of Health in Kananga to identify trained people. UNFPA already trained more than 40 people service provides in Kasai, Eastern Kasai and Central Kasai with CERF funds and CARE also trained some in Eastern Kasai.

Sabrina (Child Protection Sub-Cluster Coordinator DRC): I want to advocate for the development of a joint strategy for children survivors between the GBV and Child Protection sub-clusters to make sure the response is coordinated and to ensure that beneficiaries are well targeted.

Astrid Haaland (GBV AoR): The GBV AoR would really welcome strong collaboration with CP on ensuring the availability of adapted specialized GBV services for children and adolescents. We are increasingly engaging along these same lines also in Geneva. We need to work more closely together on this, and it is an opportunity to also have Petra Heusser (CP AOR Rapid Responder) in Kasai as we are speaking.

Alejandro Sanchez (UN Women): What is the profile of the perpetrators? It was mentioned that militaries were involved in the sexual violence incidents. Are we talking about FARDC elements, militia or both? If it's FARDC elements, do you have any information about judicial procedures or prosecutions against the presumed perpetrators?

Noemi Dalmonte: This is of course a very sensitive issue. The President has appointed a Personal Representative to the Head of State on sexual violence and Child Soldiers who was sent on mission to Kananga, Mbuji Mayi and Tshikapa to identify the situation of rape committed during the retaliation operations— They told us about 60 cases of FARDC under inquiry.

²² Jessica Gorham will also in her regional GBV AoR capacity building role field a mission to DRC in the next weeks, in support of the newly established Kasai coordination structure, and to work on GBV coordination in DRC more broadly.

16 August 2017, at
15:00
(GVA)

Gender-Based Violence Area of Responsibility (GBV AoR)

GBV AoR Call - KASAI situation in DRC



The official wording among GBV sub-cluster members is “armed men” as the government is very sensitive on this issue. The government is not recognizing the militia actives in the Kasai as non-state actors and treat them as unrest/terrorism.

Castro Musafiri (Aile du Coeur): As Noemi mentioned, almost 82 percent of the survivors are under 25, so a way to mitigate is creating Safe Spaces and we should advocate for that.

Julie Lafreniere (Oxfam): Strengthening the referral pathway in Tshikapa town should be a priority. Good to hear about the deployment of a coordinator. I think is also important to put in place mobile services (medical, psycho social, legal) in order to be able to reach localities outside Tshikapa town, once these will be accessible.

Noemi Dalmonte: There are two organizations providing mobile clinics, but not yet in Tshikapa. With the opening of humanitarian space, it might be possible to reach areas around Tshikapa town in the coming week.

Liz (OFDA): I appreciate the efforts to assess the context, however, I would like to reinforce that as much as the reported cases of children and youth survivors are pervasive there might still be a proportion of adult female survivors who are not reporting, leaving their situation invisible. What is being done to inform a scale up of prevention activities and mitigation activities?

Noemi Dalmonte: The only mitigation activity currently existing relates to Early Warning. There was no peacekeeping mission at the beginning of the crisis and it has only reestablished the presence recently in a context where the overall peacekeeping mission is being scaled back. Informing them used to be the way forward to prevent GBV during each crisis in the whole country. OCHA/humanitarians established a mechanism since the beginning but with all the limited humanitarian access and absence of interaction with peacekeepers, it has been quite complicated to react to Early Warnings.

Tim Carpentier (Save the Children): How can we obtain a copy of the assessment conducted by Magna and CARE?

Magna and Care Assessment Reports are attached here.

UNHCR SGBV Unit: UNHCR is concerned about the reduced number of new arrivals to Angola taking place without an indication of the situation improving in Kasai. Refugees report that the Congolese military may be preventing people from crossing and therefore denying people the right to seek asylum in Angola.

Noemi Dalmonte: We have the same information.

Kim (UNHCR): A mission will be dispatched to the border with Angola this week. By then we should have more information.

Jessica Gorham (GBV AoR): We have an advocacy note that will be shared with the Minutes of these meetings. We are also aiming to share the document in French.

Stepha Rouchi (CARE International): At the end of the week, I am going on a advocacy and communication mission in the region, I will collect some testimonials of cases of rape and other GBV, we will be sharing the results (anonymized information with the broader group).

16 August 2017, at
15:00
(GVA)

Gender-Based Violence Area of Responsibility (GBV AoR)

GBV AoR Call - KASAI situation in DRC



Lorence Kabasele (DRC's Youth Panel): I am worrying about the situation in Kasai where the majority of GBV survivors are youth and adolescents. I would like to call for everyone to involve youth in developing the response. It is critical that the resourcefulness of youth is drawn upon, to help influence our interventions, assessments, and steps of action. You can find some youth centers; it will be important to involve them as they are among the most vulnerable!