

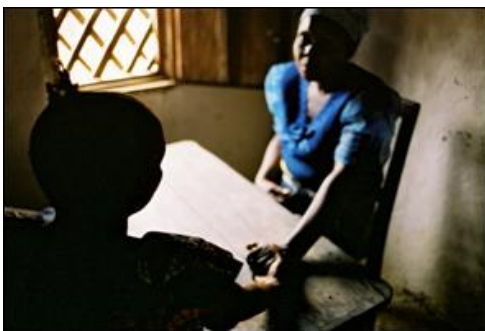


## Responding to Sexual and Gender-Based Violence in the Democratic Republic of the Congo

**Background** - The war that started years ago in the Democratic Republic of the Congo (DRC) has increased<sup>[1]</sup> sexual violence against women especially in the eastern part of the country. Sexual violence against women and girls continues to be used as one tactic/element of warfare by most of the armed parties involved in the conflict. Sexual and gender-based violence (SGBV) remains one of the greatest threats to women's health in the DRC.



**SGBV, a Public Health matter** - The latest WHO/HAC mission (Health Action in Crises) to DRC in April 2005 reported on the burden faced by the healthcare system of treating large numbers of cases of fistula that are related to sexual and gender-based violence. The Joint Initiative on the Fight against Sexual Violence towards Women and Children documented<sup>[1]</sup> 41,225 cases in the provinces of South Kivu, Maniema, Goma and Kalemie since 1998. The estimated number of unknown cases is assumed to be several times higher than the official figures, due to the fact that women hesitate to report their cases fearing social stigmatization, secondary victimization and remaining impunity. Additionally, SGBV victims use several reporting paths such as reporting to the police, traditional leaders, health facilities and other sources of aid. This results in missed information and under reporting as data is not systematically collected and harmonized.



**Consequences** - Sexual and gender-based violence may lead to severe physical, psychological and social consequences. Physical consequences of sexual violence may include injuries, fistulas, and sexually transmitted diseases including HIV/AIDS. Due to unwanted pregnancy, there is also a higher risk of unsafe abortions.

Psychological consequences include nervousness, sleep disturbances, phobias, substance abuse, depression, social withdrawal, sexual dysfunction, post-traumatic stress disorder, and suicide. Women that have been raped also suffer from several forms of social exclusion. Many women are rejected by or prevented from returning to their families, and are very likely to end up at a very low socio-economic status, lacking financial support with few income-generation opportunities. Children of rape victims are often rejected, neglected or stigmatized too.

<sup>[1]</sup> WHO Project report on prevention and care of SGBV victims, March 2005

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**Gaps within the Health system** - Years of armed conflict have led to disruption of health services and a lack of capacity of the health system to deal with the increasing number of victims of SGBV. Health facilities lack appropriate infrastructure, adequate resources including human resources, logistics such as medical supplies, necessary for the provision of basic clinical care for victims of SGBV. Rape survivors face problems in accessing health services including access to secondary level care required for the management of physical traumatic complications such as fistulas. In the eastern provinces very few functional referral hospitals and health centres exist to offer services for women who are suffering from injuries caused by rape. The absence of psychosocial services for survivors is even more striking.



**WHO's response towards SGBV** - WHO is currently addressing the problem of sexual and gender-based violence in the zones of Kindu and Kalemie on a limited scale. 279 health care professionals have been trained in the field of clinical management of SGBV cases. Health personnel have been sensitized to recognize the direct and indirect consequences of gender-based violence and to identify key signs and symptoms. WHO also has provided equipment and essential medical supplies to upgrade the

service provision of 11 health centres and 9 drop-in centres, and contributed to infrastructure rehabilitation, support of social mobilization activities such as training of journalists, civil servants or adolescents. To support rehabilitation and integration of SGBV survivors and to reduce economic hardship, WHO maintains small-scale income-generation projects. At country level WHO's work includes the building of partnership networks with multiple stake-holders including associations of civil society institutions. Addressing problems caused by sexual and gender-based violence.<sup>[2]</sup>



**Future activities** - In the 2005 consolidated appeal process several partners (UN agencies, MoH, NGOs, communities) have indicated their commitment to increase their efforts in addressing the problem of sexual and gender-based violence. WHO plans to scale up its activities to cover the high risk zones of Oriental (Ituri) north and south Kivu, and northern Katanga, subject to the availability of additional funding. The focus will be on advocacy information management, case management,

rehabilitation and re-integration of victims. The planned project will involve building the capacity of the existing health services to enable them to address effectively the needs of sexual and gender-based violence victims. This will involve conducting capacity and situational assessments, the establishment of surveillance mechanisms, training and recruitment of health care providers including specialists to cover knowledge and skill gaps in the management of SGBV, infrastructure rehabilitation, providing logistics support, building collaboration networks and partnerships, and supporting social mobilization and rehabilitation activities.

<sup>[2]</sup> WHO (2005) Project Report: Prévention et prise en charge des violences sexuelles faites aux femmes et aux enfants (SGBV)

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