REFUGEES INTERNATIONAL

CONGOLESE WOMEN:

What Happened to the Promise to Protect?

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All quotes found in this report are attributable to the Congolese women interviewed by RI advocates in the field and represent life on the ground for these women and their children.

EXECUTIVE SUMMARY

It is impossible to talk about the Democratic Republic of the Congo without talking about sexual violence. The widespread acknowledgement of gross levels of conflict-related sexual violence in the DRC spurred the international community to act in an unprecedented manner to protect women from these atrocities. In particular, there were two major investments by the United States and the United Nations, one with an unprecedented level of programmatic funding, the other with a novel coordination strategy.

While the U.S. and UN interventions yielded important results, both were built without the benefit of a strong evidence base to properly understand the context of gender-based violence (GBV) in the DRC. As a result, some policymakers in the U.S. and at the UN now believe that because women and girls continue to experience widespread GBV, these interventions have failed. In turn, some U.S. government policymakers feel that intervention is futile, and that the DRC is a bucket with the bottom removed, which no amount of funding can fix. Now, vital resources (both human and financial) are being transferred towards other competing priorities around the globe. Funding for the U.S. Agency for International Development's stand-alone, multi-sectoral GBV programming has been slashed, despite positive contributions made in access to medical care, quality of care, and overall GBV awareness-raising. The consequences of these cuts are already being felt on the ground. The U.S. government is also considering new approaches that could jeopardize GBV survivors' access to lifesaving care.

At the same time, the UN's investment, a new approach to coordination called the Comprehensive Strategy to Combat Sexual Violence, created a five-pillared system co-led by the UN and the DRC government. After five years, this coordination strategy has largely failed to avoid duplication or generate momentum on addressing sexual violence, instead bogging humanitarian actors down with bureaucracy.

This is a pivotal moment when the gains that have been made for women and girls in the DRC could be lost. Now is not the time to divest from these investments, but rather to recalibrate efforts so women's lives are protected.

RECOMMENDATIONS

1. Donor governments, the United Nations, and humanitarian organizations should take on more gender-based violence (GBV) initiatives, rather than focusing on conflict-related sexual violence.

2. The U.S. Agency for International Development should reinstate funding for stand-alone, multi-sectoral GBV services that include medical, psychosocial, judicial, socio-economic, and prevention activities. This funding must support multi-year program cycles and include community-based organizations in implementation to build sustainability.

3. Donors should increase funding for programs that seek to address the root causes of GBV by empowering women and engaging men.

4. Donor governments, in particular the U.S., and the UN should pressure the DRC government to seriously address and prioritize GBV, particularly in the provision of sustainable health and social services to GBV survivors, as well as on issues of impunity and security sector reform.

5. The DRC Minister of Gender, in collaboration with UN Women, the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA), the UN Refugee Agency, and the Office of the High Commissioner for Human Rights should overhaul the current National Strategy to Combat Gender-Based Violence and dissolve the pillared structure for coordination.

6. In the DRC provinces where humanitarian clusters are active, UNICEF and UNFPA should activate GBV sub-clusters.

7. The DRC Ministry of Gender, Family Affairs, and Children should develop a new national strategy to combat GBV that coordinates civil society, humanitarian organizations, and the UN.

BACKGROUND

Over the last decade, conflict-related sexual violence has been increasingly recognized by the international community as a war crime. This is unquestionably the case in the Democratic Republic of the Congo (DRC). Numerous years of ongoing conflict in eastern DRC has taken a tremendous toll on women. Margot Wallstrom, the United Nations' former Special Representative on Sexual Violence in Conflict, famously referred to the DRC as the "rape capital of the world" and in 2007, the then-UN Under-Secretary-General for Humanitarian Affairs, John Holmes, called rape in the DRC "the worst in the world."

In 2009, two major investments were made by the U.S. government and the UN. The U.S., which had donated significant funds towards women's protection in the DRC since 2002, invested approximately $47.5 million additional funding for programming to address violence against women and girls in eastern DRC. These programs provided holistic, multi-sectoral support[1] for women and girls in remote areas hard hit by conflict. Also in 2009, the UN — in line with successive Security Council resolutions[2] — created the Comprehensive Strategy to Combat Sexual Violence, an innovative new structure that created a common framework and platform for action for all those involved in combating sexual violence in the DRC. The resulting strategy was accepted by the DRC government as the National Strategy to Combat Sexual Violence and established a five-pillared system for coordinating sexual violence prevention and response activities.

> "There is no treatment [for rape]. And then you have no choice but to go back to the same torturers the next day."

Five years since the launch of these two investments, significant progress has been made towards protecting women and girls in eastern DRC. As a result of the U.S. funding, for example, tens of thousands of women have received lifesaving care and support that has allowed them to reintegrate into their families and communities. The UN's Comprehensive Strategy has made sexual violence an issue

that all UN agencies and peacekeeping units consider and integrate into their work. At the same time, there has been backlash (as seen in media reports and academic research[3]) against the international attention focused on sexual violence, which has led to the perception amongst some observers that the attention on sexual violence in the DRC is overblown. In addition, some critics say that these investments have failed because, five years later, sexual violence in eastern DRC continues to occur. The DRC also suffers from the extremely poor perception on the part of some policymakers both inside and outside of the DRC that the conflict is intractable and thus misery for the population is unsolvable.

Following five years of intensive focus on protecting Congolese women, donors and implementing partners have a more nuanced understanding of the women's lives and experiences. In 2009, most policymakers, donors, and humanitarians focused primarily on conflict-related sexual violence, while today, service providing organizations report that other forms of GBV are more commonly reported by women. In fact, domestic violence (or intimate partner violence) is the most common form of violence that women report, along with early and forced marriage, sexual violence, sexual assault, psychological violence, physical assault, and denial of opportunities. Also in 2009, donors and humanitarians focused their energy in eastern DRC due to the ongoing conflict there. While it is well known that conflict always exacerbates GBV, the problems that women and girls face in the DRC are not relegated exclusively to conflict zones, but in fact, occur throughout the country. Therefore, service providers today seek funding to reach women all over the country, not just in the east. Finally, policymakers believed that armed actors, whether they were members of the Congolese military (FARDC) or rebel groups, were the primary perpetrators of GBV. In reality, data from the last two years has demonstrated that the vast majority of GBV perpetrators reported were, in fact, civilians.

In 2015, the support that Congolese women have relied on as a result of the U.S. and UN investments will change dramatically. The U.S. is significantly scaling back its programming to respond to GBV and is adopting a new strategy focused on integration rather than stand-alone programs. There is also widespread recognition in the DRC that the National Strategy is not effectively coordinating GBV programs and that it needs reform.

Refugees International (RI) has researched and advocated for the needs of displaced Congolese for more than twenty years. When displaced by conflict or natural disaster, without access to basic services and protection, women and girls become more vulnerable to GBV. While RI is generally focused on the experience of internally displaced people (IDPs) in the DRC, for the purpose of this report, RI will consider the general experience of Congolese women and girls, whether they are IDPs or not.

Over the last five years, RI teams have carried out regular field missions to the country, closely following the impact of the U.S. and UN investments in women's protection. Most recently, in October 2014 an RI team travelled to North and South Kivu and Kinshasa, and met with a wide variety of stakeholders, including displaced women, community-based organizations, national and international non-governmental organizations (NGOs), the UN, donors, and representatives of the DRC government. During this mission, RI sought to learn more about the impact and present status of the U.S. funding and the UN's coordination strategy.

The report that follows outlines the history of each investment, and reflects on concrete achievements, gaps in implementation, and initiatives that have been unsuccessful.

U.S. Investment: GBV Programming Funding

The United States is at the global forefront in addressing GBV in humanitarian crises, currently leading the global Call to Action on Protecting Girls and Women in Emergencies.[4] The U.S. Agency for International Development (USAID) has been a primary donor for GBV programming in the DRC, awarding more than $71 million[5] since 2002. While other donors, including the European Commission Humanitarian Aid and Civil Protection (ECHO), the British Department for International Development (DFID), the Swedish International Development Cooperation Agency (SIDA), the Canadian International Development Agency (CIDA), and the World Bank financed GBV programs, none invested as comprehensively as the U.S.

In 2009, the then-U.S. Secretary of State Hillary Clinton visited the DRC to address sexual violence. Following this visit, USAID awarded four major contracts for multi-sectoral GBV response programming which totaled approximately $47.5 million. These programs were large-scale and comprehensive, encompassing all forms of GBV (not just

One woman started a support group in her community to help others who had gone through what she had: sexual violence. "I was a victim, but I am not a victim now."

conflict-related sexual violence) and covering the eastern provinces of North and South Kivu, Ituri, Orientale, and Maniema. USAID ensured that its implementing partners worked to strengthen the capacity of local organizations and public institutions in the communities and also provided care and treatment services for GBV survivors.

In its 2014 meetings with DRC humanitarian actors, RI noted a widespread appreciation for USAID's efforts, and recognition of the fact that the U.S. role as the key donor in GBV programming helped to establish GBV as a priority in that country. The USAID mission coordinated numerous actors in an effective GBV response that included a strong focus on medical, psychosocial, legal, and socio-economic support.

What Worked

USAID GBV-programming funding has been extremely meaningful for women and their communities, as there have been vast gains made in building local capacity, promoting women and girls' well-being, and mitigating the consequences of GBV.

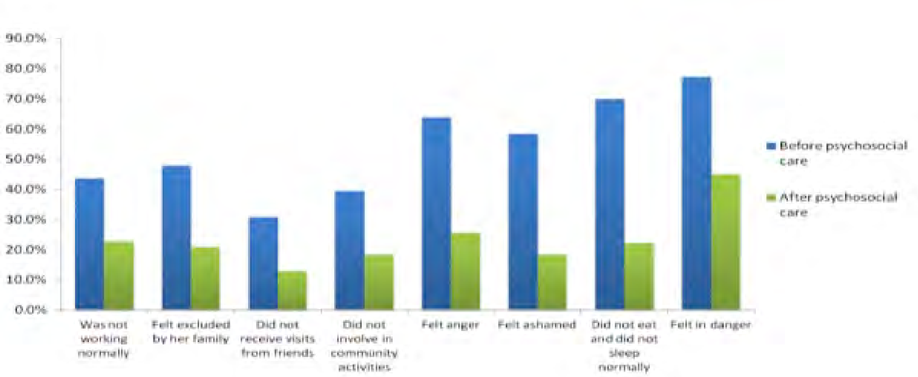
The strongest gains from these programs have been in the medical and psychosocial support sectors of GBV response. The quality of medical response has significantly improved in the past five years, with the majority of implementing partners' medical supervisory staff linked to GBV programming to ensure regular and effective follow-up.[6] Psychosocial support has improved and basic principles have been established for working with GBV survivors, which are adhered to by both the international and local implementing partners.

The cumulative effect of these programs resulted in more than 60,000 people receiving some type of GBV support.[7] More than 24,000 GBV survivors received medical care, thereby reducing the loss of lives to AIDS or other life threatening injuries incurred in acts of GBV. More than 1,500 health care workers have been trained to provide clinical care for GBV survivors.

It is noteworthy to mention that these programs provided coverage to isolated and insecure areas of eastern DRC. In some intervention areas, staff had to travel by foot and were exposed to great risks and discomfort.[8] Despite these logistical challenges, the necessary medicines to prevent the transmission of HIV (post-exposure prophylaxis (PEP)) and other post-rape care were available to survivors in program-targeted areas. Indeed, due to these investments and other primary health care support in eastern DRC, donors cite major signs of improvement. Anecdotally, humanitarian actors in the DRC told RI that there is better quality health care available in the east as compared to the rest of the DRC — despite years of conflict and displacement — because the east has benefitted from so many years of humanitarian interventions.

With regard to psychosocial support, USAID programs provided care to more than 40,300 survivors, playing an essential role in the healing process. Of the GBV survivors who received these services, NGOs report

that the vast majority experienced a significant improvement in their psychological well-being, as exemplified in the table below that presents the results from one of the USAID programs.[9]

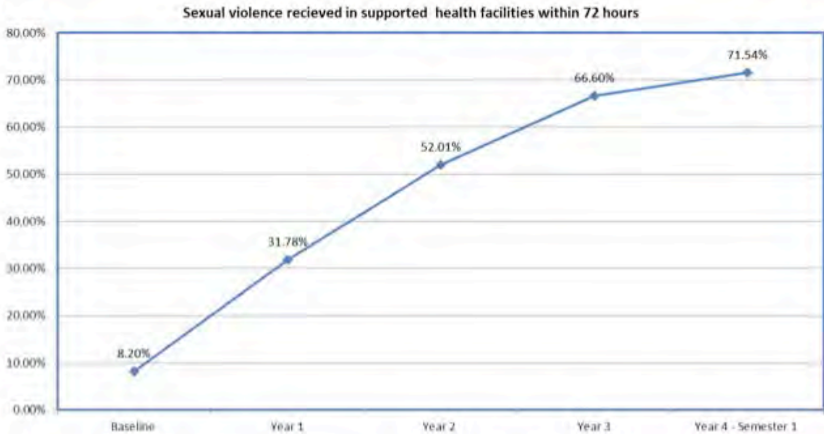


These programs were implemented in tandem with more than 1,850 community-based organizations (CBOs), some of which were newly created by USAID partners, while others received training and supplies so that they could consistently offer care and support to survivors. One element of this training and support from NGOs included vocational training and income generating activities. Despite the termination of USAID funding, many of these CBOs are still working today and are able to generate their own income to sustainably fund their work.

More than 16,800 survivors sought out legal services from a legal clinic or mobile court. In addition, the USAID-funded programs allowed more than 72,186 survivors and members of their communities to participate in village savings and loans associations (VSLAs), business skills development, vocational training, or literacy programs, all of which contribute towards social and economic reintegration. These programs also have the added effect of protecting and empowering women by strengthening their decision-making power and increasing access to income-generating opportunities and savings.

Another key success from the last five years of investment in addressing GBV is that much of the silence surrounding sexual violence has been

broken. To be clear, women who report GBV still experience stigma, discrimination, and fear of rejection by their families. But during its October mission, RI's team was told by donors and service providers that over the course of the last five years in areas where there have been GBV interventions, it is now significantly easier for women and girls to report cases and access care. When RI spoke to women and girls in these communities, they provided detailed answers to the question, "If your friend said she was raped, what would you advise her to do?" Healthcare was identified as the entry point and interviewees said that they would take their friend to a health center, and often identified organizations or programs specifically by name. Displaced women and girls RI interviewed were aware of PEP kits and the need for treatment to be administered within 72 hours. They also expressed a high degree of trust in these services, for example, believing that they would find skilled healthcare workers and the necessary medicines there. In the last five years, the number of reported GBV cases has increased, a fact that service providers attribute, in part, due to increased awareness of the need for post-rape care and the perception that those services are dependable. The table graph below of USAID's implementing partners illustrates this phenomenon for one of the USAID-funded programs.[10]



According to an external evaluation study completed in 2012, community members and leaders were well aware of the various organizations and programs at work in their respective areas.[11] Individuals were able to supply program and organizational names and identify the benefits received through the programs, including free

“There is no place here where I can go and be at peace.”

medical health care for survivors, awareness, VSLAs, and psychosocial support.[12]

In addition, all the USAID-funded programs benefitted from a relatively long program cycle of five years (though one program was terminated one year early). Given that it is laborious to set up these programs in the highly complex operating environment of eastern DRC, along with the time-intensive work required to increase community awareness and uptake of GBV services, the long-term nature of these programs is vital. NGOs told RI that a five year program cycle is the minimum amount of time required for the range of activities that each implementing partner was able to carry out. If USAID reinstated these multi-sectoral, multi-year GBV programs, the new programs would benefit from the groundwork laid over the last five years, building upon existing community-level relationships and lessons learned regarding the most effective programmatic approaches.

GBV Backlash versus Reality

For all the good that the focus on GBV in the DRC has done, the unprecedented attention that the issue has received from the media, policymakers, and donors has also contributed to some negative backlash from various media and academic sources, which has left a deep imprint on this sector. One frequently cited example originated in an academic report that referred to sexual violence as a business.[13] The report claimed that when donors and international organizations target services towards victims of sexual violence, they create services that are *reserved* for victims of sexual violence, while basic social services are hardly available. The report also claims that women and girls will falsify GBV violations in order to access free medical care.[14] The NGOs who have implemented GBV programs in eastern DRC maintain that their programs are protected against this type of abuse because the stigma attached to GBV would inhibit women from presenting a fake case. While it is impossible to know if or to what degree this type of falsification takes place, the perception that it exists has skewed some observers towards the idea that the preponderance of GBV programming in eastern DRC is not in line with the needs of the population.

Another example of negative backlash is the perceived linkage between the release of data on the number of sexual violence cases by humanitarian actors and sharp increases in donor funding. This has created an extremely politicized climate around the collection of sexual violence case data. During its 2014 mission, some NGOs told RI that established Congolese and international NGOs added sexual violence to their main intervention strategies to benefit from a perceived glut of donor funding. Some humanitarian donors also shared with RI that they believe some local NGOs formed specifically with the aim to access GBV funding, since it seemed to be so prevalent. Thus, there is a perception from some observers that GBV initiatives in the DRC range from sincere and professional programs to others that are more opportunistic, capitalizing on human suffering to obtain funds.

The notoriety of GBV in the DRC has contributed to a widespread but incorrect belief that there is a luxurious amount of money available for GBV programs. USAID's $71 million GBV programming investment since 2002 is unprecedented for a contribution towards addressing GBV. However, outside of the USAID-funded programs already described above, few GBV projects in the DRC are funded for more than one or two years or receive over $10 million. The Stabilization and Recovery Funding Facility in Eastern DRC (SRFF) fund, which provides the monetary support for the Stabilization and Reconstruction Plan for Eastern DRC (STAREC),[15] has spread $12 million over fifteen GBV projects over three years. This approach results in a proliferation of relatively small projects that follow different approaches and require a healthy influx of funding simply to coordinate them. Organizations lose significant resources simply managing their GBV portfolio of multiple small grants and varied donor requirements. This prevents them from testing scalable interventions and consolidating approaches for maximum impact.

USAID's New Approach: GBV Integration

USAID announced in its 2015–2019 Country Development Coordination Strategy that, due to resource constraints, the high-profile GBV treatment and prevention programs from the last five years will be significantly scaled down.[16] These cuts have already begun to take effect. On RI's October 2014 mission to the Kivus, NGOs pointed towards some remote areas (for example, Shabunda, a difficult-to-access

area in South Kivu) where USAID-funded programming had ceased already due to a lack of funding. They explained that this area is now completely devoid of GBV-specific services, leaving women without dependable access to care.

In the absence of resources to continue its large-scale GBV response programs, USAID is currently shifting to an approach that will integrate GBV into existing programs, rather than funding "stand-alone" GBV programs as it has in the past. This approach could significantly reduce the scope of support available for survivors and result in Congolese women losing important forms of protection and support that they require.

GBV integration refers to the potential of each sector to implement their projects in ways that mitigates risks for women and girls. This could mean the inclusion of GBV services in other sectors' programming, for example, ensuring that health clinics can provide clinical care for survivors of sexual violence or education programs including curricula on GBV prevention. USAID describes this as "identifying and addressing gender differences and inequalities during program and project design, implementation, monitoring, and evaluation."[17] However, a number of essential GBV services cannot be easily added to existing USAID programs. Case management and psychosocial support, for example, as well as safe spaces for women and legal aid services, are unlikely to fit naturally into other sectors' programming and, without dedicated funding, could fall by the wayside.

GBV "stand-alone" programming, by contrast, has the primary aim of preventing and responding to violence against women and girls. This includes creating case management and psychosocial support services for GBV survivors, establishing women's safe spaces, and developing referral pathways that support all sectors in directing GBV survivors towards health, psychosocial, legal, and other services.

It is also worth mentioning that the USAID efforts to integrate GBV into health and education programs will exclusively address sexual violence. Women who have experienced other forms of GBV, including domestic violence, for example, require safe and confidential health and psychosocial services, access to community-based protection, justice systems that uphold women and children's right to live without

Janine was raped by a man who was unknown to her while collecting firewood in the bush. She became pregnant, but the baby was born ill and she had trouble breastfeeding because of her memories of the rape. She went to see a doctor who told her to stop thinking so much. "I feel so alone here. No one can help me. It isn't possible to be safe here."

violence, and access to long-term durable solutions that effectively separate survivors and perpetrators, removing the risk of repeat violence. These aspects of GBV care and treatment would be available in stand-alone programs, but are not directly related to health or education and therefore cannot be integrated in the health and education sector programming. USAID's integration efforts will result in a failure to provide the support needed to address all the forms of GBV that women and girls experience, leaving them without access to essential support.

In many ways, the U.S. already has an integrated GBV approach, as there are a multitude of USAID and State Department bureaus with GBV programs in the DRC. But each uses a different approach with limited coordination amongst one another. In addition to the USAID-funded stand-alone programs detailed above, there are also efforts that at least partially address GBV funding via the Bureau for Democracy, Human Rights, and Labor; the Bureau for Population, Refugees, and Migration; the Bureau of International Narcotics and Law Enforcement Affairs; the Bureau of African Affairs; the Office of the Global

AIDS Coordinator; and the Office of Global Women's Issues. This fragmented approach not only makes it difficult to understand the U.S. government's overall efforts on GBV in the DRC, it is not possible to quantify which portion of these larger projects went towards specialized GBV support or were monitored to ensure that they did so.[18]

In interviews RI conducted with representatives of key donors in DRC's capital Kinshasa, not all interviewees were aware of the differences between GBV integration and stand-alone programming, despite being in the position to make decisions that prioritize integration over stand-alone programming. It is essential that donors understand these differences, and collaborate together to ensure that both types of programs are consistently available. Furthermore, RI encourages USAID to actively seek out the additional resources required to reinstate stand-alone programming as widely as possible. As the global leader of the Call to Action on Protecting Women and Girls in Emergencies, the U.S. has committed to working towards better addressing GBV in humanitarian crises globally. In the DRC, the U.S. must not lessen its focus.

Programming Gaps

Because GBV in the DRC continues to occur and women are still vulnerable, some donors argue that this is a sign that GBV-specific programs have fallen short. This is an inappropriate and erroneous understanding. The majority of the financing to address GBV over the last five years has been in *response* to sexual violence, not an attempt to *prevent* it. Holistic GBV response efforts, like the USAID-funded programs outlined above, can save women's lives and provide them the support they require to overcome trauma and socially reintegrate, but cannot possibly address the underlying root causes of GBV. While there have been some programmatic efforts to prevent GBV, partners whom RI interviewed in the DRC in October 2014 felt that these types of efforts have been under-emphasized over the last five years.

When RI visited the Kivus in October 2014, there was an obvious need for both prevention and response programming. In interviews with a wide range of humanitarian actors who work to address GBV, and from the data collected by service providers, the number of reported GBV cases in the Kivus remains high. This is unsurprising, given the large number of displaced women in the Kivus. Displaced women

are particularly vulnerable to GBV because of limited access to basic services and protection.

Humanitarian budgets have declined for the DRC across all sectors, and at the time of writing, the current humanitarian appeal is only 45 percent funded. When RI visited in October 2014, food distributions for displaced people had all but halted, with only 27 percent of the population deemed most vulnerable having received any food in the last year. This is forcing displaced women and girls to take on extremely dangerous coping mechanisms, including firewood and food collection in the bush, as well as survival sex. On previous RI missions, IDPs explained that only older women would travel outside the relative safety of a camp to collect firewood for use in cooking and to generate income. However in October 2014, IDPs told RI that now the situation is so dire that all women, young and old, have no choice but to travel

> "Strange men come into the camp and offer women 500 francs ($0.55) to have sex. They are hungry, so they agree. Then they get AIDS or become pregnant and don't know who the father is."

into the bush and risk attack. The providers of medical services in these camps corroborated this. Also, women engage in survival sex in order to generate income to provide for their family. This includes displaced women living in camps and those living with host families. Humanitarians RI interviewed explained that IDPs living with host families are the least served by aid interventions and are the most likely to resort to negative coping mechanisms. Survival sex is particularly dangerous, as women who engage in it do not perceive it as being non-consensual and therefore will not seek out post-rape care, making them particularly vulnerable to STIs, including HIV, and unwanted pregnancy.

At the same time, the end of the USAID-funded (and other donor-funded) GBV programs means that GBV response programs are closing all over eastern DRC. As a result, the clinics and safe spaces that women and girls have a right to access and have come to depend upon will no longer have a regular supply of PEP kits, trained clinicians,

or may be closed entirely. This will mean that women and girls who used to benefit from services in or near their community will now have to travel long distances, perhaps multiple days' journey on foot, to reach a clinic. This travel time may exceed the important 72-hour window in which HIV transmission can be prevented. In addition, humanitarians told RI that state-run hospitals will force women to pay for the services they use, despite the DRC National Protocol on Medical Assistance to Survivors of Sexual Violence from the Congolese Ministry of Health, which states that survivors of rape should receive free treatment. It is clear that within this extremely poor population, women will not prioritize paying for their own healthcare when their families' needs are great. Cumulatively, these factors add up to women potentially losing their confidence in the referral systems that have been set-up over the last five years and they may cease to report GBV cases.

This could result in women facing increased vulnerability to GBV and strongly needing the multi-sectoral services, but which may no longer be easily available to them. In the DRC, where GBV is such a common phenomenon, humanitarians have an imperative to work to keep women and girls safe, particularly since the HIV prevalence rate is estimated to be 1.3% for people aged 15-49[19] making GBV a potential death sentence. USAID's funding cuts to GBV programs will have dangerous repercussions for women and girls. RI urges the U.S. government to reinstate funding for stand-alone, multi-sectoral GBV services.

At the same time, many donors who fund GBV programming want future funding for GBV to address the root causes of violence. DFID, in particular, recognizes that prevention programs need to be scaled up and based on evidence, and had launched innovative programs in this vein. There is a clear need for this type of evidenced-based design, as GBV prevention programming so far seems to have made little impact.

Existing GBV prevention programs are generally limited to community 'awareness raising,' 'sensitizations,' or human rights training within security sector reform, yet there is no evidence that it is a lack of awareness that is causing men to rape.[20] Such interventions include efforts to promote changes in community knowledge and attitudes regarding GBV through education and social marketing. But, changes in knowledge are not directly correlated with changes in behavior. There is no evidence that men rape because they lack information. Instead, GBV is both a cause and consequence of gender inequality and is an abuse of the power imbalance between women and men. It is a means of social control that maintains unequal power relations between women and men and reinforces women's subordinate status.

One of the concepts that emerged from RI's interviews with NGOs was the need for a 'new socialization' on the essential roles that men and women play in Congolese society, starting from their household and expanding to the community at large. This concept would address the root cause of GBV: gender inequality. GBV prevention programs should encourage men and women to model positive behavior and evenly distribute household tasks between family members, as well as to give equal priority to boys' and girls' education. Such programming would include activities that empower women and promote confidence and economic self-sufficiency, improving their status in the household, community, and in the country. Prevention programs should also work with men and boys to address beliefs and behaviors that create and perpetuate gender inequality. Other elements of prevention programming that would help engender change in the DRC would include efforts to change government policies and legislation that are discriminatory towards women and girls, as well as fostering local coalitions and networks to promote violence-free communities and advocate for change.[21]

This type of programming is already well underway. In October 2014, RI saw excellent examples of programming that promoted positive male role models through the use of mobile cinema and radio programming to stimulate behavior change, as well as community-based social behavior change and men's support groups. Efforts like this that highlight men's agency, both in committing crimes and in stopping them, should be considered for deep and ongoing funding.

One area that has received significant attention as a method to prevent GBV, particularly by the UN Organization Stabilization Mission in the DRC (MONUSCO) and the DRC government, is the fight against impunity. Impunity for sexual violence (not to mention all other types of crimes) remains a serious impediment to the DRC's economic and political development. Yet the assumption on the part of some donors and international policymakers that (limited numbers) of prosecutions will prevent future crimes remains unproven, despite the relative success of some judicial services initiatives such as mobile courts.[22] Indeed, serious barriers to justice for rape survivors remain.

If a survivor of sexual violence seeks formal redress, she is often encouraged to utilize traditional justice mechanisms where community leaders order the perpetrator to pay money or in-kind donations (such as livestock) to the survivor's family, or force the survivor to marry the perpetrator. These traditional arrangements do not constitute justice. They benefit the survivor's family rather than the individual survivor. Forcing a survivor to marry her aggressor does not provide redress and bypassing formal prosecution undermines the rule of law. Furthermore, these types of traditional justice mechanisms are illegal according to the 2006 Congolese Law on the Suppression of Sexual Violence, which promotes stronger penalties for perpetrators and more effective criminal procedures.[23]

Even when survivors successfully bring their cases to court, pervasive poverty, excessive post-trial complexities, and the lack of political will on the part of the Congolese government mean reparations are rarely delivered.[24] When awarded, reparations can be incredibly high, ranging from $300 into the millions. However, before receiving reparations in court, victims must pay a number of fees, including six percent of the total reparation amount.[25] Survivors can claim indigence to waive these fees, but this entails prohibitively complex paperwork, a task that is

especially onerous in low literacy populations.[26] These factors can compel survivors to refrain from even applying for reparations. Moreover, there is no funding support for this post-trial phase, so lawyers and advocates lack incentive to aid survivors after verdicts are delivered and survivors are often ill-equipped to navigate the bureaucratic maze themselves.[27] After risking reprisals and shame by pursuing their case in court, survivors ultimately receive nothing, which causes additional trauma and discourages others from pursuing legal redress.

In addition, the focus on the fight against impunity, in particular MONUSCO's persistent focus on it, has had the unintended consequence of jeopardizing survivors' human rights. In 2014, RI met with an NGO that provides direct support to survivors. This NGO explained that on numerous occasions, MONUSCO Human Rights and Sexual Violence Units, as well as the Office for the High Commissioner for Human Rights (OHCHR), approached them and demanded the medical certificates of all sexual violence survivors who had accessed care with that NGO. The NGO understood that these requests were for the purpose of encouraging survivors to file lawsuits

> "There is no place here where I can go and be at peace."

against their perpetrator. This is a flagrant violation of the World Health Organization's (WHO) ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies, which clearly states that the confidentiality of individuals who provide information about sexual violence must be protected at all times.[28] When the NGO refused to share the medical certificates of these survivors, MONUSCO publically accused the NGO of "obstructing justice." This is an example of extremely dangerous coercion that, if NGOs disclose confidential survivor information, has the potential to threaten survivors' safety and basic human rights.

From the gaps described above, it is clear that there is still much work to be done to address the issue of GBV prevention. The U.S. government should coordinate with the other donors working to address GBV in the DRC to ensure that funding for prevention programs that focus on empowering men and women in their roles in the family, the community, and in society is increased.

Building Sustainability

The humanitarian community in the DRC could be seen as having an almost paternalistic relationship with the DRC government. In interviews with RI, a common critique from humanitarians was that donors provide so many services to the Congolese population that they let the DRC government off the hook from fulfilling its responsibility to provide basic social services to its own population. A large majority of the humanitarians RI interviewed in October 2014 spoke of the need for donors to assert their influence to push the DRC government to take up its responsibility to serve the population. To that end, USAID has launched its new five-year country strategy to include sustainability-

> "We were very happy that Hillary Clinton came to Goma. But it's not normal that the U.S. and other countries send delegations of their foreign ministers to meet with sexual violence survivors here, while the Congolese government fails to engage in addressing this issue in its own country."

focused work that will build government capacity. RI welcomes this investment towards improving the DRC government's provision of social services, but this is long-term work that will not produce results in the short- or medium-term. Therefore, as USAID works towards developing the DRC government's capacity to address GBV, it must continue to provide programmatic support in the short- and medium-term.

Congolese organizations also remain vital to addressing GBV. The USAID-funded GBV programs discussed above all utilized a partnership-based approach that ensured local organizations implemented all direct service delivery activities. This model is hugely beneficial for developing sustainable capacity on GBV in country. In addition, in areas unsafe for international organizations to access, local partners will take the risks to intervene on their behalf. And in

situations where there is no international presence, local groups often take the initiative to respond on their own. In 2010, in Hombo North in Walikale territory, RI met with a woman working with a local NGO who was assisting the many displaced survivors of sexual violence taking refuge in her community. She provided them with what little assistance she could gather, but felt that more training and guidance, especially on psycho-social support, would be invaluable. She told RI that she felt overwhelmed by the work she was doing, and yet she was the only one able to respond. It is essential that donors continue to funnel support to local groups so that they can continue their vital work, responding to the needs of women and girls in their communities.

Conclusion

After his 2014 visit to Kinshasa, U.S. Secretary of State John Kerry met with local survivors and activists working on the fight to address sexual violence. He explained, "… these women were brave, they were extraordinarily strong. I came away inspired by their determination to make sure that no woman goes through the same ordeal as they did ever again."[29] The U.S. has made a massive commitment in the last five years to try to address the GBV that Congolese women and girls suffer. It is troubling that the U.S.'s resources are being pulled away from the DRC just as the humanitarian community is able to showcase that success and demonstrate where more investment is needed to improve the fight against GBV. This is particularly worrying since the upcoming 2016 elections will lead to increased violence and displacement, which will mean increased incidence of GBV, a concern RI heard expressed by numerous actors during its 2014 mission. It is alarming to know that as the DRC moves closer to elections, fewer GBV response services will be available to women and girls. Humanitarians are not prepared. It is imperative that the U.S. reinstates funding for stand-alone, multi-sectoral GBV services, including prevention, while pressuring the DRC government to seriously address and prioritize GBV, particularly in the provision of sustainable health and social services to GBV survivors.

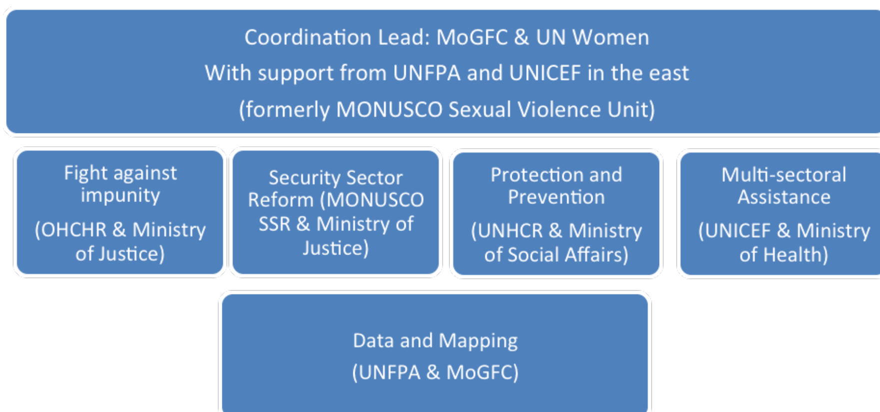
Helene risks her life every day for her family's survival. It has been nearly one year since the family received food rations from international aid agencies. Without this support, Helene is forced to leave the relative safety of the camp every day to collect cassava leaves to eat, or to find odd jobs to do for nearby landowners who pay her less than a dollar for a day's work. Not only does this work provide too little means for her family, but it also exposes her to tremendous danger. Girls are routinely raped, kidnapped, or even killed by armed groups while on such errands.

UN Investment: The Comprehensive Strategy

In 2009, the UN developed its Comprehensive Strategy to Combat Sexual Violence (Comprehensive Strategy) in New York and recommended it to the DRC for implementation as a pilot country. It was adopted by the DRC government as the National Strategy to Combat Gender-Based Violence (National Strategy) as part of ongoing stabilization initiatives underway in the STAREC, which aims to consolidate military successes against armed groups by restoring the authority of the state, helping displaced people return home, and re-launching local community economies.

Challenges from the Start

RI has previously reported on the severe challenges of implementing this National Strategy.[30] Some humanitarians working in the field at the time of its development believed it was unlikely to succeed because of its complexity and demand on humanitarian actors. The coordination structure itself is heavily flawed. The National Strategy is organized into five distinct pillars, each chaired by a different UN agency with a Congolese government counterpart. Each pillar organizes separate, regular meetings which all GBV actors must attend at great expense of their time, staff, and resources. These pillars rarely communicate amongst each other and rarer still, coordinate their activities. The structure is shown in an infographic below.



Funding for the National Strategy is sourced from the SRFF, the monetary fund that supports STAREC. It completed allocations in 2010 and 2011 and has had a third allocation pending for the last two years. The programs that were funded during those allocations were never properly evaluated, so it is hard to determine the success of these efforts. During an interview with RI in October 2014, one UN peacekeeper said that coordination was a major challenge, and that there was significant duplication of activities. For example, during the second SRFF allocation, two different agencies each trained the Congolese National Police on best practices for supporting women and children victims of torture in Bunia, each using their own manuals, developed specifically for that training. This type of redundancy demonstrates a real failing of the National Strategy to coordinate partners.

Yet another major challenge is that the National Strategy exists outside of the humanitarian cluster system, and is separate and distinct from humanitarian operations. Therefore, despite the pervasiveness of GBV in eastern DRC, there is no GBV sub-cluster and extremely little representation of GBV issues in the international humanitarian architecture. The link between the Protection Cluster and the pillars is far from systematic and there is no clear understanding of how they

are meant to coordinate. As such, the Protection Cluster receives very limited information and analysis on GBV. GBV is rarely mentioned in national humanitarian advocacy forums led by MONUSCO and the UN Office for the Coordination of Humanitarian Assistance (OCHA). This has dangerous implications for the overall humanitarian response in the DRC. Since most humanitarians lack access to information regarding GBV, they therefore often fail to integrate GBV considerations into their sectors' activities. In addition, GBV programming receives little consideration in humanitarian funding mechanisms, like the Pooled Fund,[31] since there is the perception that it's covered through STAREC. In 2012, less than one percent of the DRC Pooled Fund's allocation for eastern DRC went to GBV programming.

As RI has reported since 2011, the National Strategy fails to adequately consider that women in DRC are subjected to other forms of GBV, not just sexual violence.[32] There has been a disproportionate focus within the National Strategy on conflict-related sexual violence. This phenomenon certainly does exist in DRC and there are armed groups in the country that use this tactic, but this is a very small proportion of the sexual violence that is perpetrated in DRC. As already mentioned, service providers now report that domestic violence is the most common form of violence that women report.

Congolese civil society, which plays an essential role in GBV prevention and response activities, has not been able to meaningfully participate in coordination meetings convened via the National Strategy. In 2010, RI spoke to numerous local groups who felt extremely discouraged by their apparent exclusion from the Strategy. One representative from a local group summed up the feelings of many when she told RI that she saw the Strategy as just, "...a political construction for funding for international agencies." While there were efforts to involve civil society in a working group in the early days of implementing the Strategy, on multiple missions to the DRC, RI heard from civil society groups that they routinely feel excluded from these meetings. Sometimes civil society is not made aware that coordination meetings are happening. In other cases, they lack the resources to regularly and robustly participate given the sheer number of meetings, placing a major demand on their time. Donor governments, UN agencies, and international organizations must do more to engage with these Congolese organizations.

With this five-pillared structure, significant resources are required to fully operationalize each pillar in all field locations. Each pillar is meant to have coordinators at both the national and provincial levels, but not all UN agencies can afford to fill these positions with senior-level staff. This has resulted in positions being left vacant or filled by junior staff, which affects the quality of coordination. Currently, the National Strategy is operating without any funding due to a more than two-year delay in the third allocation of STAREC funds for sexual violence. The Belgian government has committed approximately $5 million, but due to complex bureaucratic delays in Kinshasa, it has not been possible to release that money. This makes programming and coordination nearly impossible, and all pillars are struggling to continue working.

One humanitarian actor explained to RI that when the Strategy was launched in the DRC in 2009, the general sentiment shared by her colleagues was that although it was an extremely complex structure that would undoubtedly cause challenges given the inherent challenge of coordinating so many actors, UN staff felt a pressure to do their best to operationalize the Strategy as well as they could, since the alternative meant delaying aid to women and girls in urgent need. Five years later, it is time to reconsider whether the National Strategy is actually serving the needs of women and girls.

Current Status of the National Strategy

Today, the National Strategy is barely operational, with a few noteworthy exceptions. Most humanitarians that RI spoke to during its October 2014 visit believe that the National Strategy is not an effective tool for coordination.

As it was designed, the MONUSCO Sexual Violence Unit supported the DRC government in leading overall coordination of all five National Strategy pillars. When it was launched in 2009, humanitarians perceived this as a poor choice given MONUSCO's lack of technical capacity in GBV prevention and response. During an RI mission to the DRC in 2013, humanitarian actors expressed grave concerns regarding the Sexual Violence Unit's competency to effectively coordinate the pillars. In widespread recognition of these shortcomings, a transition process has begun to replace MONUSCO as the lead, following analysis from the UN Action Against Sexual Violence in Conflict delegations from New

York. Today, the MONUSCO Sexual Violence Unit has been disbanded and the staff that comprised the unit now functions as Women's Protection Advisors (WPAs).[33] Currently, UN Women leads coordination of the National Strategy nationally, with support from the UN Population Fund (UNFPA) and the UN Children's Fund (UNICEF) role in the east. This is somewhat concerning, as UN Women is a new agency in the DRC and has relatively few resources to lead national coordination, particularly in the east. In North Kivu, for example, there is only one single staffer. The humanitarians RI interviewed during its October 2014 mission expressed concerns regarding UN Women's technical capacity on GBV and saw its move to take over the coordination lead as a method to gain increased funding for the agency. It should be noted that these concerns come within a context of fraught collaboration between UN agencies working on GBV in the DRC, due to fierce competition over scarce resources. However, despite the politics surrounding the choice of UN Women as the lead, what is most concerning is that this

role has not evolved at all from the type of role played by the MONUSCO Sexual Violence Unit. It is simply a new partner fulfilling the same responsibility within the same flawed system.

It should be noted that both the Multi-Sectoral Assistance (MSA) and Protection and Prevention (P&P) pillars seem to be operating reasonably well, particularly in Goma. Whereas on previous missions humanitarians told RI that these pillars were less functional, during RI's 2014 mission, humanitarians reported that most groups "have gotten used to" this structure. The MSA and P&P pillars in Goma also benefit from particularly strong coordinators who operate as excellent conveners. RI heard less praise for these two pillars in Bukavu and at the sub-provincial level, where there has been significantly less investment by the SRFF and where fewer GBV human and financial resources are present.

Today, the Security Sector Reform (SSR) and Fight Against Impunity pillars do not benefit from any SRFF funds, as they were excluded from the third funding allocation. This leaves both pillars with an uncertain future and it is unclear if further work on SSR and the fight against impunity will be done through the National Strategy.

As already discussed, data collection for GBV has long been a very politicized and controversial issue in the DRC, given the perceived linkages between an organization's presentation of data on GBV cases and subsequent increased access to donor funding. This and other technical issues have made it a challenge to manage the Data and Mapping pillar, led by UNFPA and the Ministry of Gender, Family Affairs, and Children (MoGFC). The MoGFC manages a national database of GBV cases, which demonstrates the DRC government's willingness to take up its responsibility and own this work.

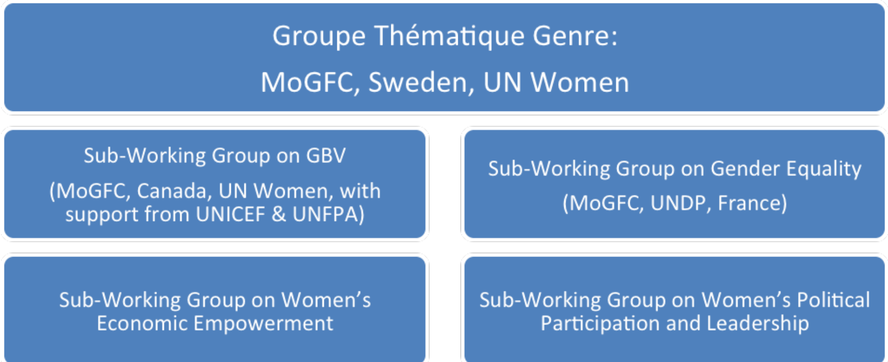
That said, it has been, and continues to be a complex process to roll out this database and make sure that its information management system follows internationally-recognized safety and ethics guidelines.[34] Today, most actors in the DRC are using their own methods for compiling data and do not contribute to the national MoGFC database.[35]

RI finds that the current status on data collection for GBV cases has improved since 2013 (when RI conducted an earlier assessment of data collection), while recognizing that the vast number of different databases makes it impossible for data to be compiled and analyzed at the national level. This makes it very challenging to view trends nationwide and prevents humanitarians from determining when policies for prevention and treatment are effective. At the same time, it is not realistic that a single database will be able to meet the needs of the numerous GBV actors working in the DRC, each collecting data for different objectives. Actors should be clear on what data will be shared, for what purpose, who will compile the data, and how and when actors will be able to access the compiled statistics. RI recommends that all actors in their collection of data for all GBV databases respect the guiding principles for working with GBV survivors, which include safety, respect, confidentiality, and non-discrimination.

GBV sub-clusters and Other Arrangements

RI believes that the National Strategy should be dissolved, to be replaced by coordination mechanisms that will be more appropriate for the current context in the east, which continues to see bursts of violence and displacement, while considering the needs throughout the country. To that end, wherever the cluster system is currently rolled out, RI recommends that UNICEF and UNFPA establish GBV sub-clusters to be led in conjunction with the MoGFC. In contrast to the National Strategy, a GBV sub-cluster would bring together all humanitarian GBV actors in a single meeting on all GBV-related topics, led by an agency with technical competence on the issue, rather than the current system of multiple meetings and insufficient coordination. This is the same system that is used in other humanitarian crises around the globe and has not only proven successful, but will benefit from the support of the global GBV Area of Responsibility (AoR) which provides technical support for field operations.

Humanitarians RI interviewed on its most recent mission called for robust GBV coordination throughout the DRC, and not just in eastern areas affected by armed conflict. Therefore, RI proposes that a different mechanism led by the MoGFC is used throughout the country to coordinate GBV actors. The *Groupe Thématique Genre* is a coordination mechanism activated in February 2013 by the MoGFC, the Swedish embassy, and UN Women. Within this group are four sub-working groups on different topics.



It is encouraging to see this coordination structure becoming more active under the leadership of the MoGFC. This structure relies on just a single working group meeting to discuss all GBV-related coordination matters. RI recommends that this system and, in particular, the sub-working group on GBV, should replace the current National Strategy. RI believes that this will be a simpler structure than the current five-pillared system, which will place a lesser burden on the DRC government ministries currently responsible for the National Strategy. In addition, it would be a welcome change for all UN agencies to sit around a common table, rather than organizing separate coordination meetings. Finally, it would be less onerous for international NGOs and civil society groups to participate in a single meeting, rather than numerous different ones. RI is calling on the MoGFC to implement these working groups at the provincial level throughout the country. This will simplify coordination efforts, improve efficiency, and stimulate communication between GBV actors, reducing the burden on all national and international actors.

DRC Government Leadership

It is a welcome change to see the MoGFC playing a more active role in GBV coordination through its leadership in revitalizing the *Groupe Thématique Genre*. Much of this improvement can be attributed to the behind-the-scenes efforts of UN Women and international donors who have been working hard to produce these results. This progress, though, will necessarily be slow given that the MoGFC is severely underfunded. On its 2014 mission, RI learned that the MoGFC budget currently provides enough funding to pay the salaries of the ministry staff and little else. In addition, RI heard from a number of different humanitarians and donors that the MoGFC technical capacity on GBV prevention and response is extremely limited. There is only so much progress that the DRC government can make in the fight against GBV when the chief ministry meant to lead the effort is so inadequate. In addition, in December 2014, a new minister was appointed to lead the MoGFC, who hopefully will be a strong force for the urgently needed National Strategy reforms.

Given the MoGFC's limited size and influence, it will be essential for other line ministries, including the Ministries of Health, Justice, and Defence to integrate GBV prevention and response into their respective initiatives. This could include efforts focused on the clinical care for survivors of sexual assault, judicial response to perpetrators of violence, and SSR.

In addition, the DRC government's messaging on GBV is not helping. The government seems to be trying to change the perception that the DRC is the "rape capital of the world" by claiming that conflict is over and that the nation is currently at peace (a claim that is easily disputed given, for example, the massacres of civilians in Beni, where more than 250 civilians were killed between October and December 2014). The DRC government asserts that if conflict is over, then it follows that conflict-related sexual violence is also finished. This is incorrect and extremely troubling. Research has shown that sexual violence has deep roots in the pre-conflict phase that are intensified during conflict and perpetuated in the post-conflict phase.[36] In fact, using the Sexual Violence in Armed Conflict Dataset, which measures reports of the conflict-related sexual violence committed by armed actors (state forces, pro-government militias, and rebel groups) during the years 1989-

2009, researchers looking at conflict-related sexual violence globally found that twenty-one percent of state actors, thirteen percent of rebel groups and five percent of pro-government militias were reported to perpetrate acts of sexual violence after the groups were considered no longer active.[37] Therefore, solutions to conflict-related sexual violence require not just a cessation of hostilities, but also long-term investments in programming that address the societal forces that foster gender inequality.

DRC's President Joseph Kabila recently appointed a Special Representative on Sexual Violence and Child Soldier Recruitment. This position, based in Kinshasa, is meant to push the National Strategy to achieve better results in addressing conflict-related sexual violence in the country. It is too early to properly judge whether this appointment will prove effective. Thus far, the Special Representative's public statements are not encouraging, as they echo the DRC government's narrative that the country is now at peace and thus the threat of sexual violence has passed. In a 2014 meeting that the Special Representative conducted with humanitarian organizations in New York, she offered a suggestion to create a memorial in honor of the victims of sexual violence, a commemoration which inherently connotes the end of an atrocity. Sadly, for Congolese women and girls, there is not yet an ending to their suffering that can be celebrated.

Conclusion

The UN's Comprehensive Strategy arrived in the DRC at a time when there was significant energy and funding behind efforts to address conflict-related sexual violence. In 2015, that enthusiasm has significantly diminished. There are fewer actors working to address GBV, and those actors are working with limited resources. The coordination structure that governs GBV programming must reflect the resources available to support it. Today, it is not possible to fully stand up all five pillars of the National Strategy, given staffing and funding realities. As evidenced above, the system has never succeeded in advancing joint efforts on the cause, improving communication between partners, or avoiding duplication. For these reasons, GBV actors in the DRC will benefit from a simpler approach to coordination, using GBV sub-clusters and the *Groupe Thématique Genre*.

Endnotes

1 Multi-sectoral support refers to the provision of medical, psychosocial, legal, safety, and socio-economic aid for GBV survivors.
2 The basis for this process lies within UNSC Resolution 1794 (2007), which requested the peacekeeping operation (MONUC) "to undertake a thorough review" and "to pursue a comprehensive mission-wide strategy" in collaboration with the UN Country Team to strengthen prevention, protection, and response to sexual violence. Office of the Senior SV Advisor and Coordinator. Comprehensive Strategy on Combating Sexual Violence in DRC: Executive Summary. 18 March 2009.
3 See, for example, Heaton, Laura, "What Happened in Luvungi? On rape and truth in Congo" Foreign Policy. March 4, 2013. http://foreignpolicy.com/2013/03/04/what-happened-in-luvungi/ and in addition, Douma, Nynke, D. Hilhorst. Fonds de Commerce? Sexual Violence Assistance in the Democratic Republic of the Congo. Disaster Studies. Occasional Paper 02. Wageningen University. 2012.
4 In 2013, the United Kingdom's Department for International Development (DFID) launched the *Call to Action on Protecting Girls and Women in Emergencies (Call to Action)* to mobilize donors, UN agencies, NGOs, and other stakeholders on protecting women and girls in humanitarian emergencies. *The Call to Action* culminated in a high-level event, co-hosted by the U.K. and Sweden on November 13, 2013. In January 2014, the United States assumed leadership of the *Call to Action*. The *Call to Action* is an important framework to help coordinate efforts with other donors, affected countries, and non-government stakeholders to maximize impact.
5 This figure does not include other USAID-funded initiatives that partially address GBV, such as OFDA humanitarian assistance, health, democracy and governance, and education sectors, since it is not possible to quantify which portion of these larger projects went towards specialized GBV support or were monitored to ensure they did so.
6 Development & Training Services, Inc. (dTS). Final Assessment of USAID/DRC Social Protection SGBV Programming. April 2012.
7 This figure and those that follow reflect the results of the three GBV programs funded by USAID from 2009 until 2014/5, implemented by the International Medical Corps, the International Rescue Committee, and IMA World Health.
8 Development & Training Services, Inc. (dTS). Final Assessment of USAID/DRC Social Protection SGBV Programming. April 2012.
9 This table represents data from the CASE program, led by the International Medical Corps, who provided 5,545 survivors with psychosocial support over four years. CASE Final Performance Report. September 2014.
10 International Medical Corps. CASE Final Performance Report. September 2014.
11 Development & Training Services, Inc. (dTS). Final Assessment of USAID/DRC Social Protection SGBV Programming. April 2012.
12 Ibid.
13 Douma, Nynke, D. Hilhorst. Fonds de Commerce? Sexual Violence Assistance in the Democratic Republic of the Congo. Disaster Studies. Occasional Paper 02. Wageningen University. 2012.
14 Ibid.
15 STAREC is a plan that aims to consolidate military successes against armed groups, restore the authority of the state, help displaced people return home, and re-launch local community economies. The UN's Comprehensive Strategy to Combat Sexual Violence is housed within STAREC.
16 USAID 2015 – 2019 Country Development Coordination Strategy. http://www.usaid.gov/sites/default/files/documents/1860/USAID_DRC_CDCS-2014.pdf. Accessed January 12, 2015.
17 USAID, *Guide to Gender Integration and Analysis: Additional Help for ADS Chapters 201 and 203*, March 31, 2010.
18 This challenge is not unique to the DRC and has been seen in other contexts as well. In Afghanistan, for example, multiple Department of Defense (DOD) commands and State bureaus and offices are responsible for implementing, tracking, and reporting on the departments' efforts relating to Afghan women. As a result, no single DOD or State office was able to readily identify the full extent of their department's efforts to support Afghan women. In addition, although gender equality and female empowerment policy goals are integrated into all USAID programs, it was not possible to track funding by gender in the agency's financial management system, and its implementing partners did not separate funding by gender. The inability to identify the portion of the programs and related funding that specifically supports Afghan women could lead to inaccurate reporting of the agencies' efforts. Special Inspector General for Afghanistan Reconstruction. *Afghan Women: Comprehensive Assessments Needed to Determine and Measure DOD, State, and USAID Progress*. December 2014. http://www.sigar.mil/pdf/audits/SIGAR-15-24-AR.pdf. Accessed December 19, 2014.

19 UNAIDS 2013 estimate. http://www.unaids.org/en/regionscountries/countries/democraticrepublicofthecongo. Accessed January 4, 2015.
20 Davis, Laura, P. Fabbri, I.M. Alphonse. Democratic RepublicS of the Congo Gender Country Profile. Commissioned by the Swedish Embassy in collaboration with DFID, the European Union Delegation and the Embassy of Canada, in Kinshasa. 2014.
21 International Rescue Committee. GBV Responders Network. http://gbvresponders.org/prevention/. Accessed January 23, 2015.
22 Ibid.
23 UN Action Against Sexual Violence in Conflict. Comprehensive Strategy for Combatting Sexual Violence in the Democratic Republic of the Congo. 2009. http://stoprapenow.org/uploads/features/CSonDRCforweb.pdf. Accessed January 15, 2015.
24 Physicians for Human Rights. Awarding and Enforcing Reparations in Mobile Courts Judgments in the Democratic Republic of the Congo. Spring 2013. https://sipa.columbia.edu/academics/capstone-workshops/awarding-and-enforcing-reparations-in-mobile-courts-judgments-in-the-democratic-republic-of-the. Accessed January 5, 2015.
25 Ibid.
26 Ibid.
27 Ibid.
28 World Health Organization. WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva: 2007.
29 John Kerry. Press Release: International Day for the Elimination of Violence Against Women and 16 Days of Activism. November 25, 2014. http://www.state.gov/secretary/remarks/2014/11/234411.htm. Accessed January 23, 2015.
30 See DR Congo: Poor Coordination Obstructs Emergency Response to Gender-Based Violence, DR Congo: Emergency Response to Sexual Violence Still Essential
31 Following a humanitarian crisis, voluntary contributions are made by countries and private sector donors towards Pooled Funds, which are managed by OCHA and enable humanitarian organizations to provide the most urgently needed assistance following a crisis.
32 Refugees International. Too Soon to Walk Away. July 10, 2011. http://refugeesinternational.org/sites/default/files/071011_DRC_Too_Soon.pdf
33 Women's Protection Advisors (WPAs) have been established around the country for the purpose of monitoring and investigating conflict-related sexual violence. UN Security Council Resolutions 1888 and 1960 called for the deployment of WPAs who are mandated to address conflict-related sexual violence in peacekeeping missions in situations where sexual violence is used as a tactic of war and, as noted by the Council, qualifies as a crime against humanity, a war crime, and a constituent act of genocide. The WPAs' mandate includes building capacity within the peacekeeping mission on CRSV and reporting incidents of sexual violence for a data collection mechanism known as the Monitoring Analyses and Reporting Arrangement (MARA). The purpose of MARA is to ensure the systematic gathering of timely, accurate, reliable, and objective information on conflict-related sexual violence. Information from the MARA will serve as the basis for Security Council action, including imposing sanctions and other targeted measures, and the establishment of protection mandates in situations on the agenda of the Security Council. RI has researched and advocated on the efforts of WPAs in the past in South Sudan and found evidence of poor practice that was actively endangering sexual violence survivors' basic rights.
34 In 2013, RI reported that data was only being collected from NGOs and not from local hospitals and health clinics, which handle a large percentage of GBV cases. In addition, many organizations refuse to share their data with UNFPA or use different information management systems, given ethical concerns with this system.
35 Many UN agencies maintain separate monitoring systems (UNHCR uses its Protection Monitoring System, for example), MONUSCO's WPAs collect data specifically on conflict-related sexual violence for the Monitoring, Analysis and Reporting Arrangements (MARA), while some international NGOs use the GBV Information Management System (GBV IMS), while still others use ad hoc systems for their individual organization or service providing facility. While data collected by any agency can be inputted into the national database, individual groups each must sign an information sharing protocol to govern how data is shared and protected, which few organizations have done with the MoGFC.
36 Dara Kay Cohen, Ragnhild Nordås and Elisabeth Wood. "Four things everyone should know about wartime sexual violence" *Washington Post*. June 9, 2014. http://www.washingtonpost.com/blogs/monkey-cage/wp/2014/06/09/four-things-everyone-should-know-about-wartime-sexual-violence/ Accessed November 24, 2014.
37 Ibid.

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Congolese Women: What Happened to the Promise to Protect? is the result of the testimonies of Congolese women and girls, and those who work with them.

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Photos courtesy of Refugees International.

“I don’t see the rape or the fighting ending today.”

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