

DR CONGO: POOR COORDINATION OBSTRUCTS EMERGENCY RESPONSE TO GENDER-BASED VIOLENCE

The recent increase in displacement due to conflict in eastern Democratic Republic of the Congo (DRC) has multiplied the risk of gender-based violence (GBV). At the same time, coordination efforts by the international aid community are failing to address the needs of women and girls. In 2009, United Nations Action on Sexual Violence in Conflict drafted a comprehensive strategy for combating sexual violence in the DRC, which was then adopted by the DRC government. However, challenges with leadership, information sharing, and funding are hindering implementation of this strategy and actually obstructing urgent response to beneficiaries. To ensure effective prevention and response to GBV, the current coordination mechanism should be abandoned in favor of a structure better suited to humanitarian crises.

BACKGROUND

The 2009 United Nations strategy for combating sexual violence in the DRC divides programming on sexual violence into five component pillars: prevention and protection, multi-sectoral assistance to survivors (MSA), the fight against impunity, data and mapping, and security sector reform (SSR). The comprehensive strategy is part of the DRC government's Stabilization and Reconstruction Plan for War-Affected Areas (STAREC), which 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.

In May 2010, Refugees International (RI) first reported on the launch of the comprehensive strategy, highlighting problems with its initial roll-out and its undue focus on more stable areas of the country. These shortcomings resulted in an inability to address the needs of women and girls in conflict-affected areas. In 2011, RI returned to the country. Despite finding some progress, RI determined that serious challenges remained, including an ongoing division between stabilization efforts and humanitarian work that left large areas of the country without assistance and where rape survivors could not receive timely and adequate care.

Nine months ago, intense fighting erupted again in eastern DRC, displacing nearly three million people. Since then, there have been a number of incidents of mass rape, widespread opportunistic sexual violence, and frequent use of sex as a survival strategy to obtain food. Much of the recent upheaval has occurred in areas of North Kivu, such as Masisi, where basic services are lacking and emergency programs to address GBV are critically needed.

POLICY RECOMMENDATIONS

- The Government of the DRC and the United Nations Mission for Stabilization in the Congo (MONUSCO) should dissolve the comprehensive strategy for combating sexual violence.
- The United Nations Children's Fund (UNICEF) should launch and lead gender-based violence (GBV) sub-clusters in conflict-affected areas to coordinate emergency prevention and response interventions.
- Donors, in particular the U.S. UK, and EU, should ensure sufficient funding for emergency GBV prevention and response interventions. Emphasis should be placed both on rapid response to outbreaks of violence as well as building the capacity of organizations in GBV emergency programming so that assistance is immediately available when conflict occurs, even in remote areas.

COORDINATION UNSUITED TO EMERGENCY CONTEXT

The system for coordination under STAREC operates outside of the humanitarian coordination system, and, as such, is inappropriate for the current emergency context in eastern DRC. In the east, each component pillar functions as a working group and holds meetings approximately once per month, which is too infrequent to provide timely response programming in this constantly shifting context. UN agencies and humanitarian organizations with limited human resources struggle to attend each working group meeting while also participating in monthly technical coordination meetings run by the Sexual Violence Unit of the UN Stabilization Mission in Congo (MONUSCO) and monthly meetings of the protection cluster. The MSA pillar, led by the UN Children's Fund (UNICEF), is the most effective pillar and the only one focused on survivor-centered care. In the current emergency context, the MSA coordinator has also supplemented monthly meetings with numerous bilateral meetings, which support efficient service delivery. Still, the sheer number of meetings that GBV actors must attend, combined with limited human resources, means that senior-level staff cannot attend all sessions. As a result, the utility and strategic value of each meeting has decreased, and this has created major challenges for information sharing and collaboration across working groups and with the larger humanitarian community. Attending so many meetings is also challenging for local organizations, especially those based outside of provincial capitals, which often lack access to transportation and resources.

Coordination is even more problematic in Kinshasa than in the east due to the lack of collaborative leadership of the MONUSCO Sexual Violence Unit. Together with the DRC's Ministry of Gender, Family, and Children (MoGFC), the Sexual Violence Unit is supposed to lead a technical working group meeting once per month. At the time of writing, this group had not met in four months, effectively halting coordination. The MoGFC recognizes these failings and is one of the strongest advocates of a new coordination approach.

Despite the pervasiveness of GBV in eastern DRC, it is nearly invisible from the perspective of the humanitarian system due to the Sexual Violence Unit's lack of information sharing. The linkages between the Protection Cluster and the Sexual Violence Unit in Kinshasa are extremely weak and there is no clear understanding of their modalities of engagement. As such, the Protection Cluster receives very limited information and analysis on GBV. In the same vein, GBV is never mentioned in national humanitarian advocacy forums led by MONUSCO and the UN Office for the Coordination of Humanitarian Assistance (OCHA).

HIGH COST OF COORDINATION UNMATCHED BY DEDICATED FUNDING

The comprehensive strategy is a large, top-heavy mechanism that is expensive to implement and lacks resources. For example, 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. For staffing and coordination costs, agencies must supplement STAREC pooled funds with their own funding.

Currently, the comprehensive strategy is operating without any funding due to a nine-month delay in the third allocation of STAREC funds for sexual violence. The Belgian government has already committed \$4 million, but MONUSCO has not activated the disbursement process to release that money. This makes programming and coordination nearly impossible, and all pillars are struggling to continue working.

In general, funding for GBV programming in the DRC is insufficient to address emergency needs. While GBV interventions are included in the Humanitarian Action Plan, those activities rarely receive funding because the multi-donor DRC Pooled Fund does not classify GBV interventions as lifesaving. In 2012, less than one percent of the DRC Pooled Fund's allocation for eastern DRC went to GBV programming. Donors, including the United States, the United Kingdom, and the European Union, must increase funding so that GBV prevention and response interventions will have greater coverage across eastern DRC.

UNACCEPTABLE GAPS IN COORDINATION AND PROGRAMMING

Perhaps the weakest pillar of the comprehensive strategy is SSR. Given that SSR is currently not happening in a meaningful way at the national level, it cannot possibly succeed in North Kivu. Despite being mandated to meet once per month, the SSR working group rarely meets at all and has no staff outside of Kinshasa. The lack of work on SSR is unacceptable given the degree to which security sector actors fail to support women or are complicit in GBV crimes. During a visit to North Kivu in February of this year, RI's team learned that police often force survivors to go to the hospital against their will – a violation of the basic guiding principles on treatment of survivors. Additionally, the Congolese army (FARDC) has clearly failed to protect women, with some of its soldiers committing mass rapes and opportunistic attacks.

As RI reported in the past, there is still no reliable data from which trends in sexual violence cases could be discerned. The data and mapping pillar is led by the United Nations Population Fund (UNFPA), which feeds data into a MoGFC database on sexual violence cases. While it is excellent that there is national ownership of this database, there have been challenges in making sure that the information management system follows internationally-recognized safety and ethics guidelines. Currently, data is only collected from non-government organizations (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, making it impossible for data to be compiled and analyzed.

Although many organizations have reported on this lack of data, the problems with accurate mapping of service providers is even more critical because it affects survivors' access to lifesaving services. UNFPA, under its pillar, has not released regular mappings. The Landscape project, led by MONUSCO and funded by the United Nations Development Program, sought to create mappings, but its work ground to a halt just one year after it began. The MSA pillar prepares regular "Who, What, Where" spreadsheets on service providers and post-exposure prophylaxis kits, which are used to prevent HIV transmission. While this is a useful initiative, the many separate mapping efforts amount to unacceptable duplication and are still insufficient to chart the full spectrum of service providers.

With each pillar working in individual silos, important cross-cutting issues are falling through the cracks. One such gap relates to the minimum standards for preventing GBV. There has not been any training on the minimum standards in North Kivu since 2010. The effect of this is obvious in camps for internally displaced people, where basic safety precautions have not been taken in site planning, shelter, and sanitation programs, leaving women and girls vulnerable to abuses.

As RI reported in 2011, the comprehensive strategy's singular focus on conflict-related sexual violence obscures the wide range of violence that women and girls experience. Rape as a weapon of war represents a very small proportion of the sexual violence perpetrated in the DRC. Most abuses are opportunistic and not part of any war strategy. Domestic violence and early/forced marriage do not receive adequate attention.

LAUNCHING GBV SUB-CLUSTERS

It is time for a new approach that reflects the shifting situation in eastern DRC. The GBV sub-cluster, as a part of the humanitarian coordination system, is the best mechanism for this. GBV sub-clusters facilitate rapid implementation of GBV programming in acute humanitarian emergency settings through liaison with other clusters, training and sensitization, strategic planning, and monitoring and evaluation. Given their leadership of the MSA pillar, UNICEF is well-placed to launch and lead GBV sub-cluster coordination. The sub-clusters' work should focus on rapid response to outbreaks of violence as well as building the capacity of organizations in GBV emergency programming so that assistance is immediately available when conflict occurs, even in remote areas.

CONCLUSION

GBV actors in the DRC have done their best within the current coordination structure and should be commended for their efforts. Survivors who are able to access their programs and services benefit greatly from the care they receive.

Nevertheless, in an environment where GBV is so widespread, effective leadership and coordination are essential. Four years after being initiated, the comprehensive strategy for combating sexual violence faces massive challenges and is hindering survivors rather than helping. This is unacceptable at a time when women and girls are so vulnerable. It is time for a new approach to GBV coordination in the DRC that reflects this renewed emergency.

Marcy Hersh assessed the humanitarian situation of internally displaced women and girls in the DRC in February 2013.