

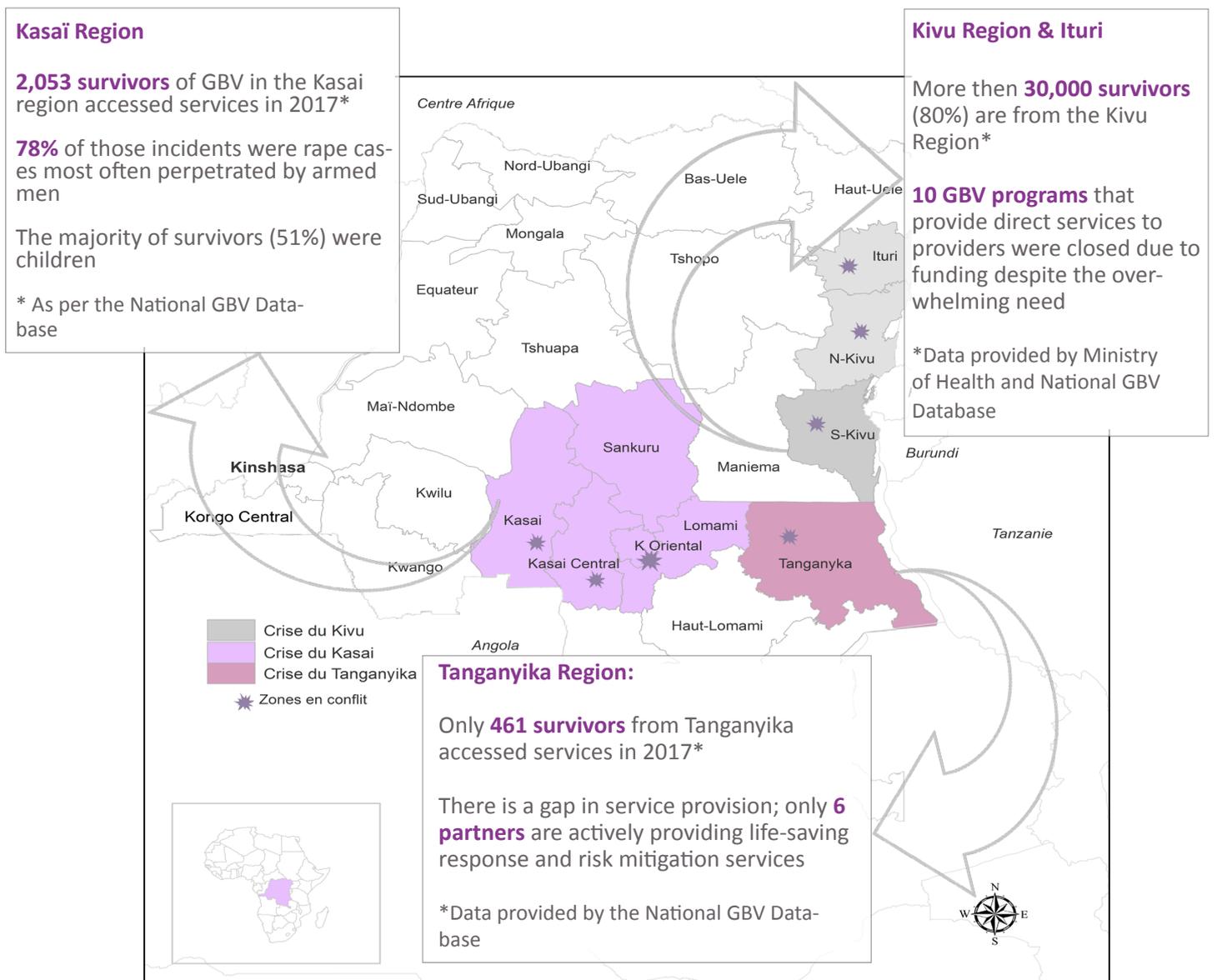
Overview

The Democratic Republic of Congo (DRC) faces an unprecedented humanitarian crisis that has forced millions of people to flee their homes in search of food and protection. The conflict, coupled with food insecurity, has led to the highest levels of internal displacement in Africa. The majority of those displaced are women and children, many of whom are exposed to life threatening forms of gender-based violence (GBV). Armed groups have used rape as a weapon of war, and women also suffer from a high rate of intimate partner violence. Many women and girls are afraid to report rape or violence due to stigma and the fear of reprisal from perpetrators.

The Government has developed accountability frameworks to address GBV, including national protocols for case management and a database of incidents. Life-saving GBV response activities such as clinical management of rape, mental health/psychosocial support services and protection services are severely underfunded despite the Government's commitment. Ten GBV programs implemented in the Kivu region were closed due to funding cuts, which led to a dramatic decrease from 2016 to 2017 in the number of survivors who were able to access services.

- **68.2 million USD needed** to provide life-saving response, risk mitigation and prevention services
- 5.4 million women, men, girls and boys targeted in 2018 by the GBV Sub-cluster*
- 38,705 survivors accessed services in 2017; the majority of whom were victims of sexual violence

* based on the Humanitarian Response Plan (HRP) for 2018



Key donors:

Belgium, Canada, European Union, Japan, the Netherlands, Sweden, United Kingdom and UN fund (CERF).

Needs & Gaps

The **response** needs to be improved in quality and coverage:

- There are not enough organizations providing GBV-specific response services in the conflict-affected areas due to underfunding
- Existing health care facilities lack the necessary drugs, equipment and trained staff to provide life-saving treatment to survivors of sexual violence
- The Government has made progress in scaling up legal services for survivors of GBV, but survivors are still not accessing those services due to distance and pressure from the community; thus, creating an environment that enables perpetrators to reoffend at will
- Coordination needs to be scaled up across the affected regions which will enable civil society organizations and women's right defenders to play a more active role in the response
- Key clusters need to "mainstream" GBV prevention and response mechanisms as per the 2015 IASC GBV Guidelines to prevent/mitigate future acts of violence from taking place.

Way forward

The GBV Sub-cluster is targeting more than **90,000 women and girls** with prevention, response and risk mitigation activities throughout 2018.

Members of the Sub-cluster will prioritize the establishment of referral pathways, connecting survivors to health, psychosocial, legal and protection services in humanitarian hotspots. Social reintegration programs will also be implemented in an effort to reduce the longer-term consequences of GBV. Due to stigma and fear, survivors are often isolated from their communities and families once they are identified, which can make them more vulnerable to exploitation and abuse.

National authorities and their partners have just started an evaluation that will assess the impact of GBV interventions that have been implemented over multiple years. The outcome of this evaluation will inform the revision of the National GBV Strategy.



Finbarr O'Reilly: Reuters

Coordination

The National GBV Sub-cluster, led by UNFPA, is a functioning component of the Protection Cluster. The Sub-cluster is composed of approximately 45 members that represent civil society, UN, Government and the INGO community.

- UNFPA (lead)
- Government bodies (such as the Ministries in charge of Gender, Health, Youth and Justice as well as National Police)
- INGOs (Care-International, MAGNA, Alima, IRC, Hope in Action, Oxfam, COOPI and War Child UK among others)
- Many National NGOs and civil societies organisations (Lizadeel, CAPSM, Panzi Foundation, Heal Africa, Living Peace Institute and Caritas-Congo to name a few)

The Sub-cluster has a dedicated international Coordinator who is based in Kinshasa. As part of the humanitarian response, OCHA has identified four regional hubs as a base for the sub-national response. The national Sub-cluster has struggled to find qualified GBV Specialists to oversee coordination in the hubs. Insecurity continues to hamper service delivery. While in total there are numerous partners, there is a need to increase presence of GBV specialized organisations in some locations, particularly in Tanganyika.

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Reports and updated data on GBV in DRC can be found on: <https://www.humanitarianresponse.info/en/operations/democratic-republic-congo/documents>