



Influential actors on GBV in DRC, their programmes and their connections

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Query: What is the evidence of the landscape of actors working on gender-based violence (GBV) in the Democratic Republic of Congo (DRC), including women's rights organisations (at the national level and specifically in Kasai province and North and South Kivu and Ituri)? As part of this, please provide:

- Mapping of key actors, what they are doing related to GBV in DRC, and their geographic focus
- Analysis of the influential/connected actors

Purpose: To strengthen the cross-cutting GBV elements to new programming on health, education and governance in Kasai province, as well as humanitarian and conflict programming in Eastern DRC.

1. Overview

The landscape of actors and programmes on GBV in DRC is complex. For nearly three decades, national and international organisations have expressed concern about the high rates of sexual violence linked to conflict in the Eastern region, and most actors integrate GBV to some extent in their humanitarian/relief programming. In addition, some actors have specific programmes on GBV prevention and/or care and mitigation.

The Ministry of Gender, Family and Children leads the GBV response in DRC. In 2020, it published the *Stratégie nationale révisée de lutte contre les violences sexuelles basées sur le genre (SNVSBG)*¹ focussed on the need for increasing efforts on prevention and taking into account different forms of GBV beyond sexual violence linked to insecurity and conflict. Other key governmental actors include the Reproductive Health and Adolescents Health National Programmes within the Ministry of Health, the Ministry of Justice and the Ministry of Education.

Key funders on GBV include the World Bank, USAID and the Canadian cooperation, and UKaid in Ituri as part of the What Works to Prevent Violence against Women and Girls programme. Some UN agencies such as UNFPA, UNWOMEN, UNDP and UNICEF also implement large programmes focused on GBV

"We need investments at the local level. Attention should be paid to locating interventions beyond cities and capitals. The programmes have worked down to the territorial level, but it would be good to go deep to the villages. In villages, grassroots community organisations should be empowered. The international organisations should support grassroots community organisations and not themselves intervene because once the funding is closed, the dynamic stops."

Women Network Organisation in South Kivu

and sexual exploitation and abuse (SEA). There are important women's and youth networks active at the national level, such as the RENADEF, Femmes Plus and RACOF, and the movement Rien Sans les Femmes. There is also a rich network of local community-based organisations (CBOs), especially in the Eastern region, working on prevention/awareness of GBV at the community level and identification/referral of survivors.

A major part of GBV programmes is the focus on service provision to GBV survivors. The services package is typically structured around four components: (1) clinical management, in particular clinical management of rape victims within the first 72 hours to provide PEP, as well as safe abortion services, STI treatment, fistula repair and HIV/AIDS management; (2) psycho-social support; (3) legal support to encourage survivors to denounce perpetrators and obtain reparation; and (4) socio-economic reintegration and empowerment to reduce their

vulnerability. However, many actors note the difficulty of providing the entire package to survivors and the low geographical coverage in remote areas, in particular for the socio-economic reintegration and the reparation components.

The GBV sub-cluster chaired by UNFPA has largely contributed to improving coordination of GBV actors with the aim of ensuring continuity of services to GBV survivors and geographical coverage. However, coordination remains largely under-funded as funders focus on supporting programmatic activities.

Taking into account the protracted nature of the conflict situation in DRC and the need to ensure a more sustainable approach to relief and development efforts, there is an increasing commitment to 'localisation' and transfer of capacity to local organisations. This approach improves both sustainability and reach of programmes in remote, insecure areas of difficult access. However, the short-term nature of some of the funding undermine the sustainability and impact of efforts focussed on addressing root causes of GBV such as economic empowerment of women, women leadership and attitude and behavioural change at community level on gender equality.

Key takeaways:

- Key influential actors on GBV in DRC are: on the Government's side the Ministry of Gender, Family and Children, and the Programmes of Reproductive Health and Adolescent Health within the Ministry of Health; among multi-lateral partners the UNFPA (as chair of the sub-cluster on GBV), UNDP, UNESCO, UNICEF, UNWOMEN (with the EU funded Spotlight Programme) the World Bank (funding the DRC Social Fund and other government programmes) and the MONUSCO; among bilateral and other donor agencies Global Affairs Canada (with the Tupinge Ubakaji Programme followed by the Justice, Empowerment, and Dignity for Women and Girls (JAD) Programme), the Global Fund, Government of Netherlands and USAID (funding NGOs such as Cordaid, PATH, EngenderHealth); among international NGOs: AAI, Care, Caritas, Heal Africa, ICRC, DRC, IRC; and among national networks of women and young people: Femmes Plus, RACOF and RENADEF, and Eastern-Congo based networks such as Rien Sans les Femmes.
- There has been progress in DRC in the past 10 years on improving coordination and alignment of GBV programmes, in particular through the sub-cluster on GBV chaired by UNFPA within the Protection Cluster. However, coordination remains largely under-funded. Referral systems for survivors have been strengthened and agencies collaborate on offering different components of the service package. There are efforts ongoing on improving data and surveillance on GBV and SEA, although much remains to be done on this and lack of reliable and geographically disaggregated data remains a key challenge.
- Programmes addressing the needs of GBV survivors in DRC focus on One-Stop Centres or referral networks involving four main components: medical, psychosocial, judicial and socio-economic reintegration. Out of this package, the uncovered needs are the greatest in the

fourth area (socio-economic reintegration) and the third area (judiciary support and especially ensuring reparation). There are also community level structures that provide a first point of entry to survivors, such as the legal clinics and safe spaces.

- The 2009 National Strategy on GBV² was revised in 2019³ to broaden its focus beyond sexual violence, in recognition that GBV is a pervasive and multi-faceted issue in DRC, and emphasises the need to increase attention to root causes and prevention. However, GBV-related funding continues to largely focus on Eastern and Central regions in relation to responding to the needs of survivors of sexual violence in a humanitarian context. Although there are many CBOs working on this, addressing root-causes and preventing GBV at the community level remain underfunded.
- Important unmet needs concern violence against children and adolescents, girls and young women in and out of school, in mines and in displaced/trans-border populations.

Acronyms

CBO	Community Based Organisation
CSO	Civil Society Organisation
GBV	Gender-based Violence
IGA	Income Generating Activities
NK	North Kivu
PE	Peer Educators
PEP	Post-exposure Prophylaxis
PNSA	National Programme on Adolescents Health
PNSR	National Programme on Reproductive Health
PSEA	Prevention of Sexual Abuse and Exploitation
SEA	Sexual Abuse and Exploitation
SK	South Kivu
VSLA	Village Savings and Loans Association

2. Introduction

This research aims to provide some background to the FCDO as it seeks to strengthen the cross-cutting GBV elements to new programming on health, education and governance in Kasai province, as well as humanitarian and conflict programming in Eastern DRC.

In particular, it provides an overview of key actors on GBV and their programmes at national and provincial levels in the selected provinces, and presents an analysis of how these actors are connected and influence the GBV response in their areas of intervention.

3. Mapping of key actors on GBV, their programmes and geographical focus

National level

Key actors	Programmes and priorities
Government	
Ministère du genre, famille et de l'enfant	The Ministry of Gender has issued a revised strategy on GBV in 2019 ⁴ which broadens the scope of the previous strategy to consider all forms of GBV beyond sexual violence, and emphasises the need for prevention and addressing root causes of gender inequalities as a key driver of GBV.
Ministère de la Santé, Programme De Santé de la Reproduction	National Strategy and technical guidance integrates care of GBV survivors, including the first 72h PEP protocol, treatment of longer term SRH-related issues (fistulas, STIs, HIV) and psycho-social support
Ministère de la Santé, Programme de la Santé des Adolescents	Includes GBV awareness and prevention for children, adolescents and youth in and out of school. Supports the establishment of youth-friendly health services and community outreach
Ministère des Affaires Sociales, Action Humanitaire et Solidarité Nationale	The ministry manages the Fonds Social de la RDC, supported by the World Bank. Helps with reparation and socio-economic reintegration of GBV survivors.
Ministère de l'Éducation, La Division de l'Enseignement Primaire, secondaire et Technique	Works on GBV prevention in school, including Education à la vie and integrating GBV in the curriculum.
Ministère de l'Intérieur et Sécurité	A special police force for Women and Children was established, specific training on GBV case management and reporting. Sensitisation of uniformed

	personnel on SEA and GBV
Ministère de la Justice	Training of magistrates on handling GBV cases
Multi-lateral organisations	
MONUSCO	Works with army and police forces to train them on GBV prevention and protocols in attending and referring GBV cases. Also on prevention and Prevention of Sexual Abuse and Exploitation (PSEA)
UNFPA	<p>Programmes</p> <p>Prevention and capacity building of health care providers: training, coaching on the Minimum Standards for case management, training of trainers for clinical management of rape</p> <p>Services: one-stop centre approach, working with partners to set up the holistic package (4 components)</p> <p>Aim to have at least one fully functioning one-stop centre in each province. So far those are in North Kivu, South Kivu, Ituri, Kinshasa, Kasai and Kalemie.</p> <p>Also supports safe spaces to promote a community approach to services and ensure continuous support to survivors. These spaces require less maintenance than one-stop centres and serve as a basis for referrals</p> <p>Database supported by UNFPA, currently looking to move it to the Cloud, it is in the Ministry of Gender with technical support from UNFPA.</p> <p>Provides commodities that are needed for clinical management of rape and STIs, important kits procured by UNFPA (PEP kits, Dignity kits)</p> <p>Coordination</p> <p>Emphasises localisation and local NGOs empowerment</p> <p>Lead of Sub-cluster GBV, aims to ensuring continuity in GBV services. Active in North Kivu, South Kivu, Ituri, Kananga, Tchikapa, Kwilu, Mbuji-Mayi. Referral pathways, services mapping, and development of SOP</p> <p>Nexus-approach, not only humanitarian. At Strategic Coordination Workshop, brings together OCHA and the Resident Coordinator's Office (RCO) (humanitarian and development sides).</p> <p>Lead of PSEA network in consortium with UNICEF/DRC, fund for actors directly engaged with vulnerable populations. PSEA helpline, supported by UNFPA/WB/Humanitarian Fund. Has helped during COVID 19 with remote case-management of cases.</p> <p>Trains investigators and pool of investigators to support local NGOs to conduct investigations</p> <p>Rapid-response in emergencies, to prevent abuses in DRC.</p> <p>Victim assistance, organisation of last resort on this. UNICEF supports child victims.</p> <p>UN Mission/MONUSCO to support victims with core funds</p>
UNDP	JAD (Joint Programme, Fight against Gender Based Violence, see Global Affairs Canada) and new Korean funded programme (8 million USD over 5 years)

	completing the JAD programme in other geographical areas/ health zones to expand holistic care package
UNESCO	Prevention of GBV in and out of school
UNICEF	UNICEF integrates SEA and GBV in a cross-cutting manner, in particular humanitarian/protection work Part of the EU Spotlight initiative of GBV
UNWOMEN	Technical support to the Ministry of Gender for effective coordination and implementation of the national strategy on Sexual and Gender-based Violence, especially in the areas of communications and monitoring and evaluation. Supports the review process of the “Code de la Famille” to ensure alignment with international and regional conventions especially on the age of marriage as early marriage is widespread in the DRC. Participates in the EU funded Spotlight Programme
World Bank (WB)	GBV Prevention and Response project ⁵ is implemented by the Fonds Social of the DRC and in collaboration with a range of civil society partners (including Panzi Hospital and Foundation et Heal Africa). The goal is to provide a set of comprehensive services to survivors of violence and to bring these services as close to communities as possible. Addresses the challenges faced by survivors in the DRC in reaching health facilities by providing emergency support through delocalised one-stop-centres and mobile clinics. 100 million dollars over the period 2019-2023 + PSEA Plan Directeur: contract of 16 million USD over 2 years with UNFPA of PSEA training, code of conduct etc for all actors involved in health programming of the WB. Same in education sector also with UNFPA
Bilateral organisations and other donors	
Global Affairs Canada	A key funder on GBV in DRC. Important Tupinge Ubakaji project followed by the Joint Programme Justice, Dignity and Empowerment for Women and Girls (JAD) which is coming to an end (2018-2022). Priorities were: Support the engagement of men, women and young people as well as communities in adopting social and cultural attitudes and norms that respect gender equality and contribute to the elimination of GBV Strengthen the fortitude and resilience of survivors of GBV, their families, communities and caregivers, on one side through specialised services in «integrated centres of multi-sectoral services» (One Stop Centres/CISM) and in decentralised health structures and on the other side through early warning networks in communities for referral and response to GBV Strengthen the effectiveness of national coordination to enable actors involved in the elimination of GBV to put in place effective prevention and response strategies Next round of funding will focus on only 4 provinces: North and South Kivus, Kinshasa and Bas-Congo.
Global Fund to Fight AIDS, Tuberculosis	LGBTIQ+, IDUs, CSWs are among their target groups. Focus on rights, and setting up friendly spaces and strengthening civil society networks to support

and Malaria (GFTAM)	access to SRH services and address GBV cases in those marginalised populations. There is a mapping of Health Zones dividing funding between Global Fund and PEPFAR, as well as some Health Zones that are to be covered by Government in terms of procuring commodities for HIV services
USAID	Works through US NGOs such as PATH, Cordaid, EngenderHealth that partner with local CSOs 5-year project “ counter GBV ” implemented by IMA World Health. In South Kivu, work in Buniakiri, Katana, Nyandezi and in North Kivu in Goma and Walikale
National Civil Society Organisations and networks	
Femmes Plus	Works on HIV, but links to GBV. Works on GBV, women's empowerment program, prevention of sexual violence. Develops income-generating activities (IGA), training beyond the immediate care. Prevention of sexual violence during the conflict: works with traditional chiefs, women's clubs and men (UN WOMEN/ Women, Peace, Justice) GBV in school, on the involvement of men and positive masculinity. Awareness-raising activities in areas with inter-community wars and the fight against sexual violence during conflicts, to raise awareness among leaders, children and men. Works in Kinshasa, Kikwit, Kasai Central
RENADEF	Global Fund sub-recipient, in charge of gender and human rights of NMF3 GFTAM/CORDAID. Works to reduce barriers associated with gender, human rights and GBV from 6 provincial hubs.
Rien sans les femmes	Founding member is the Caucus des femmes South Kivu pour la paix. Worked with International Alert and CAFOD. Participation of women in political and community decision-making bodies; community mobilisation work. Approaches to raising women's awareness, knowing their civil and political rights. Community dialogue groups to change the perceptions of men/women relationships, reference groups and support for women who need help. Influencing behavioural changes e.g. domestic violence, positive masculinity approach Empowerment through Village Saving and Loan Associations (VSLAs) Work with couples mediation , so that children can grow up in a better environment. Working with students /International Alert, student dialogue groups, and pushing female students into decision-making positions. Revolution the last 5 years. Work in 14 provinces, started in NK, SK and Kinshasa
Réseau des Associations Congolaises des Jeunes (RACJ)	RACJ carries the project with LGBT+, on SSR and rights 3 health zones in Kinshasa 10-24 years old. Friendly centres for young LGBTQ+ PE training - raising awareness in health facilities/youth spaces and churches and schools

	<p>Training of clinical providers on the youth-friendly approach</p> <p>Training of teachers with the various national programs (PNLS, PENSA, Social Affairs on street children Communication tools and application on social networks (yébéla) Data collection mechanism on Noemi UNFPA equity project and strengthening of the education system WB finance. Peer educators training on the fight against GBV with communication tools</p> <p>Work nationally, and have a project on GBV in schools in Kasai Oriental and Lomami</p>
UCOPLUS	Support to women people living with HIV (PLHIV) survivors of GBV, referrals
Réseau des femmes pour les droits et la paix (RFDP)	<p>Addressing causes in addition to war such as culture, low economic power of women, bring them into decision-making bodies. Work on reduction of conflicts and violence at the community level: alert committees for peace, women's groups working with local authorities/advocacy forums for citizens to express themselves, forums for consultation between women activists and the authorities.</p> <p>Legal clinics for community conflict resolution, civil offenses - Law firm accompanies the survivors</p> <p>Mental health promotion: concerns the whole community, psychological support + medical referral, community approach with resource people in the community</p> <p>Women's leadership: in decision-making bodies, advocacy on a specific law on GBV to complete the current legal framework (adds sexual maturity, reparation for survivors of GBV, restorative justice)</p> <p>Capitalisation/research on defining actions: witchcraft, political engagement of women</p> <p>Work in Kabare, Walungu, Mwenga, cities of Bukavu and Kinshasa</p>
International NGOs	
ActionAid international (AAI)	<p>Part of the fight against GBV as a humanitarian actor (ECHO funds, Packard foundation, AAI own pools, UNHCR, Humanitarian Fund coordinated by OCHA). AAI tries to put in place activities to strengthen the survivors and counselling, psychologist at the level of the organisation, jobs to put women back to start their lives again, socio-economic reintegration.</p> <p>Work in 7 provinces including Ituri</p>
Care International	<p>Project ending with protection component, approach to working with local partners in health zones,</p> <p>Training on GBV for Police officers, training of local partners and close supervision by CARE North Kivu, transfer of skills to local NGOs and close supervision.</p> <p>CARE works to empower women through VSLAs for survivors and their families, however completing the 4 components of the care package remains a challenge.</p> <p>USAID funding in North and South Kivus, Ituri, Maniema.</p>

Danish Refugee Council (DRC)	Programme on community leadership against GBVs called 'Sasa!Together' Interventions in humanitarian settings on relief, prevention, protection and livelihoods support Works in Ituri, North and South Kivus
International Rescue Committee (IRC)	Works in child protection in schools, communities and emergency situations. Includes work with adolescents and developing IGAs
Médecins du Monde	Provision of medical care to GBV survivors (72h referral), medical relief and psycho-social care
TearFund UK	In partnership with Heal Africa, TearFund has implemented the project "Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities" as part of the UK funded programme "What works to Prevent Violence
Women of Africa (WOA)	Mainly in stabilisation/malnutrition , GBV issue is represented Sensitisation, stabilisation of ex-combatants and vulnerable women WOA focuses on masculinity, isolated areas, knowledge of rights Social coherence activities, stabilisation of veterans, schools, health centres. Agro-pastoral activities as agriculture is abandoned in mining areas Awareness sessions with customary authorities, inter-ethnic but also on the image of the young woman

Ituri

Key actors	Programmes and priorities	Geographical focus
Local Civil Society Organisations and networks		
Appui aux Femmes Démunies et Enfants Marginalisés, (AFEDEM)	Socio-economic empowerment of rural women and GBV survivors Works with Global fund for Women USA, CARE international, MONUSCO	Ituri, North and South Kivu As well as Maniema and Tanganyika
Men Engage RDC	A network of women's and men's NGOs and UN agencies, working together for the involvement of men and boys on positive masculinity and prevention of GBV Activities include: sensitisation and education sessions on the frights of girls and women; education sessions with men and boys on responsible parenting; community sensitisation on the laws in force in the DRC; training of boys and men as peer educators; providing a listening space and access to services for survivors of GBV	Ituri Nord-Kivu Sud Kivu (Uvira territory) Kinshasa
Groupe des hommes Voués au	Training of local actors and members of CBOs, VSLAs, youth clubs in school/academia, care providers,	Ituri Nord-Kivu

Développement Intercommunautaire, GHOVODI	<p>Community Relays, Community Child Protection Networks, Community Protection Committees and other community structures on prevention and holistic support to GBV survivors</p> <p>Training of teachers and education administrators, students on the prevention of violence in the school environment</p> <p>Referral of GBV survivors to basic social care services; Capacity building of CBOs on case management and psychosocial support to GBV</p> <p>Support for the socio-economic reintegration of GBV survivors through agribusiness, income-generating activities, VSLAs</p> <p>Community mobilisation on GBV prevention and SEA, responsible parenthood, education in positive masculinity for the transformation of social norms and practices favouring acts of GBV</p> <p>Establishment and/or rehabilitation of safe spaces</p>	Sud-Kivu Maniema Tanganyika Kinshasa
Programme de Promotion des Soins de Santé Primaires (PPSSP)	<p>Holistic care of rape survivors in the health zone of Beni (medical, psychosocial, economic and school reintegration, and legal orientation) with the financial support of FARMAMUNDI and UNDP.</p> <p>Capacity building on the prevention of SEA with support of UNFPA</p> <p>Positive masculinity project in Goma city with funding from TEARFUND UK</p>	Ituri North Kivu South Kivu
Mouvement International des droits de l'enfant, de la femme de l'homme veuf et de leur promotion sociale (MIDFEHOPS)	Works on GBV survivors care package , including survivor legal and judicial assistance; psychosocial care; livelihoods support in partnership with UNICEF, Fonds Humanitaire de la RDC, Fonds global de droits de l'Homme	Ituri North Kivu South Kivu

Kasai Province

Key actors	Programmes and priorities	Geographical focus
Local Civil Society Organisations and networks		
Femmes Plus	<p>Case management of GBV survivors</p> <p>Economic empowerment of women and trainings for IGA</p>	Kasai Central
RENADEF	Works in Kasai Oriental in 10 health zones Awareness-	Kasai Oriental

	raising activities, referral of cases, psychosocial, legal and judicial support. Trained paralegals are responsible for informing the community about their rights, providing psychological and legal support and referring cases to legal clinics. Training of peer educators to raise awareness among young people and adolescents in youth spaces Health problems are taken care of on a health plan and then referred to legal clinics. Work with the Police managing GBV , RENADEF supports them so that these cases are referred to legal clinics in 3 health zones	
International NGOS		
IMA	Provision of PEP kits and funding to local CSOs as part of the "Tushinde Ujeuri" USAID-funded programme against GBV in Eastern DRC (2017-2022)	

North Kivu

Key actors	Programmes and priorities	Geographical focus
Local Civil Society Organisations and networks		
Association pour la Défense des Droits de la Femme (ADDF)	Community sensitisation including with radio programmes on gender equality and rights Psychosocial support for survivors of GBV Mediation of cases in non-criminal conflicts Referral of cases if necessary to complementary support structures.	Lubero and Beni territories, Butembo City
Action Globale Intégrée pour la Réhabilitation (AGIR-RDC)	Monitoring of incidents of GBV and case management (direct and second degree victims) Supervision and empowerment of young girls and boys who are victims of GBV (vocational training) Animation of child-friendly spaces and safe spaces Dissemination of texts aimed at promoting women's rights in general, in particular the MAPUTO protocol, the law on parity, Resolution 1325 of the UN Security Council on women, peace and security	Beni, Butembo, Oicha, Mutwanga, Katwa, Musienene, Kyondo, Mabalako, Kamango
Action de Protection Mère et Enfant (APME)	Psychosocial support to young/single mothers and GBV survivors Supervision of mother daughters in apprenticeship of trades , organisation of VSLAs Awareness raising on rights	Goma, Nyiragongo, Rutshuru and Masisi
Collectif des Associations Féminines (CAF Beni)	Prevention, psychological support, socioeconomic and educational reintegration of GBV survivors. For other activities, referral of survivors to other	City and territory of Beni, Butembo city and

	partners who have the packages as having already the mapping of partners in the intervention area.	Lubero territory
Congo Men's Network (COMEN)	<p>Supervision of men and boys in men's groups by men-women alliances against sexual violence and for positive behaviour</p> <p>Coordination of 160 "Baraza Badilika" (circles of men dedicated to positive behaviour change) and the fight against GBV reaching more than 30,000 men and boys.</p> <p>Organisation of mixed community dialogue groups of men, women and traditional leaders for the consolidation of peace, the promotion of female leadership and parity</p> <p>Supervision of youth groups and clubs on the fight against GBV, the promotion of women leadership, reproductive health, gender equality and peaceful coexistence.</p> <p>Community mobilization through street theatres (Ambushtheatre), cinematographic projections, door-to-door awareness, community dialogue on gender equality as well as on sexual and gender-based violence, production and dissemination of awareness-raising songs</p> <p>Animation of broadcast and television radio programs.</p> <p>Promotion and organisation of activities on ADRs (alternative methods of family conflict resolution)</p> <p>Training on masculinities, gender equality, conflict management and transformation to several national and international organisations, in particular: Heal Africa, Kvinna Till Kvinna, Care international, Women's Caucus, International Alert, UCOFEM, IMA Health, ESSOR / USAID</p> <p>Management of early warnings and security monitoring to prevent sexual violence in conflict zones as part of the "NgaoLetu" project (our shield) in partnership with GenderForce.</p>	<p>North Kivu: Territories of Masisi, Nyiragongo, Rutshuru and Goma city.</p> <p>South Kivu: Bukavu city, Uvira and Walungu territories</p>
Femmes Juristes pour les Droits de la Femme et de L'Enfant (FJDF)	<p>Awareness raising in communities on GBV through radio programs, distribution of informational material, talks.</p> <p>Establishment of community structures 'cliniques juridiques' managed by trained paralegals and safe spaces</p> <p>Legal assistance to GBV survivors</p>	Lubero and Beni territories, Butembo and Beni cities
Great Lakes Human Rights Program	<p>Legal support and counselling of GBV survivors</p> <p>Legal aid, making available survivors counsel lawyers</p>	City and territory of Beni

(GLHRP)	want support adequate justice before the courts and tribunals at all stages of the procedure. vs. Manage the Integrated Centres of Multisectoral Services/CISM in the goal of providing GBV survivors with holistic support. d. Sensitise the community on positive masculinity in the fight against GBV.	
Ligue pour la solidarité congolaise	Popularisation of laws Monitoring of the protection of women and young people Counselling (listening, orientation, psychological support) Raising awareness on the fight against sexual abuse and harassment	Rutshuru, Beni, Lubero, Masisi, Kitshanga
Réseau pour les Droits de l'Homme (REDHO)	Legal and judicial support for survivors of GBV Radio program and sensitisation of the different layers of the population (military, police, students and pupils, drivers, detainees, etc.)	Butembo city, Lubero and Beni territories
Renaître Grands-Lacs Handicapés, Femmes et Enfants en Initiatives de Survie (HAFENIS)	Psychosocial support for survivors of sexual violence and HIV positive women. Collaboration with hospitals and 72-hour referral of cases to health structures and follow-up of beneficiaries on antiretrovirals Raising awareness on GBV and women rights Ensure family mediation and socio-economic reintegration of survivors of sexual violence Supervision of women survivors on financial education and income-generating activities ; Large-scale sensitisation of communities on the promotion and protection of the rights of women, children and young people. Large-scale advocacy through artistic activities. Advocacy with the authorities on their role in the fight against sexual violence and gender-based violence	NK Province, Goma and surroundings
Collectif des Femmes pour le Développement Intégral et la Consolidation de la Paix (COFEDIP)	Psychosocial support Mediation GBV case management Raising awareness and building the capacities of COFEDIP member organisations Alert and referencing of cases to support structures.	Beni city and territory
Solidarité des Associations Féminines pour les Droits de la Femme	Prevention of GBV by strengthening female leadership through support for women's structures at the community level, the involvement of men for positive masculinity, protection mechanisms	Beni et Lubero territories and Beni and Butembo cities

et de l'enfant (SAFDF)	against GBV in schools and communities as well as dialogues on GBV Medical, psychosocial, legal and judicial care, socioeconomic/professional reintegration and school reintegration for survivors of GBV	
Save The People in Need (SPN)	Organisation of capacity building activities in GBV and training of women- and young people-led CSOs and training of internally displaced persons, the police and local authorities Awareness raising on the prevention and fight against GBV and SEA in areas affected by humanitarian crises GBV protection risk security audits in IDP sites and health areas and participation in GBV sector assessments Monitoring, reporting and referral of GBV and SEA cases	Masisi, Rutshuru, Nyiragongo, Walikale and Beni territories
SAUTI YA MAMA MUKONGOMANI, (SMM)	Training on legal instruments relating to the protection of women's rights for women and girls Training on the Protection against Sexual Exploitation and Abuse Policy. Raising awareness and communicating the risks of sexual exploitation and abuse Education campaign: "Early marriage hinders the education and development of young girls". Advocacy campaign for adolescents and young girls on the application of the strategy for caring for survivors of sexual violence and their integration into schools. Community mobilization in the fight against early marriage and sexual and gender-based violence in rural areas with politico-administrative authorities, healthcare providers and community leaders	Goma and in the territories of Masisi, Rutshuru and Nyiragongo, Lubero

South Kivu

Key actors	Programmes and priorities	Geographical focus
Local Civil Society Organisations and networks		
Action pour le Développement et la Paix Endogènes (ADEPAE)	Promotion of participation and representation of women in the field of peace, governance and security through training and awareness; Promotion and protection of women's rights, the fight against gender-based violence	South Kivu: Baraka, Minembwe, Bijombo in Kigoma grouping.

	<p>through training workshops on issues related to discriminatory customs, the lack of schooling for girls in rural areas,</p> <p>Promotion of the involvement of people living with disabilities and other marginalized groups</p> <p>Works with Cordaid</p>	
Association des Groupes d'Alphabétisation et d Développement de Katana. (AGADEKA)	<p>Awareness raising on prevention and protection on GBV</p> <p>Identification of cases of GBV and others traumatised by wars</p> <p>Holistic care for GBV: Psychosocial care, Medical care Legal and Judicial support, Socio-economic reintegration</p>	Kabare, Kalehe, Idjwi, Walungu, Uvira and Mwenga
Alternatives Ménages, nature et Marchés (AMEN)	<p>Awareness-raising on sexual violence and support for mobility to the courts during the (pre)jurisdictional phase.</p> <p>Popularization of Law 018 of 2006 in the network of the protection and prevention working group</p> <p>Supports the transport costs of the alleged perpetrators arrested and the police to Kamituga where their lawyers monitors the investigation and the trial</p> <p>Protection, ensuring the liberation of women from forced marriages</p> <p>Support activities for women dependent on ex-combatants engaged in the demobilization process</p> <p>Fight against socio-professional discrimination and women vulnerability in artisanal mining in order to allow equal pay between women</p> <p>Works with UNHCR, MONUSCO, Urgent Action fund Africa, GAGGA (Global Alliance of green Gender Action)</p>	<p>South Kivu AMEN intervenes in Lugushwa more than 300 kilometers from Bukavu, Uvira and Kamituga where the high courts and tribunals are located</p> <p>Also in North Kivu</p>
Actions pour la Réinsertion Sociale de la Femme (ARSF)	<p>Training of women and girls on GBV, awareness campaigns for female students in the university environment</p> <p>Organisation of advocacy and support campaigns for marginalised and deprived women of their rights with the elected representatives of the peoples and the politico-administrative authorities</p> <p>Initiation of women and girls to entrepreneurship and economic</p>	South Kivu and Kinshasa

	<p>independence (training workshops and micro credits)</p> <p>Women political participation partner program on female leadership</p> <p>Literacy centre for women</p> <p>Empowerment through education of girls and rural women, disabled, returned and displaced.</p>	
Centre d'Ecoute et d'Accompagnement (CEA)	<p>Training health and mental health care providers, community relays and teachers on mental health care for GBV survivors, their families and the community.</p> <p>Training community relays and teachers on community mental health activities for survivors of GBV</p> <p>Organisation and monitoring of community activities on the rights of victims and the denunciation of cases of abuse</p> <p>Identification of GBV cases in collaboration with its local partners for individual psychosocial care in Health Centres and the constitution of therapeutic groups.</p> <p>Psychoeducation in schools with a lawyer consultant for advice and legal support</p> <p>Fight against poverty through support for IGAs granted to therapeutic groups and the reintegration of survivors of violence that dropped out of school.</p>	Rural health zones of Kalehe and Kabare, Bukavu city and surroundings, territories of Walungu and Idjwi
Département Femme et Famille de la Communauté Baptiste au Centre de l'Afrique (DFF/CBCA)	<p>Awareness raising in churches and communities, medical and legal care and referral; socio-economic support, organisation of family mediation, care for children born of rape and other traumatised children, creation of therapy groups</p>	North and South Kivu
Fondation Rama-Levina (FORAL)	<p>Strengthen the capacities of women's networks (abandoned by their husbands and survivors of GBV) on female leadership, knowledge and claiming of their rights, socio-economic initiatives support</p> <p>Support women in their advocacy process with the authorities by involving men in the process</p> <p>Facilitate and support women survivors of GBV living outside their communities in the process of a probable return and reintegration into their communities without stigmatisation with the support of committed</p>	Walungu and Kahele territories ; Bukavu and periphery

	<p>men</p> <p>Supporting women in their contribution to conflict resolution</p> <p>Promotion of the “community psychosocial approach” with the aim of reducing trauma at the individual and community level of the survivor.</p>	
Groupe entrepreneurial d'innovation et d'éducation pour la réconciliation (GRENIER)	<p>Weekly radio programme on women and society to reduce GBV</p> <p>5 groups of 30 women who are in VSLAs to help women promote agricultural activities to fight against financial dependence</p>	Walungu and Uvira territories
<p>Association des Femmes pour la Promotion et le Développement Endogène (AFPDE)</p> <p>Lead organisation of the WAMATU (Wa mama Tuinuke) platform, gathering 94 women organisations</p>	<p>Network of 94 women's organisations and groups supported in</p> <p>Holistic management of cases of sexual and gender-based violence</p> <p>Popularisation of legal instruments for the prevention and fight against GBV</p> <p>Organisation of exchanges of experiences between the beneficiaries of the different intervention sites</p> <p>Advocacy against practices that promote GBV (impunity, amicable settlement, early and forced marriages, etc.)</p>	<p>La Province du Sud Kivu (Tous les 8 Territoires de la Province)</p> <p>La province du Maniema (Kabambare)</p> <p>La province du Nord Kivu (Territoire de Masisi)</p> <p>La province de Tanganyika (Territoire de Kalemie)</p>
SOLIDARITE DES FEMMES POUR LE DEVELOPEMENT INTEGRAL (SOFEDI)	<p>Advocacy in the context of changing laws and policies</p> <p>Community mobilisation (Training, sensitisation and extension)</p> <p>Access to services (change management; management of safe and psycho-moral abortion care)</p> <p>Targets are young mothers, survivors of sexual violence, women and girls living with disabilities, sex workers, women in the mines, HIV-positive people and men of all categories</p>	Sud-Kivu dans 5 territoires et au Nord-Kivu dans 3 territoires
Dynamique des Femmes pour la bonne Gouvernance, DYFEGOU	<p>Network including women organisations working on Education-awareness, documentation of GBV cases, monitoring, advocacy</p> <p>Holistic support, Empowerment of GBV survivors</p> <p>Members receive support from Global Fund for</p>	Butembo, Beni city, Lubero and Beni territories

	Women, FFC, UNWOMEN, FARMAMUNDI	
Panzi Foundation	<p>Panzi Foundation supports one-stop centres where the full package of services is offered to GBV survivors. Currently 7 legal clinics, will build 5 others.</p> <p>FCDO has already collaborated in 2020, small grant on 3 legal clinics, and in 2021 (Sept-Feb) to strengthen activities. However those grants were short term (a few months) and did not provide sustained support to these structures. In addition, FCDO supported only the legal component, but the three other pillars of the package were not supported. For future collaboration, they would wish to relaunch the activities in the same FCDO-supported clinics, to mobilise the communities and build capacity over the long term offering a holistic package beyond legal support.</p> <p>Other partners include World Bank funded Fonds Social RDC, University of Montreal over 5 years, Red Cross Luxembourg, GIZ</p>	South Kivu

4. Analysis of influential and connected actors

The Ministry of Gender, Family and Children leads the GBV response in DRC. In 2020, it published the *Stratégie nationale révisée de lutte contre les violences sexuelles basées sur le genre (SNVSBG)*⁶ focussed on the need for increasing efforts on prevention and taking into account different forms of GBV beyond sexual violence linked to insecurity and conflict. The DRC Government has displayed political buy-in at the highest level on these issues, with declarations on “positive masculinity” by the President of the Republic and hosting the Men’s Conference in 2021 that led to the African Union Declaration of Kinshasa on “positive masculinity” and the fight against GBVs in Africa.⁷

A major focus of GBV programmes implemented by the organisations listed above is the provision of services to GBV survivors. The services package is structured around 4 components: (1) clinical management, in particular clinical management of rape victims within the first 72 hours to provide PEP, as well as safe abortion services, STI treatment, fistula repair and HIV/AIDS management; (2) psycho-social support; (3) legal support to encourage survivors to denounce perpetrators and obtain reparation; and (4) socio-economic reintegration and empowerment to reduce their vulnerability. This package is provided through the one-stop centre model at provincial level, or sometime through referral systems between different actors. These structures are supported by the USAID, World Bank, UNFPA and UNDP in particular. Community structures also attempt to provide services to reduce the need for survivors to travel large distances to access those, in the form of safe spaces, youth centres and “cliniques juridiques”. Many international NGOs and UN agencies work with CBOs, youth and women and girl networks to set up those community structures. However, many actors note the difficulty of providing the entire package to survivors and the low geographical coverage in remote areas. The greatest gap in service delivery is the socio-economic reintegration component, which mean that structures often have to select a small percentage of survivors to which they can offer these services. The other weak point is the reparation component, due to slow judiciary procedures and ongoing legal barriers to survivors obtaining reparation even if they have received a positive judgment (e.g. the survivor having to pay 6 % of the reparation amount to enforce the judgement before receiving the due reparation).

On the humanitarian and relief side, the GBV sub-cluster within the protection cluster has largely contributed to improving coordination of GBV actors with the aim of ensuring continuity of services to GBV survivors and geographical coverage. UNFPA as the sub-cluster lead plays a pivotal role in this. Key aspects of coordination include improving data and surveillance of GBV, training of services providers, PSEA, and quality assurance. The coordination role of the sub-cluster has extended beyond the humanitarian context using a nexus approach working both with both OCHA and the Resident Coordinator Office (RCO) to ensure continuity between the relief and development efforts. However, coordination remains largely under-funded as funders focus on supporting programmatic activities.

Humanitarian actors in the DRC have attempted to learn the lessons from the SEA incidents involving in particular UN agencies during the Ebola crisis. An influential report from the investigation commission on PSEA in DRC⁸ points to the lack of coordination as one of the key factors in this. The World Bank has contracted UNFPA to develop and implement a large PSEA programme for all the actors involved in its health and education programmes (including government service providers and institutions).

Taking into account the protracted nature of the conflict situation in DRC and the need to ensure a more sustainable approach to relief and development efforts, some of the key development partners have signed a Charter of good practices on “localisation”. The Charter encourages localisation and transfer of knowledge and capacity to national and local organisations in areas such as fund management. Beyond sustainability, working with grassroots organisations has the added benefit of ensuring a better penetration of programmes in remote, insecure areas of difficult access, and offering services closer to the communities. This focus on localisation has driven many agencies to fund GBV programmes that are implemented through grassroots women organisations operating under umbrellas (whether through international NGOs, or working with key national networks of women and youth organisations such as RENADEF, Femmes Plus, RACOF). These programmes can be implemented with a sustainable approach, depending on whether funding is sustained over time and dedicated to building institutional and operational capacity, or whether local organisations are engaged as sub-contractors/implementing partners of specific project activities. Sustainability remains a key challenge, especially in terms of addressing root causes of GBV such as economic empowerment of women, women leadership and attitude and behavioural change at community level or gender equality.

5. Priorities that require more support

Based on this mapping and key informant interviews, the following priorities emerged as areas that require more support:

- Coordination of the GBV response, especially at provincial level
- Holistic care package for GBV survivors, including the crucial socio-economic support component
- GBV prevention programmes addressing root causes of gender inequalities and violence in the communities
- GBV surveillance and research
- GBV and SEA in schools and academia
- Addressing the needs of marginalised groups: women involved in small trans-border trades in the three-border region, adolescent mothers in and out of school, women working in and around the mines.

Annex 1: Methodology

This rapid research query has been conducted as systematically as possible, under tight time constraints. The research drew as much as possible from primary data collected in DRC. For this purpose, a local consultant based in Bukavu supported the identification and introduction to key actors in DRC, as well as sourcing relevant documents.

A mapping of the key actors working on GBV in DRC at national level as well as provincial level in Ituri, Kasai central, North Kivu and South Kivu was established. The following groups of stakeholders were invited to participate in key informant interviews:

- Government actors from the Ministry of Health National Programme on Reproductive Health and National Programme for Adolescents Health and Ministry of Gender, Family and Children, and their divisions at provincial level in the selected Provinces
- Multi-lateral agencies, bilateral agencies and Foundations
- International non-governmental organisations
- National level civil society organisations and networks

Key informant interviews were conducted via Zoom and WhatsApp. They covered a description of current priorities/programmes addressing GBV; key partnerships established; and views on opportunities and gaps in terms of the response to GBV in DRC currently. A total of 27 key informant interviews was conducted.

In addition, a comprehensive list of local civil society actors working on GBV was obtained from the Provincial divisions of the Ministry of Gender, Family and Children. Of those, organisations with active programmes on GBV were selected and a short email questionnaire was sent to them, covering the following points: Name of organisation and contact details; geographical area(s) of intervention; Key activities on GBV and approach; current partnerships; and views on opportunities and gaps in terms of the response to GBV in their Province currently. Those who responded are presented in the mapping in the report. 31 organisations responded to the questionnaire and contact details for all of those are available on demand.

More than 30 documents were also reviewed, including background data on GBV, documents relating to legal policy framework and key national strategies, technical guidance on GBV in DRC, agency-specific programme documents and reports. Documents that are not available online, such as agencies' programme specific documents shared during the evaluation, are available on demand.

Primary and secondary data sources were analysed to draw findings on influential actors on GBV in DRC currently, and identify the connections between them.

Limitations included that all key respondents could not be interviewed within the allocated timeframe given the complex nature of this field in DRC. In particular, we did not obtain a comprehensive list of local CSOs in Kasai province, which limited the depth of information obtained in this province.

Annex 1: Key informant interviews

National

Anita Akumiah, GBV programme coordinator and GBV sub-cluster coordinator, UNFPA
George Biock, HIV/AIDS focal point UNDP
Nadege Tshibola, JAD programme Coordinator UNDP
Yina Yun, GBV programme Coordinator, UNDP
Louise Nzigire, GBV manager, USAID
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Marie Shadie, Médecin des Hôpitaux, AFI Santé
Marie Nyombo Zaina, National Coordinator, Réseau National pour le Développement de la Femme (RENADEF)
Thérèse Kabale Omari, National Coordinator, Fondation FEMMES PLUS
Rachel Ndaya, Executive Director, Réseau des Associations Congolaises des Jeunes (RACJ)
Felix Birimwiragi, M&E advisor, Réseau des femmes pour développement et la paix (RFDP)
Viviane Sebahire, National Director, Solidarité des Femmes pour le Développement Intégral (SOFEDI)

Kasaï

Roger Mukwendi, Provincial Coordinator, RENADEF
Chanel Ndaya, Chief of Division du Genre, de la Famille et de l'Enfant

Ituri

Marie Uronya chief of Division du Genre, de la Famille et de l'Enfant
Papy Sam Ntumba, Médecin Coordinateur, PNSR

North Kivu

Julien Nkuba, Maison de la Femme/Division du Ministère du Genre, de la Femme et de l'Enfant
Vincent de Paul Sikitu, Health Officer, Care International
Gedeon Kakule, Coordinator, PNSA North Kivu
Prisca Kamala, chief of Division du Genre, de la Famille et de l'Enfant
Chloe Makiello, Head of Programs, Danish Refugee Council
Cecile Kasoki, Programme Officer, ActionAid International (AAI)
Rosette Mokabi, Programme Officer, ActionAid International (AAI)
Nicole Mutolo, Chief of Mission, Women of Africa

South Kivu

Nadia Sinza, Coordinator, PNSA South Kivu
Socrate Cuma Byamungu, Assistant technique, PNSR South Kivu
Jacqueline Ngengele, Chief of Division Genre, Famille, Enfant
Solange Lwashiga, Caucus des Femmes du Sud Kivu pour la Paix/mouvement Rien Sans les Femmes
Aline Cobambo, Clinique Juridique Fondation Panzi

Annex 2: GBV Coordination mapping national and provincial level (July 2022) GBV sub-cluster⁹

CARTOGRAPHIE DE LA COORDINATION DU SOUS CLUSTER VBG



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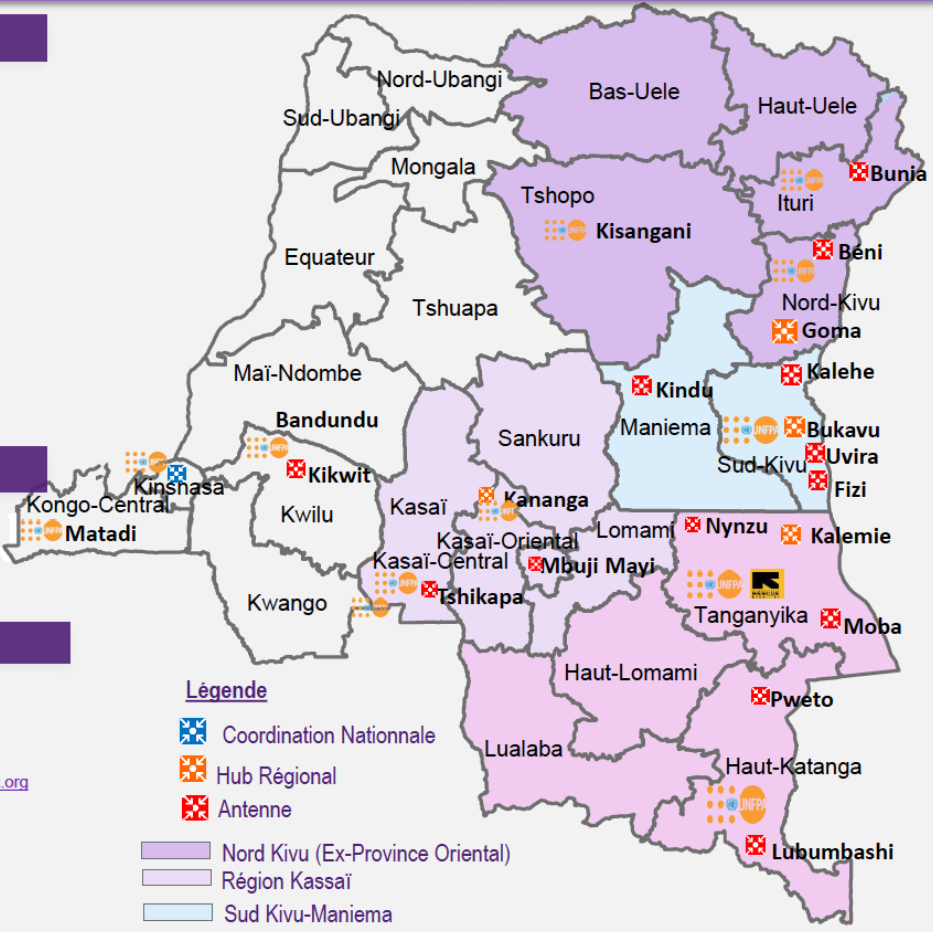
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Légende

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- Antenne

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⁸ Inter-Agency Standing Committee, Emergency Directors' Group (2022), *Senior PSEA Technical Mission to the DRC*

⁹ GBV sub-cluster (2022) *DRC: Mapping of GBV Coordination July 2022 at national and COHPS levels* https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/carto-graphie_coordination_scvbg_drc_juillet_2022.pdf