

**USAID - IMA World Health  
Counter Gender-Based Violence Program  
(USAID-IMA CGBV Program)**

# **Gender And Conflict Analysis:**

## **Tushinde Ujeuri**



Cooperative Agreement 72066018CA00001



In partnership with HEAL Africa, Panzi Foundation, American Bar Association Rule of Law Initiative, Search for Common Ground, University of Washington, Johns Hopkins University and Overseas Strategic Consulting

# USAID - IMA World Health Counter Gender-Based Violence Program

## Gender And Conflict Analysis Tushinde Ujeuri

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## Table of Contents

<b>Acronyms .....</b>	<b>5</b>
<b>1. Executive summary.....</b>	<b>6</b>
1.1 Context .....	6
1.2 Methodology.....	6
1.3 Limitations.....	6
1.4 Key Findings .....	7
1.5 Recommendations .....	8
<b>2. Introduction .....</b>	<b>10</b>
2.1 Background .....	10
2.2 Summary of the Project .....	10
<b>3. Methodology.....</b>	<b>11</b>
3.1 The objectives of the study.....	11
3.2 Methodology.....	14
3.3 Data Analysis.....	17
3.4 Limitations.....	17
<b>4. Results.....</b>	<b>18</b>
4.1 Context analysis .....	18
3.1.1. Political context .....	18
3.1.2. Cultural context .....	25
3.1.3. Social Context: roles and decision-making .....	38
3.1.4. Socio-Economic Context .....	41
4.2 Conflict and Gender Dynamics .....	49
3.2.1. Conflict Analysis .....	49
3.2.2. Social Dynamics around GBV .....	53
3.2.3. Responses to GBV .....	57
3.2.4 Existing opportunities and initiatives.....	60
4.3 Risk Analysis .....	61
<b>5. Recommendations .....</b>	<b>64</b>
<b>6. Conclusion.....</b>	<b>66</b>
<b>7. Annexes.....</b>	<b>Error! Bookmark not defined.</b>
<b>Annexe 1 : Bibliographie .....</b>	<b>Error! Bookmark not defined.</b>
<b>Annexe 2 : Termes de référence – Analyse des Conflits et Genre: Tushinde .....</b>	<b>Error!</b>
Bookmark not defined.	
<b>Annexe 3 : Tools .....</b>	<b>Error! Bookmark not defined.</b>

## List of tables

Table 1: Participants of the KIIs .....	14
Table 2: Planning of the FGDs.....	15
Table 3: Sampling for the quantitative survey. ....	16
Table 4: Proportion of survey respondents who said their complaints were heard and followed through by the formal or traditional justice .....	23
Table 5: Norms : What is expected from each group.....	31
Table 6: What happens when you deviate from traditional gender norms and roles? .....	32
Table 7: Everyday activities .....	39
Table 8: Local initiatives to fight GBV and provide support to survivors, as identified by the FGD participants .....	60

## List of figures

Figure 1: Recurrent words associated to GBV by the FGD .....	25
Figure 2: Main scenes of GBV, as identified by the participants of the FGDs.....	37
Figure 3: Possible scenarios for a rape survivor, as drawn up by the FGDs.....	58

## List of graphs

Graph 1: Who do you turn to for help if you fell victim to GBV?.....	21
Graph 2: Do you think that the judiciary system treats men and women equally? .....	22
Graph 3: What does “Gender-based violence” mean to you? .....	26
Graph 4: What motivates the perpetrators of GBV to commit violence? .....	28
Graph 5: What is the main factor that maintains GBV? .....	33
Graph 6: Which types of GBV are the most common?.....	36
Graph 7: Who are the main perpetrators of GBV?.....	38
Graph 8:Who decides on the steps to take to answer to GBV?.....	40
Graph 9: What type of support is there for survivors? .....	41
Graph 10: For which reasons could GBV survivors not have access to psychosocial support? .....	44
Graph 11: Are you satisfied with the current support given to GBV survivors? .....	45
Graph 12: What hinders the access to support for survivors? .....	46
Graph 13: What kind of support does a GBV survivor need? .....	47
Graph 14: What is the reason of your dissatisfaction with existing support services? .....	48
Graph 15: What do you think are the causal links between GBV and conflict? .....	50
Graph 16: Which conflicts cause GBV? .....	51
Graph 17: What is the most important factor driving this conflict?.....	52
Graph 18: Is there cohesion in your community? .....	54
Graph 19: What are the main sources of insecurity for women in your community? .....	55
Graph 20:How do you react to GBV? .....	56
Graph 21: Who do you turn to for help ? .....	57
Graph 22: What would stop you from asking for help ? .....	57
Graph 23: How does your community react to GBV? .....	59
Graph 24: Disaggregation of participants by social status who said they would not participate, and reasons why .....	61
Graph 25: How would you express your needs or frustrations, if you felt deprived of your rights?.....	63

## Acronyms

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<b>ADIJF</b>	Association for integrated development of young ladies and women
<b>ADR</b>	Alternative dispute resolution
<b>AVIFEM</b>	National Agency for violence prevention perpetrated on women
<b>CDJP</b>	Diocesan Commission Justice and Peace
<b>DFJ</b>	Women Lawyers' Association (Dynamique des Femmes Juristes )
<b>DME</b>	Design, Monitoring and Evaluation
<b>FARDC</b>	Armed Forces of the Democratic Republic of Congo
<b>FDS</b>	Security Forces
<b>FONAFEN</b>	National Funds for the Promotion of Women and Child Protection.
<b>ILT</b>	Institutional Learning Team
<b>IR</b>	Intermediary Results
<b>STD</b>	Sexually Transmitted Disease
<b>KII</b>	Key informant interview
<b>Kit PEP</b>	Post-Exposure Preventive Kit
<b>LGBT</b>	Lesbian – Gay – Bisexual - Transgender
<b>CSO</b>	Civil Society Organization
<b>PNC</b>	National Congolese Police
<b>PNPFC</b>	National Program for the Promotion of Congolese Woman
<b>RDC</b>	Democratic Republic of Congo
<b>SSR</b>	Security Sector Reform
<b>SNBVG</b>	National Strategy for Gender-Based Violence Prevention
<b>PTSD</b>	Post-traumatic Stress Disorder
<b>GBV</b>	Gender-Based Violence
<b>VIH</b>	Human Immunodeficiency Virus



# 1. Executive summary

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## 1.1 Context

The project “Tushinde Ujeiri” meaning “Let’s overcome violence” aims to strengthen communities’ ability to prevent and respond to GBV, reduce GBV incidences and improve the quality of and access to holistic care for survivors, particularly among vulnerable groups. The project is implemented by a consortium, led by IMA World Health (IMA) that involves national and international partners, including Search for Common Ground. Search, building on its experience of implementing activities in conflict-sensitive areas, will use its media tools and trainings to promote dialogue, increase awareness and contribute to positive behavioral change.

As a preliminary step to implementing the project activities, Search has conducted the present conflict and gender analysis, with the following objectives:

- (1) **Analyze the current context**, with a particular focus on the attitudes and norms of the community regarding sexual violence, and on the access to quality services for the survivors of sexual violence;
- (2) **Understand the conflict- and gender-dynamics around GBV** in the targeted zones and the potential negative effects of future project interventions, namely whether these could increase tension in the community, or endanger the participants;
- (3) **Evaluate the associated risks**;
- (4) Make recommendations for project activities, ensuring their compatibility with the “Do No Harm” principle and their conflict-sensitivity.

## 1.2 Methodology

The methodology of this analysis combined a qualitative and quantitative approach. The qualitative component included 17 Focus Group Discussions (FGD) and 40 Key Informant Interviews (KII), whereas the quantitative component relied on a survey of 635 participants. Overall, the study reached out to 854 people, 25% of whom were adult women (30 years old or above), 30% adult men, 20% young men (between the ages of 18 and 30), and 24% young women.

## 1.3 Limitations

Initially, the data collection targeted 5 zones, namely Karisimbi, Nyangezi, Bunyakiri, Katana and Walikali. However, due to security issues and impassable roads during the data collection, Bunyakiri was excluded from the analysis. Despite this decision, the sampling still reached the same number of people as specified in the ToR, so the results of the analysis and methodology are still valid.

## 1.4 Key Findings

### Context Analysis

- Only 10% of the survey respondents said they have turned to justice for help. At the same time, when it comes to responding to GBV, customary justice prevails in rural areas.
- Only 39% of surveyed think that the formal and customary judicial systems treat the male and female victims of violence equally.
- Traditional norms: Stereotypical gender roles still prevail in the society: men are considered to be the decision-makers and social leaders, whereas the women's role is limited to caring for the children.
- As for the understanding of the term "GBV", 49% of respondents defined it as rape, 18% as physical harassment, and 13% as the discrimination and exploitation of women.
- Besides these stereotypes, there might be other causes behind GBV, like the general impunity of the perpetrators due to bribery, the traditional norms<sup>1</sup> which can manifest themselves in different ways, or the lack of knowledge of human rights and prevailing legal texts.
- As for the decision-making mechanisms on GBV, 57% of surveyed respondents said that others, such as the members of their family or traditional and religious leaders take decisions in their stead.
- At the same time, 44% of survey respondents said that when they fall victim to GBV, they don't dare to ask for help from others.
- 43% of surveyed respondents said that medical care is available for rape survivors. However, health centers are in shortage of trained staff, and there is a lack of knowledge on the clinical management of rape and on the concept on GBV. There is also a lack of after-rape kits, the National Protocol on medical care of rape survivors is not well applied, and medical certificates are not standardized.
- As for the availability of psychological support, 40% of the surveyed participants said that it is available, however they pointed out that its methods are restricted to basic services like active listening and the referral of rape survivors to medical services.
- 65% of surveyed participants said that if given the chance, they would get involved in GBV prevention. On the other hand, some women have pointed out that if they would get involved in GBV-prevention, they would risk being perceived as someone disturbing the current social norms.

### Conflict- and Gender-dynamics

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<sup>1</sup> The status of women and young girls in society – tradition, etc.

- The youth are seen as the main perpetrators of violence and of GBV. 41% of surveyed participants said that it's the youth that is behind violent acts: husbands and armed groups were only mentioned afterwards.
- According to 43% of survey respondents, the place where they observe the most violence is the household. Public spaces are also mentioned as areas where the risk of violence is high, especially in the case of long distances between water wells and the home, a journey which at times is done in the dark.
- 59% of survey respondents confirmed that there is a link between conflict and GBV. 70% said that conflicts<sup>2</sup> lead to GBV, and the same proportion said they know someone who has been a victim of GBV.

## 1.5 Recommendations

### Gender Equality

- Reinforce the understanding of laws and current jurisdiction on GBV-prevention at the local level, through the production of radio programs and the organization of key stakeholder meetings, that would lead to a better understanding on the roles and obligations of each individual in GBV prevention and a well-coordinated intervention.
- Initiate a women-to-women dialogue at the start of the project, by organizing a meeting that targets particularly women, allowing them to exchange and share among themselves. The aim is to build trust and raise awareness on the criminal nature of GBV. Similarly, it would be important to sensitize the spouses of the participants, so that they could adhere to the project by supporting their wives' needs, and re-examine their perception of the role of women in society.
- Build the capacities of leaders on the *Common Ground*-approach and on conflict-resolution methods respectful of human dignity and mindful of inclusive- and non-discriminatory approach to GBV survivors.

### Availability of services given to victims of GBV

- Support the health sector reform by reinforcing the capacity of the medical staff on the treatment of GBV and by creating a textbook of reference on victim rehabilitation.
- Put in place legal and psychosocial support services accessible to all community members, and support the existing civil society organizations (CSO) that already offer such support.
- Train the supporting staff on the particular sensitivity of working with victims and survivors of abuse (necessity of listening- human treatment, etc) and on psychological support.

### The perception of GBV Survivors

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<sup>2</sup> resource-related conflicts (31%), domestic conflicts (20%), power abuse (19%), armed conflict (16%) and conflicts linked to access to services (7%)



- Establish a community dialogue on the concept of gender, so as to make the community's approach to GBV survivors more empathetic.
- Implement activities targeting the community that support the reintegration of GBV victims. This would help reduce the stigmatization of survivors, and could reinforce positive actions in favour of GBV victims.
- Initiate solidarity activities among the youth and community members aiming to deconstruct negative stereotypes vis-à-vis with the youth.

## 2. Introduction

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### 2.1 Background

The Democratic Republic of Congo has experienced two decades of political and economic instability, fostering a cycle of discontent, conflict, and violence in the East. Women, children, and marginalized groups are particularly vulnerable. The prevalence of GBV in Eastern DRC is, not surprisingly, extremely high, affecting nearly a third of women and men and up to 61% of children.<sup>3</sup> Social norms and practices perpetuate GBV, reinforcing low social status and hindering decision-making opportunities for women. The uncertainty of upcoming elections has exacerbated this untenable situation, fueling the rise and unchecked actions of militia and rebel groups. Civil unrest and militia activity often accompany GBV and sexual violence, and persistent community barriers (e.g. militia conflict or displacement) can make it difficult to prevent and address GBV occurrence.

While conflict-related GBV typically receives the most attention, intimate partner violence (IPV) within the community is more prevalent. Endemic insecurity and limited geographic access have created significant constraints in the provision of GBV services. Service providers commonly see sexually transmitted infections (STIs) including HIV, rape-related pregnancy, post-traumatic stress disorder (PTSD), depression, anxiety, and social exclusion among GBV survivors. The judicial process frequently includes impediments (e.g., marginally functional courts and delays in processing) that can discourage survivors from pursuing retributive justice. Vulnerable groups, including TIP, LGBT<sup>4</sup>, and people with disabilities, are stigmatized and often have more limited access to GBV services. Stigma and expulsion from their community prevents survivors from accessing help, leading to unmet medical and psychosocial needs, wanton injustice, and further victimizing survivors, hindering the potential of communities as well as individuals.<sup>5</sup>

### 2.2 Summary of the Project

It is in this context that the Consortium on GBV-prevention (C-GBV) has designed a project that aims to prevent and respond to GBV. “Tushinde Ujeiri” (meaning “let’s overcome violence”) is financed by USAID and it aims to reinforce the capacity of the community to prevent and respond to gender-based violence (GBV), reduce incidents linked to GBV and improve the quality and the access to holistic care for survivors of violence, particularly among vulnerable groups.

The consortium *C-GBV* is led by IMA World Health (IMA) works in partnership with Search for Common Ground (Search). Building on an extensive experience with conflict- and culturally sensitive programs, Search will use a variety of tools, including mass media and trainings to promote dialogue, increase knowledge and provoke a positive behavioural change.

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<sup>3</sup> IMA – CGBV Activity – September 2017

<sup>4</sup> Lesbian, Gay, Bisexual, Transgender

<sup>5</sup> IMA – CGBV Activity – September 2017

“Tushinde Ujeiri” aims to reinforce resilience by empowering communities with the right tools to prevent gender-based violence, so that the community could bring to its support to the survivors and ensure better access to quality services. This approach will help the community change their attitudes regarding gender, resulting in turn in a decrease of GBV incidence. The project aims to achieve 3 intermediary results, and 7 intermediary sub-results.

**IR 1: Target Communities demonstrate greater acceptance of positive gender roles.**

- Sub-IR 1.1 GBV community fora organizational capacity strengthened.
- Sub-IR 1.2: Community tolerance of GBV reduced.

**IR2: Availability of community-level GBV-related services improved.**

- Sub-IR 2.1: Increased provision of health, psychosocial, and legal services.
- Sub-IR 2.2: Improved quality of health, psychosocial, and legal services.
- Sub-IR 2.3: Reduced barriers of access to health, psychosocial, and legal services.

**IR 3: Perceptions of stigma surrounding reintegrated survivors reduced.**

- Sub-IR 3.1: ADR mechanisms piloted.
- Sub-IR 3.2: Socio-economic reintegration services provided.

This conflict and gender analysis was conducted by Search for Common Ground at the start of the project, with the objective to draw up a gender- and conflict-sensitive approach to the project activities. As such, following the recommendations and conclusions of this analysis, Search will be able to construct and implement the project activities in a conflict- and gender-sensitive way, taking a particular care so as not to exacerbate conflict and existing gender dynamics, but rather to support gender equality, women’s empowerment and build peace and stability. The conflict and gender analysis will also guide the design of the monitoring tools, making sure that they would be able to map conflicts, tensions and risks related to gender, and follow up on the evolution of the project.

## 3. Methodology

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### 3.1 [The objectives of the study](#)

The Conflict and Gender Analysis has four main objectives:

1. **Analyze the current context**, especially the causes and risks associated with GBV with a particular focus on the attitudes and norms of the community regarding sexual violence, and on the access to quality services for the survivors of sexual violence. The analysis will be carried out following specific questions related to gender around GBV:
  - a. **Policy:** evaluate how women and men, boys, and young girls are perceived and treated by judicial and juridical systems, and by unofficial customary juridical systems

- and determine whether the law, policy, regulations or practice contain explicit or implicit gender bias.
- b. **Culture:** examine the recurrent perception of women, men, boys, and young ladies, reveal gender stereotypes and determine whether those stereotypes will facilitate or hinder women's participation.
  - c. **Roles:** map how women, men, boys, and girls share the tasks between them, what their main activities are and how they spend their free time, so as to anticipate potential constraints related to their participation to the projects.
  - d. **Resources:** examine if women, men, boys, and young ladies dispose themselves of resources or have access to resources and services through others, and if they can use them.
  - e. **Decision-taking:** examine the extent to which women, men, boys, and young girls have the capacity to take decisions, influence and exert control over the family, the community and the country.
2. **Understand conflict and gender dynamics** around gender-based violence in the target zones and assess how an intervention could unwillingly increase tension in communities and expose its participants to danger.
  3. **Provide recommendations** for peace consolidation and GBV planning, that could serve to plan the project activities in conformity with gender and conflict dynamics.
  4. **Make a risk evaluation** and make recommendations for the project planning to ensure that it complies with the "Do No Harm" principle, and that it is constructed in a conflict-sensitive way.

On the basis of these objectives, this Gender and Conflict Study plans to answer the following questions:

#### **Objective 1: Context analysis**

- What are the currently existing approaches to reduce gender-based violence in the target areas?
- To what extent are target communities sensitized on sexual violence? What is the degree of support offered to GBV survivors? Are the communities satisfied with the existing GBV services? Are these services accessible?
- What are the main factors and causes of GBV? What unifies or divides communities around GBV dynamics?
- What kind of opportunities are there for different age groups, and genders to engage in a conversation that gives community responses to Gender-based violence?
- Which judicial and juridical systems are available regarding sexual violence? How are women and men, boys and girls considered and treated by them? What are the existing customs and unofficial juridical systems on questions related to GBV? How are the above mentioned groups treated by these structures? To which extent does the law, policy, regulation or practice related to sexual violence contain explicit and implicit sexist bias?

- How are the problems related to sexual violence perceived by women, men, boys, and girls? What are the existing stereotypes around GBV? Will these stereotypes facilitate or hinder the participation of women, men, boys and girls in the project?
- How do women, men, boys, and girls share everyday tasks, what are their everyday activities and how do they pass their free time? What would the potential (time and other) constraints be related to their participation to the project activities?
- Do women, men, girls and boys have access to resources and to services related to sexual violence and do they use them?
- To what extent do women, men, boys, and girls have the capacity to take decisions and exert influence and control in their families, communities and on a national level on issues related to GBV? How do men and women share power and decision-taking responsibilities regarding issues and services related to GBV?

**Objective 2: Dynamics of conflicts and gender around GBV.**

- What are the (official and unofficial) platforms of coordination that exist in the community and work on GBV prevention? Are they functional?
- Who are the actors influencing or playing a role in GBV? Who are influenced by GBV? What is the perception of the community on the role that the youth and vulnerable groups play in GBV?
- What is the general perception of different actors of their relation with the victims of GBV?
- How do the different actors understand or perceive their role in GBV prevention?

**Objective 3: Program design: Peace-building and GBV.**

- Taking into account the current state of the project objectives, activities and results, are there any recommendations to improve the project's potential impact on the consolidation of peace and on sexual violence?

**Objective 4: Risk analysis**

- What are the risks related to the context and to the implementation of the project that would require a follow-up?
- What can the project do to ensure that it remains conflict-sensitive and respectful of the "Do No Harm" principle?

## 3.2 Methodology

The planned methodology is composed of an initial literature review, and a combination of qualitative and quantitative data collection.

The literature review, carried out before this study included examining research on GBV carried out in Eastern-DR Congo, legal and customary texts on protection of victims of GBV, as well as the currently prevailing laws, regulations and policies on GBV.

The qualitative component of the study rests on focus group discussions (FGDs) and key informant interviews (KIIs) whereas the quantitative data was collected through a survey.

The target zones for the data collection correspond to the implementation zones of the project: The provinces of Walikale and Karisimbi in North Kivu and the provinces of Bunyakiri, Katana and Nyangezi in South-Kivu.

The semi-structured key informant interviews were carried out with:

- Community, administrative and religious leaders;
- Civil society organizations (CSO) working on GBV prevention;
- Health workers and social workers who focus on GBV-related issues;
- Security forces: Police (PNC) and national army (FARDC).

In total: 40 semi-structured interviews were carried out in North and South-Kivu. The initial objective was to carry out 50 interviews, but the data collection in Bunyakiri was not carried out due to the insecurity of the area and the inaccessibility of roads during data collection.

*Table 1: Participants of the KIIs*

Participants of KIIs	North Kivu				South Kivu					
	Walikale		Karisimbi		Bunyakiri		Nyangezi		Katana	
	Planned	Achieved	Planned	Achieved	Planned	achieved	Planned	Achieved	Planned	Achieved
Leaders	4	4	3	3	2	0	2	2	2	2
Civil Society members (CSOs)	3	3	2	2	2	0	2	2	2	2
Health and social workers	3	3	2	2	2	0	2	2	2	2
Security Forces	3	3	3	2	3	0	3	3	3	3



Total	13	13	10	9	9	0	9	9	9	9
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The focus group discussions were designed to include 8 to 10 participants per group. The participants included in the FGDs were chosen from the following groups:

1. Community members of target zones
2. Health and Social workers focusing on GBV-prevention or response.

With the help of the local leaders, and through quick mini-interviews, the data collection team identified and reached out the members of the community inviting them to participate in the FGDs. These groups were constituted in a homogenous way, as per age and sex. As such, four age and sex-homogenous FGs were designed per target area: one for young men, one for young women (between the ages of 18-35), and one for adult men and one for adult women (over 35 years old). In addition to that, a heterogeneous FG was planned reuniting social and health workers. In total, out of the initially planned 25, 17 FGDs were carried out. The FGD reuniting social workers didn't take place in the villages of Walikale, Katana, and Nyangezi because of the difficulty of bringing together social and health workers from different localities at the same time. As for Bunyakiri, none of FGs have been achieved due to the security issues mentioned above.

*Table 2: Planning of the FGDs*

Province	Locality	Targets of FG for every zone	
		Planned	Achieved
North Kivu	Walikale	5 FG : 1 FG men, 1 FG women, 1 FG Young ladies, 1 FG young men, 1 FG social workers	4 FGDs
	Karisimbi	5 FG : 1 FG men, 1 FG women, 1 FG young ladies 1 FG Young men, 1 FG social workers	5 FGDs
South Kivu	Bunyakiri	5 FG : 1 FG men, 1 FG women, 1 FG young ladies, 1 FG young men, 1 FG social workers	0 FGD
	Katana	5 FG : 1 FG men, 1 FG women 1 FG young ladies, 1 FG young men, 1 FG social workers	4 FGDs
	Nyangezi	5 FG : 1 FG men, 1 FG women, 1 FG young ladies, 1 FG young men, 1 FG social workers	4 FGDs

The quantitative data collection was done through a survey that has reached out to a total of 770 participants. In order to define the sample,<sup>6</sup> seeing that the administrative characteristic of the 5 zones differed greatly, the evaluation team defined the primary unit as the neighborhood. Next, the research team selected two neighborhoods per target area. The sample was determined by the leaders within the community on the basis of the following criteria:

- 1 neighborhood with the highest GBV prevalence.
- 1 neighborhood with the lowest GBV prevalence.

The sample size of the study took these criteria in account, along with the accessibility, the time, and the availability of human resources and financial means. Since the zone of Bunyakiri was inaccessible throughout the data collection, the sampling relied on 8 neighborhoods from the four zones. The sampling of the intervention areas was carried out in a targeted way, using a random sampling method. Table 3 shows the number of participants, as well as the weight of the sample as per locality.

*Table 3: Sampling for the quantitative survey.*

Provinces	Localities	Weight of the sample	Planned	Achieved
North Kivu	Walikale	87%	335	335
	Karisimbi	13%	50	50
South Kivu	Bunyakiri	35%	135	0
	Katana	31%	120	120
	Nyangezi	34%	130	130

The analysis has reached out to a total of 854 individuals, among whom 25% were women, 30% were men, 20% young men and 25% young women. The perception of the participants on GBV-related issues depended on their family status, level of education and employment, which is why these parameters were also taken into account. Regarding the professional activity of the participants, 19% were business men, 17% farmers, 18% unemployed, 10% students, 10% domestic workers, 7% administrative workers, 13% teachers, and 4% community leaders. Farmers were represented in a higher proportion in the remote areas of Nyangezi, Walikale and Katana.

As for the school education, 12% of participants have never attended school, 13% have finished primary school, 34% have gone to secondary school, 22% have completed their secondary studies, 8% graduated, and 7% have done some vocational training or university studies.

As for the marital status, 53% were married and had children, 16% were single and childless, 13% were single parents, and 4% widowers. It is important to note that the proportion of single parents was very high amongst young women.

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<sup>6</sup> The calculation of the appropriate sample size was carried out with [www.raosoft.com/samplesize.html](http://www.raosoft.com/samplesize.html) with 95% confidence level and an error margin of 5% for each province.

### **3.3 Data Analysis**

To support the data collection, local data collectors were recruited, and trained on the methodology, the objectives of the analysis as well as on gender-sensitivity and ethics. The supervision of the analysis has been carried out by the internal consultant and the conflict analyst, who were also responsible for the training of the enumerators.

The KIIs were carried out by each Search for Common Ground supervisor. The FGDs were implemented by four data collectors and the conflict analyst, who worked by dividing the roles of moderating and keeping notes between themselves. Finally, the quantitative data collection was carried out by the enumerators. The data collection tools were translated to Swahili, as the actual data collection was carried out in this language.

Once collected, the data from the discussions with the FGDs were transcribed into Excel, where a linear analysis of each question was done by the internal consultant of Search for Common Ground. As for the quantitative data, an external consultant was recruited to put the data into Excel. The data was then transmitted to the leading specialist of the Analysis, who continued the analysis by producing pivot tables.

The data analysis and the writing of the report was done by Sedera Rajoelison, with the support of the International Learning Team (ILT) and the supervision of the Regional DME specialist, Carlotta Fassiotti.

### **3.4 Limitations**

Initially, the data collection targeted 5 zones, Karisimbi, Nyangezi, Bunyakiri, Katana and Walikali. However, due to security issues and impassable roads during the data collection, Bunyakiri was excluded from the analysis. Despite this decision, the sampling still reached the same number of people as specified in the ToR, so the results of the analysis and methodology remain valid.

As the nature of the analysis was very sensitive, and seeing that it involved highly sensitive individuals, such as GBV-survivors, the analysis aimed to remain gender- and conflict-sensitive. As such it has planned to work with female enumerators in the FGDs of young women and adult women, and with male enumerators for the FGDs involving only male participants. However, some exceptions had to be made: for example in Nyangezi, the young women in the FGDs didn't agree to having women as discussion moderators, saying that generally women are much more talkative and less discreet.

## 4. Results

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### 4.1 Context analysis

This section presents a context analysis of community attitudes and norms with regards to sexual violence in the target zones of « Tushinde Ujeiri ». In particular, the socio-economical, cultural, and political background of the target areas will be analyzed, as well as the accessibility of services of care for victims of GBV.

#### 3.1.1. Political context

On an institutional level, the DRC government, supported by the United Nations and other countries, took considerable steps to reduce GBV, including the adoption of a National Policy against Gender-based violence (NSFAGBV)<sup>7</sup>. This Policy is in complementarity with some of the resolutions adopted by the Security Council of the UN, namely the resolutions 1820<sup>8</sup>, 1325<sup>9</sup>, 1756<sup>10</sup>, 1888<sup>11</sup> and 1794<sup>12</sup>. These resolutions touched upon the following topics:

- The encouragement of women's involvement in peace building;
- The reinforcement of protection, prevention and response to sexual violence;
- The protection of sexually abused children who have fallen victim to armed conflicts.

Led by the Ministry of Gender, Family and Children, who coordinates all the activities and governmental interventions in this field, the Ministry's strategy serves as a reference point for all those who wish to intervene in the following fields:

- Reinforcement of the implementation of law, and the scaling up of the struggle against impunity;
- Prevention and protection;
- Support given to army, police, justice, and security sector reforms;
- Responding to victims and survivors' needs;
- Data and information management related to Sexual and Gender Based Violence;

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<sup>7</sup> November, 2009

<sup>8</sup> Adopted on 19 June 2008, the resolution 1820 condemns the use of sexual violence as a tool of war, and declares that "rape and other forms of sexual violence can constitute war crimes, crimes against humanity or a constitutive act with respect to genocide.

<sup>9</sup> Adopted on 31 October 2000, the resolution 1325 acknowledged the disproportionate and unique impact of armed conflict on women and girls. It called for the adoption of a gender perspective to consider the special needs of women and girls during conflict, repatriation and resettlement, rehabilitation, reintegration, and post-conflict reconstruction.

<sup>10</sup> Adopted on the 5 May 2007, the resolution extended the deployment of the United Nations Organization Mission in the Democratic Republic of the Congo(MONUC) until 31 December 2007. It also called for an analysis and a capacity-reinforcement on the prevention of GBV and the protection of women in conflict zones.

<sup>11</sup> Adopted on the 30 September 2009, the resolution no. 1888 aimed to protect the women and child victims of sexual violence in conflict zones

<sup>12</sup> Adapted on the 21<sup>st</sup> of December, 2007 the Resolution no. 1794 extended the mission of the United Nations Organization Mission in the Democratic Republic of the Congo(MONUC) until 31 December 2007. It also called for an analysis and a capacity-reinforcement on the prevention of GBV and the protection of women in conflict zones.

- Analysis and awareness-raising on Gender-Based Violence;
- Building of institutional capacities for the prevention of Gender Based Violence.
- Women's empowerment.

To contribute to the above objectives, the government of the DRC has carried out the following actions:

- The enrichment of juridical texts and clauses like the constitution of DRC (2006), or the law on sexual violence<sup>13</sup> (2006);
- The setup of the Institute for the Promotion of Women, Family and Children (CEPFE), of the National Agency of the Fight Against SGBV (Avifem), the National Funds for the Promotion of Women and the Protection of Children (FONAFEN) and the restoration and reinforcement of the National and Local Councils of the Women, the Children and the Family (2008-2009);
- The implementation of the “Je Dénonce” (I denounce) campaign, in an effort to mobilize women to claim ownership of the fight against SGBV (2008-2009).
- The construction of a number of “*Maison de la Femme*”, including one in Goma, inaugurated in 2009;
- The updating of the National Programme for the Promotion of the Congolese Woman (PNPFC) in 2007 and of the National Strategy aiming to integrate a gender section in politics, programs and projects of development in the DRC (2008).

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*“We know that such laws exist, but the State does nothing to implement them, and there's even less willingness to implement on the local level. We lack the means: me myself, I don't get a salary, so how would I be able to do anything to implement these laws? The problem is not the lack of laws, but the lack of their implementation.” KII with the administrative authority of Nyangezi*

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Taking into account the social problems that women undergo daily and aiming to reduce GBV, the legislators and the government introduced the law no. 15/013.<sup>14</sup> This law aims to promote the effective participation of women in all dimensions of the society and in public life, and to fight against all forms of discrimination by focusing on parity between men and women. The Interministerial Committee and National Council of Gender and Parity are in charge of following up on whether the law is actually applied. The importance of this law is to inform all Congolese citizens that the acts of GBV are illegal and will be punished by law, whatever form they may take. The text of the law also makes a point in listing various forms of sexual violence, such as sexual harassment, sexual abuse, procuring, forced prostitution, illegal or forced marriage, sexual slavery, etc, as well as the various punishments associated to each criminal act.

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<sup>13</sup> The law No. 06/018, adopted on the 20 July 2006, amended the Decree of 30 January 1940 of the Congolese Penal Code, by incorporating the rules of international humanitarian law related to offenses of sexual violence. As a result, it takes on the protection of the most vulnerable, including women, children and men who have been subjected to sexual violence.

<sup>14</sup> The law no. 15/013 reinforced the promotion of women's rights and gender equality; The provisions of this law applied to all areas, including political, administrative, economic, social, cultural, judicial and security aspects.

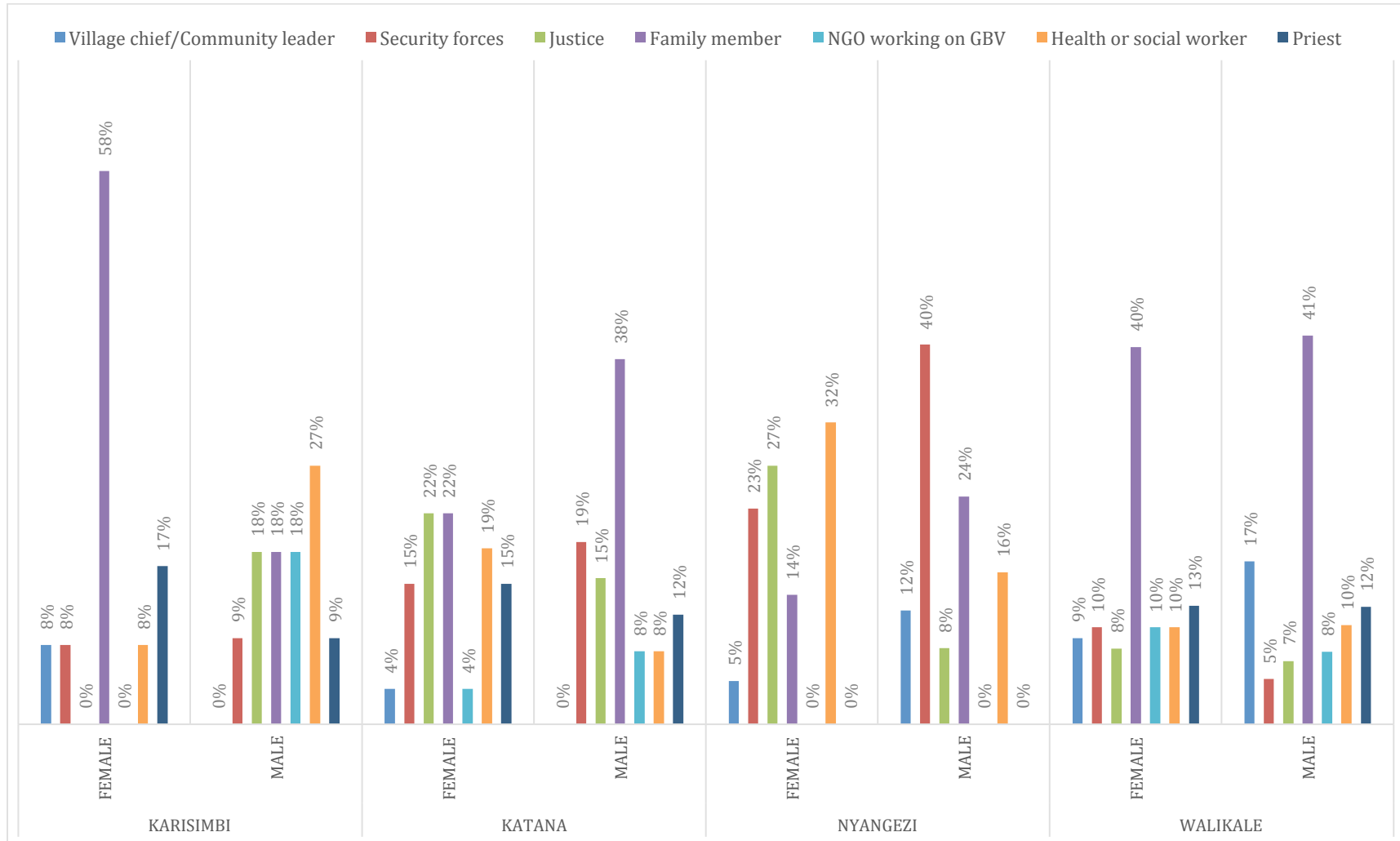
These laws on sexual violence aim to offer protection and security to the victims of Gender Based Violence, - mainly women, and young girls. They also aim to bring change to the procedures of investigation, shortening the duration of the procedures so as to track down the perpetrators as fast as possible and respect the dignity and safety of the survivors.

Even if these laws exist, their proper application on a local level is limited. As results from the survey indicated, these laws are not understood or known at the local level, and the government does not make enough efforts to sensitize the population. The misunderstanding of these laws also contributes to some extent to their non-applicability by the authorities. In a country with four national languages and numerous dialects, it would be necessary to translate these legal texts so as to facilitate their understanding by all citizens.

As for the judiciary structures, there are important gaps to be filled, especially with regards to the treatment of victims. The legal system is said to be very corrupt, which is why only 10% of the survey respondents said that they trust the legal system, while the majority said they do not.



Graph 1: Who do you turn to for help if you fell victim to GBV?



The proportion of people turning to justice is extremely low in Karisimbi as compared to the other regions. The FGDs revealed some of the reasons for not turning to justice:

- The corruption of state workers including the police in charge of the investigation;
- Fear of revenge by perpetrators after they have been set free, since it happened often that perpetrators were set free only a few days after their condemnation;
- The extremely high costs of juridical procedures, from the cost of the investigation to the costs of the law suit;

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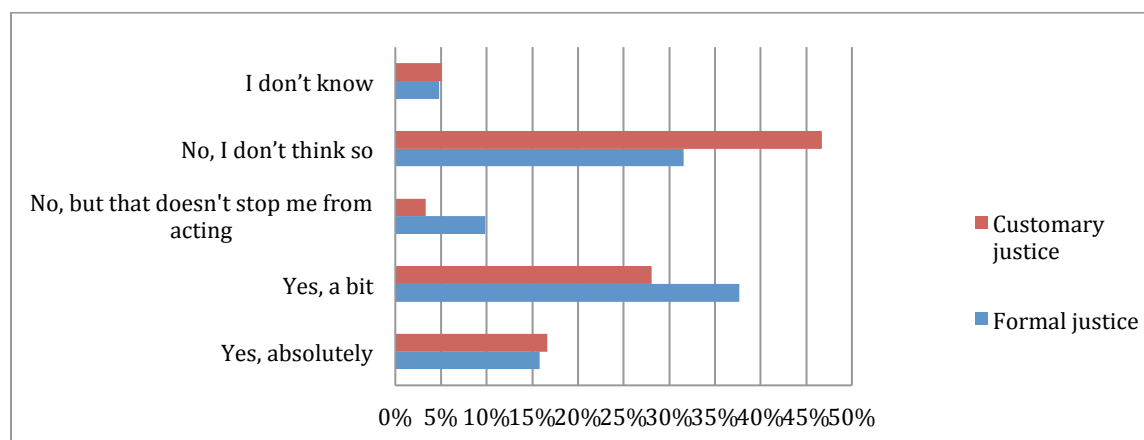
*There's a lot of injustice here. And corruption is everywhere – Female participant of a FGD in Walikale*

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Apart from these causes<sup>15</sup>, it is the judiciary system itself that lacks the financial and infrastructural means to respond to the needs of rape survivors. In the end, the survivors are forced to settle their issues individually, especially in cases where the rape was committed by family members.

Traditional practices also constitute an obstacle to access to justice. This is the case for the rural areas of Nyangezi, Walikale and Katana, where (as pointed out by some of the KIIs) although women officially have the right to inherit, they do have not access to the inheritance. Consequently, a great majority of women, even those who have the means to pay the costs associated to the legal process, refuse to bring their problems to court, by fear of pressure and by fear of reprisals on their children. 39% of the informants think that the judiciary system does not consider women the same as men. The same tendency can be observed in the four target areas. Thus, it is noted that cultural norms prevail over national law.

Graph 2: Do you think that the judiciary system treats men and women equally?



<sup>15</sup> Report of the Swedish International Development Cooperation Agency, in 2009 « DRC- Gender profile »

The results of the survey show that rape cases are often resolved by a simple transaction of goods or money, especially when the perpetrator of the act is known by the family; this approach to settling affairs was often mentioned by the respondents in Nyangezi. On the other hand, in Katana and Walikale, if the perpetrator is known, the community members tend to turn to the police. However, as corruption and impunity prevails, they often stay without a satisfactory response or procedure. Due to general impunity, the community creates its own local solutions to the problem in the form of a negotiation. Although this could be seen as a sort of reparation, only the men of the two families are involved in the negotiation, pushing the actual victims of sexual violence out of the discussion. A great number of victims, who lived through such procedures do not feel like they have been given justice. The table below shows the proportion of women who said their complaint was heard when they turned to justice.

*Table 4: Proportion of survey respondents who said their complaints were heard and followed through by the formal or traditional justice*

	Formal justice	Traditional justice
<b>KARISIMBI</b>	29%	27%
<b>KATANA</b>	34%	46%
<b>NYANGEZI</b>	36%	39%
<b>WALIKALE</b>	65%	40%

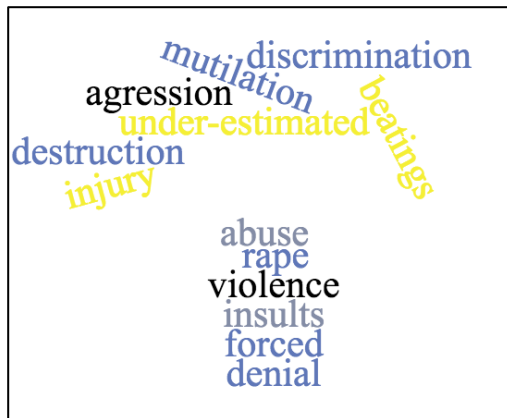
In light of the political context, it is imperative to fight against impunity, and promote the improvement of the juridical system. General impunity results in the normalization of GBV, and reinforces the concept according to which women do not have a right to their own body. In all the target zones of the study, it would be necessary to sensitize people on the functioning of the judiciary system, and it would be desirable to set up a system of follow-up on whether national laws are being implemented on the local level. These actions should be accompanied by activities enhancing the trustworthiness of the judiciary system, starting by improving the access to information for the local communities. Even though there have been multiple initiatives aiming to achieve that, there is still a number of things to do. Rural communities are not aware of existing laws and the role of cultural norms vis-à-vis GBV in the DR Congo. For this reason, it has been recommended to translate all GBV-related legal texts into the four national languages, as this would facilitate the task of local leaders to spread the message in their communities.

Based on the conclusions of this analysis, it is also suggested to support local initiatives on gender and on updates to customary laws. It is of utmost importance to support programs that reach out to local chiefs, as they are key to changing gender-discriminatory norms in customary justice. Similarly, it is important to support civil society organizations, and especially women's groups, who are very active in lobbying for the reform of justice which could integrate women's rights, building on all the international conventions signed by the DRC. For example, some organizations of female lawyers have contributed to developing the national strategies against violence committed against women. For example, in the commune of Karisimbi, in Goma, the DFJ, or *Dynamique des Femmes Juristes*, helps survivors of GBV access justice. There is also a

need to include other CSOs so as to ensure that both men and women could be engaged in the fight against SGBV.

### 3.1.2. Cultural context

#### *The social representation of Gender Based Violence*



*Figure 1: Recurrent words associated to GBV by the FGD*

When it comes to the understanding of what Gender-based Violence means, the analysis shows that regardless of the age, geographic location or sex of the respondents, the majority of respondents defined it as “unwanted sexual act imposed on one of the partners, most often the woman.” 34% of respondents made a direct reference to rape. When asked to mention concrete examples, the majority of respondents talked about “women who go to bushes to collect firewood, water, or who cultivate” as the first victims of violence. They added that such acts can also happen in families,

in local neighborhoods, the street, etc. For example, when parents are out of the house, children are easy targets of violence perpetrated by individuals such as neighbors. Women and young girls who work outside or go to the

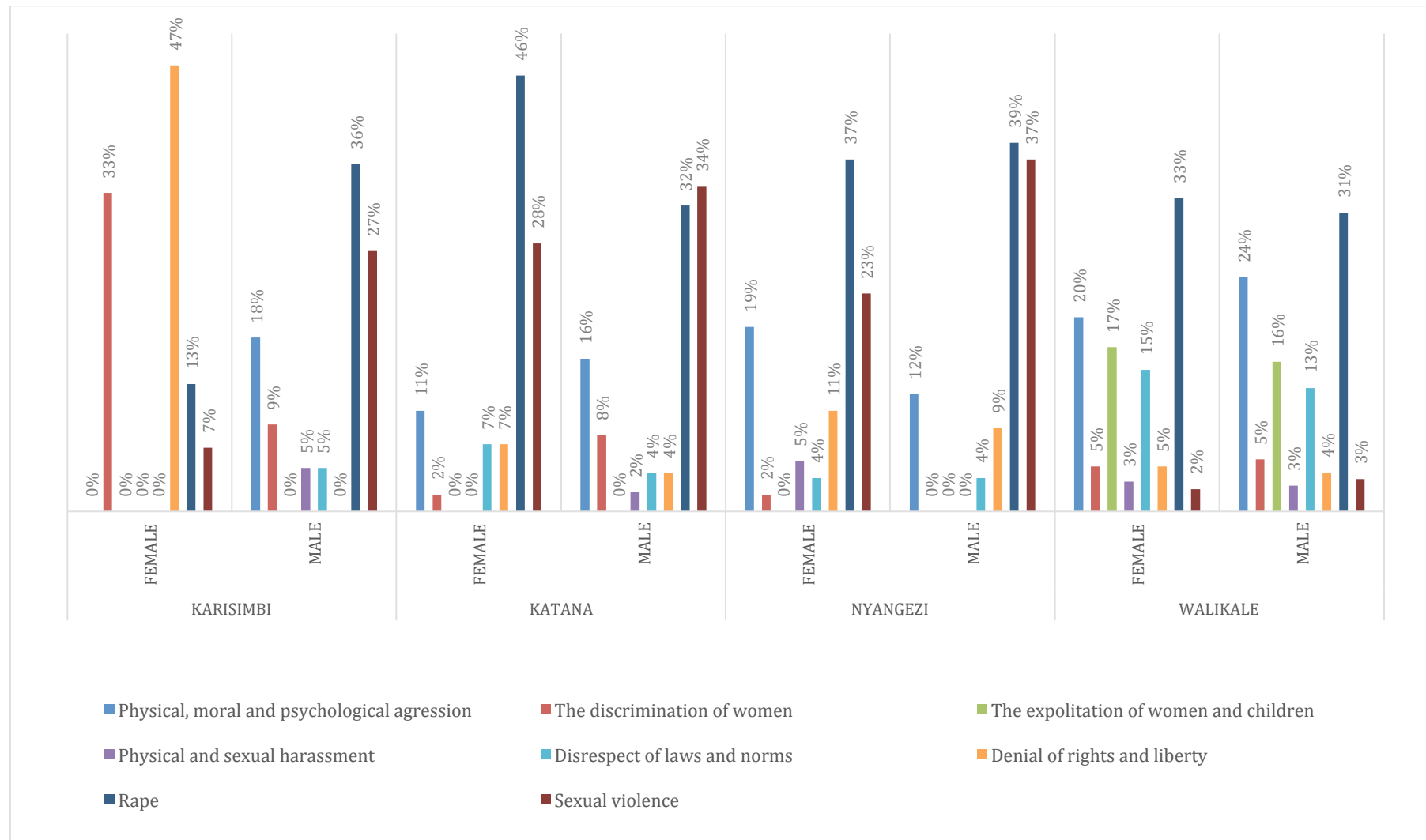
shops in the evening are also targeted by sexual violence.

Others understood Gender Based Violence as the sexual intercourse between people with a big age gap, especially, when the victim is male. The tendency in that case is to accuse the woman and judge her behavior, as attention-seeking, since according to the tradition a man is required to marry a younger woman. Such cases of sexual violence were brought up by the survey respondents from Karisimbi.

Another definition of Gender Based Violence was to say that “it is something that causes harm”, referring to the physical and psychological consequences of the violence on victims. Almost unanimously, Gender Based Violence has been defined as a bad-intentioned and morally wrong act.

49% of the survey respondents defined GBV as ‘rape and sexual violence’, 18% as physical aggression, and 13% as ‘discrimination and exploitation of women’. It is interesting to note, that while defining GBV, the women in Karisimbi have made an allusion to restrictions of liberty and rights, while men solely focused on rape. In Katana, women have defined GBV as rape, while men defined it as sexual violence. However, the men in the FGDs in Katana often made no distinction between the two terms. Lastly the majority of respondents from Nyangezi and Walikale defined GBV as rape.

Graph 3: What does “Gender-based violence” mean to you?





The last definition mentioned by some of the interviewed key stakeholders in the different target zones was the refusal of the recognition of the property of women. It appeared to be clear that violence and GBV was forbidden by the laws of the State, and as such, the survey respondents also underlined the illegal nature of GBV. As such they have defined acts of GBV as acts depriving women of their right to education, to property, etc. 16% of the informants spoke about the deprivation of right and the non-respect of law when speaking about Gender Based Violence.

The societies in North and South Kivu are based on patriarchal values, according to which males are favoured and are depicted as valuable, whereas the female sex is devalued and shown as inferior.<sup>16</sup> In all the target areas, it

has been said by both men and women participants of the FGDs and KIIs, that men believe that women and girls are unable to make decisions and that in fact it is not in their role to do so. This attitude, according to them, is transmitted by traditional education that stipulates

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*“Women are considered to be inferior... the they are born to serve. We feed this idea into our heads from a very young age: and so it stays, and it has become a social norm” KII with the coordinator of a youth project at a local NGO - Goma*

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that women are less important than men, making it a widely accepted norm both by women and men. A KII conducted in Katana explained that such ideas are due to cultural and social trends that date back a long time and which are not about to change. On the other hand, some positive change can be noticed, especially in the areas that have benefited from community sensitization sessions carried out by humanitarian organizations.

To sum up, the idea of the woman as an inferior being to a man is deeply embedded in the mentality of the population, serving as a code of conduct for society.

### ***Causes of Gender Based Violence***

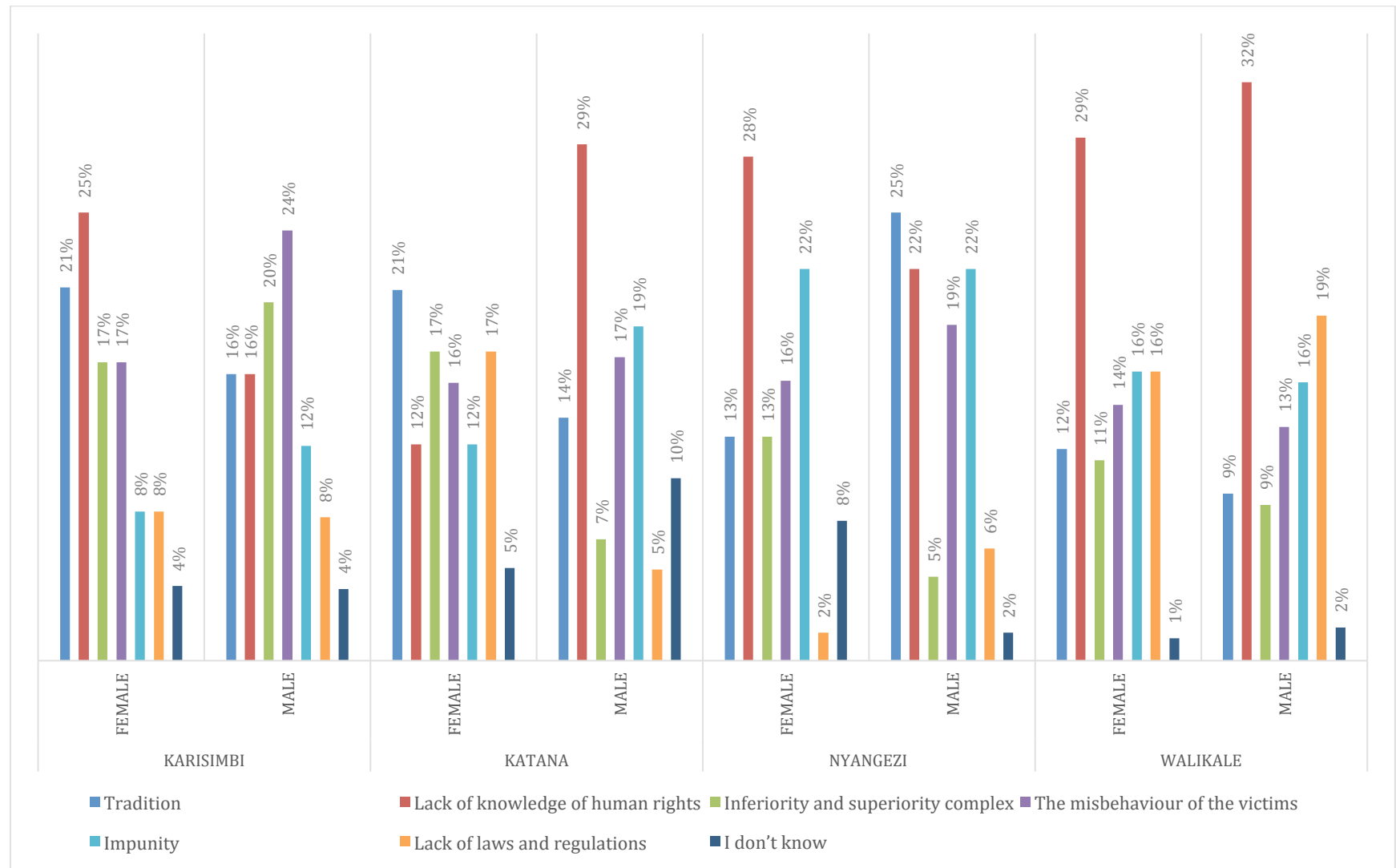
According to participants, the most frequent causes of Gender Based Violence are:

- The impunity of the perpetrators due to the corrupt nature of the judiciary system;
- The local culture, manifesting itself in different ways, such as:
  - o The widely shared beliefs and myths of the masculinity and heterosexuality of men;
  - o Overcompensation of “lost masculinities”, which can present itself through power struggles, i.e. in the army and the police;
- Lack of knowledge of human rights and legal texts due to the low level of education of women
- The ‘misbehaviour’ of victims: many interviewees said that they have been told that they deserved what had happened to them.

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<sup>16</sup> Minister of Gender, Family and Child : *Qualitative survey on GBV in non-conflict zones of the DRC*, 2009

Graph 4: What motivates the perpetrators of GBV to commit violence?



In **Karisimbi**, 20% of respondents said that Gender Based Violence is caused by the misbehaviour of the victims (Graph 4). Accordingly, the participants of the male FGDs said that GBV is linked to the way girls are dressed, and to their exhibitionism. Throughout the FGDs, many have supported this explanation: some of the women groups suggested that if young ladies were better educated, they could learn to avoid these situations, and avoid violence. Poverty, in general, was said to expose young women to violence, driving them to prostitution so they could make ends meet. In addition, the drugs- and alcohol-addiction of young unemployed men was said to be a driver of GBV as well. In the household, gender-based violence was also said to be linked to the drunkenness of the men.

When it comes to forced marriages, the respondents noted that parents knowingly change the birth dates of their daughters on their birth certificates so that they could get married early. This means that they themselves become active perpetrators of GBV. This could be observed in Walikale, where the FGD with men has touched upon the social acceptance of forced marriages, as well as the issues of poverty as a driving factor behind prostitution.

The FGDs in **Katana** revealed that according to local tradition, women do not have right to good food. Many women said that they did not have the right to eat chicken, for example, as it was reserved to men. Additionally, they have also said that they had very few responsibilities and decision-making capacities in the household and elsewhere. One of the women said that she wanted to start working, but her husband refused to allow her to go outside the house.

In **Karisimbi**, one of the participants mentioned that the power structures putting women in an inferior position are very prevalent. She said that after she had received a training on gender, she went home, hoping to discuss the elements she learned during her training. However, her husband reacted very violently, told her she cannot again take part in such activities and even assaulted her and beat her for having brought up the topic.

In Katana, Nyangezi and Walikale, the most frequently mentioned cause of GBV was the ignorance of laws and human rights. As one of the participants of the male FGDs mentioned, he did not know of any laws that gave rights to women, and he himself had refused that his wife would take part in activities outside of the house. Other men from the FGD sympathized with him, understanding his approach and said they have never heard about laws that gave women rights to land and inheritance.

In **Karisimbi**, poverty and insecurity have been mentioned as the main problems for women doing agricultural work. The insecurity caused by bandits and armed groups have severely affected these women, who have been victims of GBV on the road and in the fields.

The analysis also aimed to understand what the traditionally expected activities of each social group and gender are and whether these contribute to GBV. The table below sums up the results of this analysis.

In **Walikale**, one of the members of a FGD mentioned that even the disputes between men can end up by targeting women. For example, during a recent conflict on land issues between two

communities, the wife of one of the participants was raped as a way of demonstrating power. This shows that women are very often considered as objects.

Table 5: Norms : What is expected from each group

Gender	Norms	
	Expectations	What is currently done
<b>Men</b>	Head of the family: sustain his family Leader and protector Decision-making	Idleness, drunkenness Stays at home Protector and dominator Selling fish, charcoal, etc. on the street to meet the family's needs
<b>Women</b>	Give birth Educate the children Stay at home Do the housework	Gives birth Educates the children Staying at home Housework Sells fish, charcoal, etc. on the street to meet the family's needs
<b>Boys</b>	Study	Idleness
<b>Girls</b>	Fetch water Assist mothers with housework Study Stay at home	Sells fish, charcoal, etc. on the street to meet the family's needs

As seen from the data collected from the FGDs, the man is supposed to be the decision-maker and social leader, whereas the role of the woman is limited to taking care of the children. The table above shows which tasks and responsibilities are expected from each social category: from men, women, young girls, and boys.

As the personality of each individual, the conditions change over time. These norms and roles can also adapt according to the needs of each member of the community. One of these changes has been in the role of men: in fact, as the FGDs show, men have been unable to fulfill their role as breadwinners, and heads of the family. This endangers their position in the hierarchy, and questions their levels of masculinity. This can especially be seen in semi-urban communities, such as Karisimbi, where high unemployment is said to have made women and men deviate from their expected social roles.

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*“Presently, the woman is the head of the family, she takes care of the education of the children, and is supported in doing so by the man. Unfortunately, life has inversed certain roles: women do more, they get involved in commerce to sustain the family, while men stay at home, talk to their friends and play cards.”*  
*A participant of the FDG of adult men in Ndoshu, Karisimbi*

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Specifically, women have said that they were forced to find ways to contribute to sustaining the family, since men weren't able anymore to fill this role. At the same time, they have said that the fact that they step into the shoes of the breadwinner is a root cause of new violence. In other words, men who cannot continue as breadwinners tend to compensate by committing violent acts. So, on the one hand women are subjected to violence from these men, and on the other hand they are also subject to psychological violence from their peers. The table below sums up the consequences of forms of behaviour that are not in accordance with the specified gender roles.

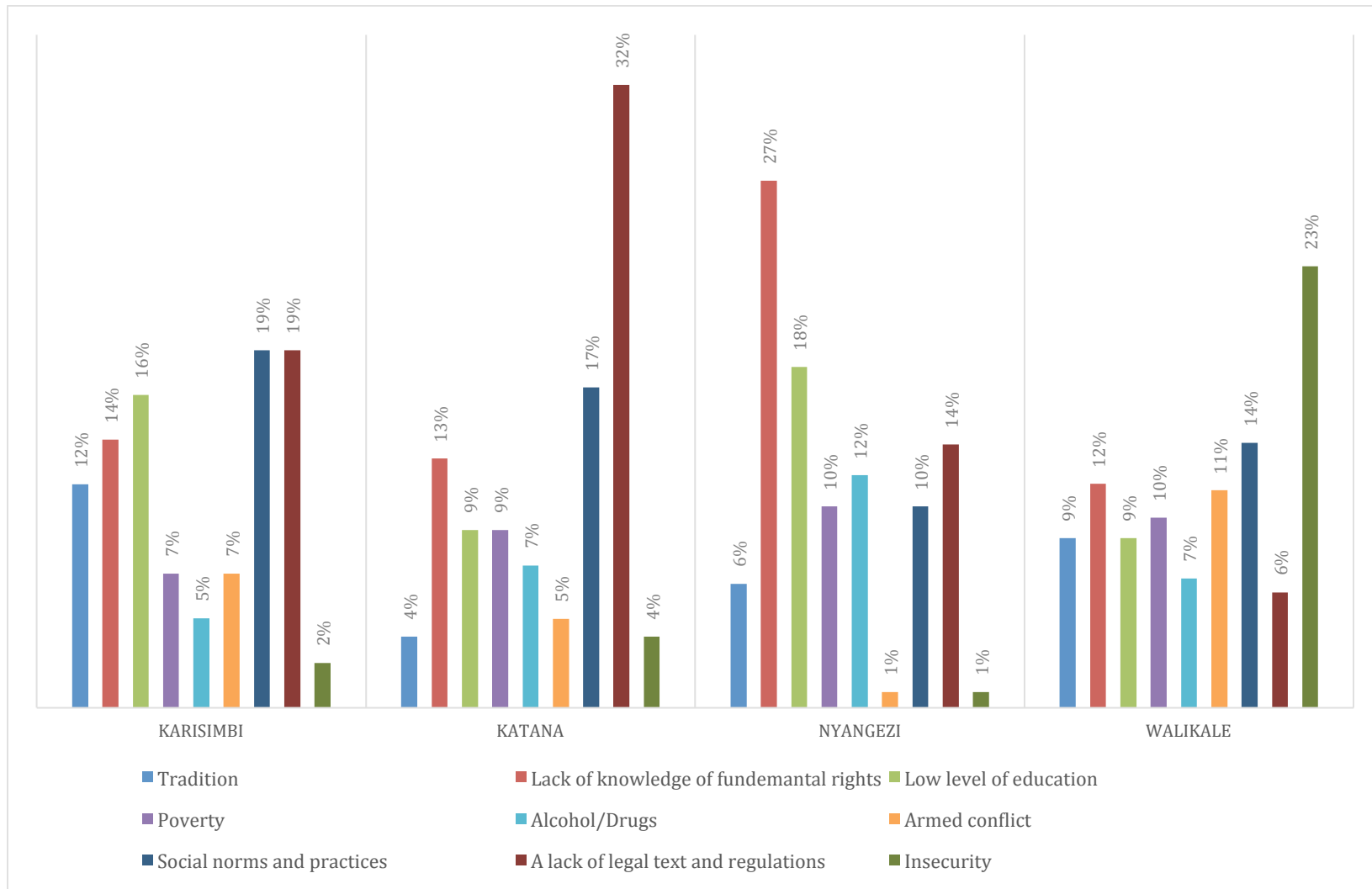
*Table 6: What happens when you deviate from traditional gender norms and roles?*

Gender	What are the consequences?
men / young men	Mistrust Perceived as irresponsible. Weak men, dominated by their wives Laughed at by the community Loss of self-esteem vis-à-vis their children
women/young women	Mistrust Insults, considered to be someone who does not accept their place Encouragements Physical and psychological violence

***Factors that hinder the eradication of GBV***

When asked about the main obstacles to eradicating GBV, the respondents listed juridical, political, socio-economic, and socio-cultural factors.

Graph 5: What is the main factor that maintains GBV?



Legal and political obstacles (lack of awareness of rights 15% and lack of implementation of laws 13%), were named as the most common obstacles to eradicating GBV. While in Nyangezi, participants mentioned mostly the lack of knowledge of laws, participants from all four zones agreed on the importance of the lack of application of laws on the local level. According to them, laws are not implemented, or simply not respected. The majority of respondents also pointed out that the justice is not available to everyone, and is highly dependent on social and economic status. *“Often the complaints never go through, due to the corruption that is characteristic of the justice system. This corruption leads to impunity, and the perpetrators of sexual violence do not get sanctioned. Because of that some of them just commit the same acts again.”* – said one of the members of a CSO in Karisimbi. This is compounded by the fact that the majority of the population is unaware of their rights. For Walikale, the insecurity of the zone adds to the difficulties and constitutes the main obstacle to eradicating GBV.

The socio-economic factors, such as the low level of education (11%), poverty (8%) and insecurity (12%) are also not to be neglected, - the collected data confirms that GBV exists in all social groups and settings. However,

not all families who have problems, resort to violence to resolve them. Poverty, compounded by a lack of education is certainly the main driving factor of domestic violence. Some have argued that the lack of money inhibits

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*“Girls who have to go fetch water in distant areas at late hours are easy targets for criminals” – FGD in Nyangezi*

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many husbands to respond to the needs of their children and wives. The inactivity of the husbands undermines their prestige and self-esteem in the families, as they are obliged to stay at home, inactive all day. This has an important scar in their perception, self-esteem and masculinity. Some women refuse to serve food or have sexual intercourse with their husbands due to their inactivity, to which husbands sometimes respond with violence. Violence is even higher in communities where there is a lack of water and electricity. The incidence of violence, such as robberies, assaults and rape is higher in these neighborhoods. For example, water wells were said to be one of the most frequent scenes of violence committed against women. The darkness of the public spaces, their isolation as well as their distance from the water sources is

also at the source of a higher incidence of sexual violence.

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*“There is more than one family in one plot. And women are not only exposed to the violence in their own homes, they also face assaults when they leave their homes.” - FGD in Karisimbi*

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When asked about the negative elements of how women are perceived in society, the following aspects have been mentioned by the FGDs:

- The objectification of women, who are used to satisfy the sexual needs of men and reproduce;
- The social inferiority of women compared to men;
- Lack of decision-making: the fact that women cannot make decisions for themselves.



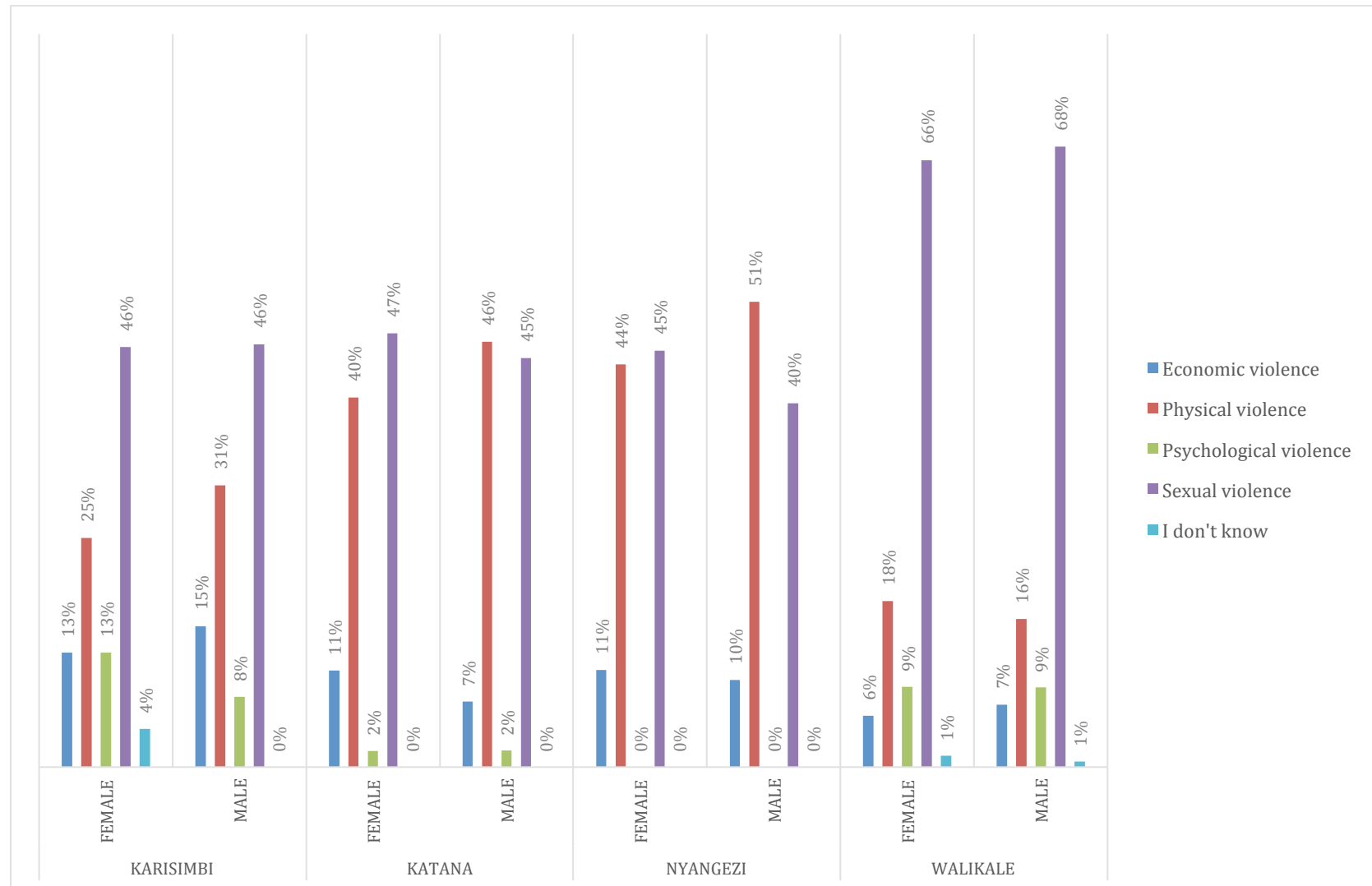
The level of awareness of the population concerning GBV is still very low, as many do not understand the concept of GBV, cannot distinguish it from sexual violence, and have no knowledge that these acts are punishable by law, and even considered as crimes against humanity.

Victims are often stigmatized within their communities, and made to feel shameful and humiliated. This is why many who have suffered violence do not dare to report it and bring it out to the public, as they are scared of being rejected by their communities.

### ***Types and scenes of GBV***

In general, sexual violence has been the most quoted form of GBV in all of the communities, regardless of the age and gender of the respondents, but other forms of GBV have also been mentioned. Rape was condemned unanimously by all respondents. 29% have said that GBV presents itself in the form of physical violence (29%), subjecting the women to physical pain. GBV was said to be present both in the household and outside. The graph below shows the types of violence that were the most frequently mentioned by the survey respondents.

Graph 6: Which types of GBV are the most common?



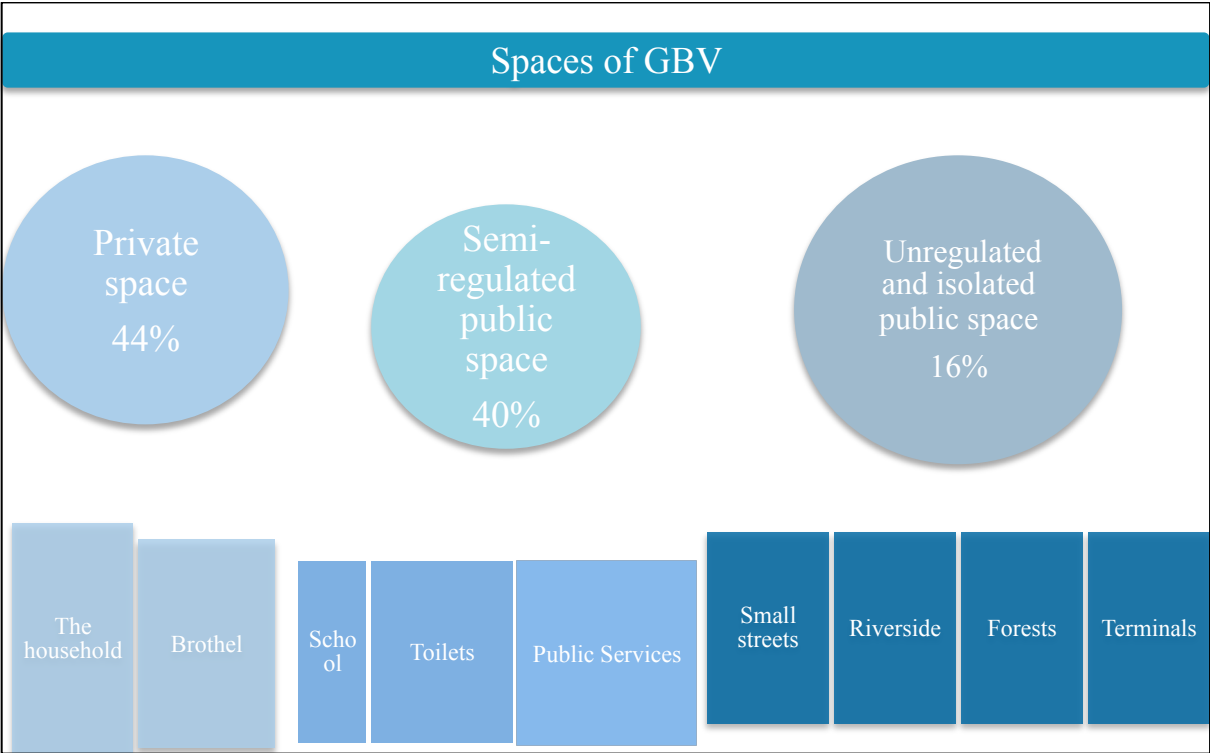
Psychological violence (5.71%) was defined as violence that attacks the psychology of the victims. The most quoted ones were the insults pronounced by husbands, by someone in the family environment or by others. Almost all the interviewed women agreed that psychological violence is the worst form of GBV.

Economic violence (8%) referred to the fact that it is men who manage the household funds. Even if women contribute to sustaining the family, men impose their will in the management of the household finances.

As for the spaces where violence occurs, three were highlighted in particular: Private spaces, semi-regulated public spaces, and non-regulated public spaces. When asked about the principal problems linked to security, 30% respondent in Walikale indicated a lack of safe spaces.

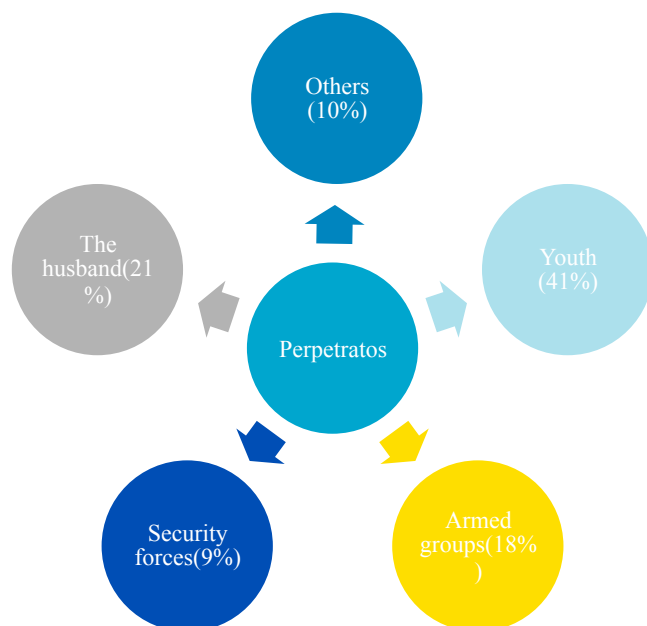
The figure below sums up the responses of the participants on the main ‘spaces’ in which Gender Based Violence occurs.

Figure 2: Main scenes of GBV, as identified by the participants of the FGDs



43% of respondents said that the household is the most common scene of GBV, 18% mentioned water collection points or rivers, and 6% public offices.

Graph 7: Who are the main perpetrators of GBV?



41% of the respondents said that youth are the main perpetrators of GBV. The respondents from Nyangezi and Katana unanimously agreed on this. They cited the cases of kidnappings, threats and beatings and sexual violence. During the FGDs in Katana and Walikale it was mentioned that this is often linked to the fact that many youth are said to participate in

armed groups, and thus remain isolated, and refused by the communities.

In Karisimbi, one of the FGDs revealed that bandit groups are also often led by youth. For example, as one of the participants pointed out, the B13 group was responsible for violent attacks on schools and hospitals, and specifically maternity wards where they have killed many women. In Walikale, under-age youth was said to be behind a lot of violence.

Security forces were also quoted as actors of GBV. According to the explanations of some participants, the members of the FARDC and PNC, and especially those of lower ranks, are very frustrated due to difficult economic conditions. As for the armed groups, as pointed out by the respondents in Karisimbi and Nyangezi, sexual violence is used as a weapon and a way of torturing the enemy by raping their wives or sisters. Thus, in many cases women become instruments of revenge.

### 3.1.3. Social Context: roles and decision-making

The roles and responsibilities of individuals are defined by social norms. To understand the impact of these roles and responsibilities on GBV, the participants of the FGDs were asked to list the everyday activities of each social group (Adult women, adult men, girls and boys).

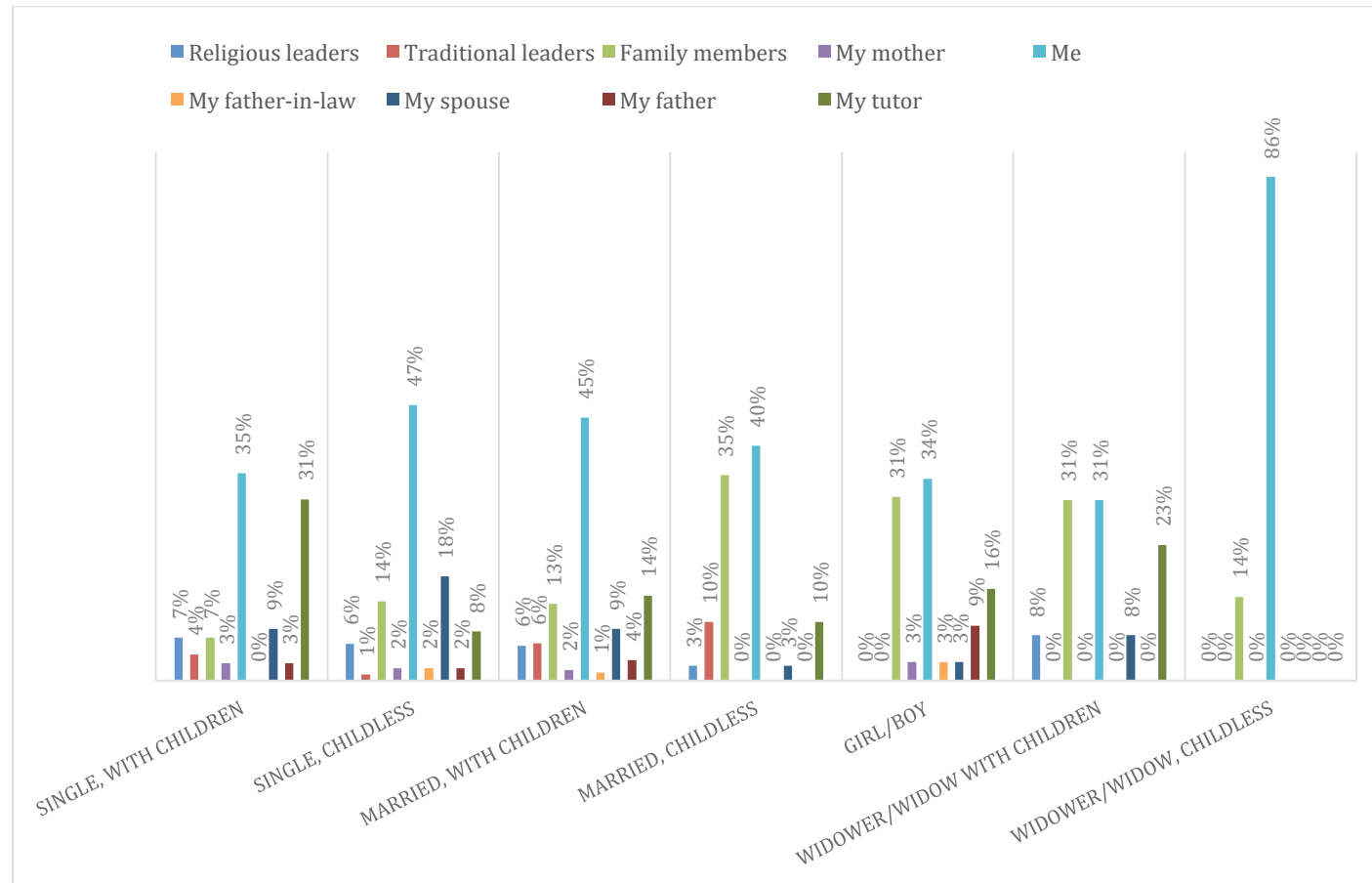
According to the data from these discussions, men spend most of their day looking for work or attending to their hobbies, while women do the domestic work and often sell on the street so as to make ends meet. Young girls stay at home to assist their mothers in household tasks, or go fetch water, while boys ramble outside and often avoid going to school. Instead they go to bars, or spend time with their friends in the small streets of their neighborhoods (in Karisimbi) or in the big avenues of the city (Nyangezi – Katana – Walikale).

Table 7: *Everyday activities*

	<b>Men</b>	<b>Women</b>	<b>Girls</b>	<b>Boys</b>
<b>5h-8h</b>	Resting, listening to the news, give orders to family members on tasks to be accomplished during the day	Cleaning, going to the market, taking care of children and preparing them for school	Cleaning, going to school, staying at home, selling on the street fetching for water.	Doing sports, fetching water,
<b>8h-11h</b>	Playing cards or other games, looking for work, drinking, agricultural work	Domestic tasks, staying at the market, selling on the street, fetching water.	At school, at the market or staying at home	Wandering, going to school or cinema, playing cards or other games, football, etc
<b>11h-13h</b>	Playing cards or other games, drinking, agricultural work	Domestic tasks, selling on the street/ at the market, fetching water.	At school, at the market or staying at home	Wandering, going to school or cinema, playing cards or other games, football, etc
<b>13h-15h</b>	Playing cards or other games, drinking, agricultural work	Domestic tasks, selling on the street, fetching water.	At school, at the market or staying at home	Wandering, going to school or cinema, playing cards or other games, football, etc
<b>15h-18h</b>	Doing some small tasks, or waiting for time to pass as they have no work, preparing to go home	Domestic tasks, going to the market, selling on the street, fetching water.	At school, at the market or staying at home	Wandering, going to school or cinema, playing cards or other games, football, etc
<b>18h and after</b>	Sharing daily news, coming back home, drinking	Going to the market and coming back home	At the market or staying at home	Drinking and coming back home

When asked « who decides on the necessary measures to stop GBV ? », 43% of participants indicated that they themselves can take decisions. This proportion was higher when considering only single or childless people. 57% said that others take decisions in their stead: 15% mentioned the members of their families, 9% their husbands et 10% the traditional and religious leaders.

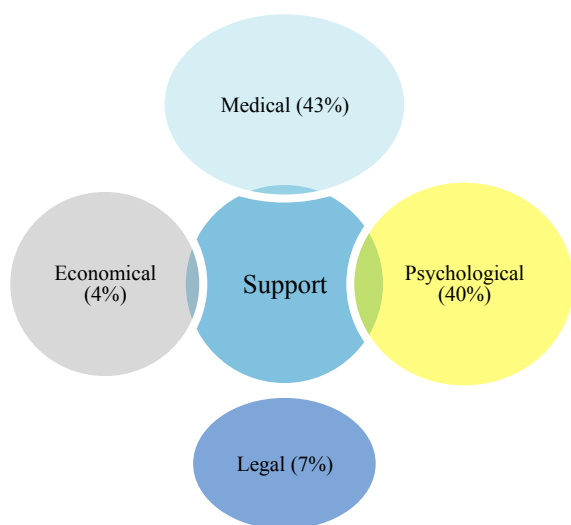
Graph 8: Who decides on the steps to take to answer to GBV?



It is very important to understand the decision-taking mechanisms and daily activities for the design of the project activities. Similarly, it is of utmost importance to assess the potential obstacles to the participation of the community members to the project activities. For all four target areas, men might not be available to participate in the activities due to time constraints. For women, the main obstacle might be a fear of social backlash, in the sense that they might be perceived as someone disturbing social norms. *“We can participate in the activities of the project, but there are certain things we cannot do, as they are against our culture and we would be considered as rebels, and as if we wanted to change local habits. We have to protect ourselves: your project is only here for a while, we can get involved in it, but what will happen to us after?”* (female participant of a FGD from Walikale).

Consequently, the ideal approach would be to focus on men and community leaders to ensure their adherence to and acceptance of the project. It would be dangerous to expose women to the dangers in their communities and households. Accordingly, a dialogue between men and women would be necessary to discuss the concept of gender and the responsibility of each person in the fight against SGBV. It would be important to ensure that each member of the community perceives GBV as an element that poses a threat to the wellbeing and future of their community.

### 3.1.4. Socio-Economic Context



62% of the surveyed confirmed that there are services of support in their communities, listing medical treatment, psychosocial and legal support, juridical support and socio-economic support. 88% of respondent of Katana, Nyangenzi, Walikale said these services exist, leaving Karisimbi lagging behind in this aspect.

The FGDs with health and social workers and KIIs with health centre staff have raised a number of problems. The medical counselling faces some difficulties: there is a lack of qualified individuals with the appropriate know-how on counselling and on GBV in general. There are not enough

*Graph 9: What type of support is there for survivors?*

post-rape kits, the national protocol of counselling victims is not well respected, the methods and instruments for data collection on Gender Based Violence are not widely available and medical certificates are not standardized. There are not enough PEP-kits<sup>17</sup> and there is a lack of payment preceding the treatment given to the victims.

<sup>17</sup> The Post Exposure Preventive (PEP) Treatment is an emergency medical response for individuals, exposed to the HIV virus. PEP Treatment consists of medication, laboratory tests and counselling.

The psycho-social treatment is often limited to listening to the victims and referring them to specific medical services. Very few health workers are actually trained in psychosocial training, there is lack of tools of data collection, and clinical psychiatrists are very rare in communities, except in a few cases where associations are providing care for victims (ADIJF in Nyangezi, or *l'Association des Mamans et des Clubs pour la Paix* in Karisimbi)

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*“We have to equip all these health centres with the right tools to make sure that even the most remote centres could treat rape cases adequately. We should also train the staff better and encourage the nurses who are dealing with these cases. – a nurse in a FGD in Nyangezi*

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There are also some community networks that work with health centers, and that are in permanent contact with the victims in the communities, providing them with psychological support. It would be recommended to reinforce their capacities when it comes to psychological treatment.

The reasons for which GBV survivors have a difficulty accessing psychosocial support are numerous, but the major reason mentioned by the survey respondents was the fear of being identified as a survivor (30%). Both the women and men of Katanga, as well as the men from Karisimbi have noted this fear of stigmatization as the top reason for not reporting. This is aggravated by other factors, such as the distance from health centers (20%). According to the FGDs, these rural centers have very few clinical psychologists, so they send the victims to Panzi Foundation or to Heal Africa. In Walikale, 21% of respondents said they did not know that they needed to go to the health center to receive help. Graph 10 shows the different reasons for the lack of psychosocial support as per the area and sex of the participants.



The legal assistance given to rape survivors suffers from same problems as the national legal system (low number of personnel, geographic distance of the survivors from competent legal instances, etc), The high costs linked to reporting rape, the lack of trained police officers competent in GBV-related issues, and the non-execution of judiciary orders add up a high number of rape cases staying unreported. The lack of care was noted in all target zones, except from Nyangezi and Karisimbi, where the presence of the DFJ<sup>18</sup> and of the Commission de Justice et Paix<sup>19</sup> have filled some loopholes. The medical stuff interviewed during this analysis confirmed that they encourage victims to report to the police, but cannot do more, as reporting is a question of personal choice.

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*“The most difficult thing for the survivor is to reintegrate in the community. So in addition to providing medical and psychological support, we have to raise awareness in the community to change their attitudes towards the survivors” KII, with the Community leader in Nyangezi*

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As for the socio-economic reintegration of victims, it is noteworthy, that the victims are often stigmatized or rejected. To allow the survivors to reintegrate in the community, it is important to give them the opportunity to find their place. According to the KIIs, the socio-economic reintegration should be the most important element of victim care. To achieve that, it would be necessary to raise awareness in the community and the family of the victim, so that they could accept the person and welcome them back, changing their attitudes towards them. The responses from the FGDs have already showed some willingness to accept the victims back. However, this proved to be more difficult in the case of married women. *“If a married woman is raped here, she is very often abandoned, even if the rape happened while she went to the field to look for food for her children, and family. The men abandon them, using the pretext that she deliberately provoked the rape”*. A female participant of a FGD in Mubi (Walikale)

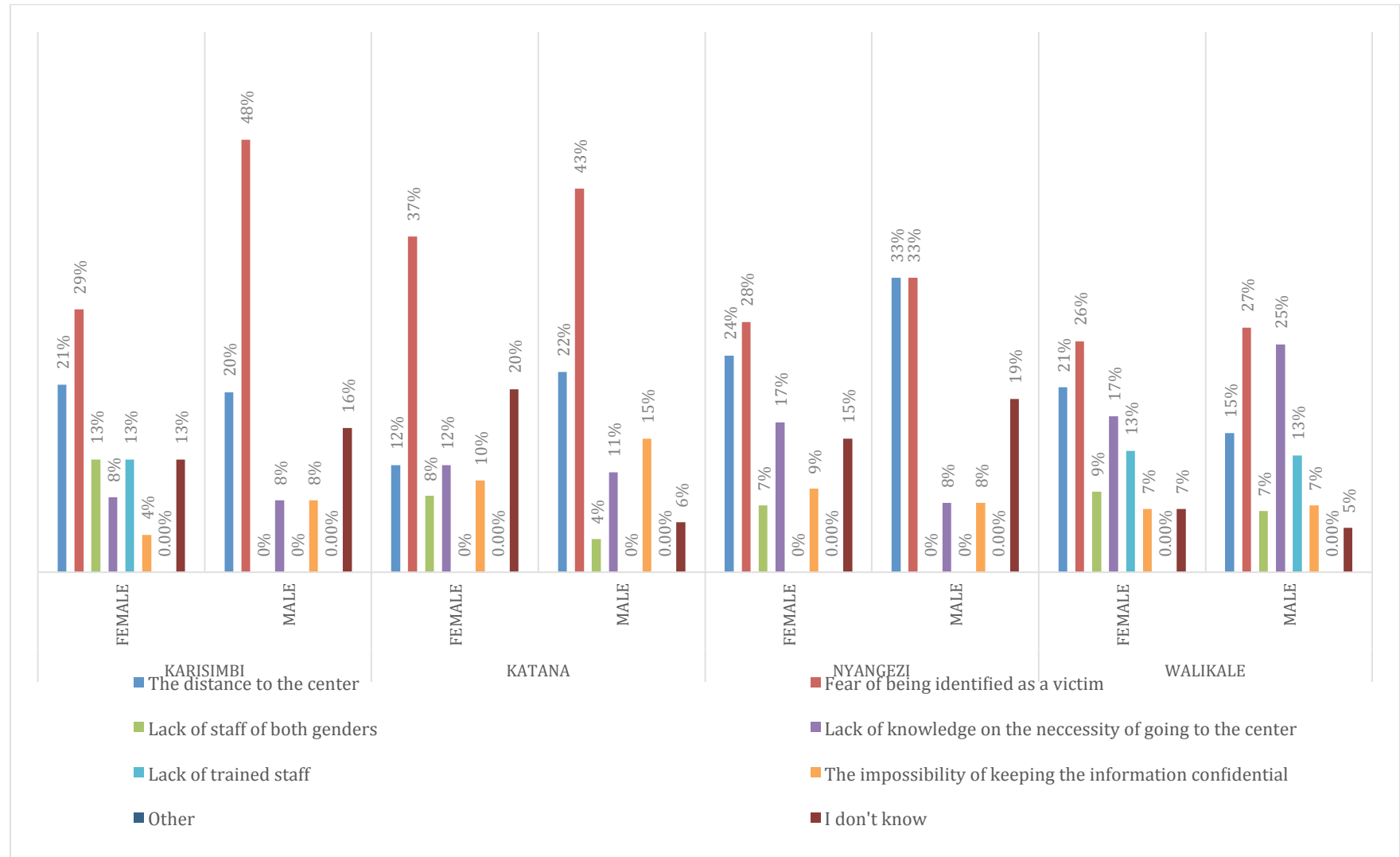
88% of participants said that the services of medical care are accessible, but the level of their satisfaction varies (Graph 12). Only 32% of participants said they were satisfied with these services, while 42% reported either being only a bit satisfied, or not satisfied at all.

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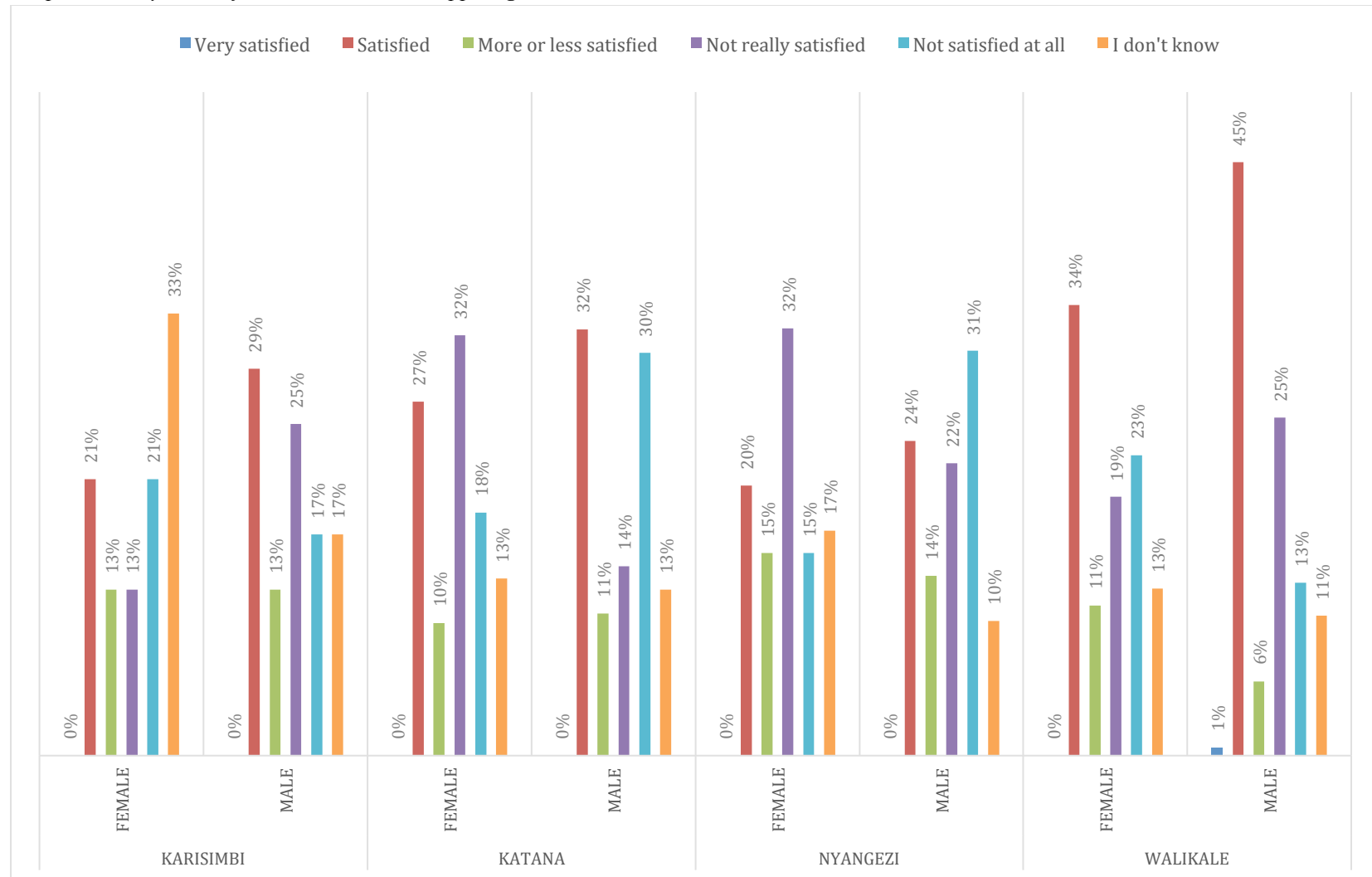
<sup>18</sup> *Dynamique des femmes juristes*, or Women Lawyer’s Association

<sup>19</sup> The Justice and Peace Committee exists on the local level in the parish. It offers a basic psychological service to survivors by listening to them and giving them advice.

Graph 10: For which reasons could GBV survivors not have access to psychosocial support?

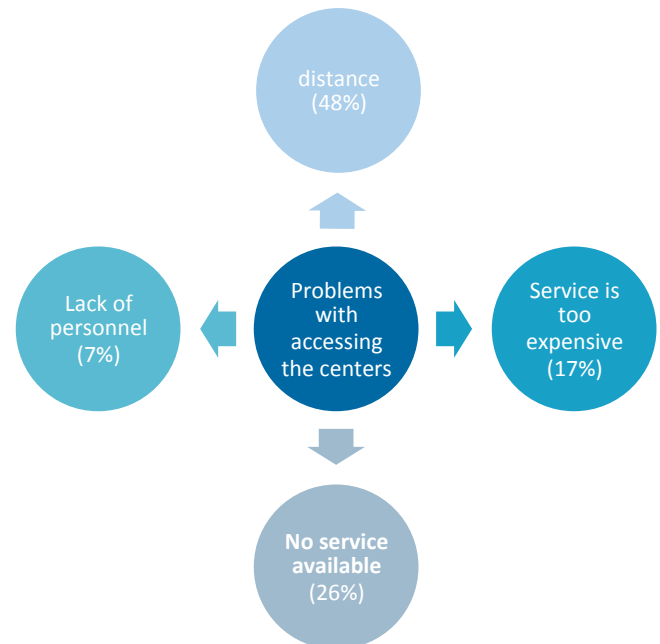


Graph 11: Are you satisfied with the current support given to GBV survivors?



As seen in the graph below, among the reasons mentioned for the lack of access to centres, the most mentioned one was the distance from them. (48%)

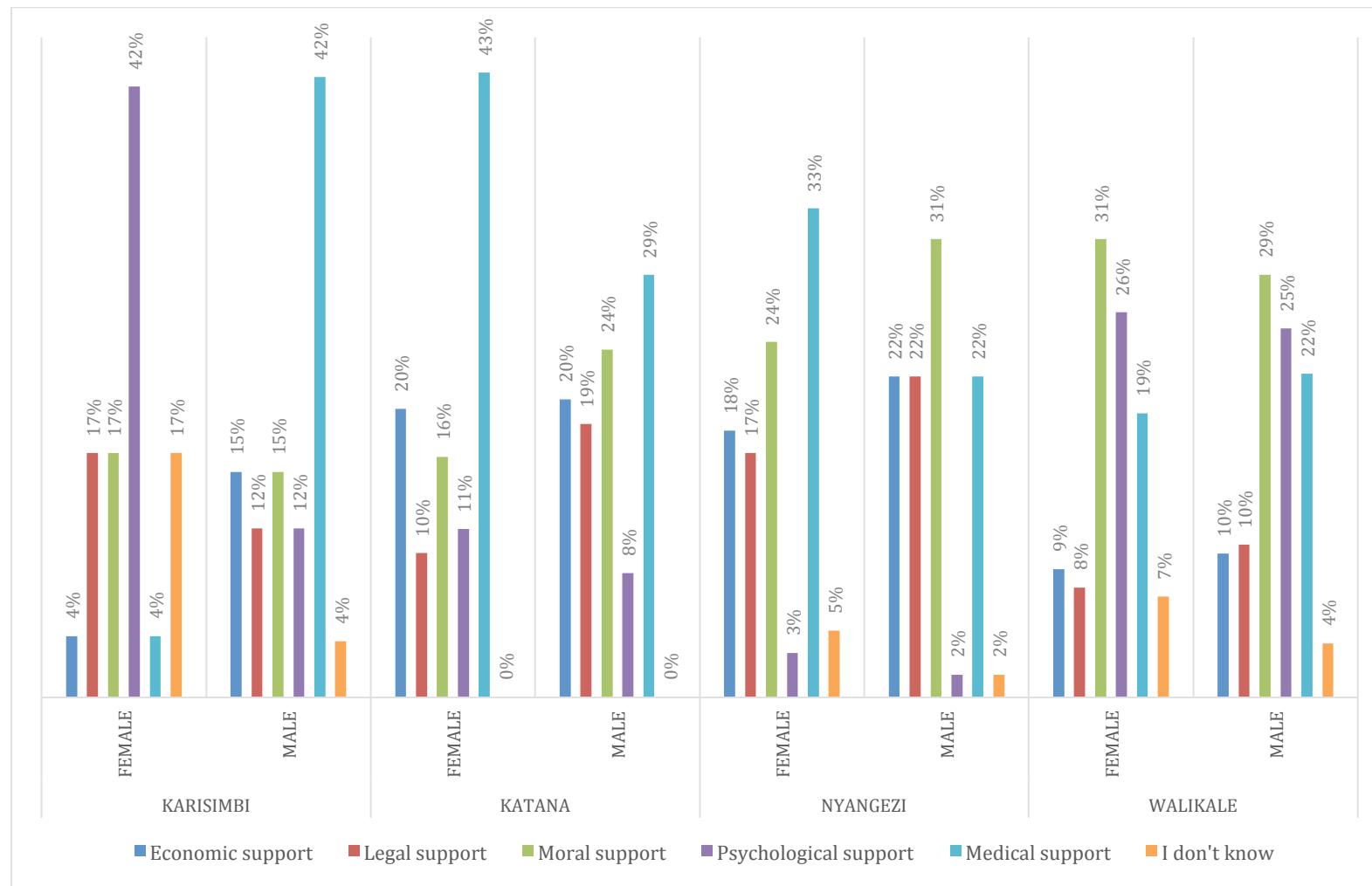
Graph 12: What hinders the access to support for survivors?



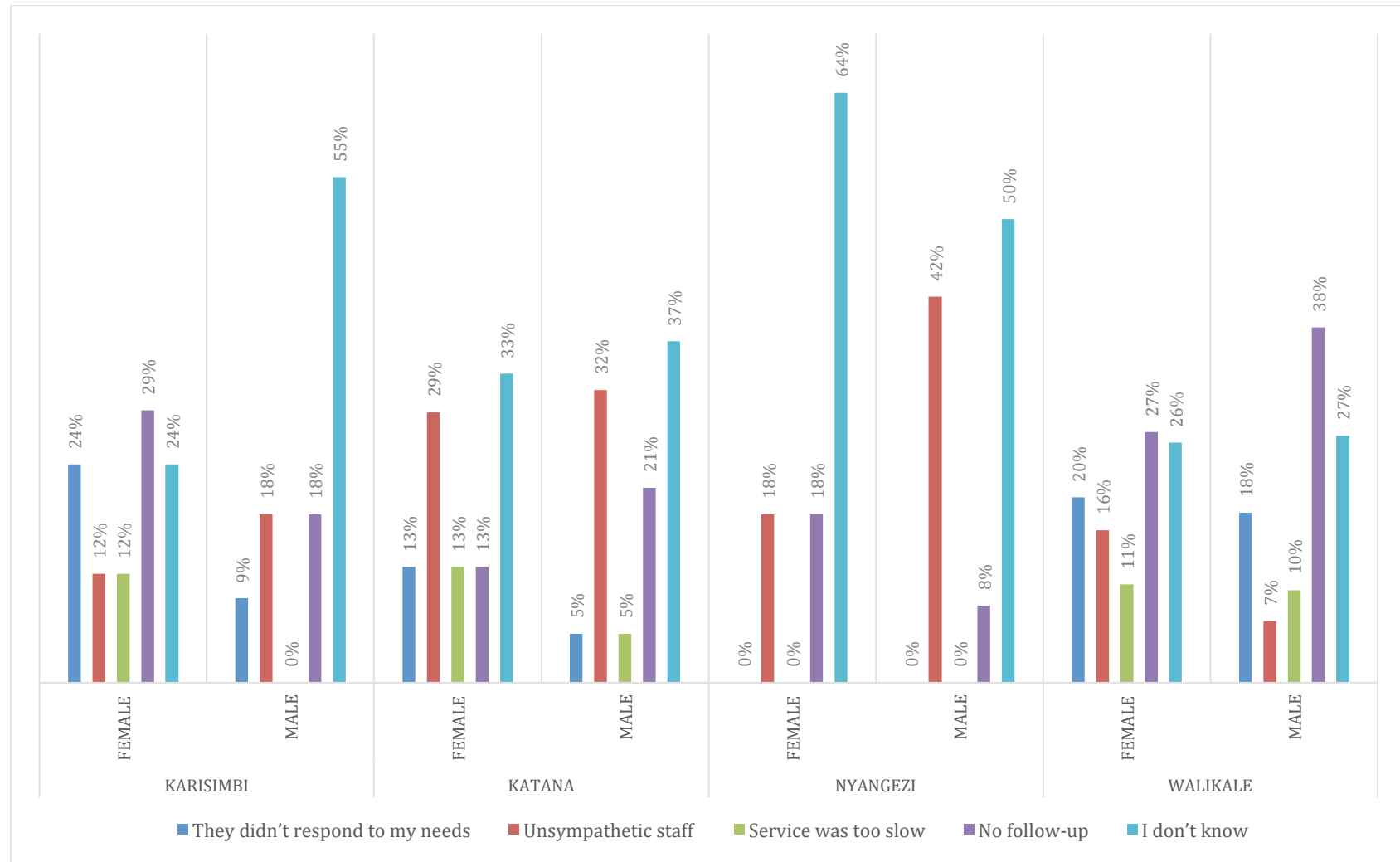
On the other hand, when asked what kind of support was needed for victims of violence, the majority of women from Karisimbi prioritized the need for psychological support, while men talked more about medical support. For Katana and Nyangezi, the women said that the victims need medical support, while men's responses were divided between prioritizing moral or medical support. For Walikale, both men and women highlighted the importance of both moral and psychological support (Graph 13).

68% of surveyed said that there is a structure in their communities that offers this kind of support, but 64% were not satisfied with the quality of its services. Graph 14 shows the reasons for their dissatisfaction. The medical staff consulted during the analysis noted that psychological support is the most difficult to access for survivors, - this was also noted by the survey respondents, only 12% of whom said they had access to it all the time.

Graph 13: What kind of support does a GBV survivor need?



Graph 14: What is the reason of your dissatisfaction with existing support services?



## 4.2 Conflict and Gender Dynamics

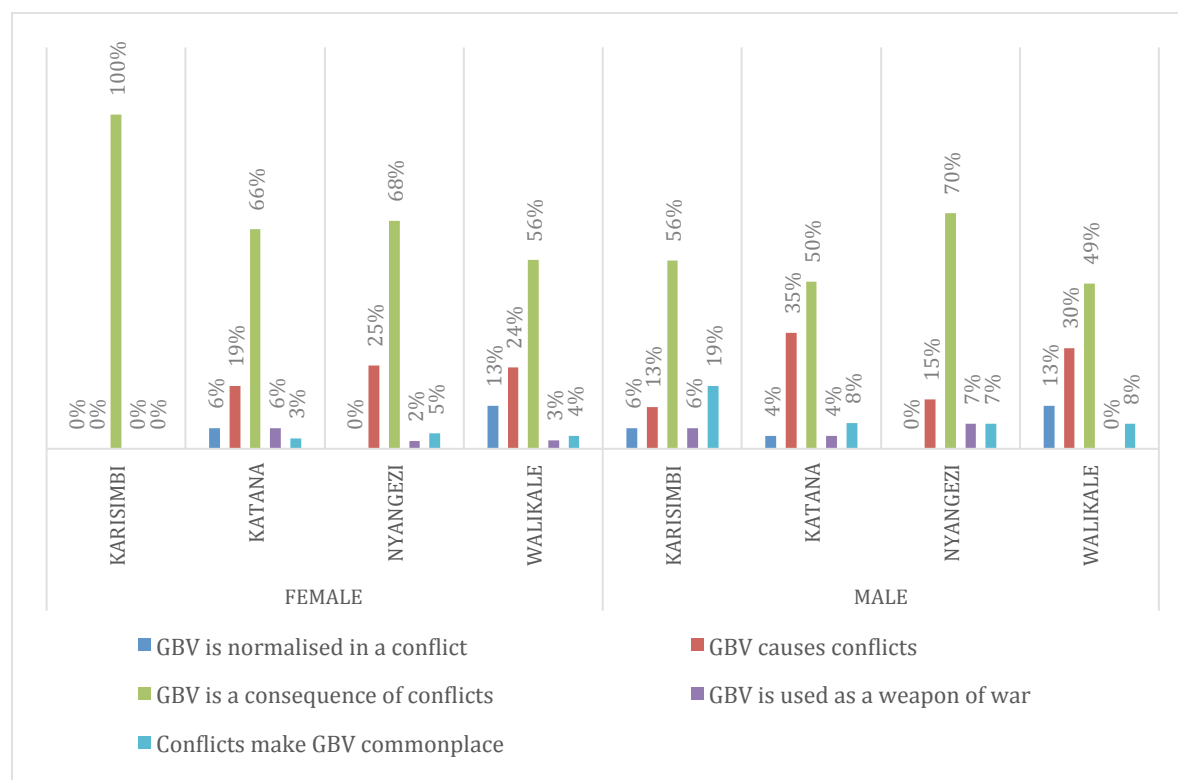
This section provides details on social cohesion and conflict at the community level; in particular on the attitudes of the community towards GBV and perception of community members of their role in the fight against GBV. Throughout this chapter influential actors and perpetrators of GBV will be identified, and opportunities to combat GBV will be listed.

### 3.2.1. Conflict Analysis

In the four target zones, the security situation was perceived to be relatively calm by the FGD participants. At the same time, they also pointed out that the security situation is very volatile. The level of insecurity caused by the armed groups decreased in some regions (especially in Katana, Nyangezi and Karisimbi) in comparison with the past situation, while night-time robbery by armed bandits has become more common. For example, in Katana, the participants complained about everyday criminality, mentioning robberies and armed bandits attacking private homes. *“Armed bandits have recently attacked a man in his pharmacy. When he was trying to escape to save his life, they shot him in the chest”* - said one of the women in a FGD in Katana. In Walikale, armed groups have caused insecurity in some of the villages.

59% of survey respondents said that there is a link between conflict and GBV. This trend is the same across all four zones, irrespective of the gender and age of the respondents. As far as women and young girls are concerned, the domestic conflicts drive the violence. Indeed, 58% of respondents affirm that GBV is the consequence of conflicts and 24% affirm that GBV is a cause of conflicts. Adult men from Katana and Walikale stated more frequently that GBV is a cause of conflicts.

Graph 15: What do you think are the causal links between GBV and conflict?



According to the majority of the KIIs sexual violence has been widely used as a “weapon of war”: this interpretation was mentioned by the 6.75% of survey respondents. Sexual violence was explained to be an efficient way to humiliate and punish the enemy by dishonouring their wives, thus demonstrating that they are unable to fulfil their roles as protectors. It has been said several times in the four zones (Nyangezi, Karisimbi, Katana et Walikale) that the small rural communities are the most exposed to all forms of violence, mostly because of movements of armed groups, which represent a permanent threat to the community members.

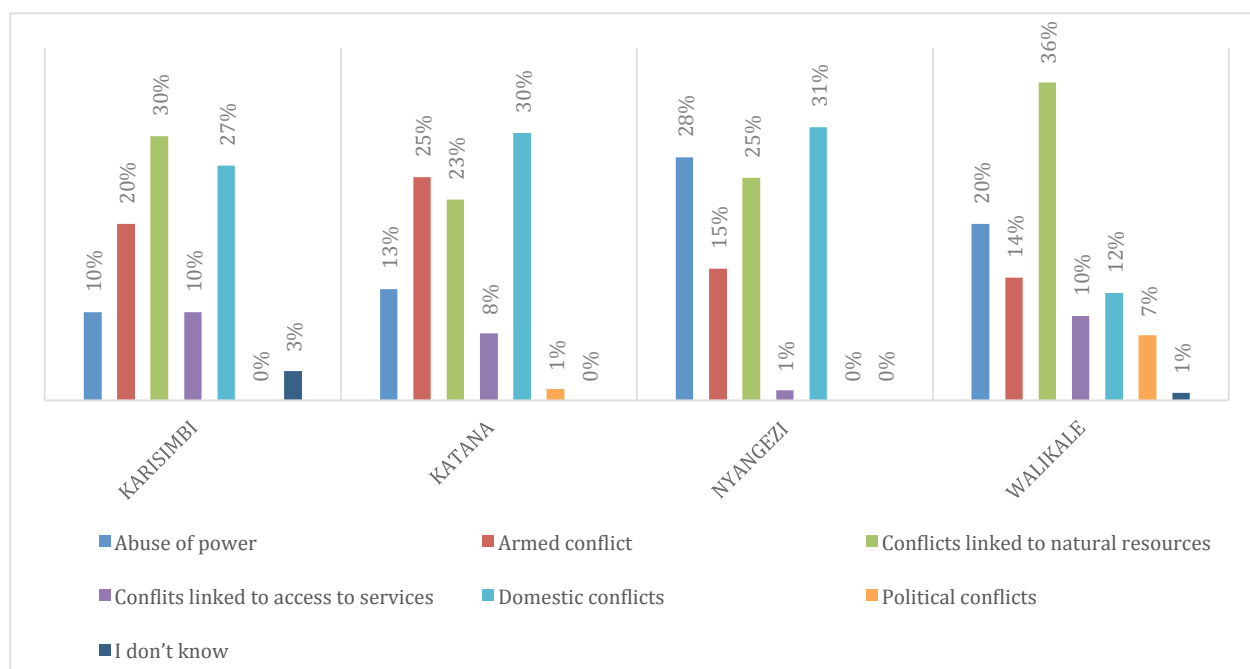
70% of survey respondents said that conflicts in general lead to GBV, mentioning the following conflicts in particular:

- Conflicts related to natural resources (31%)
- Domestic conflicts (20%)
- Power abuse (19%)
- Armed conflicts (16%)
- Conflicts related to access to services (7%)

Economic inequality was said to be the most prevalent dividing line in all the four zones. This inequality has a wide range of impacts at the community level. The most frequent causes of conflicts are related to the economic interests (58% of respondents), exclusion from the decision-making processes (18%) and political interests (7%).



Graph 16: Which conflicts cause GBV?

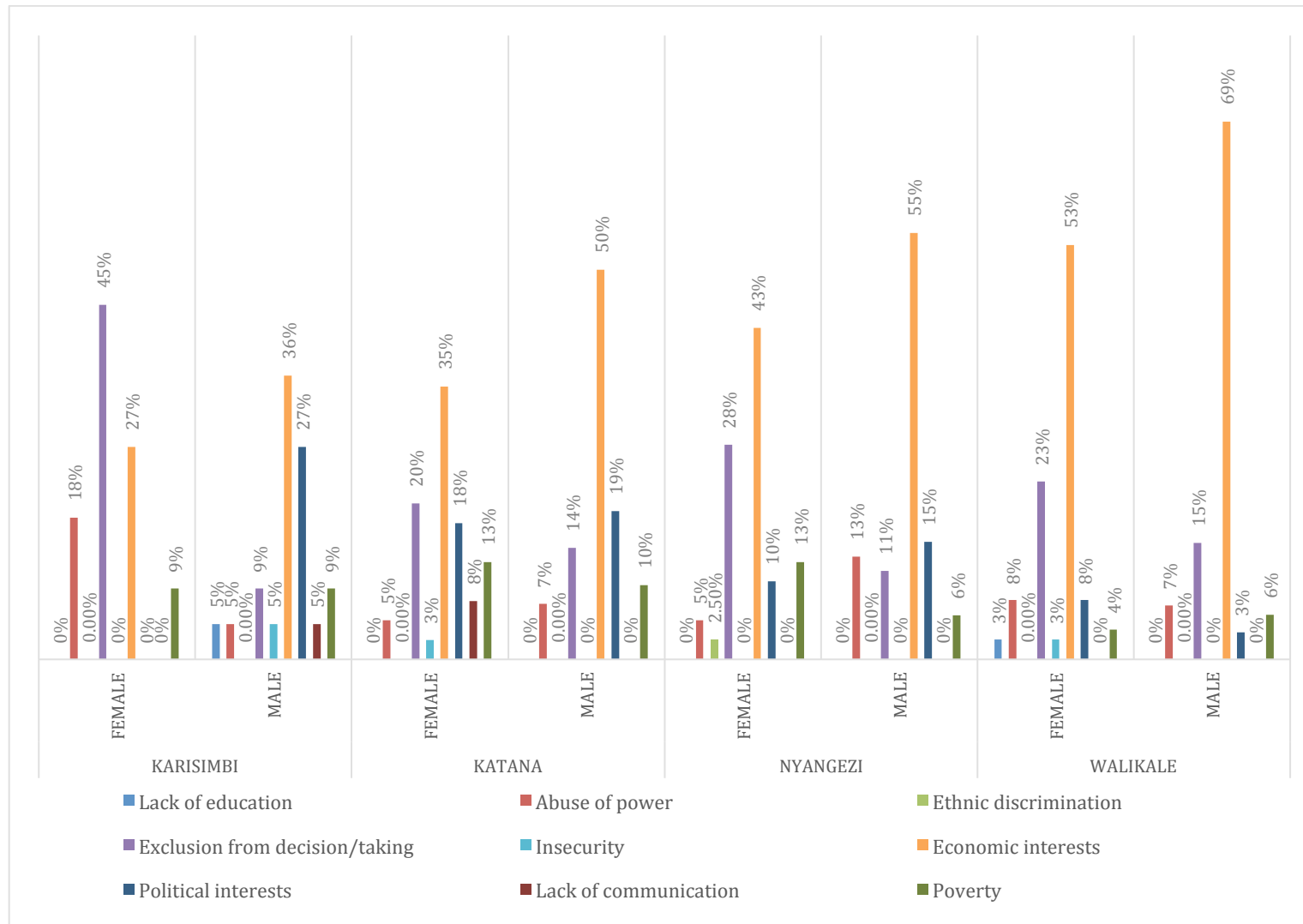


To give an example for abuse of power, our respondents from Karisimbi and Katana said that a robber or someone who made the population suffer is captured, immediately he/she is beaten and burnt alive. Mob justice prevails, because if these people would be brought to justice there is a high probability that they would be released eventually, as they could just bribe the authorities. Such was the case of the AFTA gang in Karisimbi, which was jailed and released several times. In Katana, the office of administrative state representative was burnt down because of the local perceptions related to the abuse of authority by a police commandant. The house of the commandant was also burnt down.

As for armed conflict, this prevails between the Nande and other tribes, in the peripheral or rural areas. Violence from both sides causes a migration resulting in tension between the old and new inhabitants.

The conflicts on the access to resources are linked to socio-economic divisions and inequalities: respondents said that resources are devoted to the rich and the poor have neither access to them nor their own financial resources. Economic tension can lead to petty fights between the female vendors in the markets, who insult each other and fight between themselves. In Nyangezi and in Walikale, the FGDs spoke mostly about domestic conflicts, provoked by the frustrations of men and boys. In Walikale, the FGD participants said they were outraged by the abuse of power of the judicial staff of their neighborhoods. A journalist revealed that he had been arrested by the peace tribunal for more than 30 days for having denounced the abuse of power committed by the judicial administration on a radio channel. Due to a lack of trust in the institutions, the local communities prefer to solve their problems via local, collaborative solutions.

Graph 17: What is the most important factor driving this conflict?



The abuse of power is also present on the lowest level. For instance, this often occurs in households, where men's abuse of power and appropriation of the financial management of their households excludes all other member from having their say. Women in the focus groups claimed that men even take away money earned by them, if necessary, by force. They added that they feel excluded from the decision-making in their communities and in their households. In general, power is associated to men, leaving women feeling that they are not integrated and unable to participate in community decision-making. Even in the case of rape, the victim is not consulted during the conflict resolution and settlement processes. Especially the women Karisimbi have noted their exclusion in decision-taking, while men spoke about economic interests (property management) and politics (influence of some leaders to take politically significant placements). In the case of Katana, the views of men and women varied: while men mention economic and political interests, women concentrated more on their exclusion from the decision-taking. The phenomenon can be observed in the responses from Nyangezi and Walikale.

### 3.2.2. Social Dynamics around GBV

Cohesion at the community level plays a significant role in the dynamics of conflict resolution, which is why the analysis also concentrated on this aspect. According to survey respondents, the population is very divided. 40% of survey respondents agreed that there is a division among certain categories of actors and people collaborate only with other members of their own group. For example, in the case of a rape, the victim would only speak to her family members, who try to hide, push back the problem or solve it by themselves. 38% said that the social groups are competing between themselves, with each striving to achieve their own goals.

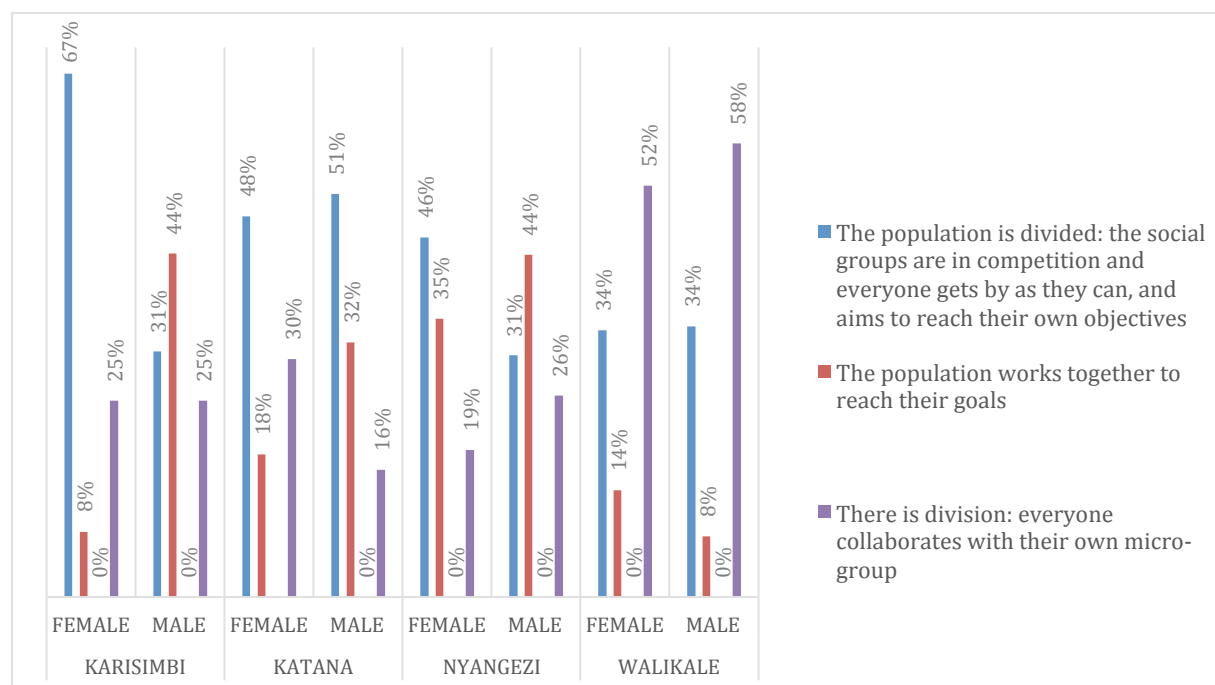
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*“Everyone gets by, and finds their own solutions, with the help of their families” male participant in a FGD, in Walikale*

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While a higher level of cooperation between similar members of the community is natural, there is a noticeable division and lack of communication between the community members who do not frequently meet. It would be important to show that a cooperation and higher cohesion is possible among different stakeholders who have a different perception and way of life.

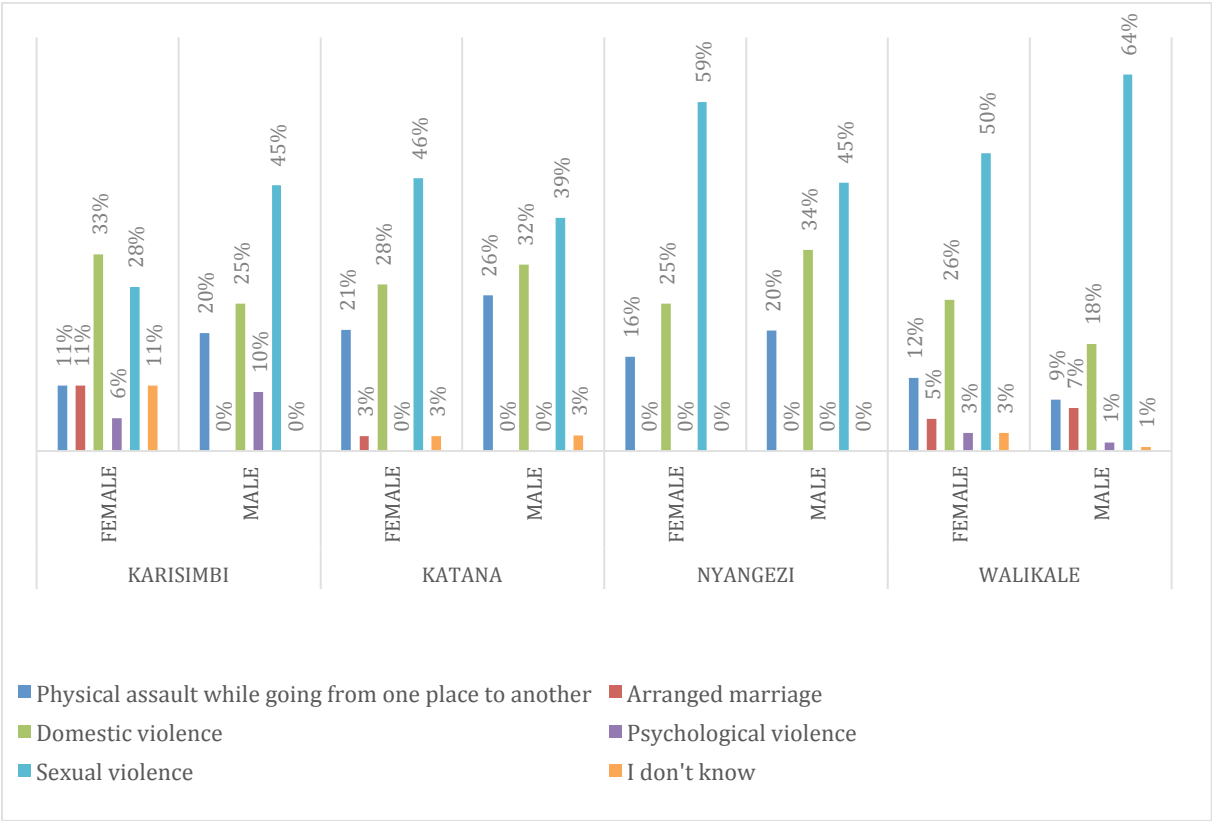
Graph 18: Is there cohesion in your community?



In regards to community perceptions of GBV, discussions with communities and key informants enabled the research to identify a causal link between the frequency of sexual violence, the number early marriages and the current humanitarian crisis. However, several cases of rape and sexual abuse of young girls are not denounced due to the influence of cultural factors, in order to avoid transgressing specific customs regarding the marriage (virginity, morals, good reputation...), often because of the fear of decreasing chances of getting married for young unmarried girls. Other cases are not denounced due to private arrangements, especially in the cases of violence occurring within families. Community members are often scared to report rape, fearing reprisals, threats or attacks from perpetrators and their accomplices. The silence is also encouraged by the Congolese Police, who is said to often just arrange for the perpetrator to pay a compensation, instead of pursuing a legal process.

Apart from rape and forced marriages, other forms of GBV are hardly recognized in the community, making it difficult to go deeper into the analysis during the group discussions organized during the research.

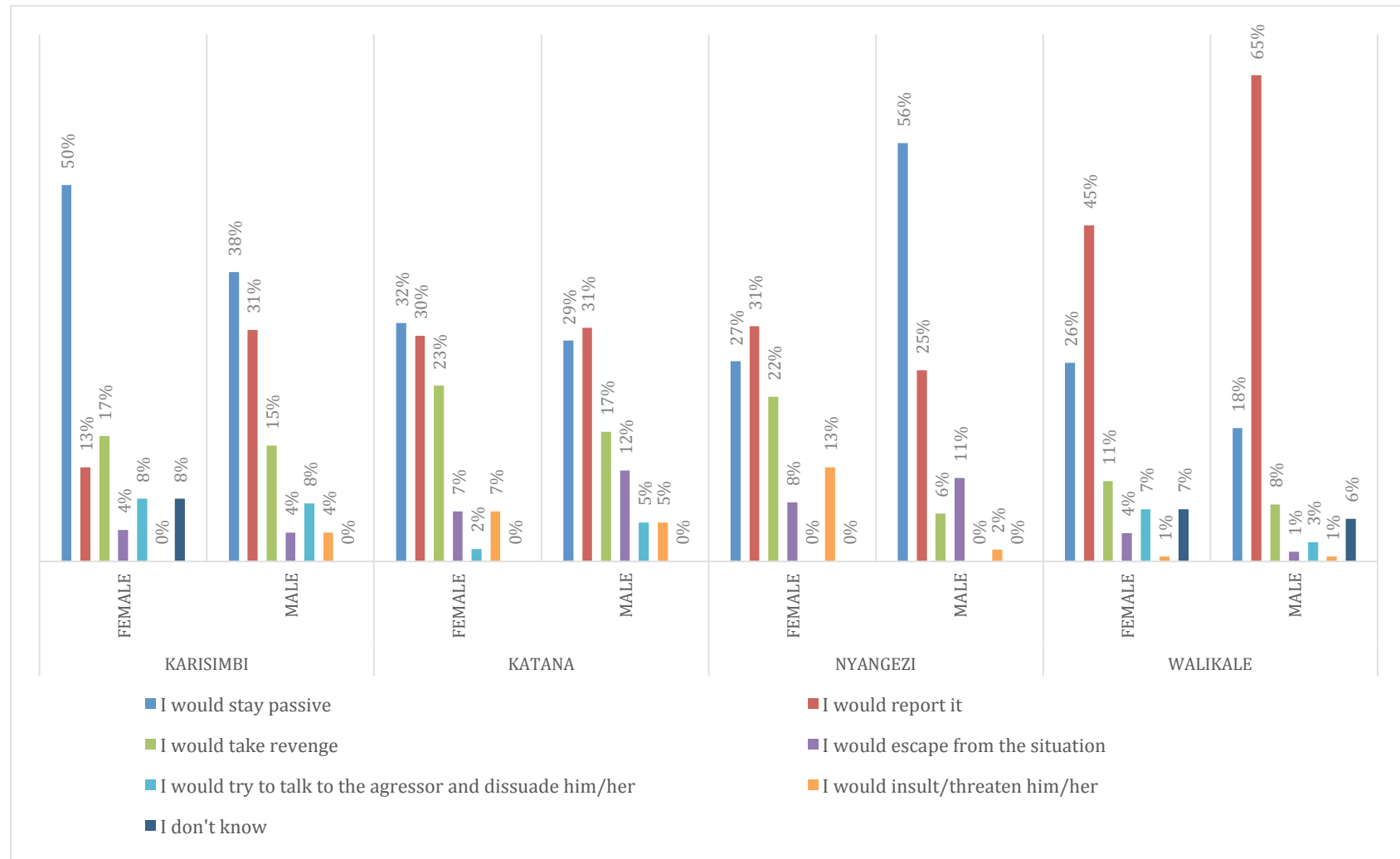
Graph 19: What are the main sources of insecurity for women in your community?



70% of people surveyed acknowledge they know someone who has fallen victim to GBV. 52% knew someone who was a victim of sexual violence, 25% spoke of victims of domestic violence and 40% of victims of physical attacks. When asked about major security problems within the community, the lack of a safe places was evoked by 30% of surveyed participants, especially in Walikale (Graph 20). Men in Katana, Karisimbi and Nyangezi agreed that women are facing violence and sexual abuse in the community.

Reactions to GBV vary across the target zones. In Nyangezi, and Karisimbi, 44% of survey respondents said they remain passive. In Katana, 30% of them said they would stay passive, and the same proportion said they would inform the concerned authorities. On the other hand, in Walikale, 54% of surveyed participants said they would inform the authorities. 20% in Katana said they would take revenge.

Graph 20: How do you react to GBV?

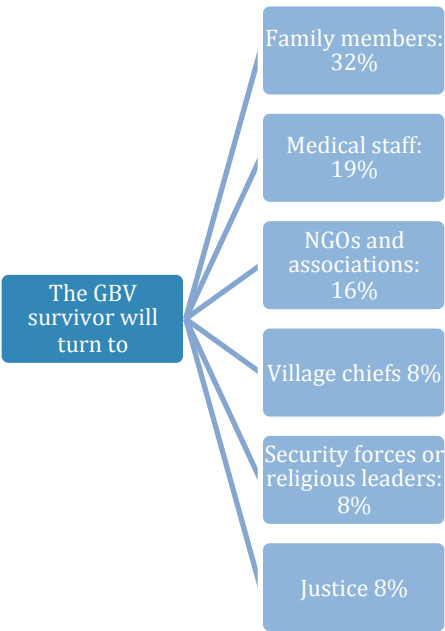


3.2.3. Responses to GBV

56% of surveyed participants said they would seek assistance if they would fall victim to GBV. As evidenced in Graph 22, respondents would first turn to family members for support, and second to the medical staff in health centers. According to the FGDs, the latter is mostly a result of awareness-raising efforts by NGOs and local associations.

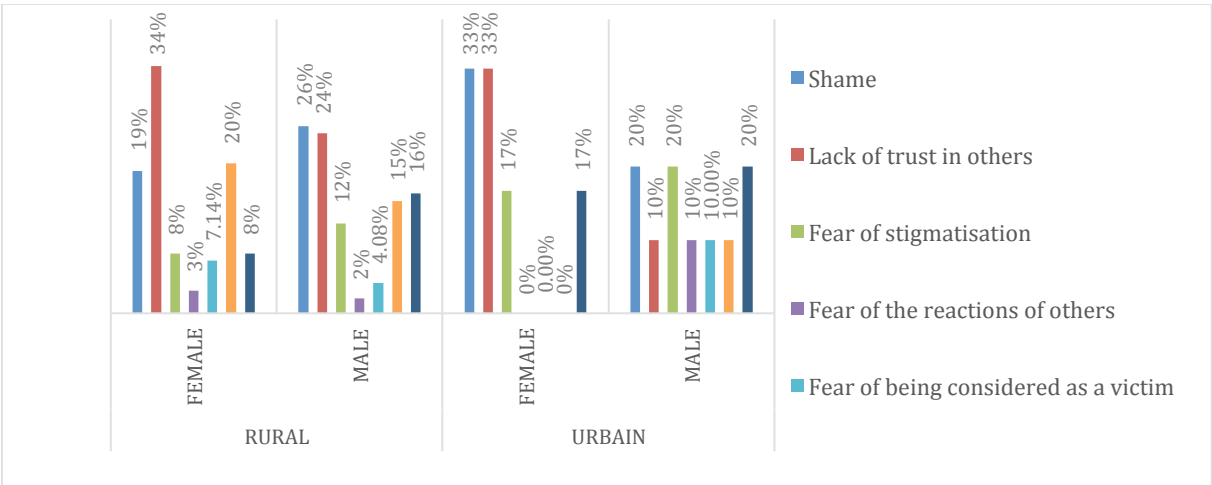
Victims seek assistance from their families in the case that the abuse happened outside of the family circles. However, if the rape took place in the family environment, by a family member, it is not considered as a crime (even if it is considered as such by law): consequently, it is not a topic of discussions among families, and as such has very low chances of becoming a judicial case.

Victims are hesitant to ask for help: 28% of them do not trust others, 22% affirm that they feel ashamed, 16% of them don't want their family members to be aware of the issue, 12% don't want their problems to be shared with unknown people, and 10% of people don't want their reputation to be undermined.



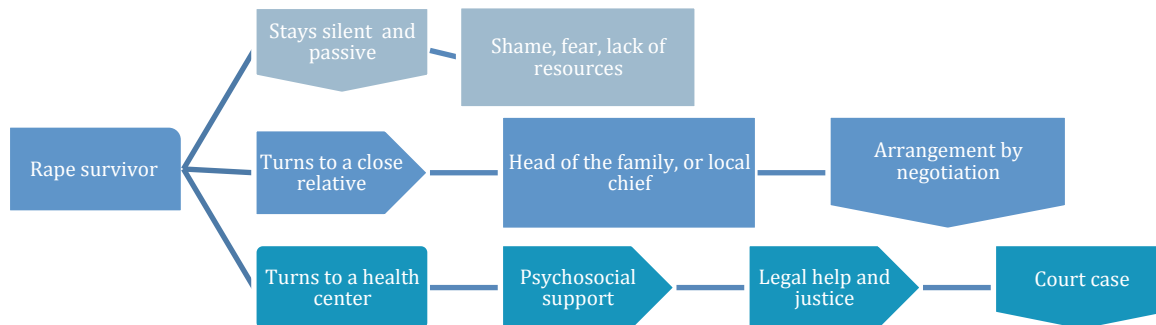
Graph 21: Who do you turn to for help ?

Graph 22: What would stop you from asking for help ?



In Karisimbi, shame and a low level of trust in others are the dominant reasons for not asking for help, while women in Katanga have also added being afraid that their family may be informed. In Nyangezi, victims are more anxious that family members would be informed, whereas for Walikale, shame and lack of confidence persist.

Figure 3: Possible scenarios for a rape survivor, as drawn up by the FGDs



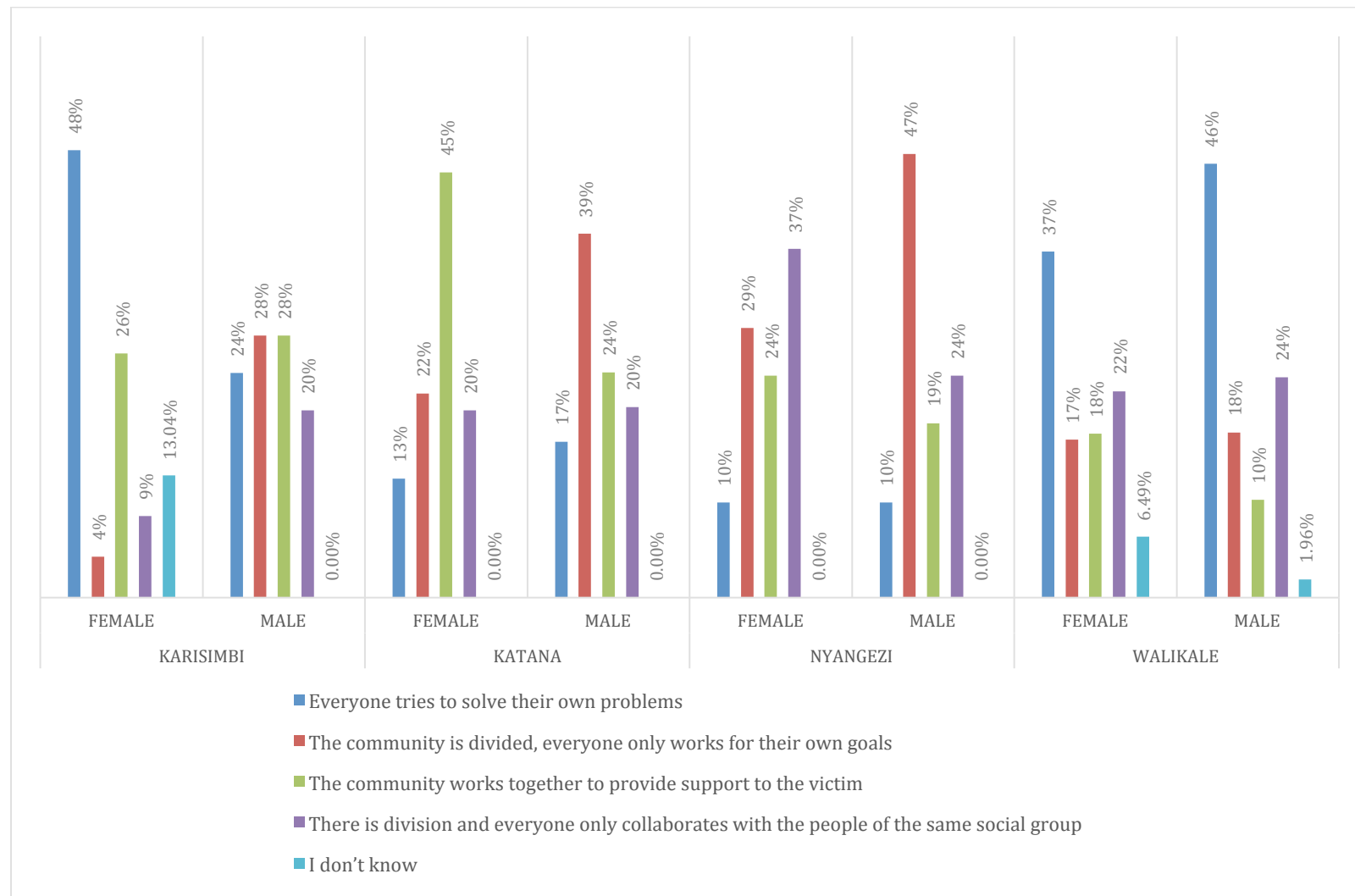
When asked about the reactions of the community members to rape, the survey respondents mentioned several scenarios:

- Reporting the case to a family member or a traditional leader (38%) and resolving the matter by negotiation. This sort of arrangement prevails between families when the perpetrator is known. It usually ends by a payment of compensation to the victim's family.
- Encouragement to ask for support and form medical assistance (38%). The main aim of the victim in this case is usually to make use of the PEP kit. At this stage, specific cases differ according to the victim's profile and health center. It is possible that the medical staff refers the victim to further psychological support, that is, if it is available in the community and/or to juridical counsellors, although this is rare.
- Raising awareness in the communities on GBV (14%);
- Keeping silent (4%), because of the fear of being stigmatized. This results in under-reporting conformity to norms; For example, as the saying in Karisimbi goes: "*Siri ya bunyumba haitokake inje na bibi anapashwa ficha aibu ya mume wake*", meaning that family secrets should be kept in the house: a woman should keep her partner's weakness a secret.
- Encourage the victim to access customary justice (3%) or official justice (11%);
- Complain to authorities (2%).

When asked about the community's response to GBV, similarly to the results seen above, the respondents highlighted the divisions inside their communities. 29% said that the groups only try to solve their own problems. The reasons behind that have already been mentioned: The families or the victims themselves decide to hide as they do not want the community to know what happened to the them. Only 20% of survey respondents (and mostly women) said that the community would be united in providing the victim with support.



Graph 23: How does your community react to GBV?



### 3.2.4 Existing opportunities and initiatives

According to 30% of survey respondents, the best way to fight GBV would be to raise awareness on its importance in the community. There is already a good number of functioning initiatives in the key locations. For medical and psychosocial care, Panzi and Heal Africa were often mentioned by health workers as hospitals of reference that provide holistic and quality care to victims of GBV. On a local level, there are some associations that offer a psychological support to victims, such as “Nouveau Jour” in Karisimbi, Justice and Peace Commission or ADIJF association or “Listening Centers” set up by the “Jérémie group”<sup>20</sup> in Nyangezi. As for legal support, the DFJ association, and the Justice and Peace commissions were mentioned.

The table below presents a non-exhaustive list of existing initiatives in the four target areas, as presented by the FGDs.

*Table 8: Local initiatives to fight GBV and provide support to survivors, as identified by the FGD participants*

Areas	Existing Initiatives
Karisimbi	Urban Committee for Security Dynamique des Femmes Juristes “Nouveau jour” Association through peace clubs in quarters RACOF Association Churches Mother’s Associations Heal Africa FARDC weekly Parades for raising awareness
Nyangezi	Panzi Foundation ADIJF trainer of women on income generation activities and psychological support “Women’s space” : initiative of the priest <sup>21</sup> in charge of CDJP <sup>22</sup> Community networks “Listening centers” by Groupe Jeremie
Katana	Panzi Foundation PAIF (promotion and women support initiatives) OCB (Basic Community Organization), NDSCI (Civilian New dynamics group).
Walikale	CODERU: rural development contribution, ADLPA: Association for poverty prevention ADP : Peasant Association for Development ACEDIV: Congolese Association for the Supervision and Protection of the Vulnerable Heal Africa

These local initiatives rely entirely on their partners’ and donor support, which endangers the sustainability of their actions.

<sup>20</sup> The Jeremie group works for the promotion of peace, democracy, and the protection of human rights, through active and evangelic non-violent approach. It offers accompaniment and has set up some “listening centers”.

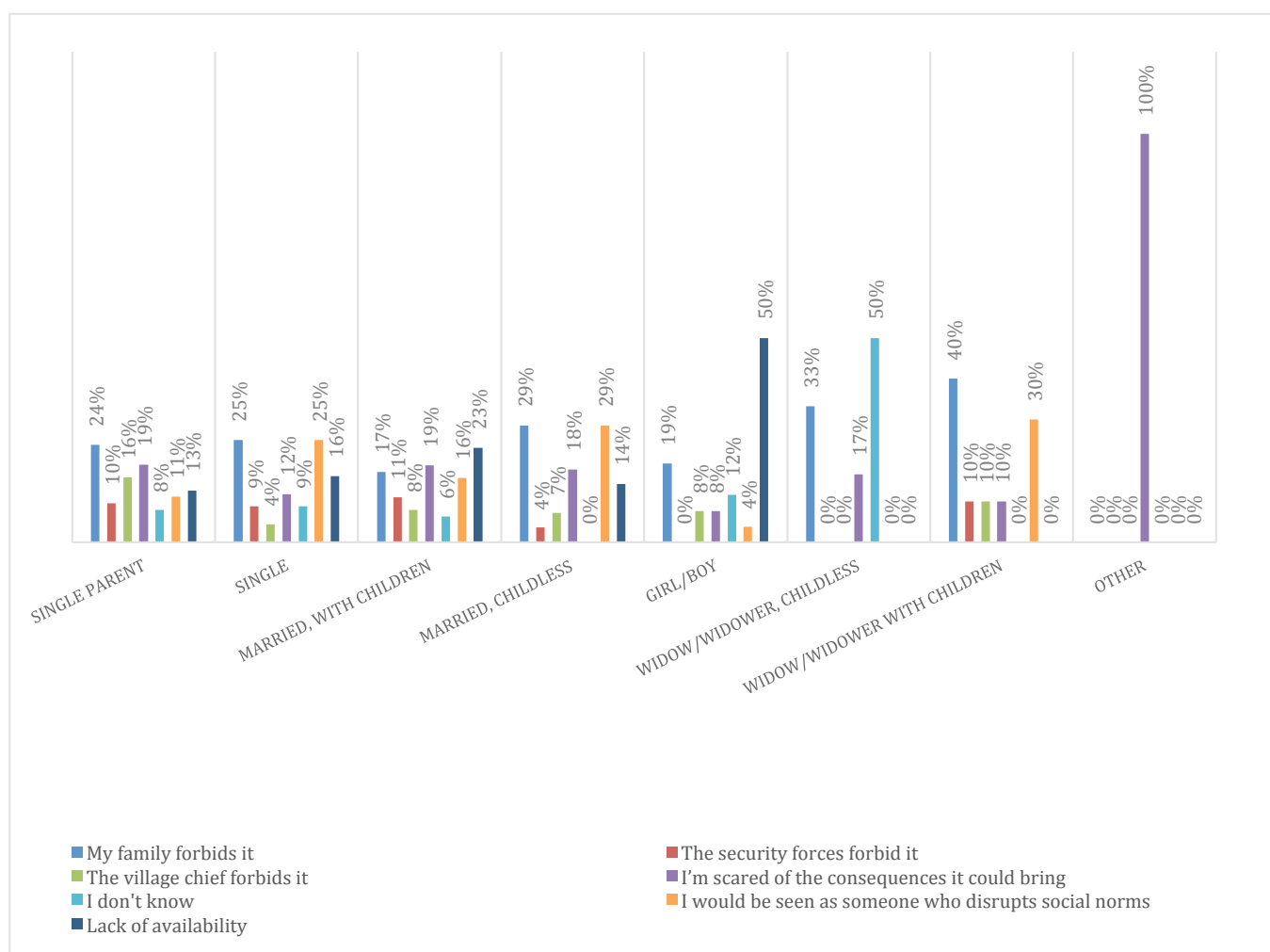
<sup>21</sup> In Nyangezi, following the initiative of the local priest, a “Women’s Space” was set up, that offers training on Income generating activities.

<sup>22</sup> Diocesan Commission of Justice and Peace.

### 4.3 Risk Analysis

The risks analysis presented in this chapter has been established following data collected from the FGDs, KIIs and the survey. The majority of the survey respondents and interviewees were of the opinion that there is no risk either for women or for girls to participate in the project. 65% of survey respondents said that if offered the opportunity to take part in preventing GBV they would get readily involved, 14% said they would get involved every time and 4% would get involved, but only rarely. On the other hand, 20% of women from Karisimbi said they would not want to get involved in such an activity. Overall, 10% of survey respondents said the same. The graph below shows the reasons for not getting involved in the fight against GBV, disaggregated by the social status of the participants.

*Graph 24: Disaggregation of participants by social status who said they would not participate, and reasons why*



In the highly diverse community of Karisimbi, participants pointed out that some ethnic-groups are more persecuted than others and that there are ethnic wars taking place in the peripheral areas. The ethnic violence pushes people from rural areas to immigrate towards the town and to take

revenge by violating members of the other ethnic group, whom they consider responsible for their situation. To be able to proceed to community reconciliation, it is essential to analyze in depth the causes of conflicts among these ethnic groups in the Karisimbi area.

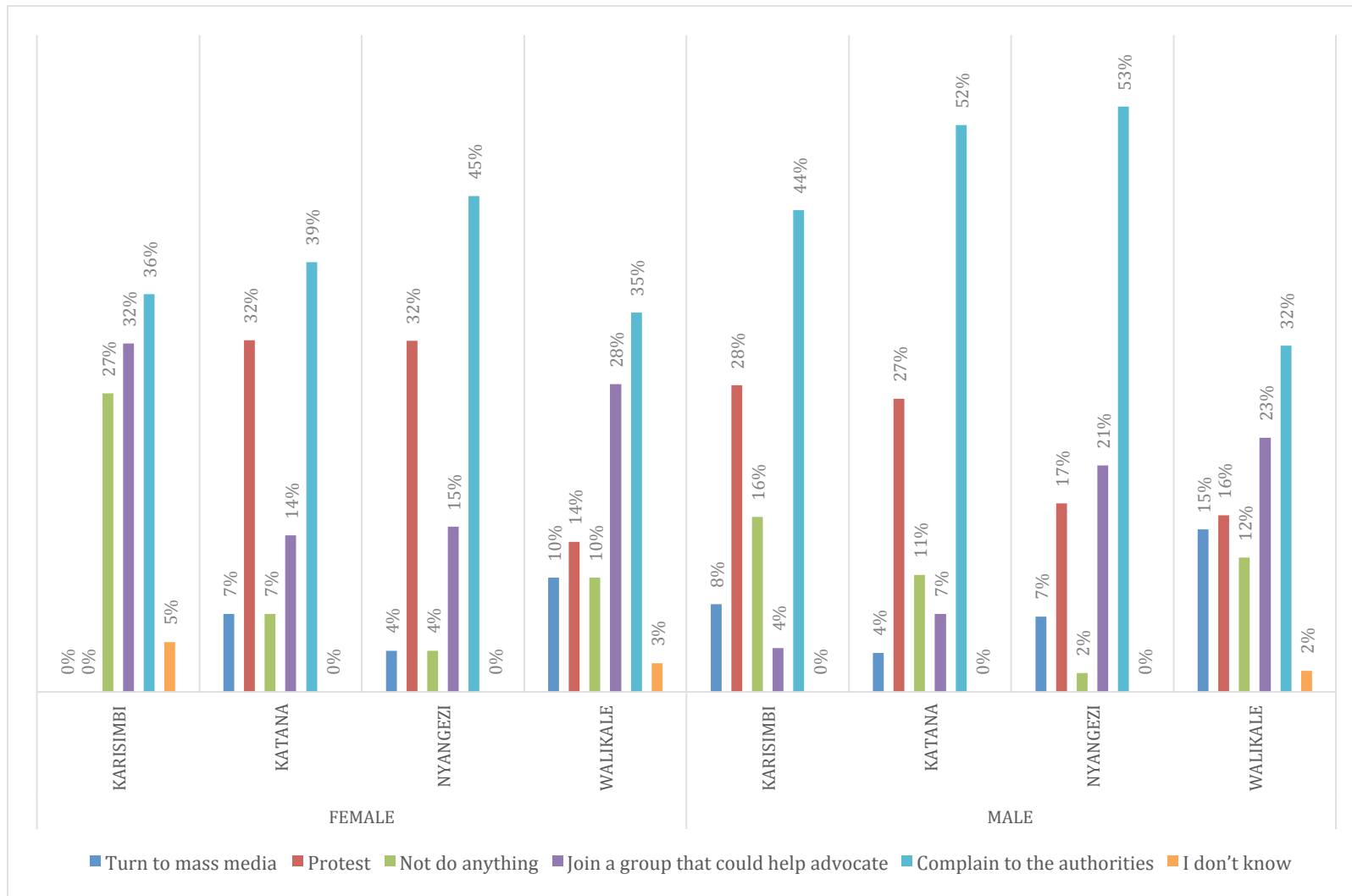
As the fight against GBV aims to achieve behavioral change, the interventions should put in question the prevailing social norms, especially those linked to ideals of masculinity. It is necessary to channel these perceptions towards the positive masculinity and advocate for a change. In cases where women become beneficiaries of capacity reinforcement as a part of the project but their husbands are not equally sensitized can create further risks for these women. In order to ensure that capacity building does not expose women to a higher risk of GBV, it is necessary for men, and especially the husbands of female participants, to be targeted by the activities. There is also a need for a women-to-men dialogue to take place in order to encourage common understanding of problems related to gender. 20% of survey respondents, especially women assert that the major obstacle preventing them from participating in the project is their family, who refuse to give permission. Especially married women are afraid of consequences, as they risk being seen as someone who wants to disturb the social norms. Therefore, it is also suggested to organise only-female meetings, which could enable married women as well to exchange and share among them. These exchanges would aim to build trust, collectively identify problems and needs.

Another risk is the presence of armed groups in the target zones. The FGDs and KIIs confirm that the armed groups commit and maintain the violence also causing displacement, and pushing the population towards the areas targeted by the project. This massive migration brings insecurity in the project areas, which increases the prevalence of GBV in towns.

Another risk is the high rate of youth delinquency, caused by unemployment and idleness. Many of the unemployed youth are said to turn to theft to solve their problems. It is advised to target the young people of the local community through youth-to-adult meetings, in order to talk about their future and establish a common understanding of young people's needs. It is also necessary to find activities which could help advance their integration in the community and into the job market.

Mob justice is also a risk to take into consideration: 20% of survey respondents stated that they already resorted to mob justice to express their needs or frustrations. This number was especially high in Nyangezi, Katana and in Karisimbi, while it remained low in Walikale. The FGDs revealed that when perpetrators are released too early, they tend to fall back to crime. As a consequence, community members lose faith in the legal system and recur to mob justice instead.

Graph 25: How would you express your needs or frustrations, if you felt deprived of your rights?



## 5. Recommendations

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The following recommendations have been made in order to support the project implementation, and ensure the achievement of its the goals.

In order to achieve **Result 1**, that is that target communities would show a higher level of acceptance of positive gender roles, it is necessary to reinforce the understanding of laws and existing legal texts released by the government. This could be done through radio programmes that popularize laws against the GBV locally, or through other means of raising awareness, such as the setting up of local structures of dialogue, that could help establish a common understanding of these laws.

- Translate the national legal tools,<sup>23</sup> and all legal texts on GBV to all national languages, so as to ensure that they are understood by everyone. Set up radio programmes or community meetings, such as participative theatre shows or mobile cinema sessions, that address the different topics and popularize the legal texts, in order to increase their understanding and promote a sense of ownership on the local level.
- Support and facilitate dialogues between government services to establish a mutual understanding of their roles and responsibilities in the fight against the GBV, to implement a better coordination of interventions, and to discuss a Code of Conduct<sup>24</sup> for government officers.

In order to ensure a participative approach to the project activities, it is also recommended to:

- Organize women-to-women dialogues, which could enable married women as well to exchange and share among them. These exchanges would aim to build trust and collectively identify problems and needs.
- Focus on targeting women, as they are the main stakeholders who can work for the eradication of GBV. At the same time, it is also crucial to show the benefits of gender equality for the whole community.
- Implement awareness-raising activities on women's rights at the local level. A high proportion of women and men do not know their rights, especially in the rural areas. Supporting the local information campaigns is a key condition for reducing knowledge gaps related to human rights among the community members.
- Work towards changing attitudes and norms, which are perpetrating the concept of gender inequality. It is of the utmost importance to support programmes that target customary chiefs or men<sup>25</sup> There is a need to reinforce the local leaders' capacities on the Common Ground approach and on the conflict resolution methods, as they are the ones

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<sup>23</sup> Search has already carried out awareness-raising activities and has produced prevention materials, noticeboards, comic strips, radio programs, and plays in Swahili and in other local dialects in 2012 in the North Kivu with STARC FUNDS.

<sup>24</sup> There is a civic and patriotic education program within the FARDC. It would be necessary to vulgarize the texts associated with this and transpose the training to public sector employees.

<sup>25</sup> As part of the Action Plan in 2009 for SNBVG, thousands of men were given trainings on a good paternity and on their role in preventing GBV-Programme SRFF/STAREC

able to make a difference by introducing and spreading the concept of gender equality, and emphasizing the importance of inclusive and non-discriminatory resolution.

- Sensitize the local population on the criminal nature of GBV. Capacity building for leaders and local associations working on GBV, as well as community networks is highly recommended in order to achieve this goal.
- Address and discuss these issues during shared activities between civilians and the security forces. Support the training of security forces on the prevention of GBV. This could improve the confidence put in authorities, improving the rate of reporting GBV incidents.
- Inform the government of the existing risks in the target zones.
- Support initiatives combating norms which do not favour gender equality, in particular initiatives which focus on men and young men and which take up the battle against institutions that are encouraging gender stereotypes, such as universities and schools.

In order to achieve **Result 2**, that is the improvement of services related to GBV in the community, it is recommended to:

- Support the health sector reform: the inaccessibility of healthcare is caused by a low income of the households. Even though the healthcare is supposed to be free in public health centers, the medical staff often requires extra consultation fees, so as to make up for their low wages. It is suggested to reach out to the Ministry of Health to advocate for an improvement of the working conditions in the health sector. It is also necessary to reinforce health worker's abilities to address GBV and provide better assistance for victims. It is also important to emphasize that apart from the medical care, other types of support are needed for GBV survivors.
- Set up "listening centers" in the villages in order to provide better support to victims. Those posts will help the victims from remote areas access psychological support when needed.
- Create a reference manual, that could serve to guide the assistance given to victims and support health centers. This could help the health centers adopt the same health care approach.
- Put in place legal support services accessible to all member of civil society and support CSOs that already offer such support. This support should be implemented in all health centers. Similarly, all victims turning to the health centers for help should be told beforehand that the medical examination is a part of the legal process, as the results of checkup can serve as proof. As such, reinforcing the medical support given to survivors is the entry point to ensuring better legal follow-up.
- Develop a coordinated leadership in the target zones. While many NGOs work on the field, there is no coordinated structure of cooperation between them. Similarly, churches have been one of the actors supporting GBV victims, so it would be important to link them to NGOs and other actors on the field. Capacity-building activities could be put in place to reinforce the competences of CSOs and local actors and ensure a better support given to victims of GBV.

Finally, in the effort to achieve **Result 3**, that is the reduction in the stigmatization of GBV survivors, it is recommended to:

- Implement community activities that support the reintegration of rape survivors, and reinforce positive activities carried out in favor of them. These activities should include all layers of society, including men and women and community leaders.
- Approach the question of GBV with a gendered perspective: it is important to recognize the role of men not only as perpetrators, but also as influential actors in the fight against GBV. Their inclusion could help fight against violence committed towards women.
- Facilitate a community dialogue on the local level on the questions of gender, targeting leaders and male community members with the aim of building empathy towards the victims of SGBV.
- Initiate solidarity activities between youth and other community members, so as to deconstruct negative stereotypes that exist regarding the youth. It is also suggested to introduce the Common Ground Approach to the youth and support them to become peacemakers in their respective communities. As such, a support given to « Peace Clubs » in Karisimbi, and the setup of similar initiatives in the four other target zones would be recommended.
- Create spaces for dialogue between men and women, and girls and boys, aiming to open up discussions on gender and sexual violence. These exchanges could also give occasion to promoting positive values of wellbeing and peaceful coexistence, - and thus could fuel the deconstruction of negative stereotypes, and raise awareness on the concept of gender and GBV.
- Finally, in order to ensure the appropriation of the concepts and the project activities and approach on a local level, it is recommended to target local leaders, who – thanks to their prestige in their communities – could be the true agents for change regarding GBV. If these agents could engage in efforts to raise awareness and spread positive gender stereotypes, the communities would more easily accept the new concepts, and integrate them into their behavior.

## 6. Conclusion

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The government of the DRC, supported by the United Nations has already taken decisive steps in the fight against GBV, such as the creation of the National Strategy of the Fight against SGBV, led by the Ministry of Gender, Family and Children. However, even if these texts exist, their implementation is imperfect, as the judiciary power is not considered fair. While the customary power is perceived to be slightly better than the formal justice system, 39% of respondents said that neither the formal nor the customary judiciary structures treat men and women in an equal way.

The concept of GBV is still unknown to the majority of the survey respondents, and is very often solely associated with sexual violence, rather than a denial of the rights of someone or their discrimination due to their gender. Many are also unaware that the acts of GBV are punishable by



law, and that they are even considered to be a crime against humanity. Rape is considered to be shameful in the community, and thus rape survivors face shame and humiliation if they report their case. Fearing rejection and stigmatization, rape survivors are discouraged from reporting and unveiling the atrocities that they have been subjected to.

Communities are divided when it comes to reacting to GBV: community members only discuss abuse with the other members of their small groups, or families. For example, in the case of rape, the victims only talk to their families, who in general try to hide the problem, or find a solution to it without including others.

The factors contributing to the fact that GBV persists are political, juridical (lack of knowledge of laws and rights, 15% and non-application of laws), socio-economic (poverty, insecurity) and cultural.

At the same time, the majority of respondents (56%) said they would ask for help from someone if they would be subjected to GBV. According to the health workers interviewed during the analysis, rape survivors tend to ask for medical help, and especially for contraception kits. These health centers face a number of challenges as of today, since there is a lack of qualified staff and equipment, and the centers are far from the communities.

The Tushinde project aims to encourage behavioral change in the communities regarding GBV, and offer a holistic support to the victims and survivors of GBV. During the implementation of the project, it is necessary to take into account the cultural, geographical and security aspects of the context. Similarly, when it comes to project activities, there is a need to start with the simplification and accessibility of legal texts on GBV. Supporting the security sector and judiciary reform, and the reform of the judiciary system will help fight corruption and re-establish trust between civilians and the security forces. It is of utmost importance to establish a dialogue between men and women on the community level on the concept of Gender. Finally, to ensure the availability of a holistic care given to victims, it is recommended to support the health sector reform, build capacity on the treatment of the victims according to the reference framework, and establish locally available centers of psychological and legal support.