

**Democratic Republic of the Congo: Key issues regarding
the Vulnerability of Children and Survivors of Sexual and
Gender-Based Violence**

**Bunia, Goma, Bukavu
May 5 – 12, 2008**

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Introduction

Allyson Gardner (Deputy Program Officer, USAID/DRC) with John Williamson and Lynne Schaberg (USAID/Displaced Children and Orphans Fund) traveled to eastern Democratic Republic of Congo (DRC), from May 5 to May 12, 2008 to visit all five USAID/DRC Social Protection projects--programs funded through the Victims of Torture Fund (VTF) and the Displaced Children and Orphans Fund (DCOF). The team visited Bunia in Ituri District of Orientale Province, Bukavu in South Kivu, and Goma in North Kivu. The team also visited project sites in Ituri and South Kivu. The last visit to these programs by Washington-based staff was in 2005. Primary goals included assessing the progress of the DCOF program with Save the Children that began in October 2007 and considering future plans for the two programs funded through VTF. The COOPI program in Ituri District ends in September 2008 and the IRC program ended on April 30, 2008.

USAID/DRC Social Protection Programs

The projects visited are part of USAID/DRC's Social Protection portfolio. The two implementing partners for projects that provide care and treatment services for survivors of gender-based violence (GBV) are the International Rescue Committee (IRC) and Cooperazione Internazionale (COOPI). Save the Children-UK implements USAID/DRC's DCOF-funded program to address the needs and root causes of separated and abandoned children. Through UNICEF and with TIP funds, USAID/DRC has funded COOPI to assist children in Ituri District who were formerly associated with fighting forces. USAID/DRC also supports Stand Proud, an organization that seeks to increase access to surgery and braces for children with mobility-related disabilities. Profiles of the five projects follow:

- *COOPI -- Prevention and Response to Sexual and Gender-Based Violence* (\$4,324,684 from September 30, 2003 to September 30, 2008). COOPI provides medical referral, psychosocial support (including family mediation), socio-economic reintegration, and legal referral to GBV survivors in Ituri District of Orientale Province and in Maniema Province. COOPI works directly with several local counterparts, primarily with *Centre d'Intervention Psychosociale* (CIP). COOPI also conducts community awareness and mobilization campaigns.
- *IRC -- Breaking the Cycle of Vulnerability and Violence Facing Women and Girls in Eastern DRC* (\$4,868,096 from June 20, 2002 to April 30, 2008). This project supports survivors of sexual violence in North and South Kivu and northern Katanga. IRC provides local partners the necessary training and skills to provide direct services (medical assistance and referral, psychosocial support, family mediation, socio-economic reintegration, and legal referral when desired) to GBV survivors. In addition, IRC works with civil society organizations and local women's groups to promote women's empowerment. IRC also provides support to Heal Africa (formerly DOCS) Hospital in Goma, North Kivu, and to Panzi Hospital (Bukavu, South Kivu), in training of medical personnel for fistula repair, counseling, and transporting women from rural localities to needed services.
- *UNICEF/COOPI -- Assistance and Reintegration of Abducted Girls and Boys and other Gender-Based Violence Survivors* (\$1,038,000 from July 20, 2006 to December 31, 2008). UNICEF

provides direct technical and financial assistance to COOPI in Ituri District to help ensure the safe reintegration of children who were abducted or otherwise associated with a fighting force. Other girls who are survivors of GBV are also included in the holistic program, which includes medical, psychosocial, socio-economic, and legal services. Services are provided at two *Centres de Transit d'Orientation* (CTO) in Ituri and community-based *carrefours*, or satellite centers located in rural areas of Ituri.

- *Save the Children-UK -- Reducing the Abandonment of Children* (\$3,592,445 from October 1, 2006 to September 30, 2009). This project implements activities in Kinshasa, Mbuji-Mayi (Kasai Occidental Province) and Bukavu (South Kivu Province) where child abuse, abandonment, and separation are severe. It aims to respond to the immediate needs of separated and abandoned children, promote reunification of separated children with their families and reintegration in their communities, and prevent future abandonment. The project also promotes advocacy at the local and national levels, as well as aims to build the capacity of child protection actors to prevent abuse and separation and promote family reunification. Targeted vulnerable children include former child soldiers, street children, children accused of witchcraft, children in conflict with the law, children with disabilities, child laborers, and orphans. The project uses a community-based approach, through the mobilization and support of community child protection networks. These community groups help identify children at risk and use awareness campaigns and other behavior change strategies to reduce the stigmatization, discrimination, and rejection of vulnerable children.
- *Stand Proud (formerly the International Polio Victims' Response Committee)* -- (\$749,990 from September 30, 2006 to September 29, 2009). At two residential centers in Kinshasa and Bunia, the program provides treatment opportunities as well as access to mobility and orthopedic services and equipment for children with disabilities. The project provides free surgery, braces, brace repairs, and scholarships for school fees to eligible individuals. It also builds the capacity of local personnel and strengthens the donor base of the organization.

Overview of the Context

The security situation remains fluid in eastern DRC, a region wracked by civil and international conflict since 1996. At the time of the visit, the security situation in Ituri and South Kivu appeared to be better than in North Kivu. Some informants described the region as being in transition from a humanitarian crisis to development thanks to peace agreements that have resulted in improvements in security. Others, however, described the current situation as a temporary standoff among the major antagonists and anticipated further conflict. Among the remaining militias, alliances and conflict appear to shift periodically on an opportunistic basis.

Since 1999, the United Nations has maintained a peacekeeping force (*Mission des Nations Unies en République Démocratique du Congo* -- MONUC) in Congo, and its current strength is over 18,000 military and civilian personnel.

The FARDC (Forces Armées de la République Démocratique du Congo) is the Congolese army. In terms of human rights violations, including sexual violence against women and girls, it is reported to be as much of a threat to civilians as the remaining militia groups. Since 2004, many militia units have disarmed and demobilized and participants have had a choice between receiving reintegration assistance or being incorporated into “integrated battalions” of the FARDC.

Among the demobilized have been approximately 32,000 children. While the children were assisted to return to their families and communities of origin, only a minority of them benefited from reintegration assistance, which increases their risk of being re-recruited. Through Save the Children and COOPI, UNICEF anticipates providing school and skills training assistance in the next year for 6,000 of the demobilized children.

While the Ituri District has seen significant fighting between 2003 and 2007, the security situation there was much improved at the time of the team's visit. The population of Ituri is about five million. Approximately 995,000 displaced people have returned to their homes, and about 67,000 continue to be displaced.¹ People have begun cultivating, and the team saw evidence of this during its trip from Bunia to Kaseny and Tchomia. The relative calm in Ituri may not last, however, as fighters associated with two militias, the *Front des Nationalistes et Intégrationnistes* (FNI) and *Forces de résistance patriotiques en Ituri* (FRPI), remain in the bush. There was concern that, as the number of MONUC peacekeepers is reduced and redeployed to the Kivus, there will be an upsurge in conflict in Ituri.

In the Kivus, the largest militia is the *Forces démocratiques pour la libération du Rwanda* (FDLR), primarily made up of Rwandese Hutus. It includes some Interhamwe who perpetrated the Rwandan genocide in 1994, then fled to Congo. We were told that it includes some 8,000-10,000 members in numerous locations in both North and South Kivu. Another major militia is the *Congrès national pour la défense du peuple* (CNDP), which is a somewhat smaller group, primarily located in North Kivu. It is primarily made up of Congolese Tutsis, and is headed by Laurent Nkunda. Last December, the FARDC engaged the CNDP, and although it had some initial success, in the end it was decisively defeated by the CNDP.

The most recent peace overture by the Government of DRC (GDRC) was the January 6-23, 2008 Conference on Peace, Security and Development in North and South Kivu, held in Goma, North Kivu. The goal was two-fold: to bring an end to the armed hostilities that have been destabilizing the region, and to initiate working groups (formerly called technical commissions) in the areas of peace, security, and development to elaborate an overall plan for the pacification and reconstruction of the Kivus. A peace agreement signed at the end of the conference called for a ceasefire for all parties and laid out a process for disarmament for the CNDP. Previously, the November 9, 2007, Nairobi Communiqué signed by the GDRC and the Government of Rwanda (GoR) had committed the two countries to cooperate to put together a common approach with the goal of "dismantling the ex-FAR/Interahamwe as a genocidal and militant organization operating in Congolese territory." The DRC has submitted a plan to forcibly disarm FDLR in the DRC. Also in the Kivus there are Mai Mai militia largely organized around defending Congolese villages; however, these groups appear to align themselves with other militias from time to time.

The UN Office for the Coordination of Humanitarian Affairs (OCHA) reports that as of the end of March 2008 there were an estimated 1.31 million displaced persons in the two Kivu provinces and Ituri district; 64% in North Kivu and 27% in South Kivu. While a number of camps exist for the displaced in the Petit Nord region of North Kivu, the large majority are living with host families and communities and are referred to as being "internally stuck."²

Sexual violence against women and girls in eastern DRC is pervasive. While most of the recorded attacks have been by the various militias and the FARDC, rape by civilians is reported to be on the rise. Whether or not the increase in reports of rape indicates greater incidence or more reporting cannot be determined

¹ "Population Movements in Eastern DR Congo, January-March 2008," Issue 4, May 2008, p. 7.

² *Ibid*, p. 2.

but certainly indicates an increasing awareness of GBV. Such attacks both by members of armed groups and by civilians are fueled by a general situation of impunity. In a recent report, the UN Human Rights Integrated Office in the DRC (UNHRO) stated that despite strengthened laws on sexual violence “law enforcement personnel and magistrates continue to treat rape and sexual violence in general with a marked lack of seriousness. Consequently, men accused of rape are often granted bail or given relatively light sentences, and out-of-court settlements of sexual violence cases are widespread.” Indeed very few cases are reported to the police, and fewer still result in prosecution.³

The prevalence of the rape of children in eastern Congo is particularly disturbing. Citing service delivery data of UNICEF-funded NGOs, Francesca Morandini, UNICEF’s senior Child Protection officer in eastern Congo, reported the following proportions of rape survivors who are below 18 years of age: Ituri (43 %), rural N. Kivu (5 - 10%), and urban South Kivu (40%). The highest percent of child rape survivors, 60%, was in Maniema and Oriental – despite the fact that these areas have been far less affected by armed conflict. MONUC has recently hired a well-regarded former UNICEF staff member as Senior GBV Advisor, who is assigned to the Office of the Humanitarian Coordinator in Kinshasa.

Victims of Torture Fund (VTF)

COOPI – Ituri District of Orientale Province

General Context/Security Situation

The situation in Ituri District is relatively stable, particularly compared to North Kivu, though sporadic fighting still occurs. Although the current circumstances are an improvement over previous months, some informants believe that the security situation in Ituri is likely to deteriorate in the future. Relevant to the VTF, the ratio of rapes perpetrated by members of armed groups is slowly declining as compared to those by civilians. In a report on the survivors of sexual violence served, *Médecins Sans Frontières* (MSF) reported that, in 2005, 82% of the perpetrators were from an armed group, 78% in 2006, and 50% in the first half of 2007. With the prospect of more armed conflict in Ituri, this trend could change, however. From May 2003 to July 2007, 7,482 people treated by MSF in Ituri reported that they had been subjected to sexual violence. A total of 88 women reported becoming pregnant due to rape.⁴ MSF continues to see approximately up to 100 survivors of sexual violence each month at its facility in Bunia.

Major issues related to Gender-based violence (GBV)

- GBV is frequently perpetrated against children. Effectively, the rape of a child or an adult is generally seen to be a problem of the survivor (who may well be blamed for it, particularly if she is above the age of 12 or so) and her family. It is not seen as a community issue that requires action to improve the safety of women and girls. This appeared to be the norm in the Kivus as well as in Ituri.
- COOPI, together with its Congolese partner, *Centre d’Intervention Psychosociale* (CIP), is the providers of comprehensive GBV services in Ituri. MSF does much of the hospital-level medical treatment.

³ Human Rights Monthly Assessment - March 2008, dated 14 May 2008, p. 11.

⁴ *Ituri, Civilians still the first victims*, October 2007, p. 11, 12 &13. [NB: The percentages exclude the relatively small proportion cases where the survivor was unable to distinguish whether the perpetrator was with an armed group or was a civilian.]

- Of the five primary areas of GBV-related service delivery (medical, psychosocial, community sensitization, economic strengthening, and legal) the latter two are the weakest areas in terms of the delivery of quality services. The weakness regarding legal services is largely due to the minimally functioning judicial system. CIP personnel do considerable community sensitization regarding sexual and gender-based violence as well as on human rights.
- CIP personnel conduct sensitization sessions within communities and with specific target groups regarding Congolese law, human rights, and the causes and consequences of the crime of rape and other sexual and gender-based violence. CIP social assistants provide basic emotional support to survivors who come forward, and they help survivors to deal with practical issues, such as obtaining health services, dealing with family and community rejection, and economic needs. Survivors who need a higher level of therapeutic counseling are referred to CIP psychologists.
- Very few rape cases are being prosecuted in large part due to the abysmal state of the judicial system in the DRC. Other donors have supported coordinated efforts to make improvements in the judicial and prison systems through the Program for the Restoration of the Judicial System in Eastern Congo (REJUSCO). REJUSCO is an extension of an initial pilot project to restore the judicial system in the town of Bunia from 2004 to 2006. In June 2006, the European Commission, in collaboration with the Netherlands, the UK, Sweden, and Belgium, decided to expand the program to include North and South Kivu. This program supports renewal of the judicial system and covers all aspects of criminal law. It is intended to reinforce not only the judicial institutions (police, courts, and prisons), but also those who are professionally involved (criminal police, judiciary, lawyers, court registrars, prison officers). It also offers guarantees to other interested parties (witnesses, defendants, and victims). It is expected that the program will be extended to cover the period from 2008-2013. USAID/DRC has supported other efforts to strengthen access to justice, particularly for GBV survivors, through implementing partners Global Rights and *Avocats Sans Frontieres* (ASF) and is planning future programs in the area of Rule of Law. The U.S. State Department Bureau for Democracy Human Rights, and Labor (DRL) has also issued small grants for access to legal services and judicial strengthening activities.
- The majority of rape survivors do not get to a medical facility within the 72 hour period necessary to prevent pregnancy or HIV infection. Medical personnel believe this is primarily because of a lack of transportation options. Many roads are in very poor condition or impassable, so survivors often have to walk. Also, they may have to come by themselves, which puts them at additional risk of rape or other crimes.
- Typical health challenges faced by rape survivors include: sexually transmitted infections, fistula, difficult pregnancies, and some form of reoccurring psychological trauma.
- Although most of the trauma experienced by the survivors can be effectively dealt with by the CIP social assistants and psychologists, some require psychiatric care which the COOPI project doesn't have the capacity to provide.
- The causes of sexual violence and rape appear to vary even within Ituri District. In Bunia, drugs and alcohol were cited, whereas traditional beliefs related to sex with young girls was a major factor in Mambasa, a mining area. In Djugu, a new area of intervention for COOPI, armed groups continue to be the primary perpetrators.
- Whereas this program initially focused only on cases of rape and sexual violence, COOPI and its partner have recognized the need to address other forms of gender-based violence such as early forced marriage and domestic violence. The *Centres de Promotion Feminine* (run by CIP) help clients address a range of gender-related issues, although clients are primarily still survivors of rape and sexual violence. Addressing a broader range of issues through the centers benefits rape survivors because those that go to the centers then are not automatically identified by the community as having been subjected to rape.

Girls Formerly with Fighting Forces

- Through UNICEF (with USAID providing support to UNICEF with TIP funding), COOPI also receives USAID funding for the CTO program, which promotes the recovery, healing, and reintegration of children who have been associated with fighting forces. Several local NGOs and CBOs are involved in implementing the program, which was reported to be contributing to strong local ownership and increased program effectiveness. The center visited by the team in Bunia is for girls, but the second center, located 180 km away, serves a majority of boys.
- A total of 172 girls were participating in the program at the time of the team's visit. Program elements include arranging treatment for medical problems, psychosocial support, family tracing and mediation, skills training, literacy and numeracy instruction, as well as social and cultural activities. Family reintegration is a major focus.
- Working with families to accept the babies born to these girls is an area of significant emphasis. One of the indicators of the success of the CTO program is that when it began only about 10 percent of the babies born to the girls were accepted by the families of the girls and given the family's name. It was reported that currently about 70 percent of the families accept these babies.
- Most girls participate in the program during the day but return to their homes at night. Some stay at a CTO for a variety of reasons: (1) because they live too far away, (2) they have not yet been able to reintegrate into their family, or (3) due to a security threat, such as a former "husband" with a militia or the FARDC trying to take them back. Initially, all the girls not living at home were accommodated at the center, but currently most are placed with host families that receive \$2/day to cover their subsistence costs. The few girls who face specific security threats still live at one of the program's two centers.
- After completing the CTO program, about 40 percent of the girls return to school. More would likely return to school if there were an Accelerated Learning Program (ALP) available which enables older students to return to school and complete six years of primary education in three years. An ALP is available in North Kivu but not in Ituri.

Site visits

- May 5th – Bunia, DRC
 - Brief meeting with Elena Luchetti (COOPI National Psychosocial Coordinator), Diego Moroso (COOPI Coordinator, Bunia), and other COOPI and UNICEF staff members
 - Site visit to CTO project (reintegration of girls involved in the armed conflict)
- May 6th –
 - Site visit to VTF-funded Kaseny women's center and the Tchomia hospital that COOPI is assisting
 - Meeting with Save the Children, Bunia, staff members Gianluca Galli (Field Manager, Ituri) and Chiara Tamponi (Child Protection)
 - Site visit to Stand Proud (Center for children with disabilities)
- May 7th –
 - Final meeting with COOPI staff
 - Meeting with Save the Children – Natalie Mendez, Regional Child Protection Coordinator from Goma
 - Meeting with Norbert Payne, MSF Switzerland

Positive Impressions

- The COOPI staff is very competent, seems committed, and is working well together.
- COOPI has recently completed a study of the CTO program. The study is comprehensive and seems to have been conducted with considerable effort and care. This project was jointly funded by USAID and UNICEF and both parties are interested in having the evaluation report published. The findings of the study would reach a broader audience if it were published in both French and English, and thus COOPI/UNICEF would like to obtain a few thousand dollars from USAID to complete the editing and translation.
- COOPI is currently undertaking a study of how it can improve the quality of the economic strengthening component of the program. They recognize that as currently executed, the program has considerable benefit to the GBV survivors in terms of family and community reintegration, but provides very limited assistance in terms of economic benefit.
- In searching for ways to strengthen the impact of their community sensitization efforts, COOPI is considering developing radio programs, documentary films, and other measures. They feel that their current approach to GBV programming has influence, but they are looking for ways to make it more meaningful to community members who currently may not feel a personal responsibility to eliminate GBV.

Challenges

- Finding staff with GBV experience to serve in Ituri (and eastern DRC, generally) continues to be challenging.
- Young girls who have a baby due to a rape are a particularly challenging group to work with given that families and communities typically reject the baby, at least before the program intervenes. Within the GBV program, COOPI has yet to deal effectively with this group and is considering alternative program options, i.e., moving the girls into the CTO program which has a great deal of experience with young mothers who have been affected by armed conflict.
- Normally, post-exposure prophylaxis (PEP) kits contain medical supplies needed to treat rape survivors – including medication to prevent HIV infection and the ‘day after pill’ to prevent pregnancy (both of which can be used up to 72 hours after a rape) as well as other medication. The primary delivery of these kits in Ituri is done by CARITAS, a catholic organization. The PEP kits that CARITAS distributes do not include the day after pill. COOPI tries to fill the gap by delivering complete PEP kits but is not entirely successful. This means that pregnancy prevention is not available to some rape survivors. COOPI estimates that it would cost \$50,000 per year to fully fill the gap.
- There are also pediatric PEP kits with dosages specifically for children under age 12 who are survivors of rape. Tchomia hospital reports the lack of pediatric kits as one of their three major problems. The kits are very expensive and difficult to get; COOPI currently provides them to the hospitals and medical centers they support.
- COOPI is experiencing some challenges with their primary implementing partner, CIP. One possible solution COOPI is considering is to form self-help groups among the survivors. They believe that this will both empower these women and give them greater control over the activities in the centers.
- Measuring the impact of the GBV program has also been a challenge for COOPI. To address this issue COOPI will focus on monitoring and evaluating specific aspects of the overall program. They will also begin to emphasize a case management approach.

- COOPI has expressed its intention to restructure the focus of its GBV program. Its personnel are concerned that they may be working in too many geographical areas and not achieving maximum impact.
- The weak judicial system, to the extent that it addresses rape at all, generally does not address it as a serious crime. The consequence is a situation of impunity, which was consistently identified by our contacts as the major factor driving the incidence of rape.
- COOPI also intends to improve the psychological training and delivery of services through CIP. The goal is to better diagnose clients' problems and provide stronger follow-up in order to distinguish between those clients who can be assisted through the current program and those that are in need of psychiatric care.
- As currently configured, COOPI's GBV program is not sustainable given its high cost and oversight by COOPI rather than a local NGO. COOPI is thus considering ways that it can move the program more in the direction of the CTO program which is executed entirely by local organizations at a modest cost.

Next Steps

- Conference call with Danuta Lockett, coordinator for the Victims of Torture Fund, and USAID/DRC during the week of May 19 – 23, 2008.

IRC Program – North and South Kivu

General Context/Security Situation

Many people expect security to deteriorate in North and South Kivu, particularly in the next month and a half. The situation will depend on what progress, if any, is made on the Goma peace agreement and the Nairobi communiqué, which specifies that: foreign governments will not provide any support to militia groups within the DRC; the FDRC will disarm, demobilize, and repatriate to Rwanda; and the CNDP will disarm and demobilize. We heard no real anticipation that the FDLR was likely to disarm, and the capacity of the FARDC to force them to do so was generally considered very doubtful. The most likely scenario appeared to be increased fighting.

Major Gender-based violence (GBV) issues

- Although there are many providers of GBV services in these two provinces, most of them do not provide comprehensive services, but rather, focus primarily on medical referral and psychosocial activities. The proliferation of NGOs addressing GBV issues has made coordination very challenging.
- Of the five primary areas of service delivery (medical, psychosocial, community sensitization, economic strengthening, and legal prosecution), the latter two are the weakest areas in terms of the delivery of quality services.
- Very few rape cases are being prosecuted in large part due to the abysmal state of the judicial system in the DRC. See point above regarding other USAID and donor efforts to reform the judicial system.
- Community participants identified the following as the consequences for survivors of rape: medical problems, psychosocial distress, pregnancy, rejection of babies by the family, family breakup, conflict between families of a husband and wife, abandonment of the survivor by her husband, poverty for the woman abandoned, and social problems for the children abandoned.

- Service delivery in North Kivu provided by IRC (funded by OFDA) is still an emergency operation. IRC currently has an emergency health program with a strong GBV component (mainly medical response) in Rwanbuga Health Zone—an area of 200,000 people outside of Rutshuru, one of the areas most affected by recent tensions and displacement. Other parts of Petit Nord and Grand Nord of North Kivu have, at best, sporadic services available for GBV survivors.

Bukavu/Goma Itinerary

- May 7th – Goma, DRC
 - Meeting with Phil Lancaster, Chief of MONUC DDRRR
- May 8th – Bukavu
 - Meeting with Geraldine Lienart and other Save the Children personnel and implementing partners
 - Site visits to a Save-supported shelter for street children, a children’s committee, and a community child protection committee
 - Briefing meeting with Sergio Trivisan, Sarah Spencer, and Marie Honorine of IRC
- May 9th – Kabare and Kalehe, South Kivu
 - Site visits to a community GBV women’s group in Kabare, a community legal referral group in Kabare, psychosocial partner ADIF in Kalehe, and Kalehe General Reference Hospital supported by IRC
- May 10th – Bukavu
 - Final meeting with Save the Children
 - Meeting with Eugenie Barhaluga UNICEF GBV/Child Protection Officer
- May 11th – Goma
 - Meeting with COOPI
 - Final meeting with IRC – Bob Kitchen and Sarah Spencer
- May 12th – Goma
 - Meeting with Francesca Morandini, UNICEF GBV coordinator for Eastern DRC

Positive Impressions

- As with COOPI, IRC has recognized the need to re-strategize in order to move the GBV program out of the humanitarian phase and into a development phase.
- Counselors of the IRC implementing partner reported having been trained in and were using the functionality check list tool developed by Paul Bolton at Johns Hopkins University.
- IRC has co-located services offered by local partners in areas where IRC has a health program, thus ensuring that appropriate medical care is available when survivors are referred. IRC only has health programs in four health zones, however, and the director of the General Reference Hospital of Kalehe said that medical personnel had not received specialized training on medical response to rape. Hospital staff appeared to be using WHO guidelines to treat GBV survivors, and PEP kits were available.

Challenges

- Finding staff with GBV experience to serve in North and South Kivu continues to be challenging. IRC’s national GBV coordinator has been in place for several months but finishes at the end of June, 2008; IRC is searching for a replacement. The eastern regional GBV coordinator has been

in place since July 2007 but is slated to finish in December, 2008. She may, however, decide to extend her stay in the DRC.

- Capacity among IRC's implementing partners continues to be weak, particularly in the areas of psychosocial work and economic strengthening. To address this issue, IRC will be hiring a full-time position dedicated to training local NGOs in the East.
- Extending services into some areas is prevented by security concerns.
- Caseloads of ADIF, one of IRC's psychosocial local NGO partners, social workers were too large for them to manage effectively (75 for one social worker and 71 for another).
- While more legal action to prosecute rapists appears to be underway in South Kivu than in Ituri, it is still quite limited and the crime of rape is not seen as a high priority by the court. While impunity is not absolute, it appears to be the norm, with many cases settled out of court.

Next Steps

- Conference call with Danuta Locket and USAID/DRC when Danuta returns to her office.
- The GBV manager in eastern DRC was on leave during our visit thus the IRC point person was the national GBV coordinator who has only been in the DRC for four months. The team was unable, therefore, to discuss the degree to which IRC is using the tools developed by Paul Bolton. We need to follow up with the Bukavu GBV Coordinator Sarah Mosely when she returns on May 29th.

Displaced Children and Orphans Fund (DCOF)

General Context

The population of Bukavu has increased due to insecurity in the rural areas and is estimated to be approximately one million people, substantially larger than before the war. The current security situation in South Kivu appears to be better than that in North Kivu, although there is an FDLR presence in the area and some periodic fighting.

Major Child Protection issues

In Ituri District:

- Save believes that there continues to be some recruitment of child soldiers in a few areas although they have no actual evidence that rebel groups are actively recruiting children to fight.
- Girls were not well incorporated into the DDR process and thus are particularly in need of services yet unaware that help is available, which makes them more likely to stay in the bush.
- GBV, including transactional sex, perpetrated primarily by civilians is a serious problem for girls.
- The lack of educational opportunities (e.g. inadequate school facilities, teachers, and vocational education programs for over-age children) pushes children into armed groups.
- Although interested, the provincial government has no resources to assist children and thus relies on Save.
- The conflict has broken down the social fabric and had a deleterious impact on the ability of communities to protect their children, thus greatly increasing the risks faced by children.

In the Goma area:

- A major component of Save's activity is reintegrating children through the DDR process. This is difficult because the precarious security situation makes it impossible to get into certain areas in order to conduct the necessary tracing. The displacement of families exacerbates the problem. A

major shortfall in funding is foreseen in SC-UK's program for tracing and family reunification of separated children in camps for the displaced in North Kivu

- Other child protection issues are similar to those in Ituri, e.g. child labor, GBV, and inadequate access to basic education and health services.
- The security situation prevents Save from reaching children who have voluntarily left militias (referred to as *auto-demobilisés*).
- Most children who receive DDR services are boys, as girls typically return directly to their families because they do not want to be identified as having been associated with an armed group.

In the Bukavu area:

- Save-UK has identified the situation of street children and children separating from families to live on the street as a major child protection problem. In February 2007 a study identified 874 children living on the street in Bukavu. This primarily involves boys, some of whom are former militia fighters. There are adults, former militia commanders, who are organizing and controlling some of the street children and who sometimes violently resist NGO efforts to help children to get off the street and reunite with families. Drug use, including inhalants, was reported to be common among street children.
- Girls separated from families, in many cases due to accusations of witchcraft, appear more likely to end up in brothels (*maisons de tolerance*) than on the street. Save-UK, UNICEF, and local child protection actors are working to identify the brothels exploiting children. Local authorities do not appear to be willing to rescue these girls. Two brothels using children were shut down, but later re-opened.
- Girls accused of witchcraft typically were orphans staying with relatives. As in Kinshasa and Mbuji Mayi, local pastors of "revelation churches" are involved in determining when an accused child is a witch and will starve or abuse the child as part of the exorcism process. One pastor was reportedly arrested for burning the hands of an accused child as part of an exorcism.

Site visits/Meetings

- May 6th – Bunia
 - Meeting with Save the Children – Gianluca Galli (Field Manager, Ituri) and Chiara Tamponi (Child Protection)
- May 7th – Bunia
 - Meeting with Natalie Mendez, Save's Eastern DRC Child Protection Coordinator (normally based in Goma)
- May 8th – Bukavu
 - Meeting with Save the Children personnel and implementing partners
 - Site visits to Save-supported transit center for street children, a children's committee, and a community child protection committee
- May 10th – Bukavu
 - Final meeting with Save personnel

Positive Impressions

- Save-UK reported success in having 128 children released from the 19 local jails in Bukavu since April 2007. Many of these children were simply caught up in a roundup of children on the street or were accused of minor offenses. A team including magistrates, the Child Protection Unit of the police, and Government Social Assistants visit jails with Save-UK personnel, and the magistrates have the authority to order the immediate release of children.
- Save-UK also reported success in arranging family reunification and reintegration for street children.
- Save-UK has initiated an “early response system” through which vendors in the main market of Bukavu notify Save when they identify children newly arrived on the street.
- Save-UK has organized three new community child protection networks (RECOPE) in Bukavu, and the team met with the newest of these (Kadutu). These committees were reported to be focused particularly on preventing unnecessary separation of children from families (e.g. children moving onto the street) and supporting the reunification of street children. These new committees receive training, monthly financial support (\$150 each) for transport and other expenses, office supplies, and bi-monthly visits from Save-UK. While the team initially questioned the sustainability of community committees organized prescriptively and with such regular inputs, Save-UK said that eight community committees in the area similarly organized during the DDR process remain active, despite no longer receiving support from Save-UK.
- The issue of children being labeled as witches surfaced as a problem in Bukavu around 2006, but it does not appear to be as severe a problem as in Kinshasa or Mbuji-Mayi. Save-UK thought that problems related to accusations of witchcraft were diminishing due to the efforts of local Catholic and Protestant clergy and the Police Child Protection Unit through their efforts to meet with pastors of revelation churches.
- Children’s rights are the major guiding principle for Save-UK programming and were also reported to be very significant for COOPI and its partners. The concept of children’s rights appeared to be surprisingly powerful with both children and adults at the community level, serving as a framework for determining what children need and are entitled to and as a motivation for action. The concept appears to have generated a sense of empowerment among adults and children that energizes their efforts.

Challenges

- The primary difficulties with getting children off the streets and reintegrated with their families include: the impossibility of covering all of Bukavu city with current resources, the presence of the ex-combatants controlling children on the street, the fact that some children are using drugs, and the absence of detoxification centers in Bukavu. Additionally, the provision of educational opportunities has not kept pace with demand. Thus, even if Save is successful in getting the children off the streets, it is difficult to get them into school, making return to the streets likely.
- There is no children’s court, and no trained judges to deal specifically with children in the Bukavu area.
- Challenges experienced by the community child protection networks include: the threat that committee members feel from the people who they have identified to the authorities as abusing children, the expectation that the committee should provide food or beverages to community members that show up for discussion meetings, and cases where the child protection committee has intervened with a family but they later find that the child is still over-worked or not going to school.
- Save began a partnership with the *Division des Affaires Sociales (DIVAS)* of the provincial government and social workers from the justice system to reunify children with their families and conduct periodic follow up. However, Save has encountered considerable difficulty with this

partnership, e.g. the social workers become angry when Save does its own follow-up and the Government partners don't provide the necessary paperwork. Save is therefore ending the partnership. They plan to continue working with the social workers, but will not hire them to verify that the children have been successfully reunified.

- It is difficult to get men to participate in community-level discussion groups. Women have asked Save for assistance in sensitizing men, because men tend to be uninvolved in child care, and the increasing difference in knowledge and awareness of child protection issues creates conflict between the parents.
- There is no juvenile detention facility in Bukavu thus children are incarcerated with adults.
- In order to receive the cooperation of the magistrates, Save must pay them for each jail visits, presumably for their expenses.
- Save's quarterly reports do not break down statistics (e.g. number of children reunified) according to the three project sites (Kinshasa, Mbuji Mayi, and Bukavu). As a result it is not possible to monitor progress in any one location.

Next Steps

- The Save program is operating in three locations, but the team was only able to visit the Bukavu site during this visit.
- USAID/DRC will follow up with the Program Officer and the Regional Legal Advisor regarding Save's close work with the Child Protection Unit of the police in Bukavu and initiate the process of obtaining a waiver.

Overall Program Recommendations

The need for adequate economic self-support is integral to the family and community acceptance and integration for the intended beneficiaries of all the projects visited, yet none of the implementing partners appears to be particularly effective with the economic strengthening of these participants. In each case, either some partnership with an organization experienced and skilled in economic strengthening or stronger technical support appears to be needed.

It is also recommended that a final evaluation be conducted of IRC and COOPI's GBV programs, which have been ongoing since 2002. USAID/DRC has set aside a modest amount for such an evaluation, to be done in the 4th quarter of FY 2008, but needs to identify additional funding to cover the costs of an external evaluation.