



# PREVENTING AND RESPONDING TO GENDER-BASED VIOLENCE IN THE DEMOCRATIC REPUBLIC OF CONGO

InterAction, October 2024

The escalation of violence in the Democratic Republic of Congo (DRC) has resulted in the displacement of hundreds of thousands of people in 2024, on top of the existing seven million internally displaced persons (IDPs). During this time, women and girls have been left particularly vulnerable to gender-based violence (GBV) due to the presence of armed actors, a lack of basic resources, and unsafe living conditions.

GBV rates have surged as a chronic lack of food, shelter, education, and the means to support oneself have increased vulnerability to survival sex, physical assault in IDP sites, and sexual violence. Local and international humanitarian actors have struggled to keep pace with rising needs and have been further impeded in delivering aid due to an underfunded GBV response and other key barriers.

InterAction, an alliance of non-governmental organizations (NGOs) based in Washington, D.C., developed an online, voluntary survey in June 2024 for GBV experts in DRC. The survey sought to better understand the barriers to GBV prevention, mitigation, and response with particular attention to how the U.S. government (USG) could most effectively contribute to the reduction of this risk.

More than 150 specialists from women-led and women's rights organizations (WLOs and WROs), international non-governmental organizations (INGOs), local organizations, and U.N. agencies operating in DRC responded to the survey. Of those respondents, 50% were from INGOs, while 38% were from local WLOs and WROs, 7% from other local organizations<sup>1</sup>, and 5% from U.N. agencies. Respondents represent agencies that are active in North and South Kivu, Ituri, and Tanganyika and primarily serve IDPs, members of their own communities, and adolescent girls. The findings below reflect the perspectives of GBV specialists at the country level and were then validated by experts and affected communities in DRC and at the global level.

## KEY FINDINGS

**Among the various forms of GBV, sexual violence has increased the most in the last year, followed by survival sex and physical assault on women and girls in IDP sites.**

Seven in 10 respondents (71%) ranked sexual violence as the form of GBV that increased most over the last year. Experts in DRC reported sexual violence included rape, attempted rape, and sexual harassment and that perpetrators of sexual violence include both state and non-state armed groups. One expert in North Kivu stated, "conflict-related sexual violence is increasingly used as a weapon of war." Additionally, survival sex was ranked as the second highest form of GBV that had increased followed by physical assault on women and girls in displacement sites.

GBV specialists described how the lack of financial means to meet women and girls' needs has forced them into survival sex, or sexual exploitation for minors, which has also resulted in the [proliferation of brothels](#). Others noted how inadequate

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<sup>1</sup> Local organizations are disaggregated to highlight how many are WLOs and WROs. Together, 45% of respondents were local actors.

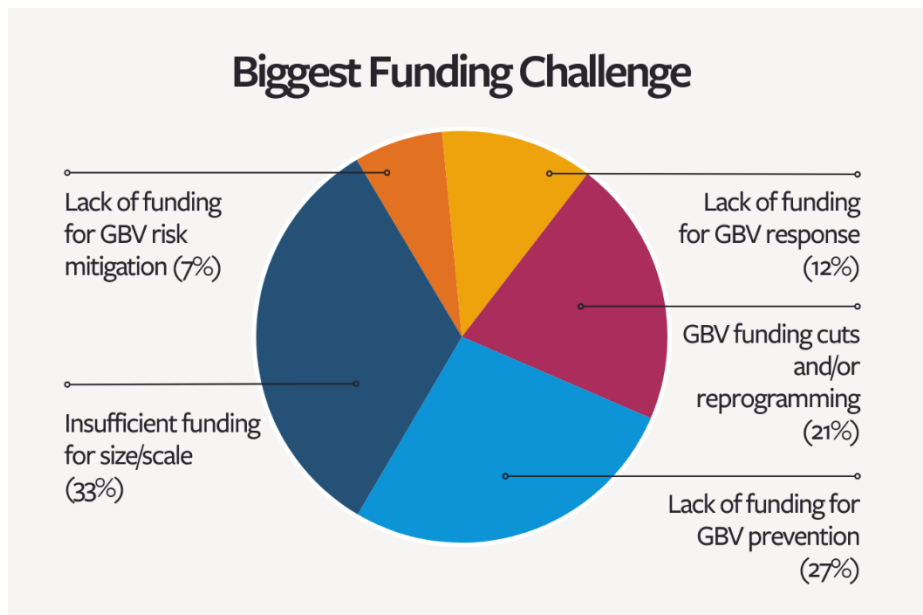
shelter that could not be locked, minimal lighting, and the presence of armed men in displacement sites—particularly due to the ongoing withdrawal of the U.N. mission, MONUSCO, and the cessation of regular patrols—have led to an increase in physical assault of women and girls, particularly when seeking water or firewood on the outskirts of IDP camps.

**The biggest funding challenges include insufficient funds to meet the size and scale of GBV needs and a lack of funding specifically for GBV prevention.**

One-third (33%) of experts stated that overall funding for GBV programming is inadequate to address the drastic escalation of needs in the last year, while more than one-fourth (27%) listed a lack of funding specifically for GBV prevention from the funds available. As more than **60,000 survivors** of GBV received assistance in the first half of 2024 alone, a greater

proportion of funding has been directed toward GBV response than prevention.

However, specialists highlighted that prevention programming is especially complex as it goes beyond awareness raising and behavior change activities. Prevention now requires a focus on training and accountability considering the increased use of sexual violence by armed actors, as well as targeted interventions by food and shelter sector programs to reduce the vulnerability of women and girls to GBV risks. Neither of these interventions are the remit of GBV technical specialists or programs, requiring improved communication and collaboration across sectors.



Additionally, WLOs and WROs ranked the lack of prevention funding as the greatest challenge (31%), followed by funding cuts to GBV programming (25%). INGOs and U.N. agencies did not report GBV funding cuts to the same extent—59% of WLOs and WROs reported they have services at-risk of being cut next year compared to 46% of INGOs. This could indicate WLOs and WROs disproportionately experience funding cuts, which points to the need for stronger equitable partnerships between international and women-led actors. Lastly, while respondents highlighted the need to maintain and increase funding levels, they emphasized that funding alone cannot solve the root causes of GBV, which include insecurity, the presence of armed groups, poverty, and displacement.

**The greatest barrier to GBV programming is the inability of affected people to access it due to insecurity.**

Fifty-five percent of respondents stated that escalating insecurity has most hindered GBV services. NGO and U.N. staff in North Kivu described increased presence of armed groups, heavy artillery near camps, and direct attacks on civilians as key impediments to delivering lifesaving services, including GBV programming. A greater proportion of WLOs and WROs overall listed access issues more significantly (61%) than INGOs and U.N. agencies (53%). However, INGOs reported self or community stigma felt by survivors as a barrier to GBV programming at higher rates than local actors.

Specialists observed that INGOs and U.N. agencies often invest greater resources to overcome access constraints through humanitarian notification systems, while WLOs might not have the same resources. This points to the need for strengthened partnerships where INGOs can utilize resources to acquire access and WLOs can utilize their advantage to overcome challenges around stigma and trust.

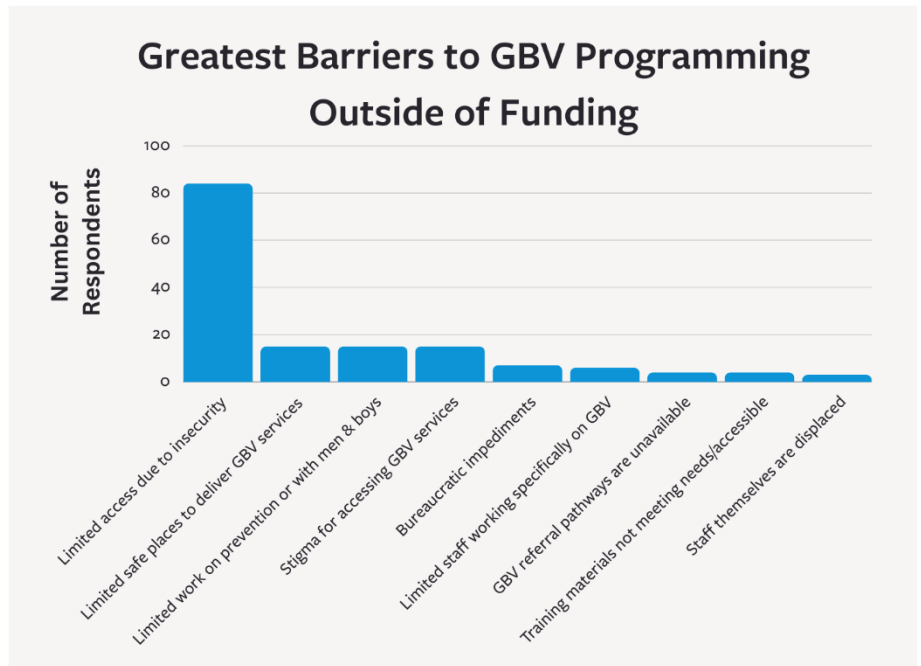
**More than half of respondents said MONUSCO’s withdrawal would negatively affect women and girls.**

Fifty-eight percent of respondents indicated the MONUSCO drawdown has

already had a negative impact on women and girls in South Kivu and will have a negative impact in North Kivu and Ituri. One-quarter of those that reported negative effects stated that women and girls would be at increased risk of GBV without MONUSCO’s physical presence and regular patrols, particularly with relation to conflict-related sexual violence, while 17% highlighted increased insecurity and 11% predicted increased exposure to armed groups. Many respondents described MONUSCO’s role as ensuring some level of security in areas where the government has no presence, particularly with relation to physical protection near bases. On the other hand, those that stated the withdrawal would have no significant effect reported that MONUSCO has been ineffective and women and girls have always been vulnerable. Those that responded positively to the peacekeeping withdrawal pointed to the U.N. mission as perpetrators of generalized violence and sexual exploitation and abuse.

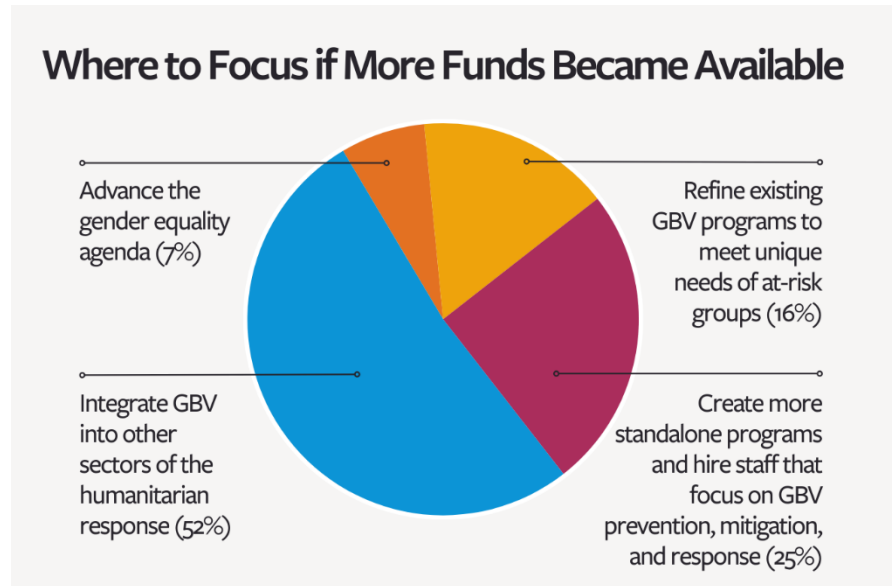
**Food insecurity has negatively impacted GBV cases in the last year. A targeted humanitarian programming approach that tackles food insecurity must be prioritized to reduce vulnerability to GBV.**

Nearly all of respondents across North Kivu, South Kivu, and Ituri (96%) stated that levels of food insecurity have had a direct impact on the increase in GBV cases. GBV staff at WLOs and WROs described how food insecurity has forced women and girls into sexually exploitative situations in order to eat. One respondent stated, “the only way they can pay for food for themselves or their kids is through survival sex.” Other GBV specialists highlighted that food insecurity in DRC is a driver of GBV and that a targeted approach to strategically tackle food insecurity in areas where it is likely to reduce vulnerability to GBV is critical for women and girls’ protection and empowerment.



**More than half of respondents stated it would be most effective to integrate GBV programming into other sectors of the humanitarian response—particularly through health and food security—if more funds became available from the U.S. government.**

There was collective thinking across each stakeholder (54% of WLOs, WROs, and local organizations; 50% of INGOs; and 43% U.N. agencies) that integrating GBV across other humanitarian response sectors would be more effective than creating standalone GBV programming. Respondents remarked that different sectors have access to affected communities through food assistance, health clinics, and livelihood trainings, which would allow not only for additional entry points, but also for more comprehensive, integrated programming that achieves outcome-oriented protection results.



When asked which sector would be most effective for integration, 29% selected the health sector and 28% mentioned food security. Experts in DRC pointed to the necessity of food assistance to mitigate GBV risk, as well as the strong existing relationship between health and GBV actors in clinics and hospitals and referral pathways, particularly around availability and access to clinical management of rape. This has proved increasingly important considering bureaucratic impediments imposed by non-state armed actors rejecting traditional protection services.

**If the USG funded more standalone GBV programming in DRC, GBV experts would prioritize women and girls' empowerment activities, as well as prevention programming.**

More than half of respondents (52%) selected women and girls' empowerment activities as the most effective way to improve GBV programming. There was a particular emphasis on livelihood and economic empowerment activities considering heightened rates of survival sex and the need to ensure that women and girls have the means to care for themselves and families.

Second, experts prioritized GBV prevention (27%). WLO leaders expanded that while it was critical to maintain awareness raising in traditional GBV prevention programming, there is simultaneously a need to consider how to address sources of sexual violence committed by armed actors. Some organizations described working with peacebuilding and human rights organizations to incorporate GBV and women and girls' protection in capacity building and international humanitarian law (IHL) training with armed actors to combat sexual violence.

**Based on the above findings and discussions with key actors, uptake of the following recommendations is critical to respond to realities on the ground:**

International NGOs, WLOs and WROs, U.N. agencies, and local organizations:

- Scale up GBV prevention and response programming that considers the sensitive nature of sexual violence, challenges in reporting, and immediate to long-term activities ranging from health to legal services.

- Ensure humanitarian staff are refreshed on utilizing the Monitoring, Analysis, and Reporting Arrangements (MARA) to work toward both prevention and accountability regarding sexual violence.
- Coordinate cash assistance and the provision of basic services (non-food items (NFIs), food assistance, etc.) with GBV experts to better address and mitigate the risks of survival sex in DRC.
- Liaise with humanitarian, development, and peacebuilding actors that engage with and train armed groups on IHL to ensure the protection of women and girls in IDP sites is prioritized and centered.
- INGOs/U.N. agencies to strengthen equitable partnerships with WLOs/WROs and local organizations, such as through support and capacity sharing around overcoming humanitarian access barriers.
- Empower WLOs/WROs to have greater presence and decision-making power in key coordination bodies that relate to humanitarian access and humanitarian notification systems (Access Working Group and Humanitarian Country Team).
- Input into ongoing advocacy efforts around the protection of women and girls in IDP sites and push for political solutions alongside the delivery of humanitarian assistance in order to address some of the root causes of GBV in DRC. Advocate for the centering of women and girls and WLOs in transition plans.
- Improve coordination across food security and GBV actors both within organizations and at the local, national, and regional levels as a result of the causal relationship between food insecurity and GBV.
- Strengthen synergies across sectoral actors (food security and health) to ensure GBV priorities, trends, and community-tailored response are shared in consistent ways. Strengthen relationships between sectoral actors to develop integrated and holistic GBV programming.
- Provide trainings to other sectoral experts on GBV needs and programming to ensure integrated GBV programming with outcome-oriented results.
- Prioritize the implementation of women and girls' empowerment activities and prevention programming for standalone GBV programming in DRC.

#### Donors:

- Prioritize flexible funding for programming that addresses the complexities and sensitivities around increased sexual violence in DRC and the challenges in reporting and accountability. Provide incentives and/or require non-protection sectors to engage with and target for risk reduction.
- Maintain and increase funding levels for GBV programming in light of escalating needs. Invest in prevention and response noting that prevention activities—both traditional and alongside other sectors—are critical to attack root causes of GBV down the line despite immediate need for response at the moment.
- Ensure that WLOs and WROs are not disproportionately affected by fundings cuts.
- Promote partnerships between INGOs/U.N. agencies and WLOs/WROs to ameliorate access issues faced by local organizations and trust and stigma constraints faced by INGOs and U.N. agencies.
- Ensure that partners' interventions effectively integrate GBV risk mitigation measures and apply all existing GBV guidelines specific to sectors (e.g. WASH and GBV guidelines, Shelter and GBV guidelines, etc.).
- Provide flexible, multi-year funding for programming that integrates GBV across other sectors, specifically food security and health.
- Utilize diplomatic influence when possible to advocate for the protection and prioritization of women and girls in DRC in dialogue around the MONUSCO withdrawal or regional political processes.
- Advocate to the Government of DRC to improve access to justice and accountability mechanisms to counter ongoing impunity around conflict-related sexual violence.